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1	For the	2019 calen	lar yest,	or tax ye	ar begin	ning	JΑ	NUARY	1	2019, a	nd endir	19	DECE	NBE	231	, 20	19	
3	Check if	applicable	C Name o	l organizat	Hon MON	TANA	LAND	RELIANO	CF FOUN	DATION	, INC			┛	Employ	yer ide	ntificatio	ou unurp
_	Address	-		บร์เกครส สะ										4			125289	
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اہ	8	Contributio	ns and g	rants (P	art VIII,	line 1	h)		11/2	_				1,68	5 330			716,
evenue	9	Program se	ervice rev	venue (P	art VIII,	line 2	(g)		1 1/2	11202	20				0			
اَھُ	10	Investment		-						•		L		1,35	1,875			1,269,
enses Revo		Other reve									•				9			
		Total reven								ın (A), lii	ne 12)	<u> </u>			1,205			1,986,
		Grants and							-			⊢		42.	3 471		·····	112,
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5		Other expe	_									- 55			7.459	1.54.	CALA T.	69,
-		Total exper	-							. line 25	5)				930			511,
		Revenue le			-		-							2 540),275			1,475
; <u>8</u>												Degl	inning of Co	urrent	Year		End of \	'ear
Bada	20	Total asset	s (Part X	, line 16))								2	0,41	3,288			21,888,
읡	21	Total liabili	ias (Part	X, line 2	26) .		-		-			<u> </u>			0			
2		Net assets			Subtra	act lin	e 21 fro	om line 2	20			L	2	0,41	,288			21,888.
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		Page 2
rti	Statement of Program Service Accomplishments Check if Schedulo O contains a response or note to any line in this Part III	. 🗆
	Bnefly describe the organization's mission. The Montana Land Reliance Foundation's purpose is to provide services to and to hold title to assets used to support the charit programs of The Montana Land Reliance (MLR). The Foundation is organized and operated exclusively for the benefit of, and to carry out the chantable purposes of MLR as a 509(a)(3) support organization.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Νo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Z] No
ļ	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	red by others
la.	(Code.) (Expenses \$ 442,147 including grants of \$) (Revenue \$)
	The MLR Foundation had program expenses of \$442,147 in the reporting year. This amount was granted to MLR per a grant requapproved by the Board of Directors. The grant covered MLR's costs related to: 1) stewardship/monitoring/enforcement of the	
	conservation easements MI.R held in 2019 (\$273,130), and outreach activities to educate landowners, public officials, and the general public (publications, travel, printing costs) (\$169,017)	
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	47.412.45 (200.414.41.41.41.41.41.41.41.41.41.41.41.41	
c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
	Other program services (Describe on Schedule O)	
4d	(Expenses \$ including grants of \$) (Revenue \$)	
id ie	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 442,147	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		*
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	\	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	が		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D, Part VI	11a		, ,
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII	11c		√
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's flability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	√	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\overline{}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		\
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Old the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8e? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	l	7
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
		Fon	¬ 990	(2019)

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Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No ✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
248	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	248		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
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		1
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		1
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		_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		蕊	謎
8	"Yes," complete Schedule L, Part IV	28a		1
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b	<u> </u>	/
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L. Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inte 1	34	1	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		/
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, tines 11b and 197 Note: All Form 990 filers are required to complete Schedule O	38	1	<u> </u>
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V			
	Oneck in Schedule O contains a response of note to any fine in this Part V	<u> </u>	V	
	Enter the sumbus appointed in Paul 2 of Count 1006 Cates A. Acat analysis 4 - 1	F 5.7	Y09	No NIVE
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a (114	部河
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (1750	380	只证
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	Till.	refrech	1 Butt
	reportable gaming (gambling) winnings to prize winners?	1c	V	(2019)
		ron	いっさし	(2015)

1°orm 99	30 (2019)		1	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	(24)	400	1270
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	o o	50.4	9.6
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax reti	urns? 2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		100	279 ~
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1.17	7
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu	le O 3b	 	Ė
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac			l 🗸
b	If "Yes," enter the name of the foreign country ▶	是表示	29.39	355
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nis (FBAR)	186	111
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, I	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action? 5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, an	d did the	· · · · ·	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contri	buttons or		
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	4,447	1.00	7
a	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity	for goods	1333	8.38
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ich it was		
	required to file Form 8282?	. 76		/
đ	If "Yes," indicate the number of Forms 8282 filed during the year . 7d	#) 1 G	100	紫旗
θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract? 7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract? . 71		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 at	s required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by the	24.18	100
	sponsoring organization have excess business holdings at any time during the year?	- 8		
9	Sponsoring organizations maintaining donor advised funds.	14	150	SPORTS
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
ь		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	366	75.55	100
а			2	10 15 12 15 15 15
b			19.3	14.7
11	Section 501(c)(12) organizations. Enter	27.5		371
0	Gross income from members or shareholders		37.5	6, 2
b	Gross Income from other sources (Do not net amounts due or paid to other sources		17.3	
40-	against amounts due or received from them)	365	1,, 1, 2	电道 1
12a	, , , , , , , , , , , , , , , , , , , ,	n 1041? 12a	74250	15 Jan
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. [12b]		16.4	建液
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	10.5	30 34 2
8	Is the organization licensed to issue qualified health plans in more than one state?	. 13a	Jein V	527
	Note: See the Instructions for additional information the organization must report on Schedule O		\$1	まず.
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		歌	漢語
c	Enter the amount of reserves on hand		130	
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1-65)	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched		_	├┷─
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			
15	excess parachute payment(s) during the year?	eration or		1
	If "Yes," see instructions and file Form 4720, Schedule N	8340	3840	·
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	1	(my-1)	1
	If "Yos," complete Form 4720, Schedule O.	SET	së in	35.77
	n 104 Complete Ferri Tribay Companie C.	17-44-4	1 to 10 Kr	1. 1. 1.

1a b 2 3 4	response to fine 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI n.A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent 1b 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	A STATE OF THE PARTY OF THE PAR	Yes	No The State of th
1a b 2 3 4	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included on line 1a, above, who are independent 1b 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct		经初期	
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b 2 3 4 5	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 on Schedule O Enter the number of voting members included on line 1a, above, who are independent 1b 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			是我们
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2 3 4 5	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			3.1.
3 4 5	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		527
3 4 5	Did the organization delegate control over management duties customarily performed by or under the direct	-		1.70
4 5	supervision of officers, directors, trustees, or key employees to a management company or other person?	1		· ·
5	soportision of this transfer in a control of the co	3		✓
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\
۵	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	✓
0	Did the organization have members or stockholders?	6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	L	_/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, X .	3/17	3,30
	the year by the following	3	r ~ .	المرازد
	The governing body?	8a	1	"
	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	i	1
ectio	n B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		\
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	L	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.25	1 1	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
ь	Were officers, directors, or trustoes, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done .	12c	<u> </u>	
3	Did the organization have a written whistleblower policy?	13	✓	
4	Did the organization have a written document retention and destruction policy?	14	/	
	Did the process for determining compensation of the following persons include a review and approval by	12	5-4-5 2-4-5	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2	"THE	٠١٠٠٠ د
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	✓
Ь	Other officers or key employees of the organization	15b	Ļ	✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	3		7.5
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	70 () X	4.	المر أأامه
	with a taxable entity during the year?	16a	<u> </u>	/
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	4-2-0		. L.
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	: 51:	1.15	,
4.	organization's exempt status with respect to such arrangements?	16b	L	
	n C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► N/A			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	r (Sec	tion :	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tex year	finte	rest p	olicy
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	▶	
-	Lois Delger DeMars, The Montana Land Reliance, PO Box 355 Helena, MT 59624, (406) 443-7027	0		

Form 990 (20) Part VII	T ujo
	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
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within thin's tax year.
	Il of the organization's <mark>current of</mark> licers, directors, trustees (whether Individuals or organizations), regardless of amount of tion Enter -0- in columns (D), (E), and (F) if no compensation was paid
• List all	l of the organization's current key employees, if any. See instructions for definition of "key employee."
who receiv	ne organization's five current highest compensated employees (other than an officer, director, trustee, or key employee red reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the re and any related organizations
• List a	ill of the organization's former officers, key employees, and highest compensated employees who received more tha

\$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 See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any relate	d org	aniz	atlo	on c	ampe	nsa	ited any current	officer, director,	or trustee
				-	C)					
(A)	(B)	(do n	ot ch		ition mon	tnan o	опа	(D)	(E)	(F)
Name and title	Average hours	bax,	urvies	в ре	/30n	is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Office	_			or/trust		from the	from related	compensation
	(fist any hours for	d d	l Bid	Į₹	Key employee	至章	Formor	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	3 2	돌	8	Į	996	Ę	(**-2 1033-11130)	(**271085***130)	related organizations
	ensitesinegro woled	1 8	Ē		ş	3				
	datted tine)	Individual trustoo or director	Institutional trustee		l°	Highest compensated employee	1			
	1		8			8				i
(1) Kim Montag	11				Γ					
President	0	1	Щ	1	_			Ç	0	0
(2) Doug Mitchell	11						ŀ			
Vice-President (2)	0	<u> </u>	ļ	✓	ļ		<u> </u>	0	0	0
(3) Phil Rostad	11			١.			1			
Secretary-Treasurer	1			✓	-		├	0	0	0
(4) Jerry Townsend		/								
Director (6) Kanna Kanna	1 1	\ <u> </u>			-		⊢	0		0
(5) Karen Kress Director	 	/] .	,	a
(6) Lee Freeman	1	<u> </u>	-		 		┢			
Director	-	/							٥	o
(7)							_		-	
4000 00 000 000 000 000 000 000 000 000	İ				1					
(8)										
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(9)	ļ									
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(10)					1					
144	 	<u> </u>	ļ		⊢		├			
(11)	ļ				ļ					
(12)					├		├─			
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(14)							Г			
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										En. 990 (2010)

Form 990 (2019)

	VII Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated 8	mplo	yees (continued)
	(A) Name and title	(B) Average nours per week	box.	urdes	Pos leck is pe	ווסבזי	e than o is bot or/trus	toe)	(D) Reportable compensation from the	(E) Réports compens from ret	sation	(F) Esitmated amount of other compensation
		fist any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Koy employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	orgenize (.V-2/1099	lions	from the organization and telated organizations
(15)								-				
(16)	Arviores 22.2 22.7 22.7 22.7 22.7 22.7 22.7 22.							Γ				
<u>(17)</u>				-	-							
(18)					H			 				
(19)				-	\vdash			T				
(20)			-	-	┢	_		T				
(21)			-		_	<u> </u>		T				
(22)					-							
(23)			-			-		T				
(24)					_							
(25)											-	
1b c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A			·	· .	<u>▶</u> ► ►	0		0	0 0 0
2	Total number of individuals (including but reportable compensation from the organi		to th	1056	list	led	above	e) w	no received mor	e than \$1	00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	officer, dire						mp		st compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc	lividua	5 7
Secti	on B. Independent Contractors Complete this table for your five high	nest comp	ensat	ed	indo	epe	ndent	CC	intractors that i	eceived	more	than \$100,000 of
	compensation from the organization Repo	ort compen	satio	n fo	r the	са	lenda	r ye	ear ending with oi	within the	o organ	(C)
N/A	Name and business add	ress						<u> </u>	Description of ser	wces		Compensation
								E				
								F				
2	Total number of independent contractor received more than \$100,000 of compens) th	nose listed abov	e) who		
										•		Form 990 (2019)

		Check if Schedule					·			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unidated husiness revenue	(D) Rovenuo exclud from lax unde sections 512-5
3	1a	Federated campaig	ns	•	10		外。到最终	NAME OF THE	THE PERSON NAMED IN	\$E\$ (1- 数)
Other Similar Amounts	ь	Membership dues			1b	(建一个工作	William Street	
Ĕ	C	Fundraising events			1c					11 2 TO 12 T
2	d	Related organizatio	ns		1d	716,88		经验验		A CONTRACT OF THE
訚	е	Government grants	(cont	ributions)	1e		100	"说话"的"块数"		1.00
ᇷ	f	All other contribution			ĺ		TERN TO SE			化 加油多、
힐		and similar amounts n	ot incl	uded above	11					
히	g	Noncash contribution	ons In	cluded in		_		是这些	12.25	The state of the s
g		lines 1a-1f			19	<u>[\$</u>	The same of the sa	学师课外 强		以影響的觀
괵	<u>h</u>	Total. Add lines 1a-	-11			<u> </u>	716,885		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	0-					Business Code	() = () = () = ()	资价空间等	文字字件。"不是 是 是是	是的地方
	2a	***************************************			••••		- 0		9	
딁	ь	•						-		
Rovenue	d	***************************************				"	 2]		
Revenue	u e		•••••				 	<u> </u>		
- [f	All other program se	Prvice	revenue			<u> </u>]		
- 1	g	Total. Add lines 2a-				<u> </u>	,	严重的点法。这个		
一	3	Investment Income		udino divi	dends	•	l 	1- 1-212A4A-11. At 1	24 202 cc 4 4 . u	1 347-241 1381 22
1	•	other similar amoun	•			•	867,588	١		867,
- {	4	Income from Investr		of tax-exem	npt bo	nd proceeds	0	0		
- 1	5	Royalties .				· ·	0	0		
- 1		·	<u></u>	(i) Rea	1	(ii) Personal	Carrier There	A PART	3年26年10年	The state of the s
- 1	6a	Gross rents	6a		0	(C. C. C. C. C. C. C. C. C. C. C. C. C. C		
- 1	b	Less rental expenses	6b		0	(diversity of	P. Valence
- 1	c	Rental income or (loss)	6c		U	(· · · · · · · · · · · · · · · · · · ·		の対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対	
- 1	d	Net rental income of	r (loss	s)		>	0	0	C	
- 1	78	Gross amount from		(i) Secuni	res	(ii) Other	运数等效应	影響和自然逐		信约5万元
- [sales of assets							VALUE DATE	医管理的
- 1		other than inventory	7a	3,33	1,780		建筑地域			Jan 2 14 2 15
3	b	Less, cost or other basis					THE REPORT OF THE	国际内部 标题		发表是
5		and sales expenses .	7b	2.03	0,052				AND THE SALES OF THE PARTY OF T	
é		Gain or (loss)	7c	4(1,728		集品 (AT 大山路 Jac. 5)	"一点" 为"	是"是"的"一个"	Mile Klein Probability
Orner Revenue	d	Net gain or (loss)	•			<u> </u>	401,778	0	C	401,
₹	88	Gross income fro		ndraising						kg/5/2:3
1		events (not including		0			是黑紫源诗等		THE STREET	自我不然 意
ı		of contributions re- 1c) See Part IV, line		טווו וווט כ	8a		克拉索拉克		张	建型型
- 1	ь	Less direct expens			8b	0	的影響意	发展等点。		
- 1	c	Net income or (loss		fundraisin		·	4 4 1-2-1 - 11-3-2	TANK TO THE WAY		Mandle Sale And
- [9a	Gross income 1		gaming	عبي ا	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	の一個は一個	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	产生经验制度
ļ	Ja	activities See Part			93	,	的是我们的	第一程第二章		
- [ь	Less direct expens		- · -	9b					国家温度
	c	Net income or (loss		gaming at			0	0	C	
Į		Gross sales of in		-			福度制度	DISTRIBUTION OF THE PARTY OF TH	STAGE SECTION	with it The train
Į		returns and allowan		,,	10a				"""",""	
- [b	Less cost of goods			10b		14	學學學學	Seat Land	(A)
	С	Net income or (loss		sales of in	vento		0	0		
T						Business Code	ALT THE		明明を見ればいれ	
Revenue	11a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0	0		ļ
Revenue	ь						0	0		
ě	C	*********************					0	0		1
•	d	Ali other revenue				L	0	0	<u>(</u>	
	e	Total, Add lines 11a	. 114	ı		▶				學是否仍然

	0 (2019)				Pege 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A)
	Check if Schedule O contains a response				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing exponses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21	442,147	442,147		
2	Grants and other assistance to domestic individuals See Part IV, line 22	٥	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	· a		0
7	Other salaries and wages .	0	0		0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	a	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes .	G	O	0	0
11	Fees for services (nonemployees)				
8	Management .	0	0	0	0
b	Legal	0	0		0
C	Accounting .	45,545	_0	46,545	0
đ	Lobbying .	0	0	0	0
e	Professional fundralsing services See Part IV, line 17	o	なるのでは、	从影中的影響。	0
f	Investment management fees	72,262	Q	22,262	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	a	0	0
12	Advertising and promotion .	0	0	0	0
13	Office expenses	0	0	0	0
14	Information technology .	G	0	0	0
15	Royalties .	0	. 0	0	. 0
16	Occupancy	0	0	0	0
17	Travel .	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		0	0
19	Conferences, conventions, and meetings	0	0		
20	Interest	0	<u> </u>		0
21	Payments to affiliates	ļ <u>0</u>	0	0	<u> </u>
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	1,214	O	1,214	2.4506 1845 48 45 45 45
24	Other expenses itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	Fall and Market	是这些人	36年2月1日	開發的主義語
a	,,	0	3217C 2212 1 131 2 12	0	0
ь		0	0	0	0
c		0	0	0	
d		0	0		······································
e	All other expenses o	ŏ	0	0	
25	Total functional expenses, Add lines 1 through 24e	511,168			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	2			

Form **990** (2019)

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X .		
			(A) Beginning of year		(B) End of year
T	1	Cash-non-interest-bearing	13,775	1	17,015
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	O	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		经 5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<u>, }},</u>	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use .	a	8	0
1	9	Prepaid expenses and deferred charges .	0	9	o
1	(0a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0			
1	b	Less accumulated depreciation . 10b 0	0	10c	0
1	11	Investments – publicly traded securities	20,399,513	11	21,871,305
1	2	Investments-other securities. See Part IV, line 11	0	12	0
1	13	Investments program-related See Part IV, line 11	0	13	0
1	14	Intangible assets	0	14	0
1	5	Other assets See Part IV, line 11 .	0	15	O
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	20,413,288	16	21,888,321
1	7	Accounts payable and accrued expenses	0		0
1	B	Grants payable .	0	18	0
1	9	Deferred revenue	0	19	0
2	20	Tax-exempt bond liabilities	Ö	20	0
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
2	2	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	22	0
4	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	!4	Unsecured notes and loans payable to unrelated third parties .	0	24	0
2	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	
12	16	Total liabilities. Add ilnes 17 through 25 .		26	0
2 2 3 3		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	11,396,570		11,751,995
		Net assets with donor restrictions	9,016,718	_	10,136,326
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
2	9	Capital stock or trust principal, or current funds		29	
3	10	Paid-in or capital surplus, or land, building, or equipment fund		30	
3		Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.	1543	3¥ 32	9 1836
3	4	TOTAL HEL ASSETS OF TOTAL DAMNINGS		JE	1,000

2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances (explain on Schedule O) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 21 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other 1 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? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis. Beth consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Beth consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	1,98 51 1,47 20,41	51	. (
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net essets or fund balances (explain on Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Prior period adjustments Other changes in net essets or fund balances (explain on Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Prior period adjustments Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both Separate basis. Consolidated basis. Bett consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Bett consolidated and separate basis 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? 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?	51 1,47	51	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net essets or fund balances (explain on Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The changes in net essets or fund balances (explain on Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The changes in net essets or fund balances (explain on Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) The changes in net essets or fund balances (explain on Schedule O) Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis. Deloth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Deloth consolidated and separate basis 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? 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 acc	1,47		36,
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Accounting method used to prepare the Form 990.			
Accounting method used to prepare the Form 990.	101	1	
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the audit, review, or compilation of its financial statements and selection of an independent accountant?	部經過		1
		/	
Cabadula O		2 -11	3
a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Single Audit Act and OMB Circular A-133?	4	_	Ŀ
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 on Schedule O and describe any steps taken to undergo such audits . 3b	um 990		L

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1546-0047 2019

		Complete a aid aid	anzanon is a socuci	sortchist ordanization or a si	ECHON 4341 (1	Alti iminave	mpt chance ble bless.	
part	ment of the Treasury			ch to Form 890 or Forn			-41	Open to Public
	of the conscient	► Go	to www irs.gov/Fi	orm990 for instructions a	and the lat	est inform		Inspection
	of the organization	ANCE FOUNDATIO	N INC				Employer identification	number 25289
				organizations must	comple	te this p		
	organization is no	t a private founda	ition because it i	s (For lines 1 through	12, chec	k only or	ne box)	
1			•	on of churches descr				1 (1)
2			,. ,	(Attach Schedule E (F			• •	(10
3				janization described i onjunction with a hosp				IIII) Enter the
•	hospital's na	me, city, and state	0.	·				•
5		lon operated for (b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6 7	An organizat		receives a subs	mental unit described tantial part of its sup to Part II.)				the general public
8	A community	trust doscribed i	n section 170(b)	(1)(A)(vi). (Complete l	Part II)			
9				d in section 170(b)(1) iculture (see instruction				
10	An organizat	activities related	to its exempt fu	e than 337/3% of its sinctions—subject to crelated business taxal 75 See section 509(a	ertain exc	eplions.	and (2) no more that	n 331/a% of its
11				sively to test for public				
12	of one or ma	ore publicly suppo	orted organizatio	lively for the benefit or ns described in secti scribes the type of sup	ion 509(a)(1) or se	ction 509(a)(2), Se	e section 509(a)(3).
a	the supp	orted organization	(s) the power to	, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a me	ority of t		
ь	control o	r management of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C.	the same			
¢				ling organization opei ns) You must comp				ally integrated with,
d	that is no	t functionally integ	grated The orga	pporting organization nization generally mu: omptete Part IV, Sec	st satisfy	a distribu	ition requirement an	
е				a written determination				e II, Type III
t		ber of supported of	_					
9				orted organization(s)	1 4 m 1 = 1 = 1	erina antina	6d Amount of marint	Ault Americk of
	(f) Name of support	ec el genicettori	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing ment?	(v) Amount of manetary support (see Instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
) _T	he Montana Land	Reliance	81-0369262	7	1		442,147	0
3)								
;)								
)								
:)		1						
ota	d .		は対けの影響	no casting	A Training	海山		
ar P	aperwork Reduct	on Act Notice, see	the instructions t	or Farm 990 or 990-EZ.	Can	No 11285	F Schedulo A (Fe	orm 990 or 990-EZ) 2019

	A (Form 990 or 990-EZ) 2019	otions Doss	had in Scat	one 170/hV4	MANUA and 1	70/h)/1)/A)/	Page
Part	Support Schedule for Organization (Complete only if you checked to						
	Rart III If the organization fails to				-	•	any under
ect	on A. Public Support	goamy and	51 1110 10010 110				
	der year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not Include any "unuşual grants")						
2	Tex revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3	Self Sugar San Co	I / STOUCE FESS	M PAGE TE VIOLETO	व सिक्तिम् अस्ति हरू । स्वत	25 and 000 as 100 as	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount	光 湿 鎮	人员的 "到			发生的	
	shown on line 11, column (f)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	COLPSON THE	2 21 2 2 2 2 2	DESCRIPTION OF THE PROPERTY OF	44224	
6 ecti	Public support. Subtract line 5 from line 4 on B. Total Support	FERT BY CHIEFE	27.27.44.73.74V	engrant Kara	and the latest of the	· 144 · 144	
	dar year (or fiscal year beginning in)	(a) 2019	· (b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,-,-,	17,20	,-,		.,,
В	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					•	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11		となっている		いるがない	を言います。	部区等的部分产品	
12	Gross receipts from related activities, etc	•			\·	12	
3	First five years If the Form 990 is for the organization, check this box and stop he		r's first, secon	d, third, fourth	, ox fifth tax y	ear as a section	
a c t i	on C. Computation of Public Suppor				\	·	<u> </u>
4	Public support percentage for 2019 (line			1 column (f)	$\overline{}$	14	%
15	Public support percentage from 2018 Sci			., 55.5.111 (1))	, \	15	9
60		Ization did not	check the box		nd line 14 is 33		
b	331/3% support test - 2018. If the organithis box and stop here. The organization					ls 331)7% or mo	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	ets the "facts	-and-circumstr	ances" test, ch	eck this box a	ind stop here	Explain in
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ition meets th	e "facts-and-c	ircumstances"	test, check t	this box and s	top here.
		•	•	•			, L

Part	(Complete only if you checked to	he box on lin	e 10 of Part I	or if the orga	inization faile		alıfy u	nder Part II.
Sect	If the organization fails to qualify on A. Public Support	under the te	sts listed bel	ow, please c	omplete Part	11)		_/
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-1-2	19, 20.1	1-7-3-1-		.9.0	/ 1.5.5
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the promisers in the property of the proper						$\overline{/}$	
3	organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513.						<i>/</i>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/			
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				/			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)							
Secti	on B. Total Support	Last Charles	/	IEDZY CZOLITACIA	185 1.46 1.50 1.70	W.11.518.	1,10 1,10	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016'	(c) 2017	(d) 2018	(c)	2019	(f) Total
9	Amounts from line 6		/]
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	/						
С	Add lines 10a and 10b .							
11	Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/						
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is/for the organization check this box and stop he on C. Computation of Public Support	re .			i, or fifth tax y		a section	on 501(c)(3)
15	Public support percentage for/2019 (line			13 column (f))		15		%
16	Public support percentage from 2018 Sci					16	 	%
	on D. Computation of Investment In							
17	Investment income percentage for 2019 (y line 13, colu	ımn (f))	17		%
8 9a	Investment income percentage from 2018 331/2% support tests - 2019. If the organ			on line 14, a	nd line 15 is m	18 ore tha	n 33¹a	%, and line
b	17 is not more than 331/2%, check this box 331/2% support tests—2018. If the organization		-					
20	line 18 is not more than 331,2%, check this Private foundation. If the organization di							_
	/							90 ar 990-EZ) 2010
							_	

100 **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

ECU	on A. Air Supporting Organizations			
		Y	es	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	ily.	N. P.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		施
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		1
48	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	40		137 (T)
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40		
58	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)	58		が調整が
Þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	版点。 5b	4.7	K. A.
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section .	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the fax 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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ъ		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	i gray.	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		W.	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		333	1

Schedule A (Form 990 or 990-EZ) 2019

Schedu	le A (Form 990 or 990-1-Z) 2019			Page 5
Part	Supporting Organizations (continued)			,
11	Has the organization accepted a gift or contribution from any of the following persons?	PER	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	12.60	1 7 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	below, the governing body of a supported organization?	11a	RT 5 2.2 ii	1
ь	A family member of a person described in (a) above?	115		7
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
Secti	on B. Type I Supporting Organizations			
4	Dalle design to the second by the design of the second sec	1058	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			el a
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	77 42	2 24 3	5-
	controlled the organization's activities. If the organization had more than one supported organization,	Trace,		20.1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	独建	200	واوراد
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	~	y warre or
2	Did the organization operate for the benefit of any supported organization other than the supported	*	1.00	5
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	内岩	湿	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	1997	发生。	37,37
Sacti	on C. Type II Supporting Organizations	2	L	
Secu	on C. Type it supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	a Fr		34.24
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000	2	
	or management of the supporting organization was vested in the same persons that controlled or managed	2.14		(in (in (in (in (in (in (in (in
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
		17.0522	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	7000		4.0
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1.00
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<i>दर,</i> हरू? 1	. F. 75%	表现在 总
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	てたかり	346	SAP.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		30 3 30 (b. 16 st	1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	·	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2-17	÷40	TY.
	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	72.00	200	1
	supported organizations played in this regard	3 113,66	1,43	Andrew Port
Secti	on E. Type III Functionally Integrated Supporting Organizations	, 3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctron	s)
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 in		-
2	Activities Test. Answer (a) and (b) below.	4 ~ TI 1	Yes	No Talkins
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		4	2
	the supported organization(s) to which the organization was responsive? If "Yes" then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	4.14		102.5
	how the organization was responsive to those supported organizations, and how the organization determined	4	歷	
	that these activities constituted substantially all of its activities	28	A 45 19	L "
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			3/3/9
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		¥71 5γ	ÇŞ.
	reasons for the organization's position that its supported organization(s) would have engaged in those			100
	activities but for the organization's involvement	2lo	135.5	20
3	Parent of Supported Organizations. Answer (a) and (b) below.	がない	n' (; ;	
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	10,64	を教徒	المعلو توا
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ا اندار وا	ī,5/ ₇ ,
b	Did the organization exercise a substantial degree of direction over the policies, progrems, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	[*· ×: **	77-
	Schedule A (Form		000 E	7. 2010

Page 6 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) Sce instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross Income (see instructions) 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B-Minimum Asset Amount (optional) THE WAY 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recovenes of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C-Distributable Amount 1 1732 1 1734 7 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergoncy temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of Income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Section E-Distribution Allocations (see instructions) Underdistributions Distributable Excess Distributions Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See Excess distributions carryover, if any, to 2019 a From 2014 From 2015 c From 2016 d From 2017 From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 Applied to underdistributions of prior years Applied to 2019 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019 if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in 2. 1 Part VI. See instructions Excess distributions carryover to 2020. Add lines 3) and 4c. Breakdown of line / Excess from 2015 Excess from 2016 Excess from 2017 d Excess from 2018 Excess from 2019

	orm 990 or 990-EZ) 2019 Page 8
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)
	miles 2, 3, and 6 Also complete this part for the adoptional information (coo matter that)
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	Schedule A (Form 990 or 990-EZ) 2019
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Hareapo or in transition to increase, any found read organization (s) Gill, grant, or capital contribution for negated organization(s) Loans or loan guarantees by related organization(s) Loans or loan guarantees by related organization(s) Evoluange or loan guarantees by related organization(s) Buildings equipment or other assets from related organization(s) Evoluange or loan guarantees by related organization(s) Evoluange or loan guarantees by related organization(s) Evoluange or loan guarantees by related organization(s) Evoluange or loan guarantees by related organization(s) Evoluange or loan guarantees by content assets from related organization(s) Evoluange or loan guarantees by content assets from related organization(s) Ferformance of services or membership or fundrassing solicitations for related organization(s) Ferformance of services or membership or fundrassing solicitations for related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Reminuscement paid by related organization(s) for expenses Other transfer of cash or property from related organization(s) Attendance by related organization(s) for expenses Other transfer of cash or property from related organization(s) Reminuscement paid Relatince 1-b \$4442, trif MLR Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Reminuscement by the Rem	Harbor or to increase, up with the many commone entry Gill, grant, or special contribution for negatial contribution for special contribution for negatial organization(s) Exchange of assets with related organization(s) Every part of services or membershy or fundratising solicitations for related organization(s) Ferformance of services or membershy or fundratising solicitations for related organization(s) or expenses Performance of services or membershy or fundratising solicitations for related organization(s) for expenses Sharing of paid employees with related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to rel	Menotion to indicate the motion of the motio		re retaieu organica	ations listed in Fall		Tariet Control
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Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) If the answer to any of the above is "Yess," see the instructions for information on who must complete this line, including covered relationships and name to any of the above is "Yess," see the instructions for information on who must complete this line, including covered relationships and name transfer of cash or property from related organization for information on who must complete this line, including covered relationships and name transfer or each or property from related organization(s) Remarksoment paid to related organization(s) It the answer to any of the above is "Yess" see the instructions for information on who must complete this line, including covered relationships and name to any of the above is "Yes" see the instructions for information on who must complete this line, including covered relationships and name to any of the above is "Yes" see the instructions for information on who must complete this line, including covered relationships and name to any of the above is "Yes" see the instructions for information on who must complete this line in the line instructions for information on who must complete this line in the	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Rei	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid to related organization(s) for expenses Reimbursoment paid by related organization(s) for expenses Other transfer of cash or property for related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) I the answer to any of the above is "Yes," see the instructions for information on who must complete this fine, including covered relationships and hearned land Relatines I the Montaina Land Relatine I the state of cash or property from related organization(s) I the Montaina Land Relatine I the state of cash or property from related organization(s) I the Montaina Land Relatine I the state of cash or property from related organization(s) I the Montaina Land Relatine I the state of cash or property from related organization(s) I the state of cash or property from related organization(s) I the mountain Land Relatine I the state of cash or property from related organization(s) I the mountain Land Relatine I the state of cash or property from related organization(s) I the mountain Land Relatine I the state of cash or property from related organization(s) I the mountain Land Relatine this file organization (s) for expenses I the state of cash or property from relation to the property from relation to the property from relation to the property from relation to the property from relation to the property from relation to the property from relation to the property from relation to the property from relation to the proper			્ર દ		1m /
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If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and here of related organization to the Montana Land Reliance the Montana Land Re	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and harve of related organization (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and have or retaled organization to the Montana Land Reliance to the Monta		Pit.	6		18
Narw of retained organization Transaction Amount involved Method of type (a-s) Me	Nare of retained organization Transaction Amount involved Method of Montana Land Reliance 1-b \$442,147 MLR programmed	Narw of related Organization Transaction Amount involved Method of Montana Land Reliance 1-b \$442,147 MLR programmed Land Reliance 1-c \$716,885 Grants to	ı	te this line, includ	ing covered relatio	nships and transact	ion threshol
The Montana Land Reliance 1.5 \$442,147 MLR proof The Montana Land Reliance 1.5 \$716,885 Grants to The Montana Land Reliance 1.5 \$12.14 Reimburs The Montana Land Reliance 51,214 Reimburs	The Montana Land Reliance \$442,147 MLR prog The Montana Land Reliance \$35,000 Inter-corp The Montana Land Reliance \$15,214 Reimburs	The Montana Land Reliance 1-b \$442,147 MLR prog	(a) Name of refitled organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of dotermore) ng amount ervol
The Montana Land Reliance 11-C \$116,885 Grants to The Montana Land Reliance 135,000 Inter-corp The Montana Land Reliance 51,214 Reimburs	The Monitana Land Reliance 11-C \$116,885 Grants to The Monitana Land Reliance 136,000 Inter-corp The Monitana Land Reliance 51,214 Reimburs	The Monitana Land Reliance 11-C \$116,885 Grants to The Monitana Land Reliance 136,000 Inter-corp The Monitana Land Reliance 51,214 Reimburs	(1) The Montana Land Relance	1.b	\$442,14	M.R program activ	rives gram
The Montana Land Relance 1.4m \$35,000 Inter-Corg	The Montana Land Reliance The Montana Land Reliance 1.p \$1,214 Reimburs	The Montana Land Reliance The Montana Land Reliance 1.p \$1,214 Reimburs	(2) The Montana Land Relance	7.5	\$716,88	Grants to investme	int funds
The Montana Land Retrance \$1,214 Reimburs	The Montana Land Retlance \$1,214 Reimburs	The Montana Land Reliance \$1,214 Reimburs	(3) The Montana Land Reliance	1-41	\$36,00	0 Inter-corporate Ser	vices Agreer
The Moniana Land Relance \$1,214 Reimburs	The Montana Land Retiance \$1,214 Reimburs	The Montana Land Retiance \$1,214 Reimburs					
			(4) The Montana Land Retrance	1.0	12,13	Reimburse insuran	ce/annual re
			(5)				
			(9)				
						Schedule	A (Form 990)

Schedule H (F	Schedule R (Form 990) 2019 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization because it had one or more related organizations treated as a partnership during the tax year	Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ne or more related organizations treated as a partnership during the tax year	ations Taxable organizations	as a Partner reated as a po	ship. Corr artnership	during the	organızat tax year	on answe	red "Ye	s" on Form 9	390, Pa	art IV, li		Page 2
Name,	(a) Name, address, and EM of related organization	(b) Primary activity	(c) Legal domicite (state or foreign	(d) Durect controlling entity	(e) Predominant Incomo (redated, unrelated, excluded from 1ax under sections 512—514)	turant Sha cata'cd, ctco, d from der 12 – 514)		(g) Share of end-of- year assets	(n) F- Discroportorate allocations?	(i) Ccde V—UBI amount in box 20 of Schedule K-1 (Form 1065)	U3I box 20 ule K-1 065)	General or managing partner?		(1) Percentage ownership
3									Yes	Q.		Yes	6	1
(2)									-	-		-	ļ	
(2)										ļ			ļ	
(4)										<u> </u>			ļ	
(2)													<u> </u>	
(9)										<u> </u>			 	
Ø									_				-	
Part IV	Identification of R line 34, because it	if Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, it had one or more related organizations treated as a corporation or frust during the tax year.	ations Taxable	as a Corpora	ation or To	rust. Comp	lete if the trust durin	organizati g the tax	on ansv	vered "Yes"	on For	.m 990,	Part IV	
X-CN	(B) Nama, addrass and EIN of related organization	d organization	(b) Primary activity	te) Logal domecilo Bita's or foregy country!		(d) Derect controlling entity	(e) Type of entity (C corp, S corp, or Inust)	indity Sh	f) Share of total arcome	(9) Share of end-of year assets		(h) Percentage ownership	(i) Section 512(b)(13) controlled emuly	2(E'(13) Fed 7
					+						+		Yes	2
<u> </u>														
(2)														
(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
€.														
(5)								<u> </u>						
(9)														
Е														
											Sch	Schedule R (Form 990) 2019	066 ш.о	9) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

		Part IV, line 6, 7, 8, 9, 1		11e, 11f, 12a, or 12b.		2019
	tent of the Treasury	Figo to www.irs gov/Forms	Attach to Form 990.	el the letest internet	1	Open to Public Inspection
_	Revenue Service of the organizatio		990 for instructions at			dication number
	-	LIANCE FOUNDATION, INC				
Par		nizations Maintaining Donor Adv	ised Funds or Oth	er Similar Funds		27-1125289 nts.
		plete if the organization answered "				• • • • • • • • • • • • • • • • • • • •
			(a) Donor ad		(b) I und	s and other eccounts
1	Total number	r at end of year				
2	Aggregate va	ilue of contributions to (during year)				
3	Aggregate va	ilue of grants from (during year)				
4	Aggregate va	alue at end of year .				
5		nization inform all donors and donor			in donor a	dvised
		organization's property, subject to the	-	-		☐ Yes ☐ No
6		nization Inform all grantees, donors, a				
		itable purposes and not for the benefi permissible private benefit?	it of the donor or do	nor advisor, or for a	any other pu	
Box		ervation Easements.				· Yes No
r ai		ervation Easements. plete if the organization answered "	'Voe" on Form 890	Part IV line 7		
1		conservation easements held by the				
•		on of land for public use (for example, recre	-	_	historically	important land area
		n of natural habitat	·	Preservation of a	-	•
		on of open space				or or or octar o
2	_	es 2a through 2d if the organization he	ild a qualified conser	vation contribution i	n the form o	f a conservation
		the last day of the tax year				ld at the End of the Tax Year
8	Total number	of conservation easements			2a	
b	Total acreage	e restricted by conservation easements	s		2ხ	
c	Number of co	onservation easements on a certified h	istoric structure inclu	ided in (a)	2c	~
d		conservation easements included in (25/06, and not on	a	
		ture listed in the National Register		•	. 2d	
3		onservation easements modified, trans	sferred, released, ext	inguished, or termir	nated by the	organization during the
	tax year ►	oton where property publicat to conser	sotian announce in i			
4 5		ates where property subject to conser ganization have a written policy reg				ino of
3		d enforcement of the conservation eas				Yes No
6		nteer hours devoted to monitoring, inspec				
-	>	, and the same and				
7	Amount of ex	penses incurred in monitoring, inspectin	g, handling of violatio	ns, and enforcing co	nservation e	asements during the year
	▶\$		•			
8	Does each co	onservation easement reported on line :	2(d) above satisfy the	requirements of se	ction 170(h)(4)(B)(i)
	and section 1	70(h)(4)(B)(ii)?				☐ Yes ☐ No
9		escribe how the organization reports o				
		t, and include, if applicable, the text of		organization's financ	cial stateme	nts that describes the
		s accounting for conservation easeme				
Par		nizations Maintaining Collections			ther Simila	r Assets.
		elete if the organization answered "				
1a		ation elected, as permitted under FAS				
		ical treasures, or other similar assets ide in Part XIII the text of the footnote t				
_						
Ь		ation elected, as permitted under FAS treasures, or other similar assets held				
		ollowing amounts relating to these item		, caacanon, or reser	arciriir iditir	STRICC OF PROMO SCIVICO,
		included on Form 990, Part VIII, line 1	·· ·=		•	s
		cluded in Form 990, Part X .			. •	\$
2		zation received or held works of art,	historical treasures	or other similar as	sets for fin	encial gain, provide the
-		ounts required to be reported under FA				
8	•	uded on Form 990, Part VIII, line 1 .		-	🕨	\$
ь		ted in Form 990, Part X	<u> </u>	<u> </u>	▶_	S
For Pa		ction Act Notice, see the Instructions for	Form 990.	Cat. No 52283D		Schedulo D (Form 990) 2019
_		·				

	o D (Furm 990) 2019					Page 2
Part						
3	Using the organization's acquisition, collection items (check all that apply).		_			significant use of its
8	Public exhibition			or exchange pr		
ь	Scholarly research		e 🗌 Other			
C	☐ Preservation for future generations					
4	Provide a description of the organizat					
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	donations of art, ined as part of the	historical treas organization'	ures, or other simi s collection?	Yes No
Part	Complete if the organization 990, Part X, line 21	ingements. answered "Yes"	on Form 990, f	Part IV, line 9,	or reported an a	mount on Form
1a	Included on Form 990, Part X?			-	s or other assets o	not Yes No
þ	if "Yes," explain the arrangement in P	art XIII and comple	te the following to	able	··· ·	Amount
	San and the san an				1c	Amoun
C	Beginning balance				1d	
ď	Additions during the year .	•		- 1	10 1e	
e	Distributions during the year		•		16	
f	Ending balance Did the organization include an amount	· 	V U 01 4			u2 □ Van □ Ne
2a	If "Yes," explain the arrangement in P	nt on Form 990, Pa	in A, line 21, for e	scrow or cusic	wided on Part YIII	
		ATT AIR CHECK HER	in the explanation	mas deen pro	WIOSO OIL F SIT AIN	·
art	Endowment Funds. Complete if the organization	ancwored "Vec	' on Form 990 F	Part IV line 16	1	
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two years ba		ck (e) Four years back
18	Beginning of year balance	2,188,252	2,179,230			
b	Contributions	2,160,232	189		029	0 1,031,16
			103	25,	UZS	1,037,10
C	Net investment earnings, gains, and losses.	46 100	60,301	379.	588 71,9	60 58,17
	Grants or scholarships	46,190	(10,000)			
	•	(20,000)	(10,000)	1130,3	110,0	(10,001
e	Other expenditures for facilities and programs		n		o	
f	Administrative expenses	(32,262)	(41,468)	(10,0		
9	End of year balance	2,182,180	2,188,252			
2	Provide the estimated percentage of t					
- a		-	0%			
b	Permanent endowment	78%	••			
	Tenn endowment ► 22%	•••••				
	The percentages on lines 2a, 2b, and	2c should equal 1	00%			
За	Are there endowment funds not in th	e possession of th	e organization the	at are held and	administered for	the
	organization by	• • • • • • • • • • • • • • • • • • • •	•			Yes No
	(i) Unrelated organizations					3a(i) ✓
	(ii) Related organizations					3a(li) ✓
				shadula D2		. (зы
b	If "Yes' on line 3a(ii), are the related of	rganizations listed	as required on Se	Silednie Hi		· <u> </u>
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses					· L35_L
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended use VI Land, Buildings, and Equip	s of the organization	n's endowment f	unds.	 	
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses	s of the organization	n's endowment f	unds.	1a See Form 990	
4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended use VI Land, Buildings, and Equip	s of the organization	n's endowment for on Form 990, I her basis (b) Cost of	unds.	1a See Form 990 (c) Accumulated depredation	
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ort X Other Liabilities. Complete if the or	ganization answered "Yes" on F	orm 990, Part IV, III		
art X Other Liabilities. Complete if the or line 25 Federal Income taxes	ganization answered "Yes" on F	orm 990, Part IV, III		

Schedul	a D (Form 990) 2018			Pago 4
	XI · Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
	Complete If the organization answered "Yes" on Form 990	), Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	ts .	. 1	5,684,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1) 45- 10-49-	
	Net unrealized gains (losses) on investments .	2a (3	877,930)	
b		. 2b	o High	
c	Recovenes of prior year grants	2c	o	
d	Other (Describe in Part XIII )	. 2d	o	
е	Add lines 2a through 2d		2e	(3,677,930)
3	Subtract line 2e from fine 1		3	1,986,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>O</b> (1)	
	Other (Describe in Part XIII.)	4b	O	
_	Add lines 48 and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, In	76 12) ,	5	1,986,201
Part	XII Reconciliation of Expenses per Audited Financial Stat	ements with Expe	nses per Hetum.	
	Complete if the organization answered "Yes" on Form 990	J, Part IV, IIII0 12a.	<del></del>	
1	Total expenses and losses per audited financial statements .		1 12:85	511,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a		
2		2b	4,45,4	
ь	Prior year adjustments	2c		
C	Other losses . Other (Describe in Part XIII )	. 2d	0.33	
	Add lines 2e through 2d	. [20]	. 2e	0
3	Subtract line 2e from line 1	•	3	511,168
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i i	325	311,100
	Investment expenses not included on Form 990, Part VIII, line 7b	40	165	
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	o
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5	511 168
Part	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a			e 4, Part X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pi	art to provide any add	litional information.	
PART	V - Line 4 The Montana Land Reliance Foundation currently holds two end	owment funds		
1) The	Conservation Fund is a permanent endowment fund which provides a sour	ce of revenue to The N	fontana Land Relianc	e (MLR) for
				sian farbuidan
outrea	ch to landowners for land conservation projects, for research, public outre	icn, and education on i	private iand conserva	tion, for bridge
!	an arrange and the fee entire greekers of all as a portion of a threater	and accounts to be car	ald to a concentration	bining and
сарка	or property acquisition, for option purchases of all or a portion of a threate	neu property to be res	old to a conservation	buyer, and
for co.	accomplian accompations because The cornus may not be used interest divis	tand income or canita	Lasine may be used f	or the direct
ioi co	nservation easement purchases. The corpus may not be used. Interest, divide	ieno micome, or capito	i yours may be used i	or the threat
costs	of activities designated, including, but not limited to, staff time, consultant :	and lenal expenses, tra	vel nhone overhead	and any
50315	or helistica and the season we consider the season of the season and the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the	managa sapanagana	. Coll British Market Market	.2.19.077
expen	ses incurred by representatives of MLR. Use of the Conservation Fund is an	thorized by a vote of the	ne Board of Directors	
ATRON.				
2) The	Traditions Fund is a temporarily restricted endowment fund which holds tw	o annuity gifts given to	MLR The present v	alue of any
contri	oution at the time that the donor makes a planned gift or the outright contrib	oution to the Fund shall	not be expended. The	e corpus
_4	Consideration and the consideration of the Production of the Constitution of the Const	un adaba Occidi (O)	-1	
or the	Fund may not be used. Any use of the Traditions Fund is authorized by a vo	te of the Board of Dire	ciors	
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Schedule D (For	m 800) 2018 Supplemental Information (continued)	Page 5
Part XIII	Supplemental Information (continued)	
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		Schedule D (Form 990) 2019

(Form 990) Department of the Treasury internal Revenue Service	Š	Governments omplete if the orgal ► Go to v	Governments, and Individuals in the United States Complete if the organization enswered "Yes" on Form 990, Part IV, line 21 or 22.  * Attach to Form 990.  * Go to www.irs.gov/Form990 for the latest Information.	luals in the L Yes" on Form 990, 1 Form 990. 90 for the latest Inf	Governments, and Individuals in the United States complete if the organization enawered "Yes" on Form 990, Part IV, line 21 or 22 ► Attach to Form 990. ► Go to www.ins.gov/Form990 for the latest Information.	<b>15</b> 27	2019 Open to Public Inspection
Name of the organization	OTION INC					Етроуе	Employer Identification number
Part General Information	ion on Grants and Assistance	Assistance					2020
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Bed NV the propagation's properties for monthring the use of grant finds in the United States.	ntain records to substantiate the arito award the grants or assistance?	stantiate the amou or assistance?	ant of the grants or	r assistance, the g	grantees' eligibility	for the grants or assistanc	e, and [] Yes   No
rt II Grants and Other Part IV. line 21, for	Issistance to Do	mestic Organiz	ations and Dom	nestic Governm	nents. Complete	Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes," on Form 990, an incident that received more than \$5,000. Part II can be duplicated it additional space is needed.	ered "Yes" on Form 9
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Desemption of mirroash assistance	(h) Purpose of grant or assatance
(1) The Montana Land Reliance PO Box 355, Helena, MT 59624	81-0369262	501(c)(3)	442,147		0,0051	NA	costs related to program
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Enter total number of sec	tion 501(c)(3) and government organizations listed in the line 1 table	remment organiza	tions listed in the I	line 1 table .			-
3 Enter total number of other organizations listed in the line 1 table	organizations listed	In the line 1 table					•

	Icated II additional space is needed				
(a) 1ype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, apprasst, other)	(f) Description of noncesh assistance
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The Montana Land Reliance Foundation provides services to The Montana Land Reliance (MLR) to support the chantable purposes of MLR (the supported organization). The Foundation was organized and is one-rated exclusively for the benefit of MLR and as such crovides funding to MLR to cover costs related to the stewardshummonitoring of the	vices to The Montana Land R	and Reliance (MLR) to	Support the chartable	ation provides services to The Montana Land Reliance (MLR) to support the charitable purposes of MLR (the supported organizati usively for the benefit of MLR and as such crowlds funding to MLR to cover costs related to the stewardshormonitoring of the	rted organization). The Foundation forms of the
	d outreach activities to	educate the general s	public about conservate	on easements, and MLR in ge	neral MLR submits a grant
request to the Foundation's Board of Directors for rein	of Directors for reimbursement of the expenses incurred	penses incurred			
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	Revenue Service of the organization	► Go t	o www.irs.gov/F	orm990	for instru	ctions and t	he late	st informa	Emplo	yer ider	thicati		speci nbar	HOL	
	'ANA LAND RELIAN	CE ECHNDATNOL	INC									112528			
Part	Evenes Rei	efit Transaction	is (section 501	(c)(3),	section 5	501(c)(4), a	nd se	ction 501	(c)(29)	organ	ızatıo	กร ดก	ly).		
	Complete if	the organization	answered "Ye	s" on F	orm 990	), Part IV, I	ine 25	a or 25b	, or Fo	m 990	)-EZ,	Part \	/, kne	40b	
1	(a) Name of disquebil	od person	(b) Relationship be	elween d organiza	isqualified tion	person and		(o) D	escriptio	n of trau	suction	1		(d) Core	No
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(a) N	ame of interested person	n (b) Fleiationship with organization	(c) Purpose of loan	fro	nan to or m the nization?	(e) Origin principal an		(f) Balar	ice duc	(g) to c	lofault?	bybo	proved sard or nittee?	(i) W	niten mant?
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Part IV	Business Transactions Invo Complete if the organization	olving Interested Persons. answered "Yes" on Form 990	), Part IV, line 28a, 2	28b, or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation ( nues?
					Yes	No
(1)						
(2)			\·			ļ
3)						├
(4) (5)						├
<del>6)</del>	· · · · · · · · · · · · · · · · · · ·			<b></b>	_	<del> </del>
7)	· · · · · · · · · · · · · · · · · · ·					
8)						
(9)						<u> </u>
0) art V	Supplemental Information.	l			!	<u> </u>
artv		in for responses to questions	on Schedule L (see	Instructions)		
nemh	ers of the Montana Land Reliand	e Formdation's Board of Direct	nre aleo enovo as Dir	ectors on the Board of The Mont	ana Land	
liance (A	ALR), the supported organization	- Jerry Townsend and Phil Ro	stad These individu	als provide oversight of the fund	s that the	·
undation	n received from MI R that are to b	ne invested to generate income	to further MI R's con	servation efforts across the state	e of	
ntana T	here are four members of the Fo	undation's Board of Directors	vho do no serve on l	ALR's Board who provide addition	nal	
	at at a grammatic and a substitution of					
, disidik i	of the Foundation's activities		***************************************			
	na Land Reliance Foundation red		MLR in the report y	ear These funds were invested in	to the	
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	<u> </u>			Schedule L (Form 990		

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

20**19** 

Open to Public

Department of the Treasury Internal Revenue Service	Go to www.irs gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
MONTANA LAND RELIANCE FO	DUNDATION, INC	27-1125289
PART VI, Section A, line 7a		
The Foundation was organized	and is operated exclusively for the benefit of, to perform the functions of,	or to carry out the purpose of
"publicly supported organization	ons" as defined in Sections 509(a)(1) and 509(a)(2) of the Internal Revenue	Code and Treasury Regulations
Section 1 509(a)-4, and as such	, is operated, supervised, and controlled by The Montana Land Reliance (	MLR), a Montana non-profil public
benefit corporation, within the	meaning of Treasury Regulation 1 509(a):4(g)(1) Each year the Board of D	rectors of MLR, by resolution,
appoint the Foundation's Direc	tors for any vacant Oirector positions	
PART VI, Section B, line 11b		
The Form 990 is completed by	MLR staff per the Inter-corporate Services Agreement between the two en	tities. The completed form is
reviewed by the Foundation's E	Board of Directors and by the independent auditor during the annual audit	process prior to submittal to
the Internal Revenue Service		
PART VI, Section B, line 12		
The Foundation's conflict of in	terest policy covers all Board members or members of their family who mi	ght have a personal or business
interest in, or is involved in any	y way with, an organization with whom the Board is considering a grant re	quest or business contract. Any
such interest or involvement m	oust be disclosed to the full Board prior to any discussion. The conflicted	Director may not vote
on or be present for the discus	sion. Conflicts are documented in the meeting minutes of the Foundation	and discussed with legal
counsel if necessary A Board	transaction with a conflicted party is authorized, approved, or ratified if it	receives the affirmative vote of a
majority of the Directors who h	save no direct or indirect interest in the transaction, Each Director signs a	statement which confirms he/she
has received, read, and unders	tands, and agrees to comply with the Foundation's conflict of interest pul	cy
PART IV, Section C, line 19		
The Foundation provides its go	overning documents, conflict of interest polity, annual audit, and Form 990	to the general public upon
request at no charge		
For Possessed Deduction Act	Nation and the last regions for Earth 900 or 900.57	Cabadula D Essen 000 as 000 E21 P01

inadulo O (Form 990 or 990-EZ) (2019) Lima of the organization	Pago 2 Employer identification number
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	Schedule O (Form 990 or 990-EZ) (2019

SCHEDULE R (Form 990)	Related Ol	Related Organizations and Unrelated Partnerships  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.	id Unrelated	Partnership: , ine 33, 34, 35b, 34	S, or 37.	2019	2019
Department of the Treasury Internal Revenue Service	► Go to www	► Attach to Form 990.  ■ Go to www in: gov/Form990 for instructions and the latest Informedon.	► Attach to Form 990. n990 for instructions and the la	est Information.		0	Open to Public Inspection
Name of the organization	Name of the organization MONTANA I AND RELIANCE FOLINDATION INC					Employer M	Employer Vantification number 27-1125289
Part I Identifi	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	te if the organization	answered "Yes" o	ın Form 990, Par	t IV, line 33		
Name	(a) Name accress, and EIN (if applicable) of disregarcad entity	Primi	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Total incomo	(e) Eng-o'-ycar assets	(f) Direct controlling extity
(1)							
(2)							
(6)							
(4)							
(5)							
(6)							
Part II Identifi	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the	he organization ar	Iswered "Yes" or	n Form 990, Pai	rt IV, line 34, be	cause it had
Мата,	(a) (a) Namo, address and EiN of related organization	(b) Primary activity	(c) Legal comcile (state or foreign country)	(d) Exempt Code saction	(e) Public charity status (if section 501(c)(3))	(f) Drvct controlling (f) e-nity	(g) Section 512(5)(13) controlled cuty?
							Yes
(1) The Montana Land Reliance EIN # 81-0369262	d Reliance, PO Box 355, Helena, MT 59624	private land conser-	Montana	501(c)(3)		7 MA	
(2)		valion-supported org					
(3)							
(4)							
(3)							
(9)							
(a)	***************************************						
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Part VI Unrelated Organizations	Taxable as a	Partnership.	. Complete if t	the organiz	anizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37.	"Yes" on For	m 990, Pa	rt IV, line 37.		ofic
Provide the following information for each entity taxed as a partnership through which the organization conducted more than fi or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	entity taxed as	a partnership t	through which t	the organization for cert	ion for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets ta related organization. See instructions regarding exclusion for certain investment partnerships	nore than five partnerships	ercent of rt	s activities (mea	sured by to	tal assets
(a) Name address and EIN of enuty	(b) Pilmary actrity	(c) Legal dom.clle (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under	(e) Ara all partners saction d 501(c)(3)	(f) Sivere of total income	(g) Share of end-of-year assets	(h) Dispracent orale afocations?	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)			sections 512—514)	Yes			Yes No		Yes	İ
8										
(8)										
(4)										
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art VII	om 990) 2019 . Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions	
art VII	Provide additional information for responses to questions on Schedule H. See instructions	
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