efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491067005531

OMB No. 1545-0052

2020

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2020, or tax year	beginning 01-01-20)20 , aı	nd en	ding 12-31-	2020			
		indation COMMUNITY DEVELOPMENT FOUNDATI	ON				entification numbe	r		
						36-3785779				
		l street (or P.O. box number if mail is n AVE EAST	ot delivered to street address)	Room/suite		B Telephone number (see instructions)				
City	or town	ı, state or province, country, and ZIP or	foreign postal code			(406) 257-2590				
		MT 59901	Toreign postar code			C If exemption	application is pendin	g, check here		
G Cl	neck al	l that apply: 🔲 Initial return	☐ Initial return of a	former public charity		D 1. Foreign org	ganizations, check he	ere		
		Final return	Amended return				ganizations meeting k here and attach col			
		Address chan	-			·	indation status was t	· —		
_	,		501(c)(3) exempt private				1 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable ket value of all assets at end		e private foundation Cash Accru	ıal	F If the founds	tion is in a 60-month	a termination -		
of	year (f	rom Part II, col. (c), ▶\$ 3,985,583	Other (specify)		iai			ion is in a 60-month termination 507(b)(1)(B), check here		
			(Part I, column (d) must	be on cash basis.)	,					
Part I		Analysis of Revenue and of amounts in columns (b), (c), and equal the amounts in column (a) (see	(d) may not necessarily	(a) Revenue and expenses per books	(b) N	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., schedule)	received (attach	1,100						
	2	Check ► ✓ if the foundation is	not required to attach	1/200						
	_	Sch. B			-					
	3	Interest on savings and tempora Dividends and interest from secu	•	77,016	5	77,016				
	5a	Gross rents		,,,,,,,	1	7,7,010				
	ь	Net rental income or (loss)								
<u>a</u>	6a	Net gain or (loss) from sale of as	ssets not on line 10	339,639	9					
Revenue	ь	Gross sales price for all assets or								
	7	Capital gain net income (from Pa	1,882,512 art IV, line 2)			339,639				
	8	Net short-term capital gain .	•			· ·				
	9	Income modifications								
	10a	Gross sales less returns and allo	wances							
	Ь	Less: Cost of goods sold			<u> </u>					
	C	Gross profit or (loss) (attach sch Other income (attach schedule)	edule)		1					
	11			417,755	5	416,655				
	13	Compensation of officers, director		417,733		110,033		0		
	14	Other employee salaries and wag	,		1					
Sé	15	Pension plans, employee benefits	s							
in Se	16a	Legal fees (attach schedule) .								
×pe	ь	Accounting fees (attach schedule	e)	995	5	0		0		
re E	С	Other professional fees (attach s	•	26,767	7	13,401		0		
ativ	17	Interest		95-1	1	211		_		
istr	18	Taxes (attach schedule) (see ins	•	1,328	1	910		0		
mir	19	Depreciation (attach schedule) a Occupancy	·		1					
Ad	20 21	Travel, conferences, and meeting			1					
and	22	Printing and publications	-		1					
ξi	23	Other expenses (attach schedule	e)	1,125	5	25		0		
Operating and Administrative Expenses	24	Total operating and administ	rative expenses.							
bei		Add lines 13 through 23		30,215		14,336		0		
U	25	Contributions, gifts, grants paid		160,000	9			160,000		
	26	Total expenses and disburser 25	nents. Add lines 24 and	190,215	5	14,336		160,000		
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over exper disbursements	nses and	227,540						
	b	Net investment income (if neg	•			402,319				
F-	С	Adjusted net income (if negati	•				_			
гoг	raper	work Reduction Act Notice, see	e instructions.		C	at. No. 11289X	For	m 990-PF (2020)		

Form	990-1	PF (2020)			Page 2
Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End o	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	4,012	2,584	
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts >			
ای	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Š 1	.0a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
:	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)			
:	12	Investments—mortgage loans			
:	13	Investments—other (attach schedule)	3,784,893	3,982,999	3,982,999
:	14	Land, buildings, and equipment: basis ▶		<u> </u>	
		Less: accumulated depreciation (attach schedule)			
:	15	Other assets (describe >)			
:	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	3,788,905	3,985,583	3,985,583
<u> </u>	17	Accounts payable and accrued expenses			
:	18	Grants payable			
S I	19	Deferred revenue			
≣ :	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
- 1 :	22	Other liabilities (describe)			
:	23	Total liabilities(add lines 17 through 22)	0	0	
<u> </u>		Foundations that follow FASB ASC 958, check here			
ŝ		and complete lines 24, 25, 29 and 30.			
<u>=</u>	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions			
or Fund Balance	-	_			
교		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
	36	Capital stock, trust principal, or current funds	0	0	
اية	26 27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
SSI:	28	Retained earnings, accumulated income, endowment, or other funds	3,788,905	3,985,583	
7	29	Total net assets or fund balances (see instructions)	3,788,905	3,985,583	
Ž	30	Total liabilities and net assets/fund balances (see instructions) .	3,788,905	3,985,583	
	1111		5// 55/255	3,500,000	
1		I net assets or fund balances at beginning of year—Part II, column (a), line	29 (must agree with e	end-	
_		ear figure reported on prior year's return)	. 1	3,788,905	
2		r amount from Part I, line 27a		227,540	
3		er increases not included in line 2 (itemize)	3	0	
4		lines 1, 2, and 3		. 4	4,016,445
5 6		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—Part II, c		. 6	30,862 3,985,583
<u> </u>	, ota	. The assets of faile balances at end of year (fille + fillings fille 5)—Fait II, C	Joint (5), me 25		Form 990-PF (2020)

Page **3**

		the kind(s) of property so ehouse; or common stock	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1 a Pl	JB TRADED SEC DAVIDS	ON131					
b Pl	JB TRADED SEC SCHWAE	3 1516					
c Pl	JB TRADED SEC MERRILL	_ 5779					
d					Р		
	APITAL GAINS DIVIDEND	<u> </u>			P		
	AFTIAL GAINS DIVIDEND	1		1	<u>'</u>	+ ,	<u> </u>
	(e)	(f) Depreciation	allowed		(g) other basis		h) or (loss)
	Gross sales price	(or allowa			ense of sale		f) minus (g)
a	955,			pido oxp	238,45		238,454
b	<u> </u>	291			76		764
	·						
C	853,	,053			90,91	9	90,919
d							0
е	9,	.502					9,502
c	omplete only for assets s	showing gain in column (h	n) and owned b	y the foundation	on 12/31/69		(I)
	(:)	(j)			(k)	Gains (Col. (h) gain minus
	(i) F.M.V. as of 12/31/69	Adjusted l	basis		of col. (i)	col. (k), but not	less than -0-) or
	F.M.V. as of 12/31/09	as of 12/3	1/69	over col	. (j), if any	Losses (fr	om col.(h))
а							238,454
b							764
С							90,919
d							
							9,502
e							9,302
3 1	Capital gain net income o Net short-term capital gai If gain, also enter in Part in Part I, line 8	in or (loss) as defined in	$\left\{\begin{array}{c} \text{If (lo} \\ \end{array}\right.$ sections 1222(Part I, line 7	3	339,639
Part \	Oualification Un	nder Section 4940(e) for Reduce	ed Tax on Net	Investment T	ncome	
		-				leonie	
	ON 4940(e) REPEAL	ED ON DECEMBER 2	U, 2019 - DC	J NOT COMPL	<u> </u>		
1 K	eserved						
	(a) Reserved	(b) Reserved		(c) Reserved		(d) Reserved	
-							
-							
						1	
2 Reserved					2	_	
3 Re	eserved				3		
4 Reserved					4	7	
5 Reserved					5	1	
6 Reserved						┪	
					6		
7 Re	eserved				7		
8 Re	eserved ,				8		
						_	
							orm 000-PE (2020)

Form	1 990-PF (2020)								Page 6
Pa	rt VII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continue	ed)			
5а	During the year did the foundation	pay o	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	Yes	✓ 1	No.		
	(2) Influence the outcome of any s	pecifi	public election (see sec						
	on, directly or indirectly, any vo	oter re	egistration drive?	No					
	(3) Provide a grant to an individual	for t	avel, study, or other sim		No				
	(4) Provide a grant to an organizat	ion ot	her than a charitable, etc						
	in section 4945(d)(4)(A)? See i	nstru	ctions		· ·	✓ 1	No		
	(5) Provide for any purpose other t		-						
	educational purposes, or for the	•	•		⊔ Yes	✓ I	No		
b	If any answer is "Yes" to $5a(1)-(5)$		-						
	Regulations section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions		5b		
	Organizations relying on a current r								
С	If the answer is "Yes" to question 5			·					
	tax because it maintained expendit				· · 🗌 Yes		No		
	If "Yes," attach the statement requ	ired b	y Regulations section 53.	4945-5(d).					
6a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ıms on				
	a personal benefit contract?				⊔ Yes	✓ 1	No		
b	Did the foundation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?	•	6b		No
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, wa				∟ res	✓ 1	No		
b	If "Yes", did the foundation receive		•			•	7b	_	
8	Is the foundation subject to the sec				in remuneration or				
	excess parachute payment during t	he ye	ar?		· · 🗌 Yes	✓ 1	No 🖳		
Pa	rt VIII and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly Pa	id Em	ployees	,,	
1 4	and Contractors								
1	List all officers, directors, truste	es, fo	oundation managers ar	d their compensation	See instructions				
	Cal Name and address		b) Title, and average	(c) Compensation (If			(e) Expe	nse acc	ount,
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plan deferred compensat		other allowances		
LARR	Y JOCHIM	SECF	CRETARY 0						(
	TH AVENUE EAST	1.00							
	SPELL, MT 599015308			_					
	ERT KEENAN	1.00	IDENT	0		이			C
	5TH AVENUE EAST SPELL, MT 599015308								
EVER	IT A SLITER		SURER	0		0			(
	TH AVENUE EAST	1.00							
	SPELL, MT 599015308 Compensation of five highest-pa	اما ما		 in-luded line (T6		"NONE	71
	Compensation of five nignest-pa	iia er	· · · · · · · · · · · · · · · · · · ·		(d) Contributions		e, enter	NONE	•
(a)	Name and address of each employee	paid	(b) Title, and average	1	employee benefit		(e) Exper	nse acco	ount,
	more than \$50,000	•	hours per week devoted to position	(c) Compensation	plans and deferre	d	other a	llowanc	es
			'		compensation				
NON	<u> </u>								
Tota	I number of other employees paid ov	er \$5	0,000		<u> </u>		Form 90		
									r

Form 990-PF (2020)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

169.939

160,000

160,000

160,000

Form 990-PF (2020)

160,000

9,754

185

Form **990-PF** (2020)

P	art XIII Undistributed Income (see instruc	ctions)			
		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				169,939
2	Undistributed income, if any, as of the end of 2020:				
а	Enter amount for 2019 only			0	
b	Total for prior years: 20, 20, 20		0		

3 Excess distributions carryover, if any, to 2020: a From 2015.

b From 2016. . . . 9,754

c From 2017. . d From 2018. . . . e From 2019. f Total of lines 3a through e.

4 Qualifying distributions for 2020 from Part

XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a

same amount must be shown in column (a).)

(If an amount appears in column (d), the

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

b Applied to undistributed income of prior years (Election required—see instructions).

c Treated as distributions out of corpus (Election

required—see instructions).

d Applied to 2020 distributable amount. . . .

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

9.754

9.754

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed

10 Analysis of line 9: a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. . . e Excess from 2020. .

indicated below:

FOUNDATION FOR A BETTER BIGFORK).

ŀ	Private Operating Found	i ations (see instr	uctions and Part	VII-A, question 9)						
а	If the foundation has received a ruling or de foundation, and the ruling is effective for 20									
b	Check box to indicate whether the organizat	ion is a private oper	ating foundation de	scribed in section $ \Box $	☐ 4942(j)(3) or ☐	4942(j)(5)				
!a	Enter the lesser of the adjusted net	Tax year	Tax year Prior 3 years (a) Total							
	income from Part I or the minimum investment return from Part X for each	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total				
	year listed	. ,		1	, ,					
b	85% of line 2a									
	Qualifying distributions from Part XII, line 4 for each year listed									
d	Amounts included in line 2c not used directly for active conduct of exempt activities									
е	Qualifying distributions made directly for active conduct of exempt activities.									
	Subtract line 2d from line 2c									
3	"Assets" alternative test—enter:									
-	(1) Value of all assets									
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)									
)	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed									
2	"Support" alternative test—enter:									
	(1) Total support other than gross investment income (interest, dividends, rents, payments									
	on securities loans (section 512(a)(5)), or royalties)									
	(2) Support from general public and 5 or more exempt									
	organizations as provided in section 4942(j)(3)(B)(iii)									
	(3) Largest amount of support from an exempt organization									
	(4) Gross investment income Supplementary Information	(Complete this	nart only if the	foundation had	\$5,000 or more i	n				
a	assets at any time during th			Touridation nad	\$5,000 or more r	••				
a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if	agers: /e contributed more	than 2% of the total			1				
)	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the					
	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pr	ograms:						
	Check here ▶ ☑ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu	ole organizations and uals or organizations	does not accept under					
а	The name, address, and telephone number of EVERIT SLITER C/O 604 5TH AVENUE EAST KALISPELL, MT 59901 (406) 253-0605 EASLITER@CHARTER.NET	or e-mail address of	f the person to whor	n applications should	i be addressed:					
b	The form in which applications should be su IN WRITING INCLUDING FINANCIALS AND F WHERE OTHER FUNDS WILL COME FROM.			•	ANT, TOTAL AMOUNT	OF PROJECT AN				
С	Any submission deadlines:									
	1ST DAY OF THE LAST MONTH OF THE QUA	RTER, 3/1 6/1 9/1 1	.2/1							
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	cal areas, charitable	fields, kinds of instit	utions, or other					
	AWARDS ARE LIMITED TO 501(C)(3) ORGAI BIGFORK CENTER FOR THE PERFORMING A									

a Paid during the year

Amount

Page **11**

160,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant o	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	

BIGFORK CENTER FOR THE PERFORMING ARTS FOUNDATION PO BOX 1230 BIGFORK, MT 59911	NONE	PUBLIC CHARITY	CAPITAL IMPROVEMENTS	
Total	<u> </u>		▶ 3a	
b Approved for future payment				

	I-A Analysis of Income-Producing	Activities				rage LL	
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt	
1 Program	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)	
	and contracts from government agencies						
_	ership dues and assessments						
3 Interes	st on savings and temporary cash ments						
	nds and interest from securities			14	77,016		
	ntal income or (loss) from real estate: -financed property						
	debt-financed property						
	ntal income or (loss) from personal property						
	investment income						
invent				18	339,639		
	come or (loss) from special events:						
	profit or (loss) from sales of inventory revenue: a						
b	revenue. u						
	tal. Add columns (b), (d), and (e).		0		416,655	0	
	Add line 12, columns (b), (d), and (e)				3	416,655	
Part XV	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the	ne Accomplis	hment of Exem	pt Purposes			
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)						
	-						

		Information Regarding Transfers To and Transactions and Relationships With Noncharitable										
Part XVII		Exempt Organizations										
1	Did the organ	ization directly or indirectly engage in any of the following with any other organization described in section 501		Г								

F	ILC YAT	7.5	Exempt Organiz	zations										
			nization directly or inc an section 501(c)(3)	directly enga							ion 501		Yes	No
a ·	Transfer	s fro	m the reporting foun	dation to a n	oncha	ritable exe	empt organiza	tion	of:					
	(1) Cas	sh.										1a(1)		No
	(2) Oth	ner a	ssets									1a(2)		No
b	Other tra	ansa	ctions:											
			assets to a nonchari	•	-							1b(1)		No
			es of assets from a n							$\cdot \ \cdot \ \cdot \ \cdot \ \cdot$		1b(2)		No
			of facilities, equipmen	•								1b(3)		No
(4) Reimbursement arrangements								•	1b(4)		No			
			r loan guarantees.									1b(5)		No
			ance of services or me	•		_					•	1b(6)		No
	_		cilities, equipment, m			•					market v	1c		No
i	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.													
(a)	Line No.	(b) Amount involved	(c) Name of	noncha	aritable exe	mpt organization	1	(d) Description of	transfers, transaction	s, and sha	ring arrar	ngemen	its
								+						
								+						
								+						
								+						
								+						
								+						
								+						
			ation directly or indire	•		•	•				_	a		
			section 501(c) (other		า 501(c)(3)) or i	in section 527	?.		⊔\	Yes 💆	Z No		
b	f "Yes,"	com	plete the following so						•					
			(a) Name of organizatio	n		(1	b) Type of organ	izatio	n	(c) Descriptio	n of relation	nship		
~ :-	of wh	my l	penalties of perjury, knowledge and belief preparer has any kno	, it is true, co							pased on	all infor	mation	n of
Sig		**	****				2021-03-03		*****		May th return	ne IRS dis	scuss th	nis
He	ге	_									with th	ne prepar	er shov	vn
		Sig	ınature of officer or tr	rustee			Date		Title		below (see ir	nstr.) 🗸	Yes [No
			Print/Type preparer's	name	Prep	arer's Sigr	nature		Date	Check if self-	PTIN			
									employed ▶ □		P00022	864		
Pa	id		EVERIT A SLITER						2021-03-02	' '				
	epare	. -	Sumala marris N. 1000	ALIL O CLITT	ED 51.	D. D. L. C.								
	e Onl		Firm's name ► JORE	DAHL & SLITE	EK PLL	_C					Firm's E	IN ▶81-	-04975	523
_			Firm's address ► PO	BOX 8600										
			VΔ	IISPELL MT	. 2004	041600					Phone n	o. (406)	752-:	1040
	KALISPELL, MT 599041600										<u></u>			

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	a -	DI	LN: 93491067005531		
TY 2020 Accounting Fees Schedule							
I							
Name: BIGFORK COMMUNITY DEVELOPMENT FOUNDATION EIN: 36-3785779							
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes							

TAX RETURN PREPARATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
TY 2020 Investments - Other S	Schedule	

Name: BIGFORK COMMUNITY DEVELOPMENT FOUNDATION

DLN: 93491067005531

EIN: 36-3785779						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
D.A. DAVIDSON 11760225	FMV	416,524	416,524			
D.A. DAVIDSON MANAGED ACCOUNT	FMV	1,143,774	1,143,774			
MERRILL LYNCH MANAGED ACCOUNT	FMV	1,089,589	1,089,589			
SCHWAB TRUST PFD	FMV	299,755	299,755			
SCHWAB FISHER	FMV	1,033,357	1,033,357			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491067005531 TY 2020 Other Decreases Schedule						
Name: BIGFORK COMMUNITY DEVELOPMENT FOUNDATION						
EIN: 36-3785779						
Description Amount						

UNREALIZED INVESTMENT GAINS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491067005531				
TY 2020 Other Expenses Schedule							
Name: BIGFORK COMMUNITY DEVELOPMENT FOUNDATION							
EIN:	36-3785779						
Other Expenses Schedule							

Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
BANK CHARGES	25	25		0		

1,100

DONOR RECOGNITION

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491067005531 TY 2020 Other Professional Fees Schedule							
Name: BIGFORK COMMUNITY DEVELOPMENT FOUNDATION EIN: 36-3785779							
Catagory	Amount	Not Investment	Adjusted Not	Dishursoments			

<u></u>				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

13,401

26,767

INVESTMENT MANAGEMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491067005531		
TY 2020 Taxes Schedule						
Name:	BIGFORK CC	DMMUNITY DEVELO	OPMENT FOUNDAT	ΓΙΟΝ		
EIN:	36-3785779					
Taxes Schedule				1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAX ON INVESTMENT INCOME	418	0		0		
FOREIGN TAX ON DIVIDEND INCOME	910	910		0		