

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHITEFISH COMMUNITY FOUNDATION, INC.		D Employer identification number 81-0533002
	Doing business as		E Telephone number (406) 863-1781
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code WHITEFISH, MT 59937-1060		G Gross receipts \$ 16,341,562.
F Name and address of principal officer: LINDA MAETZOLD SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: WHITEFISHCOMMUNITYFOUNDATION.ORG			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
L Year of formation: 2000			M State of legal domicile: MT

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WHITEFISH COMMUNITY FOUNDATION IS DEDICATED TO ENRICH THE QUALITY OF LIFE IN WHITEFISH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	140
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,184,988.	6,626,423.
	9 Program service revenue (Part VIII, line 2g)	14,107.	20,684.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,001,901.	1,068,168.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,542.	57,863.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,288,538.	7,773,138.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,168,404.	5,651,173.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	271,087.	318,818.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	19,559.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	289,009.	297,356.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,728,500.	6,267,347.	
19 Revenue less expenses. Subtract line 18 from line 12	5,560,038.	1,505,791.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 31,164,034.	End of Year 37,003,037.
	21 Total liabilities (Part X, line 26)	2,357,469.	2,862,829.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,806,565.	34,140,208.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	LINDA MAETZOLD, CURRENT BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SALLIE A. BROWN, CPA	Preparer's signature	Date 07/15/20	Check if self-employed <input type="checkbox"/>	PTIN P00895220
	Firm's name JUNKERMIER, CLARK, CAMPANELLA, STEVENS P.C.	Firm's EIN 81-0348775			
	Firm's address P. O. BOX 1398 WHITEFISH, MT 59937-1398	Phone no. 406-862-2597			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE WHITEFISH COMMUNITY FOUNDATION IS DEDICATED TO FOSTERING PHILANTHROPY, BUILDING ENDOWMENTS, AND HELPING DONORS AND NONPROFITS BENEFIT OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 205,462. including grants of \$ 132,368.) (Revenue \$) WCF GRANT PROGRAMS: AWARDED GRANTS TOTALING \$132,368 TO 47 LOCAL ORGANIZATIONS THAT SUPPORT ARTS & CULTURE, HEALTH & HUMAN SERVICES, EDUCATION, SPORTS & RECREATION, CONSERVATION AND CIVIC ACTIVITIES. INCLUDING 1 MAJOR GRANT TOTALING \$30,000 TO PURCHASE AN ELECTRIC ZAMBONIE FOR THE STUMPTOWN ICE DEN.

4b (Code:) (Expenses \$ 2,978,952. including grants of \$ 2,754,367.) (Revenue \$) GREAT FISH COMMUNITY CHALLENGE: A SEVEN-WEEK LONG FUNDRAISING CAMPAIGN WHICH HELPED 53 NONPROFITS RAISE OVER \$2,200,000 AND THE FOUNDATION AWARDED AN ADDITIONAL \$485,000 IN MATCHING GRANTS PLUS \$18,000 IN INCENTIVE GRANTS. THE ORGANIZATION ALSO PROCESSED ALL GIFTS AND PROVIDED ALL PRINTED MATERIALS, ADVERTISING AND MARKETING AT AN APPROXIMATE COST TO THE ORGANIZATION OF OVER \$259,000.

4c (Code:) (Expenses \$ 2,596,106. including grants of \$ 2,466,204.) (Revenue \$ 20,684.) CHARITABLE FUNDS: HELD AND ADMINISTERED CHARITABLE FUNDS INCLUDING DONOR ADVISED FUNDS, DESIGNATED FUNDS ANNUITY FUNDS AND AGENCY FUNDS WHICH PAID OUT GRANTS AND SCHOLARSHIPS TOTALING OVER \$2,300,000 TO CHARITABLE ORGANIZATIONS AND PROVIDED \$144,107 IN PROGRAM SUPPORT TO THE ORGANIZATION THROUGH ADMINISTRATIVE FEES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 392,818. including grants of \$ 298,235.) (Revenue \$)

4e Total program service expenses 6,173,338.

Part IV 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LINDA ENGH-GRADY - (406) 863-1781**
214 W 2ND STREET, WHITEFISH, MT 59937

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA MAETZOLD BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) JEFF ALLEN VICE CHAIR	2.00	X		X				0.	0.	0.
(3) JAY LATIMER SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(4) CAROL ATKINSON DIRECTOR	1.00	X						0.	0.	0.
(5) BETSY BAYNE DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN COLLINS DIRECTOR	1.00	X						0.	0.	0.
(7) DIANE CONRADI DIRECTOR	0.50	X						0.	0.	0.
(8) GREG GARRISON DIRECTOR	0.50	X						0.	0.	0.
(9) SHERRY LESAR DIRECTOR	1.00	X						0.	0.	0.
(10) ELLEN MORAN DIRECTOR	0.50	X						0.	0.	0.
(11) MONICA PASTOR DIRECTOR	1.00	X						0.	0.	0.
(12) TOM QUINN DIRECTOR	1.00	X						0.	0.	0.
(13) DOUG REED DIRECTOR	1.00	X						0.	0.	0.
(14) JAMIE SHENNAN DIRECTOR	1.00	X						0.	0.	0.
(15) SHAWN WATTS DIRECTOR	0.50	X						0.	0.	0.
(16) KEN WESSELS DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN WITT DIRECTOR	0.50	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,626,423.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 631,709.					
	h Total. Add lines 1a-1f			6,626,423.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	561000	20,684.	20,684.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			20,684.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			995,080.			995,080.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			8,515,655.					
	b Less: cost or other basis and sales expenses	7b	8,442,567.					
	c Gain or (loss)	7c	73,088.					
d Net gain or (loss)				73,088.		73,088.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
		183,720.						
b Less: direct expenses	8b	125,857.						
c Net income or (loss) from fundraising events				57,863.		57,863.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				7,773,138.	20,684.	0.	1,126,031.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,651,173.	5,651,173.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,360.	107,416.	12,504.	7,440.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	160,470.	134,017.	20,164.	6,289.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,951.	4,171.	2,780.	
10 Payroll taxes	24,037.	20,178.	2,716.	1,143.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,500.		13,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	93,212.	93,212.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,550.	1,550.		
12 Advertising and promotion	21,692.	21,692.		
13 Office expenses	11,221.	9,880.	932.	409.
14 Information technology	33,421.	20,053.	13,368.	
15 Royalties				
16 Occupancy	12,000.	10,100.	1,321.	579.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,928.	2,928.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10.		10.	
23 Insurance	6,003.	871.	5,132.	
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.)				
a WORKSHOP & SEMINAR EXPE	42,959.	42,959.		
b PRINTING & PUBLICATIONS	27,242.	24,944.	105.	2,193.
c BANK AND CREDIT CARD FE	17,341.	15,229.	606.	1,506.
d DUES & SUBSCRIPTIONS	9,551.	8,712.	839.	
e All other expenses	4,726.	4,253.	473.	
25 Total functional expenses. Add lines 1 through 24e	6,267,347.	6,173,338.	74,450.	19,559.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	245,720.	1	199,427.
	2 Savings and temporary cash investments	4,627,030.	2	1,822,278.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,435.		
	b Less: accumulated depreciation	10b 86,435.	10.	10c 0.
	11 Investments - publicly traded securities	26,290,895.	11	34,979,494.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	379.	15	1,838.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,164,034.	16	37,003,037.	
Liabilities	17 Accounts payable and accrued expenses	5,875.	17	3,126.
	18 Grants payable		18	
	19 Deferred revenue	9,670.	19	20,270.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,291,735.	21	2,766,034.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	50,189.	25	73,399.
	26 Total liabilities. Add lines 17 through 25	2,357,469.	26	2,862,829.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,224,729.	27	2,854,576.
	28 Net assets with donor restrictions	26,581,836.	28	31,285,632.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,806,565.	32	34,140,208.
33 Total liabilities and net assets/fund balances	31,164,034.	33	37,003,037.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,773,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,267,347.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,505,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,806,565.
5	Net unrealized gains (losses) on investments	5	3,827,852.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,140,208.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b 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, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a 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? _____		X
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 _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	5,670,991.	11,113,673.	10,622,643.	11,184,988.	6,626,423.	45,218,718.
2 Tax 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	5,670,991.	11,113,673.	10,622,643.	11,184,988.	6,626,423.	45,218,718.
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 shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						45,218,718.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	5,670,991.	11,113,673.	10,622,643.	11,184,988.	6,626,423.	45,218,718.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	414,500.	348,478.	810,354.	1,000,068.	995,080.	3,568,480.
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 Total support. Add lines 7 through 10						48,787,198.
12 Gross receipts from related activities, etc. (see instructions)					12	1,622,882.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.69 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	90.09 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 charitable 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 filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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 .		

Section B. Type I Supporting Organizations

	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 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)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 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.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization WHITEFISH COMMUNITY FOUNDATION, INC. **Employer identification number** 81-0533002

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	36	15
2 Aggregate value of contributions to (during year)	1,807,834.	135,522.
3 Aggregate value of grants from (during year)	2,047,129.	150,374.
4 Aggregate value at end of year	20,687,494.	650,803.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,353,028.	10,163,931.	8,667,117.	7,053,459.	6,309,591.
b Contributions	525,968.	322,303.	571,662.	1,213,993.	1,004,998.
c Net investment earnings, gains, and losses	1,884,097.	-774,445.	1,236,563.	697,134.	5,936.
d Grants or scholarships	298,235.	276,154.	255,928.	254,101.	237,244.
e Other expenditures for facilities and programs					
f Administrative expenses	81,006.	82,607.	55,483.	43,368.	29,822.
g End of year balance	11,383,852.	9,353,028.	10,163,931.	8,667,117.	7,053,459.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 24.46 %
- b Permanent endowment 60.99 %
- c Term endowment 14.55 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		85,855.	85,855.	0.
e Other		580.	580.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	296.
(3) VALUE OF LIFE INTEREST IN	
(4) CHARITABLE GIFT ANNUITIES	73,103.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	73,399.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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 statements	1	11,633,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,827,852.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	125,857.
e	Add lines 2a through 2d	2e	3,953,709.
3	Subtract line 2e from line 1	3	7,679,926.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	93,212.
c	Add lines 4a and 4b	4c	93,212.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,773,138.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	6,299,992.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	125,857.
e	Add lines 2a through 2d	2e	125,857.
3	Subtract line 2e from line 1	3	6,174,135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	93,212.
c	Add lines 4a and 4b	4c	93,212.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,267,347.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

HELD EIGHT AGENCY FUNDS AND TEN QUASI-ENDOWMENT FUNDS FOR VARIOUS ORGANIZATIONS.

PART V, LINE 4:

THE WHITEFISH COMMUNITY FOUNDATION'S PERMANENTLY ENDOWED FUNDS PROVIDE FUNDING FOR THE MANY PROGRAMS OF THE FOUNDATION, INCLUDING THE ANNUAL COMMUNITY GRANTS PROGRAM, THE MAJOR GRANTS PROGRAM, WORKSHOPS AND TRAININGS, AND THE GREAT FISH COMMUNITY CHALLENGE PROGRAM, ALL OF WHICH BENEFIT LOCAL NONPROFIT ORGANIZATIONS. APPROXIMATELY 5% IS DISTRIBUTED EACH YEAR FOR GENERAL PROGRAM SUPPORT. THE SPENDING POLICY OF THE ENDOWMENT FUND IS REVIEWED EACH YEAR BY THE INVESTMENT COMMITTEE TO ENSURE

Part XIII Supplemental Information (continued)

PRUDENT MANAGEMENT OF THE FUND AND TO MAINTAIN PRINCIPAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES NETTED WITH FUNDRAISER INCOME	125,857.
ROUNDING	

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON	
AUDITED FS	93,212.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES NETTED WITH FUNDRAISER INCOME	125,857.
ROUNDING	

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON	
AUDITED FS	93,212.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PATRON PASS EVENT (event type)	(event type)	NONE (total number)	
1	Gross receipts	183,720.			183,720.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	183,720.			183,720.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	125,857.			125,857.
10	Direct expense summary. Add lines 4 through 9 in column (d)				125,857.
11	Net income summary. Subtract line 10 from line 3, column (d)				57,863.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **WHITEFISH COMMUNITY FOUNDATION, INC.** Employer identification number **81-0533002**

Part I General Information on Grants and Assistance

- 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBANY MEDICAL COLLEGE 543 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ALPINE THEATRE PROJECT PO BOX 1959 WHITEFISH, MT 59937	77-0626385	501(C)(3)	94,791.	0.			GENEARL SUPPORT
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVENUE HELENA, MT 59602	81-0284022	501(C)(3)	14,000.	0.			GENERAL SUPPORT
BACKPACK ASSISTANCE PROGRAM PO BOX 314 WHITEFISH, MT 59937	46-4364374	501(C)(3)	60,633.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF FLATHEAD - 137 MAIN STREET - KALISPELL, MT 59901	81-0374742	501(C)(3)	39,302.	0.			GENERAL SUPPORT
BIG MOUNTAN FIREFIGHTERS ASSOCIATION - 3790 BIG MOUNTAIN ROAD - WHITEFISH, MT 59937	82-0534620	501(C)(3)	9,833.	0.			SNOZZLE TRUCK, FIRE-FIGHTING HOSE, GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **84.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIGFORK ACES 439 GRAND DR BIGFORK, MT 59911	30-0764283	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BLAINE COUNTY EDUCATION FOUNDATION PO BOX 253 HAILEY, ID 83333	94-3166817	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	39,269.	0.			GENERAL SUPPORT
BRENTWOOD BAPTIST CHURCH 7777 CONCORD ROAD BRENTWOOD, TN 37027	62-0945312	501(C)(3)	7,500.	0.			AVENUE SOUTH CHURCH
CASA FOR KIDS INC PO BOX 11195 KALISPELL, MT 59901	27-3973281	501(C)(3)	125,911.	0.			GENERAL SUPPORT
CENTER FOR RESTORATIVE YOUTH JUSTICE - 22 1ST AVENUE EAST - KALISPELL, MT 59901	84-1428210	501(C)(3)	51,727.	0.			GENERAL SUPPORT
CF-WF HS SWIM TEAMS PO BOX 702 COLUMBIA FALLS, MT 59912	46-5300687	501(C)(3)	16,987.	0.			COACHING, EQUIPMENT, TRAVEL, GENERAL SUPPORT
CHAPEL BY THE SEA - CLEARWATER BEACH COMMUNITY CHURCH - 54 BAY ESPLANDE - CLEARWATER BEACH, FL 33767	59-0910346	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILD BRIDGE PO BOX 310 BIGFORK, MT 59911	27-3382066	501(C)(3)	188,944.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIMATE RIDE INC 114 WEST PINE ST MISSOULA, MT 59802	27-1777457	501(C)(3)	7,500.	0.			GENERAL SUPPORT
COLORADO SCHOOL OF MINES FOUNDATION - 1812 ILLINOIS ST - GOLDEN, CO 80401	84-0509064	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CURREY INGRAM ACADEMY 6544 MURRAY LANE BRENTWOOD, TN 37027	62-1296326	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DELIVERFUND 25 HIGHLAND PARK VILLAGE 100-851 DALLAS, TX 75205	47-1955601	501(C)(3)	20,000.	0.			GENERAL SUPPORT
DREAM ADAPTIVE RECREATION PO BOX 4084 WHITEFISH, MT 59937	36-3416198	501(C)(3)	102,718.	0.			SKI PROGRAM, GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA STREET SAN FRANCISCO, CA 94111	36-3416198	501(C)(3)	25,000.	0.			GENERAL SUPPORT
EARTHWATCH INSTITUTE 114 WESTERN AVENUE BOSTON, MA 02134	23-7168440	501(C)(3)	12,500.	0.			GENERAL SUPPORT
FARM HANDS - NOURISH THE FLATHEAD 1658 E 2ND STREET WHITEFISH, MT 59937	27-2056363	501(C)(3)	94,341.	0.			GENERAL SUPPORT
FLATHEAD AREA MOUNTAIN BIKERS 326 2ND ST E WHITEFISH, MT 59937	20-3745517	501(C)(3)	24,050.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLATHEAD AUDUBON SOCIETY PO BOX 9173 KALISPELL, MT 59904	81-0447830	501(C)(3)	5,800.	0.			GENERAL SUPPORT
FLATHEAD CANCER AID SERVICES 2555 DILLON ROAD WHITEFISH, MT 59937	45-5552465	501(C)(3)	33,090.	0.			GENERAL SUPPORT
FLATHEAD FOOD BANK 1203 HWY 2 WEST, SUITE 2 KALISPELL, MT 59901	81-0399818	501(C)(3)	35,796.	0.			GENERAL SUPPORT
FLATHEAD LAND TRUST PO BOX 1913 KALISPELL, MT 59903	36-3479966	501(C)(3)	48,460.	0.			GENERAL SUPPORT
FLATHEAD RAPIDS PO BOX 241 WHITEFISH, MT 59937	45-2941434	501(C)(3)	28,065.	0.			STORAGE BUILDING, GENERAL SUPPORT
FLATHEAD SHELTER FRIENDS PO BOX 1035 KALISPELL, MT 59903	32-0262474	501(C)(3)	6,750.	0.			GENERAL SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION - 777 GRANDVIEW DRIVE - KALISPELL, MT 59901	81-0365752	501(C)(3)	87,258.	0.			SCHOLARSHIP FUNDS, GENERAL SUPPORT
FLATHEAD VALLEY SKI EDUCATION FOUNDATION - PO BOX 623 - WHITEFISH, MT 59937	23-7300629	501(C)(3)	44,570.	0.			FIELDTRIPS, 5TH GRADE SEASON PASS PROGRAM, GENERAL SUPPORT
FLATHEAD YOUTH HOME 825 OREGON STREET KALISPELL, MT 59901	81-0331313	501(C)(3)	48,195.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF BIGFORK FIRE DEPARTMENT PO BOX 2333 BIGFORK, MT 59901	84-1721958	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIENDS OF THE FLATHEAD AVALANCHE CENTER - PO BOX 4276 - WHITEFISH, MT 59937	47-1135769	501(C)(3)	31,066.	0.			GENERAL SUPPORT
GARY NORBY JUNIOR GOLF FOUNDATION PO BOX 236 WHITEFISH, MT 59937	81-0400195	501(C)(3)	12,750.	0.			GENERAL SUPPORT
GATEWAY TO GLACIER TRAIL PO BOX 2382 COLUMBIA FALLS, MT 59912	45-2385798	501(C)(3)	17,501.	0.			GENERAL SUPPORT
GLACIER INSTITUTE PO BOX 1887 KALISPELL, MT 59903	36-3345632	501(C)(3)	41,374.	0.			GENERAL SUPPORT
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	72,871.	0.			GENERAL SUPPORT
GLACIER NORDIC CLUB PO BOX 403 WHITEFISH, MT 59937	36-3442067	501(C)(3)	38,852.	0.			GENERAL SUPPORT
GLACIER SYMPHONY & CHORALE PO BOX 2491 KALISPELL, MT 59903	81-0413320	501(C)(3)	58,218.	0.			GENERAL SUPPORT
GREAT BALANCE INCORPORATED 1270 5TH AVE NEW YORK, NY 10029	47-3985972	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 307 1ST AVENUE EAST STE 1 KALISPELL, MT 59903	81-0461253	501(C)(3)	49,738.	0.			GENERAL SUPPORT
HEADWATERS MONTANA INC PO BOX 4310 WHITEFISH, MT 59937	71-1037125	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF NW MONTANA PO BOX 221 KALISPELL, MT 59903	81-0496442	501(C)(3)	123,734.	0.			GENERAL SUPPORT
INTERMOUNTAIN 505 S LAMBORN HELENA, MT 59601	81-0231775	501(C)(3)	5,000.	0.			GENERAL SUPPORT
KALISPELL REGIONAL HEALTHCARE FOUNDATION - 310 SUNNYVIEW LN - KALISPELL, MT 59901	31-1703013	501(C)(3)	41,787.	0.			A.L.E.R.T. PROGRAM, GENERAL SUPPORT
KALISPELL PUBLIC SCHOOLS 233 1ST AVENUE EAST KALISPELL, MT 59901	81-6000366	501(C)(3)	5,467.	0.			GENERAL SUPPORT
LIGHTHOUSE CHRISTIAN HOME PO BOX 8931 KALISPELL, MT 59904	36-3766292	501(C)(3)	51,839.	0.			FACILITY RENOVATION, GENERAL SUPPORT
MONTANA KAYAK ACADEMY 823 KALISPELL AVENUE WHITEFISH, MT 59937	47-4883302	501(C)(3)	17,207.	0.			GENERAL SUPPORT
MONTANA LAND RELIANCE 470 ELECTRIC AVENUE BIGFORK, MT 59911	81-0369262	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA STATE PARKS FOUNDATION 400 W BROADWAY SUITE 100-424 MISSOULA, MT 59802	47-3829371	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MONTANA WILDERNESS ASSOCIATION 80 S WATTEN HELENA, MT 59601	51-0198932	501(C)(3)	5,200.	0.			GENERAL SUPPORT
NASHVILLE ROWING CLUB 73 WHITE BRIDGE ROAD 103-311 NASHVILLE, TN 37205	62-1290275	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATE CHUTE FOUNDATION PO BOX 245 WHITEFISH, MT 59937	45-0494907	501(C)(3)	36,894.	0.			GENERAL SUPPORT
NATURE CONSERVANCY OF MONTANA 32 S EWING STREET HELENA, MT 59601	53-0242652	501(C)(3)	28,138.	0.			GENERAL SUPPORT
NORTH VALLEY FOOD BANK 251 FLATHEAD AVENUE WHITEFISH, MT 59937	81-0456048	501(C)(3)	99,769.	0.			GENERAL SUPPORT
NORTH VALLEY HOSPITAL FOUNDATION 1600 HOSPITAL WAY WHITEFISH, MT 59937	81-0439232	501(C)(3)	67,167.	0.			GENERAL SUPPORT
NORTH VALLEY MUSIC SCHOOL PO BOX 4446 WHITEFISH, MT 59937	81-0515034	501(C)(3)	104,013.	0.			GENERAL SUPPORT
NORTHWEST MONTANA VETERANS STAND DOWN & FOOD PANTRY - 1349 HWY 2 E - KALISPELL, MT 59901	74-3030535	501(C)(3)	32,547.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON STREET, STE 100 - PORTLAND, OR 97205	23-7083114	501(C)(3)	20,000.	0.			OSU GLOBAL, CASEY EYE INSTITUTE
PIONEER MONTESSORI SCHOOL PO BOX 1809 KETCHUM, ID 83340	82-0360653	501(C)(3)	7,500.	0.			TEACHER DEVELOPMENT, GENERAL SUPPORT
PLANNED PARENTHOOD OF MONTANA 1116 GRAND AVE, SUITE 201 BILLINGS, MT 59102	81-0307201	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROJECT WHITEFISH KIDS PO BOX 2010 WHITEFISH, MT 59937	81-0526331	501(C)(3)	101,680.	0.			NEW PLAYGROUND, GENERAL SUPPORT
RAVENWOOD OUTDOOR LEARNING CENTER PO BOX 1314 WHITEFISH, MT 59937	81-0537457	501(C)(3)	36,065.	0.			GENERAL SUPPORT
SAMARITAN HOUSE PO BOX 592 KALISPELL, MT 59903	81-0466186	501(C)(3)	54,508.	0.			GENERAL SUPPORT
SEMPER FI FUND 825 COLLEGE BLVC, STE 102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	5,000.	0.			VETERANS SUPPORT FUND
SHEPHERD'S HAND CLINIC 5150 RIVER LAKES PARKWAY WHITEFISH, MT 59937	37-1603581	501(C)(3)	146,598.	0.			GENERAL SUPPORT
SPARROW'S NEST OF NW MT PO BOX 8384 KALISPELL, MT 59904	47-2120103	501(C)(3)	84,089.	0.			FACILITY RENOVATION, GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUMPTOWN ART STUDIO PO BOX 4938 WHITEFISH, MT 59937	81-0509671	501(C)(3)	32,848.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
TAMARACK GRIEF RESOURCE CENTER 516 SOUTH ORANGE MISSOULA, MT 59801	26-2278278	501(C)(3)	14,402.	0.			GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STEET NO 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TRIGG - CM RUSSELL FOUNDATION 400 13TH STREET NORTH GREAT FALLS, MT 59401	81-6003526	501(C)(3)	300,000.	0.			GENERAL SUPPORT
TROUT UNLIMITED PO BOX 7186 MISSOULA, MT 59807	23-7355289	501(C)(3)	10,138.	0.			GENERAL SUPPORT
UNIVERISTY OF MONTANA FOUNDATION 9250 ARTHUR AVENUE MISSOULA, MT 59801	81-0362989	501(C)(3)	44,515.	0.			GENERAL SUPPORT
VIOLENCE FREE CRISIS LINE - ABBIE SHELTER - PO BOX 1401 - KALISPELL, MT 59903	81-0361221	501(C)(3)	86,890.	0.			FACILITY UPGRADE, GENERAL SUPPORT
VITAL GROUND FOUNDATION INC 20 FORT MISSOULA ROAD MISSOULA, MT 59804	87-0483446	501(C)(3)	9,500.	0.			GRIZZLY HABITAT, GENERAL SUPPORT
WHITEFISH ANIMAL GROUP (WAG) PO BOX 1690 WHITEFISH, MT 59937	02-0800948	501(C)(3)	36,064.	0.			FACILITY UPGRADES, GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEFISH AREA CHAMBER OF COMMERCE 307 SPOKANE AVE WHITEFISH, MT 59937	81-0208719	501(C)(6)	7,000.	0.			EVENT SUPPORT
WHITEFISH COMMUNITY CENTER 121 E 2ND ST WHITEFISH, MT 59937	81-6034513	501(C)(3)	5,000.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
WHITEFISH FIRE FIGHTERS ASSOCIATION - PO BOX 1154 - WHITEFISH, MT 59937	81-0530885	501(C)(3)	15,388.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
WHITEFISH LAKE INSTITUTE 550 EAST 1ST STREET #103 WHITEFISH, MT 59937	03-0556055	501(C)(3)	59,349.	0.			RESEARCH PROGRAMS, GENERAL SUPPORT
WHITEFISH LEGACY PARTNERS PO BOX 1895 WHITEFISH, MT 59937	20-0674119	501(C)(3)	105,958.	0.			GENERAL SUPPORT
WHITEFISH LIBRARY ASSOCIATION PO BOX 543 WHITEFISH, MT 59937	81-6013674	501(C)(3)	32,695.	0.			COMPUTERS, GENERAL SUPPORT
WHITEFISH REVIEW 708 LUPFER AVENUE WHITEFISH, MT 59937	26-4539954	501(C)(3)	35,560.	0.			GENERAL SUPPORT
WHITEFISH ROTARY CHARITABLE FUND PO BOX 5583 WHITEFISH, MT 59937	46-0492025	501(C)(3)	30,406.	0.			MAGIC OF CHRISTMAS PROGRAM, GENERAL SUPPORT
WHITEFISH SCHOOL DISTRICT #49 600 EAST SECOND STREET WHITEFISH, MT 59937	81-6000395	501(C)(3)	24,197.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEFISH SCHOOL DISTRICT #53 600 EAST SECOND STREET WHITEFISH, MT 59937	81-6000395	501(C)(3)	45,653.	0.			GENERAL SUPPORT
WHITEFISH SCHOOL DISTRICT EDUCATION FOUNDATION - PO BOX 1417 - WHITEFISH, MT 59937	20-3135697	501(C)(3)	34,054.	0.			GENERAL SUPPORT
WHITEFISH SPORTS FACILITY FOUNDATION - 121 WISCONSIN AVENUE - WHITEFISH, MT 59937	81-1418978	501(C)(3)	171,389.	0.			YOUTH ICE PROGRAMS, GENERAL SUPPORT
WHITEFISH THEATRE COMPANY ONE CENTRAL AVENUE WHITEFISH, MT 59937	81-0381173	501(C)(3)	65,074.	0.			GENERAL SUPPORT
WHITEFISH VETERANS SUPPORT TEAM PO BOX 5512 WHITEFISH, MT 59937	47-2873695	501(C)(3)	46,579.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE WHITEFISH COMMUNITY FOUNDATION GRANTS COMMITTEE FOLLOWS UP ON GRANT AWARDS BY REQUESTING SUBMISSION OF A LETTER EXPLAINING HOW THE PAST FUNDING WAS USED AND HOW IT HELPED THE ORGANIZATION. GRANT REPORTS ARE DUE WITHIN ONE YEAR OF COMPLETION OF THE GRANT, AND GRANTEEES ARE INELIGIBLE TO RECEIVE FUTURE GRANTS SO LONG AS THERE ARE DELINQUENT GRANT REPORTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **WHITEFISH COMMUNITY FOUNDATION, INC.** Employer identification number **81-0533002**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	27	631,709.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A THIRD PARTY INVESTMENT BROKERAGE FIRM TO SELL PUBLICLY TRADED SECURITIES RECEIVED AS NON-CASH CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number

81-0533002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY FOSTERING PHILANTHROPY, BUILDING ENDOWMENTS, AND HELPING DONORS AND
NONPROFITS BENEFIT OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM: HELD AND ADMINISTERED 28 ENDOWMENT FUNDS TOTALING OVER
\$10,000,000 FOR LOCAL AREA NONPROFITS AND PAID OUT ENDOWMENT

DISTRIBUTIONS WHICH PROVIDED \$148,235 IN OPERATING SUPPORT FOR THE
RECIPIENT ORGANIZATIONS.

EXPENSES \$ 392,818. INCLUDING GRANTS OF \$ 298,235. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE WHITEFISH COMMUNITY FOUNDATION'S PRESIDENT AND VICE PRESIDENT OF
FINANCE ARE CHARGED WITH REVIEWING THE IRS FORM 990 AND REPORTING ON IT TO
THE BOARD OF DIRECTORS PRIOR TO FILING AT A QUARTERLY BOARD MEETING. THE
990 IS DISTRIBUTED TO THE BOARD FOR REVIEW PRIOR TO THE BOARD MEETING, AND
IT IS DISCUSSED AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, AT THE JANUARY BOARD MEETING, A NEW CONFLICT OF INTEREST POLICY
AND DISCLOSURE FORM IS HANDED OUT TO ALL BOARD OF DIRECTORS WHO ARE
INSTRUCTED TO COMPLETE THE FORM AND RETURN IT BY THE FOLLOWING WEEK TO THE
PRESIDENT. THE DISCLOSURES ARE KEPT ON FILE IN THE WHITEFISH COMMUNITY
FOUNDATION OFFICE. WHENEVER THERE IS A VOTE ON AN ITEM WHERE A BOARD
MEMBER HAS A CONFLICT OF INTEREST, THAT BOARD MEMBER IS ASKED TO RECUSE
THEMSELVES FROM THE VOTE. THE PRESIDENT REVIEWS THE DISCLOSURES AND

Name of the organization WHITEFISH COMMUNITY FOUNDATION, INC.	Employer identification number 81-0533002
--	--

CONSULTS WITH THE BOARD CHAIR IF THERE IS CONCERN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT IS EMPLOYED UNDER A WRITTEN LETTER OF OFFER THAT IS APPROVED BY THE BOARD OF DIRECTORS. THE EMPLOYMENT LETTER IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ANNUAL REPORT TO THE COMMUNITY STATES THAT THE FINANCIAL REPORTS AND 990'S ARE AVAILABLE UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE WEBSITE HOME PAGE AND ON GUIDESTAR.COM. THE FOUNDATION SENDS THE ANNUAL REPORT TO ITS MAILING LIST OF 1100 ADDRESSES AND ANNOUNCES IT THROUGH A PRESS RELEASE AND ADVERTISEMENT IN THE LOCAL PAPER. ANNUAL REPORTS ARE ALSO DISTRIBUTED ON INFORMATION STANDS AROUND THE CITY OF WHITEFISH.

FORM 990 PAGE 12 PART XII LINE 2C

THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY FOR OVERSEEING THE FINANCIAL STATEMENT REVIEW PROCESS.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
11	CARPET	05/16/12	200DB	7.00	MC	17	580.			290.	290.	280.		10.	290.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						580.			290.	290.	280.		10.	290.
	MACHINERY & EQUIPMENT														
1	TELOSA COMPUTER SOFTWARE	05/26/05	200DB	5.00	HY	17	5,937.				5,937.	5,937.		0.	5,937.
2	FIREPROOF FILING CABINET	08/31/05	200DB	7.00	HY	17	990.				990.	990.		0.	990.
3	OFFICE EQUIPMENT	01/06/03	200DB	7.00	HY	17	3,000.				3,000.	3,000.		0.	3,000.
4	OFFICE EQUIPMENT	03/31/03	200DB	7.00	HY	17	1,409.				1,409.	1,409.		0.	1,409.
5	SIGN	03/31/08	200DB	7.00	MC	17	75.			38.	37.	37.		0.	37.
6	FILE CABINET	08/26/08	200DB	7.00	MC	17	551.			276.	275.	275.		0.	275.
7	LASER COLOR PRINTER	12/16/08	200DB	5.00	MC	17	518.			259.	259.	259.		0.	259.
8	DELL LATITUDE LAPTOP COMPUTER	02/03/09	200DB	5.00	HY	17	1,133.			567.	566.	566.		0.	566.
9	COMPUTER WORKSTATION	11/18/11	200DB	5.00	MC	17	870.			870.				0.	
10	BATTERY BACKUP	12/19/11	200DB	5.00	MC	17	241.			241.				0.	
12	COMPUTER	12/22/12	200DB	5.00	MC	17	1,305.			653.	652.	652.		0.	652.
13	GRANTS GE - GRANTS MANAGEMENT SYSTEM	12/31/12	SL	3.00		16	34,300.				34,300.	34,300.		0.	34,300.
14	ACCOUNTING & DATABASE MANAGEMENT SOFTWARE PLATFORM	12/31/12	SL	3.00		16	35,526.				35,526.	35,526.		0.	35,526.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						85,855.			2,904.	82,951.	82,951.		0.	82,951.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WHITEFISH COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0533002
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1060	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WHITEFISH, MT 59937-1060	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LINDA ENGH-GRADY

- The books are in the care of ▶ **214 W 2ND STREET - WHITEFISH, MT 59937**
Telephone No. ▶ **(406) 863-1781** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.