

**Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**2016**

Open to Public Inspection

For calendar year 2016 or tax year beginning

, and ending

Name of foundation <b>THE GREATER MONTANA FOUNDATION</b>		A Employer identification number <b>81-6009847</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1038 MONROE AVE.</b>	Room/suite	B Telephone number <b>406-443-5693</b>
City or town, state or province, country, and ZIP or foreign postal code <b>HELENA, MT 59601</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return  <input type="checkbox"/> Address change         </div> <div> <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Amended return  <input type="checkbox"/> Name change         </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>9,303,293.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received .....			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	294.	294.		STATEMENT 1
	4 Dividends and interest from securities .....	155,710.	152,919.		STATEMENT 2
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	263,534.			
	b Gross sales price for all assets on line 6a .....	1,551,750.			
	7 Capital gain net income (from Part IV, line 2) .....		263,534.		
	8 Net short-term capital gain .....				
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) .....					
11 Other income .....					
12 Total. Add lines 1 through 11 .....	419,538.	416,747.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees .....				
	b Accounting fees .....	15,500.	11,625.		3,875.
	c Other professional fees .....	52,776.	52,776.		0.
	17 Interest .....				
	18 Taxes .....	3,966.	3,966.		0.
	19 Depreciation and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses .....	43,881.	25.		43,856.
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	116,123.	68,392.		47,731.
	25 Contributions, gifts, grants paid .....	286,186.			286,186.
26 Total expenses and disbursements. Add lines 24 and 25 .....	402,309.	68,392.		333,917.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	17,229.				
b Net investment income (if negative, enter -0-) .....		348,355.			
c Adjusted net income (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	32,518.	75,013.	75,013.
	2 Savings and temporary cash investments	238,728.	365,064.	365,064.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	4,366.	9,499.	9,499.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 9 3,190,688.	3,116,795.	4,435,262.
	c Investments - corporate bonds	STMT 10 1,548,579.	1,451,468.	1,422,543.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 11 904,609.	905,012.	842,863.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	STATEMENT 12 2,041,291.	2,052,836.	2,153,049.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	7,960,779.	7,975,687.	9,303,293.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	STATEMENT 13 1,366,670.	1,366,670.	
23 Total liabilities (add lines 17 through 22)	1,366,670.	1,366,670.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here	<input checked="" type="checkbox"/>		
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	5,927,120.	5,922,851.	
	25 Temporarily restricted	666,989.	686,166.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here	<input type="checkbox"/>		
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	6,594,109.	6,609,017.		
31 Total liabilities and net assets/fund balances	7,960,779.	7,975,687.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,594,109.
2 Enter amount from Part I, line 27a	2	17,229.
3 Other increases not included in line 2 (itemize)	3	11,545.
4 Add lines 1, 2, and 3	4	6,622,883.
5 Decreases not included in line 2 (itemize)	5	13,866.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,609,017.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENT				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 1,551,750.		1,288,216.	263,534.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			263,534.

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	263,534.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	379,567.	7,018,017.	.054085
2014	357,235.	7,463,759.	.047863
2013	319,398.	6,926,281.	.046114
2012	314,226.	6,318,193.	.049734
2011	262,907.	6,651,391.	.039527

2 Total of line 1, column (d)	2	.237323
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.047465
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	6,928,516.
5 Multiply line 4 by line 3	5	328,862.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,484.
7 Add lines 5 and 6	7	332,346.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	333,917.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	3,484.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	3,484.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3,484.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	9,499.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	9,499.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,015.	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input checked="" type="checkbox"/> 6,015. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address <b>WWW.GREATERMONTANA.ORG</b>		
14 The books are in care of <b>SIDNEY ARMSTRONG</b> Telephone no. <b>406-443-5693</b>		
Located at <b>1038 MONROE AVE., HELENA, MT</b> ZIP+4 <b>59601</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>15</b> N/A		
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?		X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A****Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 **0**

<b>Part VIII</b>	<b>Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b> <i>(continued)</i>
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**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

[illegible]

<b>Total</b> number of others receiving over \$50,000 for professional services .....	0
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<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
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List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	N/A	
2		
3		
4		

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b>
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
	All other program-related investments. See instructions.	
3		
<b>Total.</b> Add lines 1 through 3		0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1a</b>	6,714,241.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	319,785.
<b>c</b>	Fair market value of all other assets .....	<b>1c</b>	0.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	7,034,026.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	7,034,026.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	105,510.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	6,928,516.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	346,426.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 .....	<b>1</b>	346,426.
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5 .....	<b>2a</b>	3,484.
<b>b</b>	Income tax for 2016. (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	3,484.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	342,942.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	342,942.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	342,942.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	<b>1a</b>	333,917.
<b>b</b>	Program-related investments - total from Part IX-B .....	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	<b>4</b>	333,917.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	<b>5</b>	3,484.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	330,433.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7 .....				342,942.
<b>2</b> Undistributed income, if any, as of the end of 2016:				
<b>a</b> Enter amount for 2015 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011 .....				
<b>b</b> From 2012 .....				
<b>c</b> From 2013 .....				
<b>d</b> From 2014 .....				
<b>e</b> From 2015 ..... 14,256.				
<b>f</b> Total of lines 3a through e ..... 14,256.				
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4: ► \$ 333,917.				
<b>a</b> Applied to 2015, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2016 distributable amount .....				333,917.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	9,025.			9,025.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	5,231.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 .....				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a .....	5,231.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2012 ...				
<b>b</b> Excess from 2013 ...				
<b>c</b> Excess from 2014 ...				
<b>d</b> Excess from 2015 ..... 5,231.				
<b>e</b> Excess from 2016 ...				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SIDNEY O'MALLEY ARMSTRONG, EXECUTIVE DIRECTOR, 406-443-5693  
1038 MONROE AVE, HELENA, MT 59601

**b** The form in which applications should be submitted and information and materials they should include:

GRANT APPLICATION IS AVAILABLE ONLINE @ WWW.GREATERMONTANA.ORG

**c** Any submission deadlines:

FOR 2018 GRANTS THE DEADLINE IS APRIL 1, 2018

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

MEETS GOALS OF FOUNDATION.

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution  * *	Amount
Name and address (home or business)				
a Paid during the year				
ARTEMIS COMMON GROUND HOME GROUND NEWS PO BOX 748 HELENA, MT 59624	N/A	501(C)(3)	SUPPORT PUBLIC RADIO BROADCASTING	13,000.
FRIENDS OF MONTANA PBS P.O. BOX 10715 BOZEMAN, MT 59719	N/A	501(C)(3)	SUPPORT A NUMBER OF PROGRAMS, INCLUDING A THREE HOUR SERIES AND A SERIES PROVIDING IN-DEPTH COVERAGE OF	55,000.
LIVINGSTON CENTER FOR ART AND CULTURE 119 S MAIN ST LIVINGSTON, MT 59047	N/A	501(C)(3)	SUPPORT A DOCUMENTARY ON THE DIVISIVE SUBJECT OF AMERICA'S UNWANTED HORSES VIA THE MONTANA HORSE	3,000.
KRTV - MONTANA TELEVISION NETWORK PO BOX 2989 GREAT FALLS, MT 59403	N/A	COMMERCIAL	ACTUAL AND NECESSARY TRAVEL-RELATED COSTS FOR A TV REPORTER TO ACCOMPANY MEMBERS OF THE MONTANA NATIONAL	3,591.
THE HISTORY MUSEUM 422 2ND ST SOUTH GREAT FALLS, MT 59405	N/A	501(C)(3)	TO PRODUCE A MAJOR TELEVISION DOCUMENTARY CHRONICLING THE IMPORTANCE OF THE OLD ARMY AIR CORP, THE US	10,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				286,186.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

## **Part XVI-A      Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies .....						
2 Membership dues and assessments .....						
3 Interest on savings and temporary cash investments .....			14	294.		
4 Dividends and interest from securities .....			14	155,710.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property .....						
b Not debt-financed property .....						
6 Net rental income or (loss) from personal property .....						
7 Other investment income .....						
8 Gain or (loss) from sales of assets other than inventory .....			14	3,690.	259,844.	
9 Net income or (loss) from special events .....						
10 Gross profit or (loss) from sales of inventory .....						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e) .....		0.		159,694.	259,844.	
13 Total. Add line 12, columns (b), (d), and (e) .....				13	419,538.	

(See worksheet in line 13 instructions to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

<b>Part XVII</b>	<b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b>
------------------	--

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash .....		<b>1a(1)</b>		<b>X</b>
(2) Other assets .....		<b>1a(2)</b>		<b>X</b>
<b>b</b> Other transactions:				
(1) Sales of assets to a noncharitable exempt organization .....		<b>1b(1)</b>		<b>X</b>
(2) Purchases of assets from a noncharitable exempt organization .....		<b>1b(2)</b>		<b>X</b>
(3) Rental of facilities, equipment, or other assets .....		<b>1b(3)</b>		<b>X</b>
(4) Reimbursement arrangements .....		<b>1b(4)</b>		<b>X</b>
(5) Loans or loan guarantees .....		<b>1b(5)</b>		<b>X</b>
(6) Performance of services or membership or fundraising solicitations .....		<b>1b(6)</b>		<b>X</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		<b>1c</b>		<b>X</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="position: relative; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> </div>	<div style="position: relative; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> </div>	<div style="position: relative; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> </div>
	Signature of officer or trustee	Date	<div style="position: relative; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%; border-bottom: 1px solid black;"></div> </div> <div style="text-align: center; margin-top: 5px;"><b>TRUSTEE</b></div>

May the IRS discuss this return with the preparer shown below (see instr.)?  
☒ **Yes**    ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TYLER BRYANT, CPA				P01375059
	Firm's name ▶ JUNKERMIER, CLARK, CAMPANELLA, STEVENS, P.C			Firm's EIN ▶ 81-0348775	
	Firm's address ▶ P.O. BOX 1164 HELENA, MT 59624			Phone no. (406) 442-6901	

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	WELLS FARGO SUMMARY			
b	WELLS FARGO SUMMARY			
c	POWERSHARES K-1			
d	POWERSHARES K-1			
e	POWERSHARES K-1			
f	CAPITAL GAINS DIVIDENDS			
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	67,855.	74,555.	-6,700.
b	1,465,960.	1,213,551.	252,409.
c	1,451.		1,451.
d		110.	-110.
e	12,794.		12,794.
f	3,690.		3,690.
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-6,700.
b			252,409.
c			1,451.
d			-110.
e			12,794.
f			3,690.
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	263,534.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MONTANA BROADCASTERS ASSOCIATION - CRANEY AWARDS 3914 RAINBOW BEND DRIVE BONNER, MT 59823	N/A	ASSOCIATION	SUPPORT PUBLIC RADIO BROADCASTING AND FOR EXPENSES ASSOCIATED WITH THE DEBATE BETWEEN GOVERNOR STEVE	34,880.
MONTANA HISTORICAL SOCIETY PO BOX 201201 HELENA, MT 59620-1201	N/A	501(C)(3)	CONTINUED SUPPORT FOR THE CRANEY FILM & MEDIA ARCHIVES TO ENSURE LONG-TERM PRESERVATION OF FILM &	20,000.
MONTANA STATE UNIVERSITY SCHOOL OF FILM AND PHOTOGRAPHY PO BOX 173350 BOZEMAN, MT 59717-3350	N/A	501(C)(3)	HUGH GALUSHA-ED CRANEY SCHOLARSHIP AWARD.	2,000.
MUSECO MEDIA AND EDUCATION PO BOX 23005 BILLINGS, MT 59102	N/A	501(C)(3)	SERIES OF ONE MINUTE TV VIGNETTES ON INTEGRATING RESPONSIBLE NATURAL RESOURCE AND	3,000.
THE MONTANA HISTORY FOUNDATION 1750 NORTH WASHINGTON ST HELENA, MT 59601	N/A	501(C)(3)	FOR A VIDEO DOCUMENTARY.	10,000.
UNIVERSITY OF MONTANA - MONTANA PUBLIC RADIO 32 CAMPUS DRIVE MISSOULA, MT 59812	N/A	501(C)(3)	MONTANA JOBS AND ECONOMIC RECOVERY REPORT.	15,000.
UNIVERSITY OF MONTANA - O'CONNOR CENTER FOR THE ROCKY MOUNTAIN WEST 600 UNIVERSITY AVE MISSOULA, MT 59812-2674	N/A	501(C)(3)	MOUNTAIN WEST NEWS - DAILY ONLINE WEB-BASED AGGREGATOR NEWS SERVICE.	5,000.
UNIVERSITY OF MONTANA - O'CONNOR CENTER FOR THE ROCKY MOUNTAIN WEST 600 UNIVERSITY AVE MISSOULA, MT 59812-2674	N/A	501(C)(3)	MOUNTAIN WEST VOICES - SERIES OF INNOVATIVE RADIO AND MULTI-MEDIA STORIES.	6,000.
UNIVERSITY OF MONTANA RADIO AND TV DEPT. 32 CAMPUS DRIVE MISSOULA, MT 59812	N/A	501(C)(3)	U OF M FOUNDATION. CONTINUED SUPPORT FOR THE STUDENT DOCUMENTARY, SUMMER INTERNSHIP PROGRAM,	31,500.
IRWIN & FLORENCE ROSTEN FOUNDATION PO BOX 750 DARBY, MT 59829	N/A	501(C)(3)	FOR THE AWARD-WINNING MAPS MEDIA INSTITUTE FREE AFTER-SCHOOL PROGRAM.	20,000.
<b>Total from continuation sheets</b>				<b>201,595.</b>

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CENTER FOR INDEPENDENT DOCUMENTARY 680 S MAIN ST SHARON, MA 02067	N/A	501(C)(3)	CONTINUED SUPPORT TO COMPLETE A FEATURE-LENGTH DOCUMENTARY, "LIFE INTERRUPTED."	5,000.
BILLINGS PUBLIC LIBRARY FOUNDATION 510 N BROADWAY BILLINGS, MT 59101	N/A	501(C)(3)	SUPPORT THE PRODUCTION OF FOUR TV VIGNETTES AS PART OF A NEW PROGRAM TO EDUCATE THE COMMUNITY ABOUT THE	5,000.
KRTV - MONTANA TELEVISION NETWORK PO BOX 2989 GREAT FALLS, MT 59403	N/A	COMMERCIAL	TO FUND TRAVEL TO WASHINGTON, D.C. DURING NATIONAL POLICE WEEK FOR THE CASCADE CO. SHERIFF'S OFFICE	3,143.
KRTV - MONTANA TELEVISION NETWORK PO BOX 2989 GREAT FALLS, MT 59403	N/A	COMMERCIAL	TO SUPPORT ACTUAL AND NECESSARY EXPENSES FOR ONE MTN STAFF MEMBER TO ACCOMPANY GOVERNOR BULLOCK AND THE	4,522.
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	N/A	501(C)(3)	ASCHILLINGER - 06/21/17 03:10PM WORKSHEET PRIVATE FOUNDATION	18,510.
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812	N/A	501(C)(3)	TO FUND AN IN-DEPTH FOLLOW-UP QUANTITATIVE SURVEY ON INTERNET USE FOR NEWS AND INFORMATION IN	18,040.
<b>Total from continuation sheets</b>				



**Part XV** | **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - FRIENDS OF MONTANA PBS

SUPPORT A NUMBER OF PROGRAMS, INCLUDING A THREE HOUR SERIES AND A SERIES PROVIDING IN-DEPTH COVERAGE OF ISSUES THAT MATTER TO MONTANANS.

NAME OF RECIPIENT - LIVINGSTON CENTER FOR ART AND CULTURE

SUPPORT A DOCUMENTARY ON THE DIVISIVE SUBJECT OF AMERICA'S UNWANTED HORSES VIA THE MONTANA HORSE AUCTION SUBCULTURE.

NAME OF RECIPIENT - KRTV - MONTANA TELEVISION NETWORK

ACTUAL AND NECESSARY TRAVEL-RELATED COSTS FOR A TV REPORTER TO ACCOMPANY MEMBERS OF THE MONTANA NATIONAL GUARD'S 16V CAVALRY REGIMENT TAKING PART IN "EXERCISE SABER GUARDIAN," PART OF THE U.S. EUROPEAN COMMAND'S JOINT EXERCISE PROGRAM, IN ROMANIA.

NAME OF RECIPIENT - THE HISTORY MUSEUM

TO PRODUCE A MAJOR TELEVISION DOCUMENTARY CHRONICLING THE IMPORTANCE OF THE OLD ARMY AIR CORP, THE US AIR FORCE, AND THE MONTANA AIR NATIONAL GUARD.

NAME OF RECIPIENT - MONTANA BROADCASTERS ASSOCIATION - CRANEY AWARDS

SUPPORT PUBLIC RADIO BROADCASTING AND FOR EXPENSES ASSOCIATED WITH THE DEBATE BETWEEN GOVERNOR STEVE BULLOCK AND GUBERNATORIAL CANDIDATE GREG GIANFORTE.

NAME OF RECIPIENT - MONTANA HISTORICAL SOCIETY

CONTINUED SUPPORT FOR THE CRANEY FILM & MEDIA ARCHIVES TO ENSURE LONG-TERM PRESERVATION OF FILM & MEDIA HISTORY.

**Part XV** | **Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - MUSECO MEDIA AND EDUCATION

SERIES OF ONE MINUTE TV VIGNETTES ON INTEGRATING RESPONSIBLE NATURAL  
RESOURCE AND CONSERVATIVE CHOICES INTO DAILY LIFE.

NAME OF RECIPIENT - UNIVERSITY OF MONTANA RADIO AND TV DEPT.

U OF M FOUNDATION. CONTINUED SUPPORT FOR THE STUDENT DOCUMENTARY,  
SUMMER INTERNSHIP PROGRAM, BUSINESS MADE IN MONTANA, MONTANA JOURNAL  
AND FOR TWO STUDENT REPORTERS AT THE 2017 LEGISLATIVE SESSION.

NAME OF RECIPIENT - BILLINGS PUBLIC LIBRARY FOUNDATION

SUPPORT THE PRODUCTION OF FOUR TV VIGNETTES AS PART OF A NEW PROGRAM TO  
EDUCATE THE COMMUNITY ABOUT THE FREE SERVICES AVAILABLE AT THEIR LOCAL  
LIBRARIES.

NAME OF RECIPIENT - KRTV - MONTANA TELEVISION NETWORK

TO FUND TRAVEL TO WASHINGTON, D.C. DURING NATIONAL POLICE WEEK FOR THE  
CASCADE CO. SHERIFF'S OFFICE AND THE FAMILY OF FALLEN DEPUTY JOE DUNN.

NAME OF RECIPIENT - KRTV - MONTANA TELEVISION NETWORK

TO SUPPORT ACTUAL AND NECESSARY EXPENSES FOR ONE MTN STAFF MEMBER TO  
ACCOMPANY GOVERNOR BULLOCK AND THE MONTANA DELEGATION ON AN OFFICIAL  
TRIP TO TAIWAN AND SOUTH KOREA TO EXPLORE NEW TRADE OPPORTUNITIES.

NAME OF RECIPIENT - UNIVERSITY OF MONTANA

TO FUND AN IN-DEPTH FOLLOW-UP QUANTITATIVE SURVEY ON INTERNET USE FOR  
NEWS AND INFORMATION IN MONTANA.

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
POWERSHARES DB COMMODITY	287.	287.	
WELLS FARGO - CHECKING	7.	7.	
TOTAL TO PART I, LINE 3	294.	294.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
POWERSHARES K-1	7.	0.	7.	7.	
POWERSHARES K-1	294.	0.	294.	294.	
WELLS FARGO - DIV	123,351.	3,690.	119,661.	119,661.	
WELLS FARGO - DIV	2,791.	0.	2,791.	0.	
WELLS FARGO - INT	31,881.	0.	31,881.	31,881.	
WELLS FARGO - US INT	1,076.	0.	1,076.	1,076.	
TO PART I, LINE 4	159,400.	3,690.	155,710.	152,919.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	15,500.	11,625.		3,875.
TO FORM 990-PF, PG 1, LN 16B	15,500.	11,625.		3,875.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT CONSULTING	7,500.	7,500.		0.	
WELLS FARGO INVESTMENT FEES	44,398.	44,398.		0.	
INVESTMENT EXPENSES	18.	18.		0.	
POWERSHARES K-1 PORTFOLIO EXPENSES	860.	860.		0.	
TO FORM 990-PF, PG 1, LN 16C	52,776.	52,776.		0.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	3,966.	3,966.		0.	
TO FORM 990-PF, PG 1, LN 18	3,966.	3,966.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK SERVICE CHARGES	50.	25.		25.	
OFFICE SUPPLIES	369.	0.		369.	
ADMINISTRATIVE	21,886.	0.		21,886.	
TRAVEL/MEETINGS	17,073.	0.		17,073.	
LIABILITY INSURANCE	1,067.	0.		1,067.	
MEMBERSHIPS/DUES	1,095.	0.		1,095.	
WEBSITE MAINTENANCE	1,020.	0.		1,020.	
RESEARCH SURVEYS & MARKETING	1,321.	0.		1,321.	
TO FORM 990-PF, PG 1, LN 23	43,881.	25.		43,856.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED BOOK GAIN REFLECTED ON CRUT STATEMENTS	11,545.
TOTAL TO FORM 990-PF, PART III, LINE 3	11,545.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	8
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DESCRIPTION	AMOUNT
UNREALIZED BOOK GAIN REFLECTED ON POWERSHARES K-1	13,866.
TOTAL TO FORM 990-PF, PART III, LINE 5	13,866.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MARKETABLE SECURITIES	3,116,795.	4,435,262.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,116,795.	4,435,262.

FORM 990-PF	CORPORATE BONDS	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BONDS	1,451,468.	1,422,543.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,451,468.	1,422,543.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS	FMV	905,012.	842,863.
TOTAL TO FORM 990-PF, PART II, LINE 13		905,012.	842,863.

FORM 990-PF	OTHER ASSETS	STATEMENT	12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BROADCASTING BOOK	7,632.	7,632.	7,632.
CHARITABLE REMAINDER UNITRUSTS	2,033,659.	2,045,204.	2,145,417.
TO FORM 990-PF, PART II, LINE 15	2,041,291.	2,052,836.	2,153,049.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	13
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
PRESENT VALUE OF PLANNED GIFT LIABILITY	1,366,670.	1,366,670.	
TOTAL TO FORM 990-PF, PART II, LINE 22	1,366,670.	1,366,670.	

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT    14  
    TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRODY CRANEY 768 E 400 S RIVER HEIGHTS, UT 84321	TRUSTEE 1.00	0.	0.	0.
WILLIAM WHITSITT 235 HARBOR DR BIG FORK, MT 59911	CHAIRMAN 1.00	0.	0.	0.
DARLENE CRANEY 784 STEWART HILL COURT RIVER HEIGHTS, UT 84321	TRUSTEE 1.00	0.	0.	0.
VIC MILLER 2610 LONGFELLOW PLACE BILLINGS, MT 59102	TRUSTEE 1.00	0.	0.	0.
RONALD DAVIS P.O. BOX 3389 BUTTE, MT 59702	VICE CHAIRMAN 1.00	0.	0.	0.
RANDAL MORGER P.O. BOX 385 FORT BENTON, MT 59442	TRUSTEE 1.00	0.	0.	0.
NORMA ASHBY 3233 THIRD AVENUE S. GREAT FALLS, MT 59405	TRUSTEE 1.00	0.	0.	0.
SIDNEY O'MALLEY ARMSTRONG 1038 MONROE AVE HELENA, MT 59601	EXECUTIVE DIRECTOR 5.00	0.	0.	0.
FRED FLANDERS 575 DIEHL DRIVE HELENA, MT 59601	TREASURER 1.00	0.	0.	0.
MONTY WALLIS 4165 JUNE DRIVE BILLINGS, MT 59106	TRUSTEE 1.00	0.	0.	0.
JIM SENST 1300 CENTRAL AVE. W. GREAT FALLS, MT 59404	SECRETARY 1.00	0.	0.	0.

LINDA GRAY	TRUSTEE			
2719 PINNACLE PLACE	1.00	0.	0.	0.
MISSOULA, MT 59808				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII				
		0.	0.	0.

COPY



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

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**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/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>THE GREATER MONTANA FOUNDATION</b>	<b>81-6009847</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>1038 MONROE AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>HELENA, MT 59601</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

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

**SIDNEY ARMSTRONG**

- The books are in the care of ► **1038 MONROE AVE. - HELENA, MT 59601**

Telephone No. ► **406-443-5693**

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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2016** 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>3,484.</b>
<b>b</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.	<b>3b</b>	\$	<b>9,499.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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.