Form 990
Department of the Treasury

Internal Revenue Service

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.

ΑΙ	For th	e 2018 calendar year, or tax year beginning $JUL 1$, 2018 and	ending J	UN 30, 2019	
B	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre	WEST MONT			
	Name	Doing business as	81-0-	402506	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	2708 BOZEMAN AVE		406-	447-3100
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,302,172.
	Amen	HELENA, MI 59001		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: DAVID FEREIIO		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) ()$	or 527		list. (see instructions)
		te: WWW.WESTMONT.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1982 N	1 State of legal domicile: MT
Pa	art I	Summary	07710	<u></u>	
ĕ	1	Briefly describe the organization's mission or most significant activities:	UTING	QUALITY OF I	JIFE FOR
Activities & Governance		INDIVIDUALS WITH DISABILITIES THROUGH GRO			
ern	2	Check this box b if the organization discontinued its operations or dispos		1 1	11 ets.
õ	3			11	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)			353
ties	6	Total number of volunteers (estimate if necessary)			16
ži	79	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
¥	h h	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
~	8	Contributions and grants (Part VIII, line 1h)		22,024.	356,678.
Revenue	9	Program service revenue (Part VIII, line 2g)		6,619,709.	7,242,396.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,180.	10,296.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		254,407.	457,515.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,902,320.	8,066,885.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,486,083.	6,320,735.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
× De	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.	4 4 6 7 4 9 7	1 1 ( 5 - 0 0 0
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,467,437.	1,465,028.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,953,520.	7,785,763.
	19	Revenue less expenses. Subtract line 18 from line 12		-51,200.	281,122.
IS OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		2,463,675.	3,253,212.
etA	21	Total liabilities (Part X, line 26)		545,463.	1,053,878.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		1,918,212.	2,199,334.
Г	ai t 11				

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. Т

Sign Here	Signature of officer  DAVID PERETTO, CHAIR  Type or print name and title			Date						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	PHILIP L. YASENAK, CPA	PHILIP L. YASENAK,	C 01/09/	20 self-employed P01248379						
Preparer	Firm's name 🍗 WIPFLI LLP			Firm's EIN <b>39-0758449</b>						
Use Only	Firm's address 🖌 101 EAST FRONT S	STREET #301								
	MISSOULA, MT 59802 Phone no. 406.728.1800									
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2018)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) WEST MONT	81-0402506 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	WEST MONT HAS BEEN PROVIDING SERVICES TO PEOPLE WITH DE	
	DISABILITIES SINCE JULY 26, 1984. OUR AGENCY MISSION IS	
	QUALITY OF LIFE FOR INDIVIDUALS WITH DISABILITIES THROU	GH GROWTH AND
	INDEPENDENCE ACROSS ALL STAGES OF LIFE.	
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
•	If "Yes," describe these new services on Schedule O.	? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ters, the total expenses, and
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$4,244,436. including grants of \$) (Rev	venue \$ 4,781,324.)
4a	(Code:) (Expenses \$4,244,436. including grants of \$) (Rev WEST MONT OPERATES A COMBINATION OF 14 LICENSED GROUP H	,
	APARTMENT RESIDENTIAL SETTINGS LOCATED THROUGHOUT THE H	
	COMMUNITY. DURING FY2019, WE SERVED OVER 220 INDIVIDUAL	
	TO TRAINING FOR SELF-HELP SKILLS (PERSONAL CARE, NUTRIT	
	PREPARATION, COMMUNAL LIVING, ETC.), WEST MONT ENCOURAG	
	TO PARTICIPATE IN OUR CHEER SQUAD, SPECIAL OLYMPICS, AN	
	DESIGNED COMMUNITY-BASED EVENTS (MOVIES, CONCERTS, BOWL	
	VOLUNTEERING). AS OF APRIL 2019, WE BEGAN THE SIX-MONTH	· · · · · · · · · · · · · · · · · · ·
	RENOVATING OUR FARM GROUP HOME. THIS WAS AN OVERDUE REN	
	INCLUDED NECESSARY THINGS LIKE ADA DOORS, NEW FURNACE,	
	INSULATION, ADA BATHROOM, AND MUCH MORE.	
4b	(Code: ) (Expenses \$ 2,087,199. including grants of \$ ) (Rev	venue \$ 2,351,214.)
10	WEST MONT HAS 3 VOCATIONAL FACILITIES, ONE DAY ACTIVITY	,
	PASS PROGRAMS AND PROVIDED SERVICES FOR AN AVERAGE OF 1	
	FROM MONDAY THROUGH FRIDAY IN FY2019. TO PROVIDE QUALIT	
	SERVICES AND TO GENERATE 3RD PARTY, NON-CONTRACT REVENU	
	DEVELOPED SEVERAL OPPORTUNITIES TO GENERATE THIRD-PARTY	-
	SALES, GREENHOUSE TOMATOES, PUMPKINS, BEDDING PLANTS, F	
	SHREDDING, JANITORIAL CREW, BAGGED ICE, DIRECT MAILING,	
	ΖΟΟ.	
4c		venue \$ 567,373. )
	SUPPORTED SERVICES IS WEST MONT'S FASTEST GROWING PROGR	,
	ESSENTIAL RESIDENTIAL AND/OR VOCATIONAL SUPPORTS TO OVE	
	WITH DISABILITIES. THESE CONSUMERS EITHER LIVE INDEPEND	
	STILL RESIDING WITH FAMILY MEMBERS. SEVERAL HAVE COMMUN	
	AND ARE ABLE TO USE PUBLIC TRANSPORTATION. SERVICES RAN	
	COACHING TO ASSISTANCE WITH MEDICATIONS, MEAL PREPARATI	ON, MEDICAL
	APPOINTMENTS, AND SOCIALIZATION.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ►       6,835,299.	- 000
		Form <b>990</b> (2018)
83200	2 12-31-18	

Form	990 (2018) WEST MONT 81-0402	506	P	age <b>3</b>
Par	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	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			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
D		104		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a		14a		<u></u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			_ <u></u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<b>1</b> 5		_ <u></u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- ¹⁰		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
			000	

Pa	t IV Checklist of Required Schedules (continued)			age •			
	l (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? If "Yes," complete Schedule I, Parts I and III	22		Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c		L			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or						
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"						
	complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial						
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x			
	of any of these persons? If "Yes," complete Schedule L, Part III						
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):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,						
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30	Х				
31	Did the organization liquidate, terminate, or dissolve and cease operations?						
	If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34	Х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
Der	Note. All Form 990 filers are required to complete Schedule O	38	Х				
Pa							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ,					
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 74						
	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?

1c

WEST MONT

Form 990 (	
Part IV	Che

Part V         Statements Regarding Other IRS Flings and Tax Compliance (continued)         Yes         No           2a         Enter the number of employees reported on From W3. Transmittal of Wage and Tax Statements.         2a         35.3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3         3	Form	<u>990 (2018)</u> WEST MONT 81-0402	506	P	age <b>5</b>
ga         Text         T	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interformed provide the section 170(c)     28     35.3       In the section of the section 120 section 12				Yes	No
b       If least one is reported on line 2a, did the organization file all required tear-lay (see instructions)       26       X         3a       Dot the organization have unrelated business grass income of \$1,000 on one dump the year?       3a       X         3b       Tyes,' has it filed a form 990-T for this year?       7a       Xa         3b       Tyes,' has it filed a form 990-T for this year?       7a       Xa         3b       Tyes,' has it filed a form 990-T for this year?       7a       Xa         3b       Tyes,' has it filed a form 990-T for this year?       7a       Xa       Xa         3b       Tyes,' has it filed a form 990-T for this year?       Xa       Xa       Xa         3b       Tyes,' has it filed a form 990-T for this year?       Xa       Xa       Xa         3c       Xa       Xa       Xa       Xa       Xa         3c       Xa       Xa       Xa       Xa       Xa         3c       Wash conganization applic wheth seake transaction at any time during the tax yeal?       Sa       Xa         3c       Xa       Xa       Xa       Xa       Xa         3c       Ya       Sa       Xa       Xa       Xa         3c       Ya       Xa       Xa       Xa       Xa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of thes 1a and 2a is greater than 250 you may be required to e-fig (see instructions)         Image: Second		filed for the calendar year ending with or within the year covered by this return 2a 353			
a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b If Yes," has it lifed a Form 900 T for this Yes? /F Wo't to <i>ine 3b, provide an explanation in Schedule O</i> 3b       X         b If Yes," has it lifed a Form 900 T for this Yes? /F Wo't to <i>ine 3b, provide an explanation or other authonity over, a financial account if</i> , provide an explanation or other fanceial accounts (FBAP),       5a       X         b If Yes," inter the name of the torigon country, isouch as a bank account, or other financial accounts (FBAP),       5a       X         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization factor for B080-87.7       5a       X         6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every collication a regress statement that such contributions or gifts were not tax deductible ac charitable contributions ref that such contributions or gifts were not tax deductible?       6a       X         0 If Yes, 'indicate the number of forms \$282 field during the year       7d       7a       X         0 If the organization neeves any funds, directly or indicetly, to pay premume an approxided rule activation field are granization activity exers, pay premiums, exers or other veloce the section \$70(c).       7a       X         1 If 'the organization control were activity or indicetly, to pay premume an approxide rule activity and the regression?       7a       X         1 If 'the orga	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If "Yes," has it field a form 900-T for this year," (if the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts). <ul> <li>B</li> <li>Gamma a bank account, securities account, or other financial accounts).</li> <li>B</li> <li>B</li> <li>Did avis tassel party notify the organization have an interaction at any time during the tax year?</li> <li>B</li> <li>Did avis tassel party notify the organization have an interaction at any time during the tax year?</li> <li>B</li> <li>Did avis tassel party notify the organization have an interaction at any time during the tax year?</li> <li>B</li> <li>Did avis tassel party notify the organization have an interaction of the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit for the algo a contribution are express attement that such contributions or gifts were not tax deductible contributions under section \$100(c).</li> <li>To organization sele, each device degle begins of angible personal property for which it was required to the financial Accounts.</li> <li>To organization sele, each device degless of angible personal property for which it was required to financial the number of forms \$828 tiled during the year?</li> <li>Did the organization network and advised tot.</li> <li>The organization network approximas, directly or indirectly, to pay premume on a personal</li></ul>		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other function accountity over, a financial count of the formagin country.       4a       X         b If 'Yes, ' enter the name of the foreign country.       >       >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         cill on the sax of 5b, did the organization for om 8867?       5a       X         cill on the organization actual cavouttible as charatiable contributions?       5c       X         b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatiable contributions?       6a       X         b If 'Yes, ' did the organization inclift the doron of the value of the ogods or services provided?       7b       X         b If 'Yes, ' did the organization notift the doron of the value of the ogods or services provided?       7c       X         b If 'Yes, ' did the organization notift the doron of the value of the ogods or services provide?       7c       X         b If 'Yes, ' did the organization notift the doron or the value of the organization tractice as proving organi	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other function accountity over, a financial count of the formagin country.       4a       X         b If 'Yes, ' enter the name of the foreign country.       >       >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b Did any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         cill on the sax of 5b, did the organization for om 8867?       5a       X         cill on the organization actual cavouttible as charatiable contributions?       5c       X         b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatiable contributions?       6a       X         b If 'Yes, ' did the organization inclift the doron of the value of the ogods or services provided?       7b       X         b If 'Yes, ' did the organization notift the doron of the value of the ogods or services provided?       7c       X         b If 'Yes, ' did the organization notift the doron of the value of the ogods or services provide?       7c       X         b If 'Yes, ' did the organization notift the doron or the value of the organization tractice as proving organi	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b       If 'Yes,' enter the name of the foreign country, 'P         See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Did any taxable party nothy the organization file form 8867?       5c       X         Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solint any contributions that may receive deductible contributions and ere that sch. Contributions or gifts were not tax deductible as charable contributions and ere to septimize provided to the paper 7       7a       X         0       Uf were, 'id the organization inclub de with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the paper 7       7a       X         0       Uf the organization notify the doors of the value of the goods or services provided?       7c       X         1       I'''es, 'idicate the number of Forms 8282 filed during the year       7d					
See instructions for ling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5a     Was the organization a party to a prohibited tax shelter transaction?     5a     X       c     If "Yes" to line 5a of 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?     5a     X       c     If "Yes" to line 5a of 5b, did the organization New annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normally greater than \$100,000, and did the organization sole annual gross receipts that are normal greater than \$100,000, and did the organization sole and the doubtelie contributions?     5a     X       b     If "Yes," did the organization necess of \$75 made parity as a contribution and parity for goods and services provided to the parity?     7a     X       b     Did the organization necess of \$75 made parity as a contribution on the parity can be did the organization materia by the donor of the squee of the goods and services provided to the parity?     7a		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file from 8886 1?     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     5a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?     6a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided to the part?     7a     X       b     If "Yes," indicate the number of Form 8282 filed during the year     7d     X       c     Did the organization receive any furthy, directly or and personal benefit contract?     7e     X       did the organization receive any turns, directly or indirectly, on a personal benefit contract?     7d     X       did the organization during the year, app remums, directly or advised fund maintained by the sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9b     0       fit the organization amintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9b     0	b	If "Yes," enter the name of the foreign country: ►			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c       5c         d       Does the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solidit any contributions include with every solicitation an express statement that such contributions or gits       5c       5c         b       If "Yes," did the organization notwer shares statement that such contributions or gits       6b       7c         7 Organization review a gament in excess of \$75 made party as a contribution and party for goods and services provided to the part?       7c       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization received a contribution of cars, boats, any time during the year?       7d       7d       7d         g       If the organization received a contribution of cars, boats, any time during the year?       7d       7d       7d         g       If the organization neeve we case builtings and oner advised funds.       Did due organization fave any asses buildings at any time during theyear?       8d       8d <td></td> <td>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td> <td></td> <td></td> <td></td>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c         6a       Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for gods and services provided to the gav?       7a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         b       If "Yes," did the organization incelve a payment in eaces of \$75 made party as a contribution solice provided?       7a       X         c       Did the organization neceive any funct, directly or indirectly, on personal benefit contract?       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       X         d       Did the organization receive any funct, directly or indirectly, on paymenums on a personal benefit contract?       7f       X         g       If the organization express business bidings at any time during the year?       8a       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       bid the sponsoring organizat	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Xes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ge       X         a Did the organization ender wery solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ge       X         b If "Yes," and the organization ender wery solicitation and partly for goods and services provided to the payor?       7a       X         b If "Yes," and the number of Forms 8282 filed during the year       Td       Te       X         c Did the organization neelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f If Yes," indicate the number of Forms 8282 filed during the year?       Td       Td       Td       X         g If the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?       7t       X         g If the organization maker acontribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?       7h       X         g If the organization maker any taxable distribution to a donsor drived fund maintained by the sponsoring organization make any taxable distributions under section 4966? <td< td=""><td>b</td><td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td><td>5b</td><td></td><td>Х</td></td<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
any contributions that were not tax deductible a charitable contributions?     6a     X       b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6c       7 Organizations that may receive deductible contributions under section 170(c).     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     <	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
any contributions that were not tax deductible a charitable contributions?     6a     X       b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6c       7 Organizations that may receive deductible contributions under section 170(c).     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     <	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     61       8     Did the organization receive a payment in excess of 5/5 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       7     Did the organization needive apyment in excess of 5/5 made parity as a contribution and parity for goods and services provided?     7c     X       7     Did the organization needive any function setting to the informe 8282? field during the year     7d     7c     X       7     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7r     X       9     Did the organization needived a contribution of qualified intellectual property, did the organization face of a contrabution of acra, boats, anpinanes, or other vehicles, did the organization face of a contribution of acra, boats, anpinanes, or other vehicles, did the organization face of a contrabution of acra, boats, anpinanes, or other vehicles, did the organization nearing and goon advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Did the sponsoring organization. Enter:     10a     10a     10a       10 bit the sponsoring organization. Enter:     10a     10a     10a       11 Section 501(c)(12) organizations. Enter:     10a     10a     10a       12 Section 501(c)(2) qualified nonporfit health insurance issuers.			6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a) did the organization necewe a payment in excess of 5/5 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b) If 'Yes,' tid the organization notify the donor of the value of the goods or services provided?       7c       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d) If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       7d       X         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7g       X         f) Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g) Did the sponsoring organization make may taxable distributions under section 4966?       9a       9a       9b         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g) Gross income from members or shareholders       11a       10a       10a       10a       10a       10a       10a       10a       10a       10	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         d If 'Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization sell, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         f If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 49667       9a       9b       10a         10 Section 501(c)(7) organizations. Enter:       10a       10a       11a       11a         11 Section 501(c)(2) organizations. Enter:       10a       11b       12a			6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization, during the year, pay premiums, of pay premiums, or a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining door advised funds.       9       9       9         9       Sponsoring organization make a distribution to a donor, advisor, or related person?       9a       9b         10       the sponsoring organization make a distribution to a donor, advisor, or related person?       9a       9b         10       section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(2) organization Rele related to rubus use of club facilities       10b       10b       11a       12a         12       Section 501(c)(	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization received a contribution of dars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?       7h       -         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       9a       -         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       -       -         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       -       -         g Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       -       -         1       Section 501(c)? organizations. Enter:       a Gross income from members or shareholders       11a       10b       -       -         12       Section 501(c)29 qualified nomprofit heath insurance issuers.       11b <td>а</td> <td>Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</td> <td>7a</td> <td></td> <td>X</td>	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, directly or indirectly, op ap premiums on a personal benefit contract?       7t       X         g If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8       9         9       Sponsoring organization make any taxable distribution such as section 501(c)(7) organizations. Enter:       10a       10b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10b       11b       12a       12a         12       Section 501(c)(12) organizations. Enter:       10b       11b       12a       12a         13       Section 501(c)(12) organizations. Enter:       11b       12a       12a       12a         14       Section 501(c)(12) organizations. Enter:       12b       12a       12a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual properly, did the organization file Form 8899 as required?       Tf       X         g If the organization received a contribution of qualified intellectual properly, did the organization file a Form 1098-C?       The organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       B         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributions on divised funds.       10a       10a         10 Section 501(c)(7) organization make ad distribution to a donor, donor advisor, or related person?       9b       9b         10 Section 501(c)(12) organization. Enter:       10a       10b       10b         11 Section 501(c)(12) organization make any taxable distributions to a carcula during the year?       9b       12a         12 Section 501(c)(12) organization make a distribution to a donor, donor advised funds.       10b       12a         13 Section 501(c)(21) organization make a distribution to a donor divisor, or related person?       9b       12a         13 Section 501(c)(21) organization ma	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 0989 as required?       7g       7g         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make a vecess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       11a       11a       11a         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         12       Section 501(c)(12) organizations. Enter:       11b       12a       12a       12a         13       Section 501(c)(12) organizations. Enter:       11b       11b       11b       12a         14       Gross income from other sources (Do not net amounts due or pail to other sources against amounts due or received from them.)		to file Form 8282?	7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7n       7n         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n       7n         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Bestin 501(c)(7) organizations. Enter:       10a       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a       13a         13a       Interves, "netr the amount of reserves on hand       13a       13a       13a         14b       Inthe organization is licens	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a         11       Section 501(c)(12) organizations. Enter:       10a         13       Gross income from members or shareholders       11a         14       12a       11b         12a       Section 501(c)(12) organizations. Enter:       11a         14       12a       12a         15       Gross income from members or shareholders       11a         13       Gross income from members or shareholders       12b         14       12a       12a         15       Y**, "enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers. <td>f</td> <td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td> <td>7f</td> <td></td> <td>Х</td>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(17) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b         12       Gross income from members or shareholders       11a       11b         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Mote. See the instructions for additional information the organization must report on Schedule O.       13a         13       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         14       Did the apont of the Form 4720, Schedule N.       14b       14b       14b         15       X       If "Yes," see	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(17) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b         12       Gross income from members or shareholders       11a       11b         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Mote. See the instructions for additional information the organization must report on Schedule O.       13a         13       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         14       Did the apont of the Form 4720, Schedule N.       14b       14b       14b         15       X       If "Yes," see	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross income from thembers or shareholders       11a         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(20) qualified nonprofit health plans in more than one state?       13a       13a         14       Types," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         14a       X       14a       X       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess p					
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a         b If "Yes," see instructions and file Form 4720, Schedule N.       14a         15       Is the organization an educational information the section 4968 excise tax on net investment income?       14a		sponsoring organization have excess business holdings at any time during the year?	8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501 (c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         4       Is the organization licensed to issue qualified health plans       instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       14a       X         15       Is the organization an edu	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501 (c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         4       Is the organization licensed to issue qualified health plans       instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       14a       X         15       Is the organization an edu	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13a       14a         14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         b If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       1b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       1c         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       1c       1c         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       1c         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       1c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       1c         c       Enter the amount of reserves on hand       13c       1da       1da       1da         14a       X       1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       1db       1da       1db       1da					
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       1b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       1c         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       1c       1c         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       1c         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       1c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       1c         c       Enter the amount of reserves on hand       13c       1da       1da       1da         14a       X       1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       1db       1da       1db       1da	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       146       X					
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	Gross income from members or shareholders			
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	b				
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X		amounts due or received from them.)			
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If "Yes," see instructions and file Form 4720, Schedule N.       16         X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction o	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         16       X	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		Note. See the instructions for additional information the organization must report on Schedule O.			
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X		organization is licensed to issue qualified health plans			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X			14a		Х
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
			16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form <b>990</b>	<b>)</b> (2018)
-----------------	-----------------

Form	990 (2018) WEST MONT		81-0402	506	P	age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	'No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					v
	more members of the governing body?			7a		_X_
d	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			76		х
•	persons other than the governing body?			7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Each committee with authority to act on behalf of the governing body?			00		
Ŭ	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		venue	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official			15a	Х	x
b	Other officers or key employees of the organization			15b		A
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	oont w	th a			
10a				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an	d 990-	T (Section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			financ	ial	
	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 boo	oks and	l records			
	THE ORGANIZATION - 406-447-3100					
	2708 BOZEMAN AVE, HELENA, MT 59601				000	

Form 990 (2018)		81-0402506	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Em	ployees, and Independent Contractors									
Chee	ck if Schedule O contains a response or note to any line in this Part VII									
Section A. Off	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
12 Complete thi	1. Complete this table for all parsons required to be listed. Papert componentian for the calendar year onding with or within the organization's tay year									

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	_	1		(D)	(E)	(F)
Name and Title	Average	Position		Position (do not check more than one		Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	is both an or/trustee)		compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/ 1000 10100)		and related
	below	idual 1	Institutional trustee	ы.	Key employee	est co oyee	er			organizations
	line)	Indiv	ln stit	Officer	Key e	Highest compensated employee	Former			-
(1) DAVID PERETTO	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(2) BRET ROMNEY	1.00									
VICE CHAIR	0.00	X		Х				0.	0.	0.
(3) MIKE BILLINGS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(4) LOREN BROWN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(5) TIA NELSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) LARRY FASBENDER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) HEIDI GOETTEL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) MOLLY MOSNESS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) DEBBIE OLSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) DEBBIE SCHMIDT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) JESSI BENNION	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) ASHLEIGH HEIMBACH	40.00									
PRESIDENT	5.00			Х				74,703.	0.	3,750.
		L								
		L								
										000

Form 990 (	2018) WEST MON	2								81-0	402	506	Р	age <b>8</b>
Part VII	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	Compensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	ss per	itior more rson i	) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ns 🛛	com fr org and	pensa om th anizat d relat anizati	e ion ed
	total I from continuation sheets to Part VI								74,703.		0.		3,7	50. 0.
	I (add lines 1b and 1c)								74,703.		0.		3,7	50.
2 Total	I number of individuals (including but n pensation from the organization							o re	eceived more than \$100,	000 of reportable	Э			0
													Yes	No
	he organization list any <b>former</b> officer, la? If "Yes," complete Schedule J for s	-			•	•	•		•			3		X
4 For a	any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	otł	ner compensation from t	he organization				
	related organizations greater than \$150 any person listed on line 1a receive or a	,										4		X
	ered to the organization? <i>If</i> "Yes." com B. Independent Contractors	plete Schedule	e J fo	or sı	ıch ı	oers	on .			<u></u>		5		X
	plete this table for your five highest co	mpensated ind	lepe	ndei	nt co	ontra	actor	s tł	hat received more than \$	100,000 of com	pensat	ion fro	om	
the o	organization. Report compensation for ( (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	hin	n the organization's tax y (B)	ear.		(0	;)	
GOLDEN	Name and business								Description of s	ervices	С	ompe	nsatio	n
	E LYNDALE AVE, HELEN		96	01					CONSTRUCTION			79	7,0	68.
0 T-1	number of index and end endered the		<b></b>	a:+-	4 +	+ le c				the the				
	I number of independent contractors (ii ).000 of compensation from the organi	•	JL IIN	nteo	1 [0]	tnos 1		led	above) who received mo	ภะเทสก				

<u>n 990 (</u> art VII	(2018) WEST					81-0402	2506 Pag
	Check if Schedule O cont		or note to anv lin	e in this Part VIII			Г
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
2 1 a	Federated campaigns	1a					
a 1 a b c d e f g h	Membership dues	1b					
c	Fundraising events	1c					
d d	Related organizations	1d	165,520.				
e	Government grants (contribut	ions) <b>1e</b>	177,402.				
0 f	All other contributions, gifts, grar	nts, and					
	similar amounts not included abo	ve 1f	13,756.				
<b>b</b> 9	Noncash contributions included in lines	1a-1f: \$	<u>116,233</u> .				
<del>d</del> h	Total. Add lines 1a-1f		🕨	356,678.			
			Business Code				
2 a	GROUP HOMES & R			4,777,863.			
b				1,893,699.			
c d			624310		567,373.		
d	OTHER PROGRAM S	ERVICE	900099	3,461.	3,461.		
2 a b c d e f							
f	All other program service reve	enue					
	Total. Add lines 2a-2f			7,242,396.			
3	Investment income (including			10 004			10.00
	other similar amounts)			10,004.			10,00
4	Income from investment of ta		-				
5	Royalties						
		(i) Real	(ii) Personal				
6 a							
b	· · · · · · · · · · · · · · · · · · ·						
С			L				
7 a	Gross amount from sales of	(i) Securities	(ii) Other 2,000.				
	assets other than inventory		2,000.				
a	Less: cost or other basis		1,708.				
	and sales expenses		292.				
	Gain or (loss)		_	292.			293
	Net gain or (loss) Gross income from fundraisin			272.			
oa	including \$	•					
	contributions reported on line						
	Part IV, line 18						
h	Less: direct expenses						
	Net income or (loss) from fund		<b>&gt;</b>				
	Gross income from gaming a	-					
	Part IV, line 19						
b	Less: direct expenses						
	Net income or (loss) from gan		►				
	Gross sales of inventory, less	returns					
	and allowances	а	<u>691,094</u> .				
b	Less: cost of goods sold	b	233,579.				
	Net income or (loss) from sale			457,515.	457,515.		
	Miscellaneous Revenu	le	Business Code				
11 a							
b							
с							
h	All other revenue	_					
u u							

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	97,023.	19,405.	77,618.	
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	5,151,742.	4,750,742.	401,000.	
8	Pension plan accruals and contributions (include	, ,	. ,	,	
-	section 401(k) and 403(b) employer contributions)	67,733.	55,181.	12,552.	
9	Other employee benefits	405,571.	401,145.	4,426.	
10	Payroll taxes	598,666.	549,708.	48,958.	
11	Fees for services (non-employees):	,			
	Management				
	Legal	16,670.	16,670.		
	Accounting	37,863.		37,863.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)	64,707.	19,919.	44,788.	
12	Advertising and promotion	15,802.	12,168.	3,634.	
13	Office expenses	111,247.	53,966.	57,281.	
.e 14	Information technology	3,558.	676.	2,882.	
15	Royalties				
16	Occupancy	681,160.	562,128.	119,032.	
17	Travel	103,618.	94,551.	9,067.	
18	Payments of travel or entertainment expenses		- ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	534.	11.	523.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	67,813.	67,813.		
23	Insurance	121,065.	2,421.	118,644.	
24	Other expenses. Itemize expenses not covered	,	,		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) FOOD & HOUSEHOLD EXPENS	203,755.	201,717.	2,038.	
		9,876.	5,718.	4,158.	
b	MEDICAL SUPPLIES	8,158.	5,955.	2,203.	
c c		6,899.	5,958.	941.	
d		12,303.	9,447.	2,856.	
	All other expenses	7,785,763.	6,835,299.	950,464.	(
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,105,105.	0,033,433.	550,404.	· · · · ·
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	EUOCAUUUAI CAUUUAIUU AUU UUUOTAISIUO SOUCIIAUOO				

#### Form 990 (2018) WEST MONT Part IX Statement of Functional Expenses WEST MONT

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

ī

WEST MONT Check if Schedule O contains a note to any line in this Part X response o

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	22,760.	1	23,031.
	2	Savings and temporary cash investments		2	1,686,224.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	700,490.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary	-		
s.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2 100	9	3,079.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 1, 315, 62	5.		
	b	basis. Complete Part VI of Schedule D10a1,315,62Less: accumulated depreciation10b590,01	6. 149,487.	10c	725,609.
	11	Investments - publicly traded securities		11	
	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	105,664.	15	114,779.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,253,212.
	17	Accounts payable and accrued expenses	274,060.	17	980,807.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		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		25	73,071.
	26	Total liabilities. Add lines 17 through 25	545,463.	26	1,053,878.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨  an	d		
se		complete lines 27 through 29, and lines 33 and 34.			
ů Ľ	27	Unrestricted net assets	1,918,212.	27	2,199,334.
ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets	<u></u>	29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	1,918,212.	33	2,199,334.
	34	Total liabilities and net assets/fund balances	2,463,675.	34	3,253,212. Form <b>990</b> (2018)

Form 990 (2018)

# Form 990 (2018) To Part X Balance Sheet

	990 (2018) WEST MONT	81-0	402506	Pag	_{ge} 12
Pa	rt 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	8,06	-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,91	8,2	<u>12.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	2,19	9,3	<u>34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2018)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name o	of the organization	-					Employer	identification number
		MONT						1-0402506
Part	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The org	anization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv).		lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
6	A federal, state, or local go		ental unit described in	section 17	70(h)(1)(A)	(v)		
7	An organization that norma	-					ne deneral r	ublic described in
•	section 170(b)(1)(A)(vi). (C	•		onna gove			ie general p	
8	A community trust describe		1)(A)(vi) (Complete Par	ни)				
9	An agricultural research or			-	ed in coniu	inction with a	land-grant	college
•	or university or a non-land-	-			-		-	-
	university:	grant concess of agric			lame, ony	, and state of	the conege	
10 X		ally receives: (1) more	than 33 1/3% of its sup	oort from o	ontributio	ns. membersl	nip fees, an	d gross receipts from
	activities related to its exen							
	income and unrelated busi							-
	See section 509(a)(2). (Co		(		eee acqui		,	
11	An organization organized	-	velv to test for public sat	fetv. See	section 50	)9(a)(4).		
12	An organization organized		•	•			rrv out the	purposes of one or
	more publicly supported or		-	-			•	
	lines 12a through 12d that	-						
a [	<b>Type I.</b> A supporting orga	• •					-	aivina
	the supported organization		-	•	-			
	organization. You must o							1-1
b	Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hav	ina
~ [	control or management of	-				-		-
	organization(s). You mus						5	
c	Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.
	its supported organizatio						.,	,
d	Type III non-functionally		-				ted organiz	ation(s)
	that is not functionally inf	• • •						
	requirement (see instruct			•		-		
e	Check this box if the orga						II. Type III	
	functionally integrated, o					· )  ·, · )	, ., .,	
f E	nter the number of supported of							
	rovide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount o	fmonetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total						1		

#### Schedule A (Form 990 or 990-EZ) 2018 WEST MONT

81-0402506	Page 2
------------	--------

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	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.						
Sec	ction B. Total Support		_		_	_	_
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2018 (li	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s ►

Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 WEST MONT 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	622,014.	478,324.	1,337.	22,024.	356,678.	1480377.
2	Gross receipts from admissions,		-	-	-		
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	6651966.	6759130.	7149074.	7056726.	7933490.	35550386.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 $\dots$						
6	Total. Add lines 1 through 5	7273980.	7237454.	7150411.	7078750.	8290168.	37030763.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						37030763.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	
	Amounts from line 6	7273980.	7237454.	7150411.	7078750.	8290168.	37030763.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	1 7 2 1	1 (22)	0 0 0 1	C 100	10 004	20 4 6 0
_	and income from similar sources	1,731.	1,632.	8,921.	6,180.	10,004.	28,468.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1,731.	1,632.	8,921.	6,180.	10,004.	28,468.
	Add lines 10a and 10b Net income from unrelated business	1,/31.	1,032.	0,921.	0,100.	10,004.	20,400.
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital	351,560.	251,160.	57,182.	12,794.	2 000	674,696.
40	assets (Explain in Part VI.)	7627271.	7490246.	7216514.	7097724.		37733927.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						•
14	•	6	, ,	, ,	5	0	,
Sec	check this box and stop here	c Support Per		<u></u>			
	Public support percentage for 2018 (I			column (f))		15	98.14 %
16	Public support percentage from 2017		-			16	97.35 %
	ction D. Computation of Inves						<u>,,,,,,</u>
17	Investment income percentage for 20			ne 13. column (f))		17	.08 %
18	Investment income percentage from 2					18	.06 %
	<b>33 1/3% support tests - 2018.</b> If the						
	more than 33 1/3%, check this box ar						N V
Ł	<b>33 1/3% support tests - 2017.</b> If the						
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	J ***==		,				

Schedule A (Form 990 or 990-EZ) 2018

1

Yes No

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3b 4a
3a 3b 3c
3b 3c
3c
3c
3c
4a
4b
4c
5a
<b>5</b> 1
5b 5c
6
7
,
8
9a
01
9b
9c
10a
10b 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

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 co	mplete S	ections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
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				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

### Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

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

832026 10-11-18

instructions).

7

Schedule A (Form 990 or 990-EZ) 2018

	Schedule A	(Form 990	or 990-EZ	2018 (	WEST	MONT
--	------------	-----------	-----------	--------	------	------

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt 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 purpose	es of supported organizations	5				
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	he organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990 EZ) 2018 WEST MONT

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

SCHEDULE [	)
------------	---

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.

Attach to Form 550.
Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization WEST MONT			Employer identification n $81 - 040250$	
Pa		I Funds or Oth	er Similar Fund		-
1 4	organization answered "Yes" on Form 990, Part IV, line				
			advised funds	(b) Funds and other accounts	\$
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the ass	ets held in donor adv	ised funds	
Ŭ	are the organization's property, subject to the organization's e	-			N
6	Did the organization inform all grantees, donors, and donor ad				
-	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			ľ – –	N
Pa		anization answere	d "Yes" on Form 990	. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organizatio				
	Preservation of land for public use (e.g., recreation or ec	·	- <i>- ,</i> ,	storically important land area	
	Protection of natural habitat	·····,	7	ertified historic structure	
	Preservation of open space		-		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation c	ontribution in the forn	n of a conservation easement on the I	ast
	day of the tax year.			Held at the End of the T	
а	Total number of conservation easements			2a	
b					
с	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year ►				
4	Number of states where property subject to conservation ease	ement is located	▶	_	
5	Does the organization have a written policy regarding the period	odic monitoring, ir	spection, handling of	f	
	violations, and enforcement of the conservation easements it	holds?		Yes	N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violatio	ns, and enforcing cor	nservation easements during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, a	nd enforcing conserv	vation easements during the year	
	▶\$				
8	Does each conservation easement reported on line 2(d) above	satisfy the require	ements of section 170	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				N
9	In Part XIII, describe how the organization reports conservatio	n easements in its	revenue and expens	e statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	on's financial state	ements that describes	s the organization's accounting for	
De	conservation easements.	Aut Illatariaa	T		
Pa	t III Organizations Maintaining Collections of	-	-	other Similar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhi		or research in further	rance of public service, provide, in Pa	t XIII,
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (ASC				
	treasures, or other similar assets held for public exhibition, edu	ucation, or researc	ch in furtherance of p	ublic service, provide the following an	nounts
	relating to these items:			N A 11	0 5 0
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$ <u>11,</u> \$ 11,	050
~					050
2	If the organization received or held works of art, historical trea			ial gain, provide	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relati	ng to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	

\$ ►

	chedule D (Form 990) 2018 WEST MONT 81-0402506 Page 2									
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that	are a sig	gnificant u	se of its c	ollection i	tems	
	(check all that apply):									
а	X Public exhibition	d	Loan or exc	hange progra	ms					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, historical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							_		,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance					1f		_		1
	Did the organization include an amount on Fo					ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>		
Par	<b>t V Endowment Funds.</b> Complete i									
		(a) Current year	(b) Prior year	(c) Two year			vears back			
1a	Beginning of year balance	596,221.	468,003.	436	,932.	4	50,636.		450,5	509.
b	Contributions	30,661.	20 210	21	071		12 704			1.0.7
с	Net investment earnings, gains, and losses	50,001.	28,218.	51	.,071.		13,704.			127.
	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
	Administrative expenses	626,882.	496,221.	160	,003.		36,932.		450 (	526
g	End of year balance	,	,		,003.	4	30,932.		450,6	530.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	)) held as:						
a	Board designated or quasi-endowment ► Permanent endowment ► 100.00	0/	_%							
b		%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of th		ion that and hald an		ما المن الم					
38	Are there endowment funds not in the posses	ssion of the organizat	lion that are neid ar	ia administere		e organiza	alion	<b></b>	Vaa	Ne
	by: (i) unrelated organizations							3a(i)	Yes	No X
								3a(ii)	x	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require						3b	X	
4	Describe in Part XIII the intended uses of the							30		
Par	t VI Land, Buildings, and Equipm		ment funds.							
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X I	line 10				
	Description of property	(a) Cost or ot		or other		ccumulate	he	(d) Book	value	<u></u>
	Description of property	basis (investm		(other)	• •	preciation			value	
19	Land		,	<u> </u>						
	Buildings			4,436.		2,8	83.	1	, 55	53.
	Leasehold improvements			_,		2,0		<b>_</b>	, 55	
	Equipment		82	2,713.	5	587,1	33.	235	.58	30-
	Other			8,476.				488		
	. Add lines 1a through 1e. (Column (d) must en			-					, 60	
Total		<u> yuai FUIII 990, PAR X</u>	<u>, column (b), line m</u>	00.)			Sehedule			

Schedule D (Form 990) 2018

#### 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)	FUNDS HELD IN TRUST	64,036.	
(3)	OTHER LIABILITIES	9,035.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	73,071.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...... ▶

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 WEST MONT			81-0	402506	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Re	turn.		
	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	8,300,	464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	233,579.			
е	Add lines 2a through 2d			2e	233,	<u>579.</u>
3	Subtract line 2e from line 1			3	8,066,	885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,066,	885.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	its With	Expenses per R	leturn	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	8,019,	342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	233,579.			
е	Add lines 2a through 2d			2e		579.
3	Subtract line 2e from line 1			3	7,785,	763.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,785,	763.
Pa	t 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 III, LINE 4:

JOY TO THE RESIDENTS OF WEST MONT.

PART V, LINE 4:

THE INVESTMENT EARNINGS WILL BE USED FOR PROJECTS ON THE FARM.

PART X, LINE 2:

### THE CORPORATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION

#### 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME

### TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE.

## Schedule D (Form 990) 2018 WEST MONT Part XIII Supplemental Information (continued)

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### COSTS OF GOODS SOLD

PART XII, LINE <u>2D - OTHER ADJUSTMENTS:</u>

COSTS OF GOODS SOLD

SCHEDULE D, PART V, LINE 1B

A \$100,000 ADJUSTMENT TO THE BEGINNING BALANCE WAS MADE TO MATCH THE

ENDOWMENT FUND BEGINNING BALANCE AS REPORTED ON THE WEST MONT FOUNDATION'S

FORM 990.

233,579.

233,579.

81-0402506 Page 5

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

2018 Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	1	

Employer identification number
81-0402506

WEST MONT

Pai	rt I	Types of Property							
			(a)	(b)	(c)		(d)		
			Check if	Number of contributions or	Noncash contribution amounts reported on		hod of determin	•	
			applicable	items contributed	Form 990, Part VIII, line 1g	noncasi	n contribution a	mount	5
1	Art	- Works of art	Х	7		RETAIL	VALUE		
2		- Historical treasures			<b>/</b>				
3		- Fractional interests							
4		bks and publications							
5		thing and household goods							
6		s and other vehicles	X	2	105,183.	COST			
7		ats and planes			100/100				
8									
9 10		curities - Publicly traded							
10		curities - Closely held stock							
11		curities - Partnership, LLC, or							
40		st interests				-			
12		curities - Miscellaneous							
13		alified conservation contribution -							
		toric structures							
14		alified conservation contribution - Other							
15		al estate - Residential							
16		al estate - Commercial							
17		al estate - Other				-			
18		lectibles							
19		od inventory							
20		gs and medical supplies							
21		idermy							
22		torical artifacts							
23		entific specimens							
24	Arc	heological artifacts							
25	Oth								
26	Oth	ner 🕨 ()							
27	Oth	•							
28	Oth	ner 🕨 ( )							
29	Nur	mber of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for	which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29				
								Yes	No
30a	Dur	ing the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	mus	st hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for			
	exe	mpt purposes for the entire holding period?					30a		X
b	lf "۱	Yes," describe the arrangement in Part II.							
31	Doe	es the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31		Х
32a		es the organization hire or use third parties o							
		htributions?		•	· · ·		32a		x
b		Yes," describe in Part II.							
33		ne organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is che	cked.			
		scribe in Part II.		-,		,			
LHA		or Paperwork Reduction Act Notice, see 1	the Instruct	tions for Form 990	).	So	hedule M (For	m 990)	2018
	-					••		1	

## Schedule M (Form 990) 2018 WEST MONT

**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, PART I, COLUMN (B):

#### THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED FOR ALL

NON-CASH CONTRIBUTIONS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



81-0402506

WEST MONT

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

ALL STAGES OF LIFE.

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

THE FORM 990 IS PREPARED BY AN EXTERNAL ACCOUNTANT AND A COPY IS PROVIDED

TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING.

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

ALL EMPLOYEES AS WELL AS BOARD MEMBERS ARE REQUIRED TO FOLLOW THE CONFLICT

OF INTEREST POLICY OF THE ORGANIZATION. ALL EMPLOYEES AND BOARD MEMBERS

RE-SIGN A CONFLICT OF INTEREST STATEMENT AT THE BEGINNING OF EACH YEAR

ENSURING THEY ARE STILL IN COMPLIANCE WITH THE POLICY.

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

A SUB-COMMITTEE OF THE BOARD ASSEMBLES DATA RELATING TO PERFORMANCE AND

COMPENSATION ISSUES OF THE PRESIDENT. THE SUB-COMMITTEE MEETS AND MAKES

RECOMMENDATIONS TO THE FULL BOARD. THE BOARD VOTES ON A FINAL COMPENSATION

PACKAGE ANNUALLY OR AS NEEDED.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCIAL STATEMENT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE

PRIOR YEAR. THE ORGANIZATION HAS A BOARD OF DIRECTORS WHO APPROVED THE

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization WEST MONT	Employer identification number $81 - 0402506$
BUDGET AT THE BEGINNING OF THE FISCAL YEAR. THE BOARD MET M	MANY TIMES
THROUGHOUT THE YEAR TO REVIEW THE MONTHLY FINANCIAL STATEM	ENTS.
Schedule O (Form 980 or 980 EZ) (2018) Name of the organization WEST MONT BUDGET AT THE BEGINNING OF THE FISCAL YEAR. THE BOARD MET MANY TIMES THROUGHOUT THE YEAR TO REVIEW THE MONTHLY FINANCIAL STATEMENTS.	

Page **2** 

____

_

____

____

____

_

_

_____

_____

____

____

_

____

_____

SCHEDULE R
(Fauna 000)

(Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WEST MONT

Employer identification number 81 - 0402506

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
THE WEST MONT FOUNDATION - 46-0466591							
2708 BOZEMAN AVE.							
HELENA, MT 59601	TO SUPPORT WEST MONT	MONTANA	501(C)(3)	LINE 12B, II			Х
	-						
	-						

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

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 WEST MONT

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	]										
	1										
											+
	1										
	1		l								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	entity (C corp. S corp. income		<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
		country)		or tructy		400010		Yes	No

#### Schedule R (Form 990) 2018 WEST MONT

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

vte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n		
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)	1r	X	
Other transfer of cash or property from related organization(s)		X	

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE WEST MONT FOUNDATION	С	165,520.	FMV
(2) THE WEST MONT FOUNDATION	к	509,184.	FMV
(3) THE WEST MONT FOUNDATION	0	194,945.	FMV
<u>(4)</u>			
<u>(5)</u>			
(6)			

#### Schedule R (Form 990) 2018 WEST MONT

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

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

(a)         (b)         (c)         (d)         (g)         (h)         (h)         (g)         (h)         (h) <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th>16</th> <th>"</th> <th>(f)</th> <th>(g)</th> <th>0</th> <th>n)</th> <th>(i)</th> <th>(j)</th> <th>(k)</th>	(a)	(b)	(c)	(d)	16	"	(f)	(g)	0	n)	(i)	(j)	(k)
Indices			Legal domicile	Predominant income	Are	all	Share of			opor-	Code V-UBI	General o	
Country         excluded rom tax liner         income         assets         trest No         rest No	of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(	c)(3)	total		tion alloca	nate tions?	amount in box 20	managin	ownership
	,		country)	sections 512-514)	Vec		income			No	(Form 1065)		- ·
			-		165	NO			163		(************	165 140	
													ļ

Schedule R (Form 990) 2018

 Schedule R (Form 990) 2018
 WEST

 Part VII
 Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2019)

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

Entor filor's identifying number

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.         Er					Employer identification number (EIN) or				
print	WEST	MONT		81-0402506						
File by the due date for filing your	vr Number	, street, and room or suite no. If a P.O. bo BOZEMAN AVE	Social se	Social security number (SSN)						
instructions	eturn. See									
Enter the		de for the return that this application is for	r (file a separat	te application for each return)			0 1			
Applica	Application Return Application						Return			
Is For			Code	Is For		Code				
Form 99	0 or Form 9	90-EZ	01	Form 990-T (corporation)		07				
Form 99	0-BL		02	Form 1041-A		08				
Form 47	20 (individua	al)	03	Form 4720 (other than individual)		0				
Form 99	0-PF		04	Form 5227		-				
Form 99	0-T (sec. 40 [.]	1(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust oth	ner than above)	06	Form 8870			12			
• If the • If this box 1 Ir th 2 If [	organization is for a Gro . If it is equest an au e organizatio . Calence . X tax ye the tax year . Change	$\frac{406-447-3100}{1000}$ In does not have an office or place of busing up Return, enter the organization's four diator for part of the group, check this box utomatic 6-month extension of time until the named above. The extension is for the lar year or ar beginning JUL 1, 2018 entered in line 1 is for less than 12 month in accounting period	git Group Exe and atta MAX organization's , an s, check rease	mption Number (GEN) <u>ch a list with the names and EINs or</u> <u>x 15, 2020</u> , to fil return for: d ending <u>JUN 30, 2019</u> on: Initial return	If this is fo f all memb	r the whole g ers the exten npt organizati	roup, check this			
<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.						\$	0.			
b lf							•			
estimated tax payments made. Include any prior year overpayment allowed as a credit.						\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						•				
	<u> </u>	Electronic Federal Tax Payment System).			3c	\$	0.			
Caution instructi		joing to make an electronic funds withdra	wal (direct det	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	-EO for payment			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.