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)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

л і	OI LITE	E 2021 Calendar year, or tax year beginning	anu	enung	_					
	heck if	C Name of organization			D Employer identifi	cation number				
	Addre	TRUST MONTANA								
	Name chang	Doing business as			45-32049	21				
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	r				
	Final return	117 WEST BROADWAY	·		406-201-	5652				
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	320,722.				
	Ameno return	MISSOULA, MI 39002			H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer: TEN	MINA HAROLD		for subordinates	? Yes X No				
	pendir	g same as C above			H(b) Are all subordinates in	ncluded? Yes No				
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()		or 527	1					
		e: ► TRUSTMONTANA.ORG			H(c) Group exemption					
		or garneation.	sociation Other >	L Year	of formation: 2015	M State of legal domicile; MT				
Pa	rt I	Summary								
Ф		Briefly describe the organization's mission or most								
ů		PROMOTE COMMUNITY LAND TRU			N TRUST TO F					
rns	2	Check this box 🕨 🔛 if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as:	1				
Activities & Governance		Number of voting members of the governing body	, , ,		3	12				
		Number of independent voting members of the gov				12				
es	5	Total number of individuals employed in calendar y	ear 2021 (Part V, line 2a)			0				
viti		Total number of volunteers (estimate if necessary)				0				
Acti		Total unrelated business revenue from Part VIII, co				0.				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····						
Revenue					Prior Year	Current Year				
					302,957.	304,890.				
					9,858.	15,830.				
		Investment income (Part VIII, column (A), lines 3, 4,			2. 0.	2.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			312,817.	320,722.				
		Total revenue - add lines 8 through 11 (must equal			312,017.					
		Grants and similar amounts paid (Part IX, column (\ !! 4\		0.	0.				
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		116,048.	227,151.				
ses	15	Salaries, other compensation, employee benefits (F			0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	0.44	1 7	<u> </u>	0.				
Ехр	17 17	Total fundraising expenses (Part IX, column (D), line			50,280.	41,749.				
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			166,328.	268,900.				
		Total expenses. Add lines 13-17 (must equal Part I)			146,489.	51,822.				
_ s	19	Revenue less expenses. Subtract line 18 from line	12		ginning of Current Year					
ts o	20	Total assets (Part X, line 16)		ВЕ	585,603.	End of Year 623,976.				
\sse Bala	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)			19,238.	5,789.				
Net Assets or Fund Balances	21 22	Net assets or fund balances. Subtract line 21 from	lina 20		566,365.	618,187.				
Pa	rt II	Signature Block	III le 20		300,303.	010,107.				
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and helief it is				
		t, and complete. Declaration of preparer (other than office				, knowledge and belief, it is				
,	001100	y and completel Decial and of property (control man control	., 10 54004 011 411 1110111141011 01 111	non proparor	l l l l l l l l l l l l l l l l l l l	_				
Sigr	ı	Signature of officer			Date					
Her		HERMINA HAROLD, EXEC D	IRECTOR							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature]	Date Check	PTIN				
Paid		Mark Byington			if self-employ					
Prep	arer	Firm's name WJ KERO CPA, PC				46-3055005				
Use	Only	Firm's address PO Box 16894								
		Missoula, MT 598	08-6894		Phone no. 40	6-549-2288				
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No				

Pai	Till 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:	
	TRUST MONTANA'S MISSION IS TO PROMOTE COMMUNITY LAND TRUSTS AND HOLD	_
	LAND IN TRUST TO FACILITATE WORKFORCE HOUSING, FARMLAND AFFORDABILITY,	_
	AND THE PRESERVATION OF VITAL COMMUNITY ASSETS THAT KEEP RURAL AND	_
	URBAN AREAS LIVABLE FOR MONTANANS OF VARIED ECONOMIC MEANS.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$265,221. including grants of \$) (Revenue \$2,750.	_ }
	PROMOTING COMMUNITY LAND TRUSTS THROUGH EDUCATION, OUTREACH AND	_
	CONSULTING. COMMUNITY LAND TRUSTS ARE AN INCREASINGLY POPULAR TOOL FOR	_
	CURBING GENTRIFICTION AND DISPLACEMENT OF LOW AND MODERATE INCOME	_
	PEOPLE IN THE US. AS A RESULT, TRUST MONTANA RECEIVES MANY REQUESTS	_
	FOR ASSISTNCE IN SETTING UP NEW CLT PROJECTS AROUND THE STATE. TRUST	_
	MONTANA STAFF PROVIDES TECHNICAL ASSISTANCE TO OTHER NON-PROFITS AS	_
	WELL AS MUNICIPALITIES. IN CASES WHERE GRANT FUNDING IS NOT AVAILABLE	_
	TO COVER COSTS OF STAFF TIME, TRUST MONTANA DOES NOT CHARGE A FEE TO	_
	TECHNICAL ASSISTANCE CLIENTS.	_
	MANUAL MANUALIA ALGO PROVIDEG GIM ERVIGIMENTON MO A NUMBER OF PROFESSIONALS	_
	TRUST MONTANA ALSO PROVIDES CLT EDUCATION TO A NUMBER OF PROFESSIONALS	_
	AROUND THE STATE IN ORDER TO ENSURE THAT BEST PRACTICES ARE FOLLOWED.	_
4b	(Code:) (Expenses \$	- 4
	AFFORDABLE LAND, LLC	_
	AFFORDABLE LAND, LLC IS A SINGLE MEMBER LLC OWNED BY TRUST MONTANA.	_
	AFFORDABLE LAND LLC WAS FORMED IN 2019 TO HOLD ALL LAND THAT IS	_
	ACQUIRED FOR PERMANENTLY AFFORDABLE PROJECTS OF TRUST MONTANA, INC.	-
	PREVIOUSLY LAND WAS HELD IN SEPARATE SINGLE MEMBER LLCs .	_
	INEVICUOUS I DAND WAS HEDD IN SELANATE SINGUE MEMBER DICS .	_
	AFFORDABLE LAND LLC DOES NOT HAVE EMPLOYEES AND EXISTS SOLEY TO HOLD	-
	TITLE TO LAND ACQUIRED FOR PERMANENTLY AFFORDABLE HOUSING PROJECTS OF	_
	TRUST MONTANA INC. AFFORDABLE LAND LLC OWNS LAND IN THREE AREAS OF THE	_
	STATE, WITH A TOTAL OF 13 PERMANENTLY AFFORDABLE HOMES ON THE LAND SO	_
	FAR, WITH 20+ ADDITIONAL HOMES SLATED FOR 2022 -2023. TRUST MONTANA	_
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$	_,
70	(code) (Expenses #	- 1
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4</u> e	Total program service expenses > 266,483.	_

Form 990 (2021) TRUST MONTANA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			 ₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	X	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	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			
	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,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		<u> </u>
	,	19		Х
20a	complete Schedule G, Part III	20a		X
		20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u> </u>	X

Form 990 (2021) TRUST MONTANA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? Factor Factor	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		22
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2021) TRUST MONTANA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 45-3204921

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did 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 account)?	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	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 that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	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?	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						
7	Organizations that may receive deductible contributions under section 170(c).							
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		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	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							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
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 have excess business holdings at any time during the year?	8		_				
9	Sponsoring organizations maintaining donor advised funds.							
а	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:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
		IZa						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou						
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							
c	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X				
	If "Yes," see the 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?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

Sec	tion A. Governing body and Management								
			l	_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1:	싀					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1:	길					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny 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, trustees, or key employees to a management company or other person?			3		X			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х			
6	Did the organization have members or stockholders?			6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	one or						
	more members of the governing body?			7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, so	tockhol	ders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,						
	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 bod	y befor	e filing the form?	11a	Х				
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I	res." de	escribe						
	on Schedule O how this was done			12c	Х				
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	al by inc	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	T (section 501(c)(3	s only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website X Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial				
	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	records						
	LYN'S BOOKKEEPING AND PAYROLL - 406-721-6268								
	PO BOX 5822, MISSOULA, MT 59806								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	or di	ee ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee ee	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	t con	_	1099-NEO)		organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BOB OAKS	2.00	=	=	-	×	Τ &	ш			
PRESIDENT		Х		Х				0.	0.	0.
(2) SHEILA RICE	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) PHILLIP MAECHLING	1.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(4) JO ANN EDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JILL DAVIES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DANIELLE MAIDEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) JESSE DODSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BRIAN GUYER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) DOUG SMITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MIKE BRYAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NICOLE WHYTE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JANE NOLAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
		<u> </u>								
					_		_			
		-								
		1								

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iH t</u>	ghes	st C	compensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	h an	compensation	compensation	amount of
	week		Cei ai	lu a u	T	Tirus	100)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1120)	and related
	below	dual t	Institutional trustee	_	mplo)	st co	-i	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			
		-								
						-				
		-								
	-					-				
		-								
						-				
		-								
4. 0.1							L	0	0.	0
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)										1 0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ac	oove	e) wn	io re	eceived more than \$100,	000 of reportable	0
compensation from the organization										Yes No
3 Did the organization list any former officer,	director trust	ا مم	(0)/ (amal	lova	. Or	r hia	thest compensated emp	lovee on	100 100
line 1a? If "Yes," complete Schedule J for s	*	,	,	•	,	1	·		•	3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a	accrue comper	oo Isati	on fr	rom	anv	unre	elate	ed organization or individ	dual for services	
rendered to the organization? If "Yes." com								g		5 X
Section B. Independent Contractors										•
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	3100,000 of compensa	ation from
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address	NC	INC	3				Description of s	services	Compensation
							_			
							\dashv			
							\dashv			
2 Total number of independent contractors (ii	ncluding but a	ot lin	nitor	1 +0 -	thac	ee lie	.+~~	ahove) who received m	ore than	
2 Total number of independent contractors (i \$100,000 of compensation from the organic		JL 1111	ıııec	0		se iis)	, cu	above, who received me	UI UI I II I	
ψ100,000 of compensation from the organi.	<u> </u>									Farm 990 (0004)

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Form 990 (2021) TRUST M
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII		·····	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts		b c	Federated campaigns Membership dues Fundraising events Related organizations			1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts		f	Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	grant abov	s, and e	1e 1f 1g \$	14,800. 290,090.				
Sag		_	Total. Add lines 1a-1f	111103 1	u-11	·ΒIΨ	•	304,890.			
<u> </u>			Totall / Idd III Ioo Ta II				Business Code				
a l	2	а	STEWARDSHIP P	AYI	MEN'	TS	531390	9,000.	9,000.		
Program Service Revenue		b	LEASE FEES				531390	4,080.	4,080.		
Ser		c CONSULTING 5		531390	2,750.	2,750.					
an		d									
B		е									
Ā		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					15,830.			
	3	3 Investment income (including dividends, interest					est, and				
			other similar amounts)					2.	2.		
	4		Income from investment of			pt bond p	roceeds				
	5		Royalties			\ D					
					(1) Real	(ii) Personal				
	6		Gross rents	6a							
		b	Less: rental expenses	6b							
		C	Rental income or (loss)	6c							
			Net rental income or (loss) Gross amount from sales of) ——	(i) S	ecurities	(ii) Other				
	′	а	assets other than inventory	7a	(1) 0	ccurrics	(ii) Otrici				
		h	Less: cost or other basis	1 a							
Ð			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7c							
3e			Net gain or (loss)				•				
e			Gross income from fundraising								
븅			including \$	-	-						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fund	raising	g events					
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold)				
_		С	Net income or (loss) from	sales	of inv	ventory	Business Oct				
sn	4.	_					Business Code				
Jeo Jue	11										
lar		b									
Miscellaneous Revenue		c d	All other revenue								
Σ			Total. Add lines 11a-11d								
	12	_	Total revenue. See instruction				•	320,722.	15,832.	0.	0.

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| Part IX | Statement of Functional Expenses

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

Jecli	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			прівів соіштіт (А).	
- Do :	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
-	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				
Ū	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,	68,218.	68,218.		
•	trustees, and key employees	00,210.	00,210.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	120 005	120 205		
7	Other salaries and wages	138,295.	138,295.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	985.	985.		
10	Payroll taxes	19,653.	19,653.		
11	Fees for services (nonemployees):				
а	Management	3,300.	3,300.		
b	Legal				
С	Accounting	7,895.	7,895.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
а	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,500.	3,083.		2,417
13	Office expenses	6,110.	6,110.		•
14	Information technology	7,	.,		
15	Royalties				
16	Occupancy	6,800.	6,800.		
17		2,536.	2,536.		
	Travel Payments of travel or entertainment expenses	2,330.	2,3300		
18					
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 122	1 122		
23	Insurance	1,233.	1,233.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	4 100	4 100		
а	DUES AND MEMBERSHIPS	4,182.	4,182.		
b	PROFESSIONAL DEVELOPMEN	1,549.	1,549.		
С	EQUIPMENT PURCHASES AND	1,495.	1,495.		
d	BANK CHARGES	1,000.	1,000.		
е	All other expenses	149.	149.		
25	Total functional expenses. Add lines 1 through 24e	268,900.	266,483.	0.	2,417
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202)

Form 990 (2021)
Part X | Balance Sheet

Pa	IL A	Charle if Schodula O contains a reasonable or pe	ato to are	/ line in this Dort V			
		Check if Schedule O contains a response or no	ote to an	y iine iii uiis Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			130,076.	1	160,447.
	2	Savings and temporary cash investments			15,002.	2	22,004.
	3	Pledges and grants receivable, net		400.	3	400.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
v	•	under section 4958(f)(1)), and persons describe	` F		6		
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
	104	basis. Complete Part VI of Schedule D		444 114			
	h	Less: accumulated depreciation		3,989.	440,125.	10c	440,125.
	11	Investments - publicly traded securities			110,123.	11	110,125.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14			14			
		Intangible assets Other assets See Best IV line 11		0.	15	1,000.	
	15	Other assets. See Part IV, line 11	585,603.	16	623,976.		
	16	Total assets. Add lines 1 through 15 (must eq		303,003.		023,370.	
	17	Accounts payable and accrued expenses		17 18			
	18 19	Grants payable			19		
		Deferred revenue				20	
	20	Tax-exempt bond liabilities					
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
-iak		controlled entity or family member of any of the			14,800.	22	0.
_	23	Secured mortgages and notes payable to unre			14,000.	23	U •
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	1 120		E 700
		of Schedule D		·····	4,438.		5,789.
	26	Total liabilities. Add lines 17 through 25			19,238.	26	5,789.
s		Organizations that follow FASB ASC 958, ch	eck her				
Š		and complete lines 27, 28, 32, and 33.		-	106 040		170 060
<u>a</u>	27	Net assets without donor restrictions			126,240.	27	178,062.
Ã	28	Net assets with donor restrictions			440,125.	28	440,125.
Ę.		Organizations that do not follow FASB ASC	eck here 🕨 📖				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
se	30	Paid-in or capital surplus, or land, building, or e				30	
t As	31	Retained earnings, endowment, accumulated i				31	
Š	32	Total net assets or fund balances			566,365.	32	618,187.
	33	Total liabilities and net assets/fund balances			585,603.	33	623,976.

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Pai	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		0,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,9			
3	Revenue less expenses. Subtract line 2 from line 1	3	5	1,8	<u>22.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56	6,3	<u>65.</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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	61	8,1	<u>87.</u>		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	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					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Pa	art I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	H	A school described in sect				11 17 0(15)(יאריאיזי	
	H			•		VIL.V.4V.A.V::	::\	
3	H	A hospital or a cooperative						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	jiani conogo or agno	artaro (000 morraotiono).	Littor tho	namo, ony	, and state of the conege	<i>3</i> 31
10		An organization that norma	Ily receives (1) more:	than 33 1/3% of its sunn	ort from c	ontribution	ne memberehin fees an	d aross receipts from
10								
		activities related to its exen		•				•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	arter June 30, 1975.
		See section 509(a)(2). (Con	•					
11	Н	An organization organized a	· ·	•	•			
12		An organization organized a	· ·	•	-		•	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
a	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus						
c	, [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization					• •	,
c	ı [Type III non-functionally		·				zation(s)
		that is not functionally int					• • • • •	
		requirement (see instructi	-		-			V611000
6		Check this box if the orga	•					
•	· L	functionally integrated, or					Type i, Type ii, Type iii	
	Ent	er the number of supported of	• •	nally integrated supporting	ng organiz	ation.		
1				d arganization(a)				
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	162	NO		, , ,
T -4	_1						1	1

Schedule A (Form 990) 2021 TRUST MONTANA 45-3204

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	, ,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	37,734.	201,083.	261,176.	302,957.	304,890.	1107840.
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	2	221 222	064 486	222 255	224 222	1105010
	Total. Add lines 1 through 3	37,734.	201,083.	261,176.	302,957.	304,890.	1107840.
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)						1107040
	Public support. Subtract line 5 from line 4.						1107840.
		(-) 0017	/h) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017 37,734.	(b) 2018 201,083.	(c) 2019 261,176.	(d) 2020 302, 957.	(e) 2021 304,890.	(f) Total 1107840.
	Amounts from line 4 Gross income from interest,	37,734.	201,005.	201,170.	302,337.	304,090.	110/040.
0	•						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources			1.	2.	2.	5.
۵	Net income from unrelated business				2.0	۷.	<u>J.</u>
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1107845.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	35,644.
	First 5 years. If the Form 990 is for the	•	,	ourth, or fifth tax v	ear as a section 5	-	
	organization, check this box and stor	· ·					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	100.00 %
	Public support percentage from 2020					15	100.00 %
	33 1/3% support test - 2021. If the					ore, check this box	c and
	stop here. The organization qualifies						▶ [₹]
b	33 1/3% support test - 2020. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	k this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	▶ □

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.)

Sec	etion A. Public Support	now, picase com	oloto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
<u> </u>	check this box and stop here	· Cumpart Da	roontoes				>
	tion C. Computation of Public			. (5)		T I	
	Public support percentage for 2021 (lin		•	column (f))		15	<u>%</u>
	Public support percentage from 2020 tion D. Computation of Inves					16	%
	•			ino 12 octuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from 2			on line 14, and line		18 32 1/30/ and line 1	7 is not
เฮส	33 1/3% support tests - 2021. If the more than 33 1/3%, check this box an					.4:	▶ □
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, chec		-	•		-	>
70	Private foundation. If the organization	a did not check a	pox on line 14 19	a or typ check th	us nox and see in:	STRUCTIONS	■

Schedule A (Form 990) 2021 TRUST MONTANA 45-3204921 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

	Yes	No
1		
2		
-		
3a		
Ol-		
3b		
20		
3c		
4a		
Ta		
4b		
4c		
5a		
5b		
5c		
e		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		i i i i i i i i i i i i i i i i i i i		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sect	ion B	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
		·		Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
Saat	the su	oported organization(s).	1		
Seci	ם ווסוו	. All Type III Supporting Organizations			
				Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
		ganization maintained a close and continuous working relationship with the supported organization(s). Ison of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	_	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		,	3		
Sect	ion E	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations			
		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
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 governmental entity (see ins	truction	s).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described on line 2a, above, 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 V	the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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.

	11 11 11 11 11 11 11 11 11 11 11 11 11			,,,
Pa	T V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 TRUST MONTANA		wi-odiowo		5-3204921 Page 7
Par		(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		Г		Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

TRUST MONTANA

Employer identification number

45-3204921

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

TRUST MONTANA

45-3204921

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MONTANA JUSTICE FOUNDATON PO BOX 1917 HELENA, MT 59624	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US CONFERENCE OF CATHOLIC BISHOPS CAMPAIGN FOR HUMAN DEVELOP 3211 FOURTH ST NE WASHINGTON, DC 20017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HIGH STAKES FOUNDATION 129 WEST ALDER MISSOULA, MT 59802	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CLEARWATER CREDIT UNION 3600 BROOKS ST MISSOULA, MT 59801	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MJ MURDOCK CHARITABLE TRUST 655 WEST COLUMBIA WAY, #700 VANCOUVER, WA 98660	\$61,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	OP AND WE EDWARDS FOUNDATION 102 TWO WILLOW LANE RED LODGE, MT 59068	\$18,000.	Person X Payroll

Name of organization Employer identification number

TRUST MONTANA

45-3204921

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	NEIGHBORWORKS MONTANA 17 5TH STREET SOUTH GREAT FALLS, MT 59401	\$ <u>23,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	ANONYMOUS ANONYMOUS MISSOULA, MT 59801	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

TRUST MONTANA

45-3204921

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** TRUST MONTANA 45-3204921 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRUST MONTANA

Employer identification number 45-3204921

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Similar Funds	or Accour	its. Complete if the	
	organization answered Tee Sitt offit 600,1 art iv, iiii	(a) Donor ad	vised funds	(b) Fur	nds 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 v		s held in donor advis	sed funds		
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any other purpose	conferring		
	impermissible private benefit?				Yes No	
Par	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation o	f a historically	important land area	
	Protection of natural habitat		Preservation o	f a certified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribution in the form	of a conserva		
	day of the tax year.				Held at the End of the Tax Year	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a			ure		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	organization	during the tax	
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri					
	violations, and enforcement of the conservation easements it	***************************************			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations	s, and enforcing con	servation ease	ements during the year	
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	a enforcing conserva	ition easemen	ts during the year	
	▶ \$ Does each conservation easement reported on line 2(d) above	a action the requirem	anto of anotion 170	/b\/4\/D\/;\		
8		•			Yes No	
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					
9	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	lote to the organization	on s ililariciai statem	ents that dest	cribes trie	
Par	t III Organizations Maintaining Collections of	Art, Historical	reasures, or O	ther Simila	r Assets.	
	Complete if the organization answered "Yes" on Form		•			
1a	If the organization elected, as permitted under FASB ASC 95		revenue statement a	and balance sl	neet works	
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its reve	enue statement and	balance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,	
	provide the following amounts relating to these items:			•		
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$	
					\$	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB A			3		
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X				\$	

		(Form 990) 2021 TRUST M							45-32		Pa	age 2
Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other :	Similar	Assets	(continu	ıed)	
3	Using	the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make sigr	nificant u	se of its			
	collec	ction items (check all that apply):										
а	Щ	Public exhibition	C	; <u> </u>	Loan or exc	hange prograi	m					
b	Щ	Scholarly research	•	• 🔲 (Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatior	n's exemp	t purpos	se in Part	XIII.		
5		g the year, did the organization solicit o								_		_
		sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an or other intermed	diary for c	contributions	s or other asse	ets not ind	cluded		_		_
	on Fo	orm 990, Part X?							L	Yes		No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
										Amount		
С	Begin	nning balance						1c				
d	Addit	ions during the year						1d				
е	Distri	butions during the year						1e				
f		ng balance						1f				
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	ınt liability	?		Yes		No
b	If "Ye	s," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds. Complete		nswered	"Yes" on Fo	rm 990, Part I	IV, line 10					
			(a) Current year	(b) P	rior year	(c) Two years	s back (c	i) Three y	ears back	(e) Four	/ears	back
1a	Begir	nning of year balance										
b	Contr	ributions										
С	Net in	nvestment earnings, gains, and losses										
d	Grant	ts or scholarships										
е	Other	expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End c	of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a))) held as:						
а	Board	d designated or quasi-endowment		%								
b	Perm	anent endowment	%									
С	Term	endowment >	%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	ed for the	organiza	tion			
	by:										Yes	No
	(i) U	Inrelated organizations								3a(i)		
		lelated organizations								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		
4	Desci	ribe in Part XIII the intended uses of the										
Par	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value	e
			basis (investi	ment)	basis	(other)	depr	eciation				
1a	Land				44	0,125.				440	<u>, 1</u> 2	25.
		ings										
		ehold improvements										

3,989.

Schedule D (Form 990) 2021

440,125.

3,989.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 TRUST MONTAN	NA .	45-3204921	Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 000 Port IV line	11h Son Form 900 Part V 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 va	
(A) =	(b) Book value	(e) metred of valuation. Cook of one of year market va	
(1) Financial derivatives (2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	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 va	llue
(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.	5 000 B 1 N/ II	44.1.0 E 000 B 17.15 45	
Complete if the organization answered "Yes" o			
	Description	(b) Book valu	ue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	
	on Form 000 Dort IV line	110 or 11f Soo Form 000 Part V line 25	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	(b) Book value	
······································		(b) Book vaii	u e
(1) Federal income taxes			790

(3)

(4) (5) (6) (7) (8) (9)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

5,789.

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUST MONTANA

Employer identification number 45-3204921

Form 990, Part I, Line 1, Description of Organization Mission:
WORKFORCE HOUSING, FARMLAND AFFORDABILITY, AND THE PRESERVATION OF
VITAL COMMUNITY ASSETS THAT KEEP RURAL AND URBAN AREAS LIVABLE FOR
MONTANANS OF VARIED ECONOMIC MEANS.
Form 990, Part III, Line 4a, Program Service Accomplishments:
TRUST MONTANA PROVIDES THIS EDUCATION FREE OF CHARGE DUE TO GRANT
FUNDING SPECIFICALLY FOR THIS ACTIVITY. IN 2021 TRUST MONTANA
PROVIDED THIS EDUCATION TO LENDERS, TITLE AGENTS, PLANNERS, CITY AND
COUNTY OFFICIALS, ATTORNEYS AND APPRAISERS.
IN 2021, TRUST MONTANA HAS BEEN ABLE TO FUND THESE ACTIVITIES WITH
GRANTS FROM THE FOLLOWING ENTITIES:
MONTANA JUSTICE FOUNDATION
US CONFERENCE OF CATHOLIC BISHOPS
HIGH STAKES FOUNDATION
OP AND WE EDWARDS FOUNDATION
CLEARWATER CREDIT UNION
MJ MURDOCK CHARITABLE TRUST
LLEWELLYN FOUNDATION
Form 990, Part III, Line 4b, Program Service Accomplishments:
PARTNERS WITH NON-PROFIT DEVELOPERS TO HAVE THE HOMES BUILT, AND TAKES
ON THE LONG-TERM STEWARDSHIP OF THE HOMES ONCE THEY ARE SOLD TO ENSURE
THAT THE SUBSIDY INVESTED SERVES MULTIPLE GENERATIONS OF PEOPLE. TRUST

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 45-3204921 TRUST MONTANA MONTANA ARRANGES THE LAND TRANSFER INTO THE LLC, SUPPORTS THE HOME OWNERS OVER THE LONG-TERM, AND OVERSEES ALL RESALES TO NEW LOW INCOME BUYERS TO ENSURE THE HOMES REMAIN AFFORDABLE. CURRENT PARTNERS ARE HABITAT FOR HUMANITY OF GALLATIN VALLEY, HELENA AREA HABITAT FOR HUMANITY, THE RED LODGE AREA COMMUNITY FOUNDATION, , THE CITY OF HELENA, AND HOMEWORD INC. THE PROPERTIES OWNED BY AFFORDABLE LAND LLC ARE LOCATED IN THE FOLLOWING AREAS: RED LODGE WHERE AFFORDABLE LAND, LLC HOLDS THE LAND UNDER TWO THREE BEDROOM HOMES. THE FIRST HOME WAS SOLD TO ITS CURRENT OWNER BY HABITAT FOR HUMANITY OF RED LODGE BEFORE THE HABITAT AFFILIATE WAS DISSOLVED. THELAND UNDER THE HOME WAS TRANSFERRED TO TRUST MONTANA IN 2015. THE SECOND HOME WAS DEVELOPED AND SOLD BY RED LODGE AREA COMMUNITY FOUNDATION TO AN INCOME QUALIFIED BUYER. THESE PROPERTIES WERE TRNSFERRED INTO AFFORDABLE LAND LLC IN NOVEMBER OF 2019 2) MONTANA STREET HOMES IN MISSOULA. LOCATED ON MISSOULA MONTANA'S WEST SIDE, THIS PROJECT INCLUDES SIX SINGLE FAMILY HOMES AND A COMMUNITY GARDEN. FIVE TWO BEDROOM HOMES WERE DEVELOPED AND SOLD BY HOMEWORD, INC FOR \$120,000 EACH AND A ONE BEDROOM HOME SOLD FOR \$100,000. INDIVIDUALS WHO PURCHASED THE HOMES ENTERED INTO A LAND LEASE WITH AFFORDABLE LAND, LLC.. PURCHASERS MUST BE EARNING LESS THAN 80% OF AREA MEDIAN INCOME. $\,$ MEDIAN HOME PRICE IN MISSOULA WAS \$290,000 IN

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 45-3204921 TRUST MONTANA 2018. RESALE IS RESTRICTED TO QUALIFIED BUYERS AS WELL, KEEPING THE HOMES PERMANENTLY AFFORDABLE. 3) LIVINGSTON, WHERE LAND IS HELD UNDER ONE FOUR-BEDROOM HOME THAT WAS DEVELOPED BY HABITAT FOR HUMANITY OF GALLATIN VALLEY AND PURCHASED IN AUGUST OF 2019 BY AN INCOME QUALIFIED PERSON FOR \$165,000. HABITAT FOR HUMANITY HOUSING CLT, LLC WAS THE OWNER OF THE LAND BEFORE IT WAS TRANSFERRED INTO AFFORDABLE HOMES, LLC IN NOVEMBER OF 2019. UP TO FIFTEEN ADDITIONAL HOMESITES WILL BE TRANSFERRED TO AFFORDABLE HOMES LLC IN THIS AREA VIA LAND DONATIONS FROM HABITAT FOR HUMANITY OF GALLATIN VALLEY. 4) BELGRADE, WHERE AFFORDABLE LAND OWNS TWO PARCELS UNDER TWO HABITAT FOR HUMANITY HOMES WHICH ARE NOW STEWARDED AS PERMANENTLY AFFORDABLE. 5) BOZEMAN, WHERE AFFORDABLE LAND OWNS ONE PARCEL UNDER A HABITAT FOR HUMANITY BUILT HOME WHICH IS NOW STEWARDED AS PERMANENTLY AFFORDABLE. AFFORDABLE LAND LLC COLLECTS LEASE FEES FROM EACH HOUSHOLD IN THE AMOUNT OF \$25-\$30 PER MONTH. AFFORDABLE LAND LLC COLLECTS STEWARDSHIP FEES AT THE TIME OF HOME CLOSINGS IN THE AMOUNT OF \$1,000 TO \$2,000, AND PLACES THOSE FUNDS INTO A SAVINGS ACCOUNT TO ENSURE THAT FUTURE MAINTENANCE AND OTHER EXPENSES WILL BE COVERED. Form 990, Part VI, Section A, line 6:

TRUST MONTANA HAS NON-VOTING MEMBERS.

Schedule O (Form 990) 2021 Page **2**

Name of the organization TRUST MONTANA	Employer identification number 45-3204921
	13 3201921
Form 990, Part VI, Section B, line 11b:	
AN ELECTRONIC COPY OF THE 990 IS MADE AVAILABLE TO ALL BOA	ARD MEMBERS PRIOR
TO FILING	
Form 990, Part VI, Section B, Line 12c:	
BOARD MEMBERS AND EMPLOYEES ANNUALLY FILE CONFLICT OF INTE	EREST STATEMENTS
Form 990, Part VI, Section B, Line 15:	
BOARD OF DIRECTORS APPROVE ALL COMPENSATION	
Form 990, Part VI, Section C, Line 19:	
TRUST MONTANA'S GOVERNING DOCUMENTS AND CONFLICT OF INTERE	EST POLICY ARE
AVAILABLE ON TRUST MONTANA'S WEBSITE, TRUSTMONTANA.ORG	
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

OMB No. 1545-0047

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

Employer identification number Open to Public Inspection

45-3204921

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

TRUST MONTANA

Name of the organization

Part I

Direct controlling 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. TRUST MONTANA End-of-year assets Total income ਰ Legal domicile (state or foreign country) Montana Primary activity LAND TRUST Name, address, and EIN (if applicable) of disregarded entity MISSOULA, MT 59802 AFFORDABLE LAND LLC 117 WEST BROADWAY Part II

Section 512(b)(13) controlled entity?	No					
Section (cont	Yes					
(f) Direct controlling entity						
(e) Public charity status (if section	501(c)(3))					
(d) Exempt Code section						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of related organization						

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

Schedule R (Form 990) 2021

45-3204921

Page 2

Schedule R (Form 990) 2021 TRUST MONTANA

PartIII

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.

General or Percentage managing ownership 乏 managing partner? YesNo 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(g</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling | entity Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of related organization <u>(a</u>

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. Part IV

ļ			٥								
	(E)	Section 512(b)(13) controlled entity?	Yes No								
		9. <u>a</u>	<u>×</u>								
	Œ	Percentage ownership									
	(b)	Share of end-of-year									
	Œ	Share of total income									
	(e)	Type of entity (C corp, S corp,	or trust)								
	(p)	Direct controlling Type of entity (C corp, S corp,									
•	(၁)	Legal domicile (state or foreign	country)								
ing the tax year.	(q)	Primary activity									
Olganizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2021

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 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?	with one or more rela	ated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b X	
<u>(S</u>				10	×
Loans or loan quarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				1	×
					;
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				1g	×
Purchase of assets from related organiza				÷	×
				; =	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
1 area of facilities an inment or other seests from related organization(s)				÷	×
R Lease of Jacinities, equipment, of other assets from related organization (s. 1917)	(0)			≤ ;	4 >
Performance of services or membership or fundraising solicitations for related organization(s)	ilzation(s)			-	4
 m Performance of services or membership or fundraising solicitations by related organization(s) 	iization(s)			Ę	× :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uc			두	×
o Sharing of paid employees with related organization(s)				9	×
					;
p Reimbursement paid to related organization(s) for expenses				1	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				-	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete this	s line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) AFFORDABLE LAND, LLC	В	• 0	MARKET VALUE		
(2)					
(8)					
(4)					
(5)					
(9)					
132163 11-17-21			Schedule	Schedule R (Form 990) 2021	90) 2021

Page 4

TRUST MONTANA

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

Schedule R (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation			_		.0							tion, GO Zone
	Current Year Deduction	0.	0.	0.	0.	•0							lization Deduc
	Current Sec 179 Expense												nercial Revita
	Beginning Accumulated Depreciation					• 0							Bonus, Comr
	Basis For Depreciation					• 0							* ITC. Salvage. Bonus. Commercial Revitalization Deduction. GO Zone
	* Reduction In Basis	2,787.	327.	441.	434.	3,989.							*
	Section 179 Expense												
066	Bus % Excl												posed
	Unadjusted Cost Or Basis	2,787.	327.	441.	434.	3,989.							(D) - Asset disposed
	C Line No.	MQ17	MQ17	MQ17	MQ17								=
	Life	5.00	5.00	5.00	5.00								
	Method	200DB	200DB	200DB	200DE								
	Date Acquired	11/02/20	11/06/20	11/09/20	12/15/20								
Form 990 Page 10	Description	(3) MACBOOK AIR COMPUTERS	BROTHER PRINTER	MISC COMPUTER EQUIP	(2) OFFICE CHAIRS	* Total 990 Page 10 Depr							-01-21
Form 99	Asset No.	1	2	3	4								128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed