

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>MISSOULA ECONOMIC PARTNERSHIP</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 7457</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>MISSOULA, MT 59807</b><br><b>F</b> Name and address of principal officer: <b>GRANT KIER</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>27-3994460</b><br><b>E</b> Telephone number<br><b>406-541-6461</b><br><b>G</b> Gross receipts \$ <b>528,124.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |
| <b>J</b> Website: ▶ <b>WWW.MISSOULAPARTNERSHIP.COM</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>MT</b>   |

**Part I Summary**

|             |  |                                   |
|-------------|--|-----------------------------------|
| <b>1</b>    | Briefly describe the organization's mission or most significant activities: <b>SUPPORTING SUSTAINABLE BUSINESS GROWTH AND QUALITY JOB CREATION THROUGHOUT MISSOULA COUNTY.</b> |                                   |
| <b>2</b>    | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                   |
| <b>3</b>    | Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b> <b>20</b>                |
| <b>4</b>    | Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b> <b>20</b>                |
| <b>5</b>    | Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....   | <b>5</b> <b>6</b>                 |
| <b>6</b>    | Total number of volunteers (estimate if necessary) .....   | <b>6</b> <b>65</b>                |
| <b>7 a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b> <b>0.</b>               |
| <b>b</b>    | Net unrelated business taxable income from Form 990-T, line 38 .....   | <b>7b</b> <b>0.</b>               |
| <b>8</b>    | Contributions and grants (Part VIII, line 1h) .....  | <b>387,894.</b> <b>272,631.</b>   |
| <b>9</b>    | Program service revenue (Part VIII, line 2g) .....   | <b>308,256.</b> <b>240,562.</b>   |
| <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | <b>1,010.</b> <b>11,948.</b>      |
| <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | <b>2,669.</b> <b>2,983.</b>       |
| <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | <b>699,829.</b> <b>528,124.</b>   |
| <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | <b>0.</b> <b>0.</b>               |
| <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4) .....  | <b>0.</b> <b>0.</b>               |
| <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | <b>424,123.</b> <b>372,472.</b>   |
| <b>16 a</b> | Professional fundraising fees (Part IX, column (A), line 11e) .....  | <b>0.</b> <b>0.</b>               |
| <b>b</b>    | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>  |                                   |
| <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | <b>404,621.</b> <b>611,585.</b>   |
| <b>18</b>   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | <b>828,744.</b> <b>984,057.</b>   |
| <b>19</b>   | Revenue less expenses. Subtract line 18 from line 12 .....   | <b>-128,915.</b> <b>-455,933.</b> |
| <b>20</b>   | Total assets (Part X, line 16) .....   | <b>1,334,892.</b> <b>792,053.</b> |
| <b>21</b>   | Total liabilities (Part X, line 26) .....  | <b>122,157.</b> <b>35,251.</b>    |
| <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20 .....   | <b>1,212,735.</b> <b>756,802.</b> |

**Part II Signature Block**

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

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>GRANT KIER, PRESIDENT &amp; CEO</b><br>Type or print name and title  | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DREW RIEKER, CPA</b>   | Preparer's signature<br>Date<br>Check if self-employed <input type="checkbox"/> PTIN<br><b>P01372762</b> |
|                               | Firm's name ▶ <b>JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC</b><br>Firm's address ▶ <b>P.O. BOX 16237</b><br><b>MISSOULA, MT 59808</b> | Firm's EIN ▶ <b>81-0348775</b><br>Phone no. <b>406-549-4148</b>  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSOULA ECONOMIC PARTNERSHIP WORKS COLLABORATIVELY AND STRATEGICALLY TO FACILITATE INCREASED PROSPERITY THROUGH BUSINESS DEVELOPMENT WHILE ENHANCING THE BUSINESS ENVIRONMENT AND QUALITY OF LIFE IN OUR COMMUNITY.

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

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

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 \$ including grants of \$ ) (Revenue \$ )

BUSINESS RETENTION AND EXPANSION (BRE) PROGRAM: THE MISSOULA ECONOMIC PARTNERSHIP'S (MEP) BUSINESS RETENTION AND EXPANSION PROGRAM SUPPORTS MISSOULA'S EXISTING BUSINESSES IN SUCCESSFULLY ADDING JOBS THAT PAY ABOVE THE CURRENT MEDIAN WAGE. MEP MET WITH 50 AREA BUSINESSES TO IDENTIFY WAYS TO SUPPORT THEIR GROWTH. IN PARTNERSHIP WITH MISSOULA COUNTY, MEP ADMINISTERED THE BIG SKY ECONOMIC DEVELOPMENT TRUST FUND JOB CREATION GRANT PROGRAM TO ASSIST COMPANIES WITH THE DEVELOPMENT OF HIGH WAGE JOBS. IN FY 2019, MEP SECURED \$1,417,800 IN GRANTS TO SUPPORT 192 JOBS CREATED AT EIGHT MISSOULA COMPANIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

BUSINESS ATTRACTION PROGRAM: MEP WORKS WITH KEY STRATEGIC PARTNERS TO ATTRACT NEW BUSINESSES TO MISSOULA. IN FISCAL YEAR 2019, MEP SUCCESSFULLY SUPPORTED BEDROCK, AN OUTDOOR FOOTWEAR MANUFACTURER, IN SELECTING MISSOULA TO BE THE SITE OF ITS HEADQUARTER OFFICES. BUSINESS ATTRACTION SUCCESSES BENEFIT NOT ONLY THE EMPLOYEES WHO SECURE HIGH-WAGE JOBS, BUT ALL OF MISSOULA. HIGHER WAGES FOR MISSOULA'S WORKFORCE MEAN MORE EXPENDABLE INCOME AND AN INCREASE IN CAPITAL SPENDING AT MISSOULA BUSINESSES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

BIOSCIENCE CLUSTER TALENT DEVELOPMENT: THE MONTANA BIOSCIENCE CLUSTER INITIATIVE IS A MULTIDIMENSIONAL PROGRAM COMPRISED OF STAKEHOLDERS FROM THE PRIVATE SECTOR, UNIVERSITY OF MONTANA, MISSOULA ECONOMIC PARTNERSHIP, TRADE ASSOCIATIONS, AND OTHERS TO PROVIDE TECHNICAL ASSISTANCE SUPPORT, TRAINING, AND MENTORING TO NEW AND ESTABLISHED BIOSCIENCE BUSINESSES, ENTREPRENEURS, AND STUDENTS. MEP HAS TAKEN THE LEAD ON A TALENT DEVELOPMENT COMPONENT THAT WE HOPE TO REPLICATE ACROSS INDUSTRIES IN THE FUTURE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  |     | X  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 cover various reporting requirements for grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>2a</b>  | 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  |     |    |
|  | 2a   |     | 6  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |     |    |
| <b>4a</b>  | 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)? |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | 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?                                    |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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?  |     |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     | 7d |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |
| <b>15</b>  | 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?   |     | X  |
| If "Yes," see instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |     | X  |
| If "Yes," complete Form 4720, Schedule O.  |  |     |    |

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 20   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 20   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JCCS, P.C. - 406-549-4148**  
**2620 CONNERY WAY, MISSOULA, MT 59808**

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

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

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

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

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DEBBIE JOHNSTON<br>CHAIRMAN                | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JASON WILLIAMS<br>VICE CHAIR               | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) DEAN FRENCH<br>TREASURER                   | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) SUE WILLIAMS<br>SECRETARY                  | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) JOHN ENGEN<br>DIRECTOR AT-LARGE            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) SCOTT BURKE<br>DIRECTOR AT-LARGE           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) DAVE STROHMAIER<br>DIRECTOR                | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) ANNE LISE HEDAHL<br>DIRECTOR               | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) DIRK VISSER<br>DIRECTOR                    | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) JASON RICE<br>DIRECTOR                    | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JEFF FEE<br>DIRECTOR                      | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) SETH BODNAR<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) TOM SEVERSON<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) BRYAN VON LOSSBERG<br>EX-OFFICIO DIRECTOR | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) DOUG JACKSON<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) KEVIN DAVIS<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) JACK LAWSON<br>DIRECTOR                   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) JOYCE DOMBROUSKI<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) MARK HAYDEN<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) PAUL GLADEN<br>EX-OFFICIO DIRECTOR                              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) GEORGE LAMBROS<br>DIRECTOR EMERITUS                             | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) MARK THANE<br>EX-OFFICIO DIRECTOR                               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) AMBER SHERRILL<br>DIRECTOR                                      | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) JEAN CURTISS<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) COLA ROWLEY<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) WENDY KOSTER<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 108,145.   | 0.  | 14,444.   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 108,145.   | 0.  | 14,444.   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|   |   |   | (A)<br>Total revenue        | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |      |
|---|---|---|-----------------------------|---|---|--|------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                             |   |   |  |      |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                             |   |   |  |      |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                             |   |   |  |      |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                             |   |   |  |      |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                             |   |   |  |      |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b> 272,631.  |                             |   |   |  |      |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                             |   |   |  |      |
|   | <b>h Total.</b> Add lines 1a-1f   |   | 272,631.                    |   |   |  |      |
|   | <b>Program Service Revenue</b>  | <b>2 a</b> <u>CONTRACT REVENUE</u>  | <b>Business Code</b> 900099 | 175,048.  | 175,048.                                |  |      |
| <b>b</b> <u>GRANT MANAGEMENT FEE R</u>                            |   | 900099  | 65,514.                     | 65,514.   |   |  |      |
| <b>c</b>  |   |   |                             |   |   |  |      |
| <b>d</b>  |   |   |                             |   |   |  |      |
| <b>e</b>  |   |   |                             |   |   |  |      |
| <b>f</b> All other program service revenue                        |   | 900099  |                             |   |   |  |      |
| <b>g Total.</b> Add lines 2a-2f                                   |   |   | 240,562.                    |   |   |  |      |
| <b>Other Revenue</b>  |   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |                             | 948.  |   |  | 948. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                             |   |   |  |      |
|   | <b>5</b> Royalties  |   |                             |   |   |  |      |
|   | <b>6 a</b> Gross rents  | (i) Real  |                             |   |   |  |      |
|   |   | (ii) Personal   |                             |   |   |  |      |
|   |   | <b>b</b> Less: rental expenses  |                             |   |   |  |      |
|   |   | <b>c</b> Rental income or (loss)  |                             |   |   |  |      |
|   | <b>d</b> Net rental income or (loss)  |   |                             |   |   |  |      |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |                             |   |   |  |      |
|   |   | (ii) Other  | 11,000.                     |   |   |  |      |
|   |   | <b>b</b> Less: cost or other basis and sales expenses                                 |                             |   |   |  |      |
|   |   | <b>c</b> Gain or (loss)   | 11,000.                     |   |   |  |      |
|   | <b>d</b> Net gain or (loss)   |   | 11,000.                     |   |   | 11,000.  |      |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                             |   |   |  |      |
|   |   | <b>b</b> Less: direct expenses  |                             |   |   |  |      |
|   |   | <b>c</b> Net income or (loss) from fundraising events                                 |                             |   |   |  |      |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                             |   |   |  |      |
|   |   | <b>b</b> Less: direct expenses  |                             |   |   |  |      |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                             |   |   |  |      |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   |                             |   |   |  |      |
|   | <b>b</b> Less: cost of goods sold   |   |                             |   |   |  |      |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                             |   |   |  |      |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>  |                             |   |   |  |      |
| <b>11 a</b> <u>MISCELLANEOUS REVENUE</u>                          | 900099  | 2,983.  | 2,983.                      |   |   |  |      |
| <b>b</b>  |   |   |                             |   |   |  |      |
| <b>c</b>  |   |   |                             |   |   |  |      |
| <b>d</b> All other revenue  |   |   |                             |   |   |  |      |
| <b>e Total.</b> Add lines 11a-11d                                 |   | 2,983.  |                             |   |   |  |      |
| <b>12 Total revenue.</b> See instructions                         |   | 528,124.  | 243,545.                    | 0.  | 11,948.                                 |  |      |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 106,030.              |                                 |  |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 209,336.              |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits .....   | 28,514.               |                                 |  |                             |
| 10 Payroll taxes .....  | 28,592.               |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  | 22,150.               |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 37,292.               |                                 |  |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 8,000.                |                                 |  |                             |
| 12 Advertising and promotion .....  | 14,643.               |                                 |  |                             |
| 13 Office expenses .....  | 5,566.                |                                 |  |                             |
| 14 Information technology .....   | 6,000.                |                                 |  |                             |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 22,466.               |                                 |  |                             |
| 17 Travel .....   | 10,263.               |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   |                       |                                 |  |                             |
| 20 Interest .....   | 1,421.                |                                 |  |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 1,947.                |                                 |  |                             |
| 23 Insurance .....  | 5,366.                |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>AIRPORT MINIMUM REVENUE</b>  | 400,000.              |                                 |  |                             |
| b <b>BAD DEBT</b>   | 37,264.               |                                 |  |                             |
| c <b>MISCELLANEOUS EXPENSE</b>  | 16,576.               |                                 |  |                             |
| d <b>OTHER PROGRAM RELATED E</b>  | 15,152.               |                                 |  |                             |
| e All other expenses .....  | 7,479.                |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 984,057.              |                                 |  |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|                                    |  | (A)<br>Beginning of year  |            | (B)<br>End of year |          |
|------------------------------------|--|---|------------|--------------------|----------|
| <b>Assets</b>                      | 1  | Cash - non-interest-bearing   | 261,673.   | 1                  | 79,965.  |
|                                    | 2  | Savings and temporary cash investments  |            | 2                  |          |
|                                    | 3  | Pledges and grants receivable, net  | 1,017,472. | 3                  | 672,105. |
|                                    | 4  | Accounts receivable, net  | 51,326.    | 4                  | 28,197.  |
|                                    | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |            | 5                  |          |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |            | 6                  |          |
|                                    | 7  | Notes and loans receivable, net   |            | 7                  |          |
|                                    | 8  | Inventories for sale or use   |            | 8                  |          |
|                                    | 9  | Prepaid expenses and deferred charges   | 1,597.     | 9                  | 354.     |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 135,453.   | 10a                |          |
|                                    | b  | Less: accumulated depreciation  | 128,121.   | 10b                |          |
|                                    |  |   | 2,824.     | 10c                | 7,332.   |
|                                    | 11   | Investments - publicly traded securities  |            | 11                 |          |
|                                    | 12   | Investments - other securities. See Part IV, line 11  |            | 12                 |          |
|                                    | 13   | Investments - program-related. See Part IV, line 11   |            | 13                 |          |
|                                    | 14   | Intangible assets   |            | 14                 |          |
| 15                                 | Other assets. See Part IV, line 11   |   | 15         | 4,100.             |          |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 1,334,892.  | 16         | 792,053.           |          |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 43,872.    | 17                 | 35,251.  |
|                                    | 18   | Grants payable  |            | 18                 |          |
|                                    | 19   | Deferred revenue  |            | 19                 |          |
|                                    | 20   | Tax-exempt bond liabilities   |            | 20                 |          |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |            | 21                 |          |
|                                    | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |            | 22                 |          |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  | 508.       | 23                 |          |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  | 50,000.    | 24                 |          |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 27,777.    | 25                 | 0.       |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 122,157.   | 26                 | 35,251.  |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |            |                    |          |
|                                    | 27   | Unrestricted net assets   | -59,737.   | 27                 | 84,697.  |
|                                    | 28   | Temporarily restricted net assets   | 1,272,472. | 28                 | 672,105. |
|                                    | 29   | Permanently restricted net assets   |            | 29                 |          |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |            |                    |          |
|                                    | 30   | Capital stock or trust principal, or current funds  |            | 30                 |          |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |            | 31                 |          |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |            | 32                 |          |
| 33                                 | <b>Total net assets or fund balances</b>   | 1,212,735.  | 33         | 756,802.           |          |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 1,334,892.  | 34         | 792,053.           |          |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 528,124.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 984,057.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -455,933.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 1,212,735. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 756,802.   |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**MISSOULA ECONOMIC PARTNERSHIP**

Employer identification number

**27-3994460**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

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**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**MISSOULA ECONOMIC PARTNERSHIP****27-3994460****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | N/A                               | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | N/A                               | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | N/A                               | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | N/A                               | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | N/A                               | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | N/A                               | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

**MISSOULA ECONOMIC PARTNERSHIP****27-3994460****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A                               | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | N/A                               | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>MISSOULA ECONOMIC PARTNERSHIP</b> | Employer identification number<br><br><b>27-3994460</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><b>MISSOULA ECONOMIC PARTNERSHIP</b> | Employer identification number<br><b>27-3994460</b> |
|--|---|

**Part III** 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 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 Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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

2018

Open to Public Inspection

Name of the organization

MISSOULA ECONOMIC PARTNERSHIP

Employer identification number

27-3994460

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 135,453.                        | 128,121.                     | 7,332.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 7,332.         |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

MISSOULA ECONOMIC PARTNERSHIP

Employer identification number

27-3994460

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

OPPORTUNITY ZONE:

IN APRIL OF THIS YEAR, MISSOULA ECONOMIC PARTNERSHIP COLLABORATED WITH  
BROADER IMPACTS GROUP TO INITIATE A COMMUNITY CONVERSATION ADDRESSING  
THE POTENTIAL OF MISSOULA'S OPPORTUNITY ZONE. AS A STRATEGIC  
INITIATIVE, MEP WILL CONTINUE TO MAXIMIZE THE POTENTIAL OF MISSOULA'S  
OPPORTUNITY ZONE BY ENGAGING DIFFERENT SECTORS, STAKEHOLDERS, AND THE  
PUBLIC TO LEVERAGE COLLECTIVE ASSETS AND ALIGN COLLECTIVE DECISIONS TO  
SPUR INVESTMENT IN MISSOULA AND ADVANCE COMMUNITY GOALS.

TAKE FLIGHT MISSOULA:

MEP COMPLETED THE FUNDRAISING FOR AND PAYMENT OF THE AIRLINE REVENUE  
GUARANTEE THAT SECURED AMERICAN AIRLINES'S NEW SERVICE OUT OF MISSOULA  
INTERNATIONAL AIRPORT (MSO). IN THE FIRST YEAR OF THE NEW SERVICE, THE  
\$1 MILLION REVENUE GUARANTEE RESULTED IN A SAVINGS OF \$14 MILLION IN  
FARE SAVINGS FOR MSO PASSENGERS AND MISSOULA HAVING THE LOWEST AVERAGE  
AIRFARE OF ANY MONTANA AIRPORT.

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

THE TREASURER AND CEO REVIEW THE FORM 990 AND A COPY IS MADE AVAILABLE TO  
THE BOARD PRIOR TO FILING.

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

THE ORGANIZATION DISCLOSES AND ENFORCES COMPLIANCE WITH THE CONFLICT OF  
INTEREST POLICY.

Name of the organization

MISSOULA ECONOMIC PARTNERSHIP

Employer identification number

27-3994460

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

AN INDEPENDENT CONSULTING FIRM CONDUCTED THE COMPENSATION SURVEY AND HELPED DETERMINE THE CEO'S COMPENSATION PACKAGE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST.

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

MEP'S BYLAWS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII, LINE 1F

MEP IS GRATEFUL FOR THE INVESTMENT AND PARTNERSHIP WITH MISSOULA COUNTY AND THE CITY OF MISSOULA. DURING FISCAL YEAR 2019, MEP RECOGNIZED REVENUE OF \$100,000 FROM THE CITY OF MISSOULA AND \$50,000 FROM MISSOULA COUNTY TO SUPPORT MEP'S PROGRAM SERVICES DESCRIBED IN PART III OF FORM 990.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

|  |   | Enter filer's identifying number                             |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>MISSOULA ECONOMIC PARTNERSHIP</b>                 | Employer identification number (EIN) or<br><b>27-3994460</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 7457</b>                          | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MISSOULA, MT 59807</b> |  |

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

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

**JCCS, P.C.**

- The books are in the care of ▶ **2620 CONNERY WAY - MISSOULA, MT 59808**  
Telephone No. ▶ **406-549-4148** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until   **MAY 15, 2020**  , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning   **JUL 1, 2018**  , and ending   **JUN 30, 2019**  .

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

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

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

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

MISSOULA ECONOMIC PARTNERSHIP

27-3994460

Name and title of officer

GRANT KIER
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance Due). Includes handwritten amounts like 528,124.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize JUNKERMIER, CLARK, CAMPANELLA, STEVENS PC to enter my PIN 22404. Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date June 16, 2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81044801040
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 6/16/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So