#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990

and ending

Open to Public

B Check if applicable: C Name of organization D Employer identification number Address change MONTANA NONPROFIT ASSOCIATION Name change 73-1654969 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated P. O. BOX 1744 406-449-3717 Amended return 634. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-HÉLENA, MT 59624 H(a) Is this a group return F Name and address of principal officer: ELI ZABETH MOORE pendina for subordinates? ~ ~ P. O. BOX 1744, HELENA 59624 H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ( ) § (insert no.) If "No," attach a list. (see instructions) WWW. MTNONPROFI T. ORG H(c) Group exemption number X Corporation K Form of organization: Other Year of formation: 2001 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: THE MONTANA NONPROFIT ASSOCIATION (MNA) IS BASED ON A BELI EF THAT A STRONG AND VIBRANT Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) ~~~~ 14 Number of independent voting members of the governing body (Part VI, line 1b) ~~~~~ Activities & 6 5 59 0. Ο. b Net unrelated business taxable income from Form 990-T. line 34 Prior Year **Current Year** 206, 903. 283, 377. Contributions and grants (Part VIII, line 1h) ~~~~~~ Revenue 350, 532. 344, 407. 507. 578. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~ 513. Ο. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~~~~~ 552, 401. 634. 416. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0.  $\cap$ 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~ O. 0. 311, 216. 312, 907. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~ 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ **b** Total fundraising expenses (Part IX, column (D), line 25) 277, 448. 254, 084 588, 664 566, 991 -36, 263. 67, 425. 19 Revenue less expenses. Subtract line 18 from line 12 ..... Assets or Balances **Beginning of Current Year** End of Year 351, 224. 425, 992. 20 Total assets (Part X, line 16) ~ 94, 538 101, 882. 21 Total liabilities (Part X, line 26) ~~~~ 256, 686. 324, 110. Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Sign ELI ZABETH MOORE, EXECUTI VE DI RECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature NATHAN D. MCCARTHY. CPA 06/27/ P00368408 Paid P. C 81-0272932 GALUSHA, HIGGINS & GALUSHA Preparer Firm's EIN () Firm's name P. O. BOX 1699 Use Only Firm's address ( Phone no. (406) HELENA, MT 59624-1699 442-5520 X <sub>ves</sub> May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MONTANA NONPROFIT ASSOCIATION (MNA) IS BASED ON A BELIEF THAT A
	STRONG AND VIBRANT NONPROFIT SECTOR IS ESSENTIAL TO MONTANA'S VITALITY
	AND LIVABILITY, MNA® MISSION IS TO PROVIDE LEADERSHIP TO MONTANA®
	NONPROFIT SECTOR, AND PARTNER WITH CHARITABLE NONPROFITS TO CREATE A
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?~~~~~ \text{Ves} \text{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 \$314, 106. including grants of \$) (Revenue \$149, 919.
	PROFESSI ÓNAL AND ORGANI ZATI ONAL DEVELOPMENT (POD): ÍN 2013, 1126
	NONPROFIT LEADERS FROM ACROSS MONTANA PARTICIPATED IN ONE OF MNA'S 32
	TRAINING EVENTS AND THE ANNUAL CONFERENCE. MNA LED THE IMPLEMENTATION
	OF MONTANA'S FIRST NONPROFIT LEADERSHIP DEVELOPMENT COHORT PROGRAM AND
	SERVED ONE OF THE MOST RURAL AREAS OF MONTANA BY OFFERING A FIVE-PART
	NONPROFIT MANAGEMENT SERIES IN EASTERN MONTANA. MNA® PRINCIPLES AND
	PRACTICES FOR NONPROFIT EXCELLENCESERVE AS THE FOUNDATION FOR OUR POD
	PROGRAM WHICH IS SUPPORTED BY A BROAD ARRAY OF IMPLEMENTATION RESOURCES
	INCLUDING SELF-HELP TOOLS, ONE-ON-ONE TECHNICAL ASSISTANCE, TRAINING
	AND EDUCATIONAL
	OPPORTUNI TI ES, CONFERENCES AND MORE.
4b	(Code:) (Expenses \$117, 883. including grants of \$) (Revenue \$119, 852.
46	MEMBERSHI P/COMMUNI CATIONS: THROUGH ITS 630 NONPROFIT MEMBERS, MNA
	BRINGS VISIBILITY, VOICE AND COHESIVENESS TO MONTANA® NONPROFIT
	SECTOR. ON BEHALF OF ITS MEMBERS, MNA DEEPENS THE GENERAL PUBLIC®
	AWARENESSAND UNDERSTANDING OF NONPROFITS IN MONTANA THROUGH PUBLISHED
	RESEARCH: IN 2013 MNA PUBLISHED THE MONTANA NONPROFIT SECTOR REPORT
	DETAILING THE ECONOMIC IMPACT OF CHARITABLE NONPROFITS. MNAS
	E-NEWSLETTER IS DISTRIBUTED TO ALMOST 4000 NONPROFIT CONTACTS, ENSURING
	THAT THAT TIMELY AND USEFUL NONPROFIT INFORMATION IS DISSEMINATED
	ACROSS THE MNA NETWORK . MNA INFORMS AND ENGAGES NONPROFITS IN ADVOCACY
	ON BROAD, SECTOR-WIDE ISSUES THAT IMPACT THEM.
	en brendy ded for in be reeded from the from
1-	(Code:) (Expenses \$46, 192including grants of \$) (Revenue \$79, 074)
4c	(Code:) (Expenses \$
	\$800,000 ON ADMINISTRATIVE COSTS THROUGH FIFTEEN DIFFERENT GROUP BUYING
	PRODUCTS AND SERVICES. NEGOTIATES AND SECURES AFFORDABLE PRODUCTS AND
	SERVICES SO THAT MNA MEMBERS CAN DIRECT MORE RESOURCES TOWARDS MISSION
	RELATED WORK. MNAØ GROUP BUYING PROGRAMS INCLUDE HEALTH INSURANCE,
	DIRECTORS AND OFFICERS INSURANCE, PROPERTY AND CASUALTY INSURANCE,
	TELECONFERENCING, OFFICE SUPPLIES, JOB POSTINGS, BACKGROUND CHECKS AND
	MORE.
4.2	Other was grown comities (Describe in Cohedule O.)
40	Other program services (Describe in Schedule O.) (Expenses \$ 27, 281. including grants of \$ ) (Revenue \$ 1, 687.)
46	(Expenses \$ 27, 201. including grants of \$ ) (Revenue \$ 1, 007.)  Total program service expenses   505, 462.

## Form 990 (2013) MONTANA NONP Part IV Checklist of Required Schedules

		_	yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.			Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	- 8		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~ ~	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X \sim \infty$	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~~~~~~	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	145		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		Х
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			X
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_	000	10010

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~~~ 1a 11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~~ 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~~~ 2a 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e^{-file}$ (see instructions) $\sim \sim \sim$			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<b>—</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			V
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~ ~ ~ ~ ~ ~ ~ ~ ~	4a		Х
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?~~~~~~~~~~	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible as charitable contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6a		$\stackrel{\wedge}{=}$
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	/ h		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
Ŭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~~~	7e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9a		<b>-</b>
	Did the organization make a distribution to a donor, donor advisor, or related person? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~ 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ \tag{10b}			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form,1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
С	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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					LX.
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~~	1a		14		
	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.					
h	Enter the number of voting members included in line 1a, above, who are independent ~~~~~~	1b		14		
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other			
2	officer, director, trustee, or key employee? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ip with	arry other	~ 2		Х
_				~   -2	+	<del>  ^</del>
3	Did the organization delegate control over management duties customarily performed by or under the					X
	of officers, directors, or trustees, or key employees to a management company or other person? ~ ~				+	X
4	$\label{thm:condition}  Did the organization make any significant changes to its governing documents since the prior Form \\$				1	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	~ ~ ~ ~ ~ ~ ~ ~	~ 5	- V	<del>  ^-</del>
6	Did the organization have members or stockholders? $\sim \sim \sim$			~ 6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		,,	
	more members of the governing body?	~ ~ ~	~~~~~~	~ <u>7a</u>	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?	~ ~ ~	~~~~~~	~ 7b	X	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. ~ ~ ~	~~~~~~	~ 8a	Х	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
,	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrica	at the	9		X
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal R	Pevenu	e Code.)	/	_	
<u> </u>	tion B. Foncies				Yes	No
100	Did the organization have local chapters, branches, or affiliates? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			~ 10a		X
				~ 102	4	<del>                                     </del>
D	If "Yes," did the organization have written policies and procedures governing the activities of such or			401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				1/	$\vdash$
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bero	re filing the form	? <b>11</b> a	4^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				4 1/	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			~ 12b	, X	├──
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done					<u> </u>
13	Did the organization have a written whistleblower policy?	~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~	~ 13		<u> </u>
14	Did the organization have a written document retention and destruction policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~	~~~~~~~	~ 14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official	~ ~ ~	~~~~~~~	~ <u>15a</u>		
b	Other officers or key employees of the organization			~ 15b	, X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
-	taxable entity during the year?			~ 16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati		•			
	exempt status with respect to such arrangements?			16b		
Sac	tion C. Disclosure			101		
	NONE					
17	List the states with which a copy of this Form 440 is required to be filed 3	T /C = -	ion F01/a\/a\ -	shall see - !!	hla	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	ion 501(c)(3)s or	ııy) availa	inie	
	for public inspection. Indicate how you made these available. Check all that apply.	in C-	hadula (1)			
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy	, and fina	ancial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the orga	nization:	l	
	ELIZABETH MOORE, EXECUTIVE DIRECTOR - 406-449-3717					
	432 N. LAST CHANCE GULCH, SUITE E, HELENA, MT 596	OT				

#### 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	n nor any related	orga	aniza	ition	cor	npei	nsat	ted any current officer.	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson is both an director/trustee)			compensation	compensation	amount of
	week	-	CCI UII		110010	171143	100)	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or o	stee			nsate		(W-2/1099-MISC)	(00-2/1077-101130)	organization
	organizations	trust	Institutional trustee		)yee	Highest compensated employee		(11 2/10 / / 111100)		and related
	below	Individual t	tutior	er	Key employee	loyee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) RUSS CARGO	2. 00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(2) ANDREA DAVIS	2. 00							_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(3) MARY PETERSON	2. 00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) JIM LAWRENCE	2. 00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) JONO MCKINNEY	2. 00	١.,								_
IMMEDIATE PAST CHAIR		Х	_	Х	L			0.	0.	0.
(6) KELLY BRUGGEMAN	2. 00									
DIRECTOR	0.00	Х	_		_			0.	0.	0.
(7) CAROL CONDON	2. 00									
DIRECTOR		Х	_		_			0.	0.	0.
(8) DEE INCORONATE	2. 00									
DI RECTOR	2.00	Х	_		<u> </u>		_	0.	0.	0.
(9) BRODIE MOLL	2. 00	,								
DI RECTOR	2. 00	Х	_		_		_	0.	0.	0.
(10) ALDAN MYHRE DIRECTOR	2.00	X						0.	0.	Ο.
(11) C.B. PEARSON	2. 00	^	$\vdash$		$\vdash$	-	_	0.	0.	0.
DIRECTOR	2.00	X						0.	0.	Ο.
(12) DEEANN RICHARDSON	2. 00	├^	$\vdash$	$\vdash$	$\vdash$		_	0.	0.	0.
DI RECTOR	2.00	X						О.	0.	Ο.
(13) PAUL TUSS	2. 00	<u> </u>	$\vdash$		$\vdash$		_	0.	0.	0.
DIRECTOR	2.00	X						О.	0.	Ο.
(14) DAWN WRIGG	2. 00	<del>  ^</del>	$\vdash$		$\vdash$			0.	0.	<u> </u>
DIRECTOR	2.00	X						Ο.	0.	Ο.
(15) ELIZABETH MOORE	40. 00	<u> </u>						0.	<u> </u>	<u> </u>
EXECUTIVE DIRECTOR	10100	1		Х				66, 111.	0.	6, 215.
		T		Ė					0.	-,
		1								
		T								
		1								
	<u> </u>	•				•		•		

Form **990** (2013) 332007 10-29-13

(A) Name and title    Average   Position   Condition check more than one hours per week (list any hours for related organizations below line)   Description   Description	Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	and	iH b	ghe	st C	compensated Employee	es (continued)			
1b Sub-total   66, 111.   0.   6, 215.   c Total from continuation sheets to Part VII, Section A   0.   0.   0.   0.   d Total (add lines 1h and 1c)   0.   6, 215.   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 list any former citizer, director, or insistee, key employee, or highest compensated employee on line 1a? If "Piss," complete Schedule J for such individual   1	(A)	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					one n an tee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensatior from related organizations	,	Estima amour othe compen	ated nt of er sation
c Total from continuation sheets to Part VII, Section A O. 6. 0. 0. 6. 215.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ilst any former officer, director, or trustee, key employee, or highest compensated employee on line 1a "Fe's"   No    Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   4		organizations below	Individual trustee o	Institutional truste	Officer	Key employee	Highest compensa employee	Former	(W-2/1099-MISC)			and rel	ated
c Total from continuation sheets to Part VII, Section A O.													
c Total from continuation sheets to Part VII, Section A O.													
c Total from continuation sheets to Part VII, Section A O.													
c Total from continuation sheets to Part VII, Section A O.													
c Total from continuation sheets to Part VII, Section A O. 6. 0. 0. 6. 215.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ilst any former officer, director, or trustee, key employee, or highest compensated employee on line 1a "Fe's"   No    Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   4													
c Total from continuation sheets to Part VII, Section A O. 6. 0. 0. 6. 215.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ilst any former officer, director, or trustee, key employee, or highest compensated employee on line 1a "Fe's"   No    Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.   4													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   X  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? If "Yes," complete Schedule J for such individual   X  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   S  Section B. Independent Contractors  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)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	c Total from continuation sheets to Part V	II, Section A	~ ~ ~	~ ~ ~	- ~ ~	- ~ -	~ ~	   	0.		Ο.		0.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	_	ot limited to th	iose	liste	ed al	OOV	e) wł	no re	eceived more than \$100	,000 of reportable	e	I Ves	0 8
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	line 1a? If "Yes," complete Schedule J for s	such individual	~ ~	~ ~ ~	~ ~	- ~ -	~ ~	~ ~	~~~~~~~~	~~~~~~~	· ~ [		
rendered to the organization? If "Yes," complete Schedule J for such person	and related organizations greater than \$15	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J 1	for such individual ~	~~~~~~	· ~	4	X
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) (B) (C)  Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If "Yes," con											5	X
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest co	•									pensa	ation from	
•	(A) Name and business	address	NC	ONE	<u> </u>			_		ervices	C		ion
•													
•													
•													
		-	ot lir	mite	d to			stec	I above) who received m	nore than			

Form 990 (2013) MONTANA
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			<u></u>
			·	, and the second	(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D) Revenue excluded
					Total revenue	exempt function	business	from tax under sections 512 - 514
S S						revenue	revenue	512 - 514
ant		Federated campaigns ~~~~	1 1					
يَ ق		Membership dues ~~~~~~	1 1					
ifts r A		Fundraising events ~~~~~~	1 1					
nia G		Related organizations ~~~~~	1 1					
Sin		Government grants (contributions						
it je	f	All other contributions, gifts, grants, a	1 1	283, 377.				
gi		similar amounts not included above		7, 500.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-			283, 377.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code	2007 077.			
به	2 a	MEMBERSHIP DUES		611430	122, 427.	122, 427.		
Š	2 a b	DI CCOUNT DDODUCT	FEES	611430	85, 566.	85, 566.		
Se	C	TDALNING & CONE I		611430	84, 039.	84, 039.		
am	d	ANNUAL CONFEDENCE		611430	58, 500.	58, 500.		
Program Service Revenue	e				-			
₽		All other program service revenue	9~~~~					
$\Box$		Total. Add lines 2a-2f			350, 532.			
	3	Investment income (including div	idends, intere	est, and				
		other similar amounts)~~~~~~	~~~~~	~~~~	507.			507.
	4	Income from investment of tax-ex	kempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents ~~~~~						
	b	Less: rental expenses ~ ~ ~						
	С	Rental income or (loss) ~~						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses ~~~						
		Gain or (loss) ~~~~~~						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising ev	•					
Ver		including \$						
Re		contributions reported on line 1c)						
Other Reve		Part IV, line 18 ~~~~~~~						
ŏ		Less: direct expenses ~ ~ ~ ~ ~ ~						
		Net income or (loss) from fundrais	•					
	9 a	Gross income from gaming activi Part IV, line 19 ~~~~~~~						
	h	Less: direct expenses ~~~~						
		Net income or (loss) from gaming						
		Gross sales of inventory, less retu						
	10 a	and allowances ~ ~ ~ ~ ~ ~ ~ ~						
	h	Less: cost of goods sold ~~~						
		Net income or (loss) from sales of						
1		Miscellaneous Revenue	-					
	11 a	Wiscolaricods Revenue		1				
	b			1				
	С			I I				
		All other revenue ~~~~~~~						
		Total. Add lines 11a-11d ~~~~						
				: 1	634 416	350 532	$\circ$	507

#### 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 **(D)** Fundraising (A) (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. <u>generăl expenses</u> expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ~ Benefits paid to or for members ~ ~ ~ ~ ~ ~ ~ Compensation of current officers, directors, 56, 549. 4, 394 66, 111. 5, 168. trustees, and key employees ~~~~~ Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~~ 190, 934. 14, 926. 163, 317. 12, 691. Other salaries and wages ~~~~~~~~~~~ Pension plan accruals and contributions (include 629 740. 9, 463, 8,094 section 401(k) and 403(b) employer contributions) 27, 775. 23, 758. 1, 846. 2, 171. 18, 624. 15, 930. 1, 238. 1, 456. Payroll taxes ~~~~~~~~~~ 10 11 Fees for services (non-employees): a Management ~~~~~~~~~~ 14, 058. 12, 679. 605 774. Accounting ~~~~~~~~~~ Lobbying ~~~~~~~~~~~~~~~~ Professional fundraising services. See Part IV, line 17 Investment management fees ~ ~ ~ ~ ~ ~ ~ ~ f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ~~~~~~~ 12 1, 112. 34, 249. 32, 238. 899. Office expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ 13 14 Information technology ~~~~~~~ 15 24, 708. 21, 380. 1, 640. 1, 688. 16 Occupancy ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 25, 869. 24, 426. 963. 480. Travel ~~~~~~~~~~ 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 4, 624. 6, 901. 385. - 2, 662. 19 Conferences, conventions, and meetings ~~ 20 21 379. 4, 219. 3, 521. 319 22 Depreciation, depletion, and amortization ~~ 1, 536. 1, 135. 346. 55. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 3, 120. 107, 079. 103, 537. 422. CONTRACTED SERVICES 1, 274. PROPERTY & EQUI PMENT 22, 978. 1, 527. 20, 177. MI SCELLANEOUS EXPENSE 14, 764 11, 820. 139 2, 805. С d All other expenses 566, 991 505, 462. 30, 701 30, 828. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here |

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

## Form 990 (2013) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		·	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	210, 108.	1	92, 944.
	2	Savings and temporary cash investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5, 787.	2	5, 818.
	3	Pledges and grants receivable, net	88, 493.	3	289, 680.
	4	Accounts receivable, net	29, 593.	4	16, 786.
	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			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $\sim$ $\sim$		6	0.
Assets	7	Notes and loans receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7	
4	8	Inventories for sale or use ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 000	8	7 000
	9	Prepaid expenses and deferred charges ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1, 000.	9	7, 238.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D ~~~ 10a 47, 723.	1/ 2/2		12 004
	b	Less: accumulated depreciation ~~~~~ 10b 34, 639.	16, 243.	10c	13, 084.
	11	Investments - publicly traded securities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		_11_	442.
	12	Investments - other securities. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		12	442.
	13	Investments - program-related. See Part IV, line 11 ~~~~~~~~~~~~~		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	351, 224.	15	425, 992.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44, 796.	16	48, 344.
	17	Accounts payable and accrued expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	44, 770.	17	40, 544.
	18	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	49, 742.	18	53, 538.
	19	Tax-exempt bond liabilities	17/712.	19	30,000.
	20	·		20	
S	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~ Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
	24	Unsecured notes and loans payable to unrelated third parties ~~~~~~~		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		25	
	26	Total liabilities. Add lines 17 through 25	94, 538.	26	101, 882.
		Organizations that follow SFAS 117 (ASC 958), check here   X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	68, 852.	27	39, 889.
Bal	28	Temporarily restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	187, 834.	28	284, 221.
nd	29	Permanently restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		29	
Ē.		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~~		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds ~~~~	256, 686.	32	324, 110.
	33	Total list lists and not accept found belongs	351, 224.	33	425, 992.
	34	Total liabilities and net assets/fund balances	001,227.	34	120, 7,2.

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Χ

3a

Form **990** (2013)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTANA NONPROFIT ASSOCIATION

Employer identification number 73-1654969

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.					
The	organ	ization is not a	private foundation	because it is: (For lines 1	1 through <sup>2</sup>	11, check	only one b	ox.)						
1			•	s, or association of chur	_		-		).					
2				'0(b)(1)(A)(ii). (Attach Sc										
3				tal service organization of		in <b>section</b>	170(b)(1)	(A)(iii).						
4				operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	nospital	's nan	ne,
			e:									•		
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed ir	1		
		_	(b)(1)(A)(iv). (Comple	=	,		,	J						
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1	1)(A)(v).						
7			=	eives a substantial part					or from the	general	nuhl	lic desc	ribed	in
•		_	<b>b)(1)(A)(vi).</b> (Comple	•	o. no oupp		9010	, , , , , , , , , , , , , , , , , , ,	,	gonorai	p 0.0.			
8			•		(Complete	Part II )								
9	X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
•		_								-	_			
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section 509(a)(2). (Complete Part III.)													
10				perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).					
11		_		perated exclusively for the	-	_				v out the	puri	noses c	of one	or
		_		ations described in section		-								
		-		organization and comple				-,		-,(-,-				
		a Type I		,    ,	ype III - Fu			c	$_{ ext{qVT}} \square_{ extbf{k}}$	e III - Nor	n-fun	nctional	lv inte	arated
е			-	it the organization is not		-	-		٠.				-	_
			=	han one or more publicly		_	_	-						
f			=	ten determination from t		_				` / ` /			( )( )	
				nis box ~~~~~~						~ ~ ~ ~	~ ~ -	~ ~ ~ ~	~ ~ ~	
g				organization accepted ar										
Ū		_		irectly controls, either al			_				, _		Yes	No
		the gove	erning body of the su	upported organization?	~~~~	~ ~ ~ ~ ~	. ~ ~ ~ ~	~ ~ ~ ~ ~	~~~~	~~~~	~ [	11g(i)		<u> </u>
		(ii) A family	member of a persor	n described in (i) above?	~~~~	~ ~ ~ ~ ~	~ ~ ~ ~ ~	~ ~ ~ ~ ~	~~~~	~ ~ ~ ~	~ [	11g(ii)		<u> </u>
				person described in (i) o								11g(iii)		
h				about the supported or										
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	u notify the	(vi) Is	the	(vii)	Amount	of mo	netarv
` '		anization	,	(described on lines 1-9	in col. (i) lis	,	organizat		organizátio (i) organiz	JII III COI. [	` '		port	,
				above or IRC section (see instructions))	governing (	document?	(i) of your	r support?	U.S	.?				
				(See manuchons))	Yes	No	Yes	No	Yes	No				
					-				-					
Tot:	,I													

Schedule A (Form 990 or 990-E7) 2013

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.") $\sim \sim$									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf $\sim \sim \sim \sim$									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge ~									
4	<b>Total</b> . Add lines 1 through 3 ~~~									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f) ~~~~~~~~~~~									
6	Public support, Subtract line 5 from line 4.									
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4 $\sim \sim \sim \sim \sim \sim \sim$									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources $\sim$									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on ~									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.) $\sim \sim \sim \sim$									
	<b>Total support</b> . Add lines 7 through 10									
	Gross receipts from related activities,					12				
13	First five years. If the Form 990 is for	•			•					
500	organization, check this box and stor									
	ction C. Computation of Publ					44	0/			
	Public support percentage for 2013 (					14	<u>%</u>			
	Public support percentage from 2012					15	% w. and			
Ioa	<b>33 1/3% support test - 2013.</b> If the c <b>stop here</b> . The organization qualifies	_								
h	33 1/3% support test - 2012. If the o									
	and <b>stop here</b> . The organization qual	•								
17a	10% -facts-and-circumstances tes	· · · · · · · · ·								
	and if the organization meets the "fac	_								
	meets the "facts-and-circumstances"			•	•	· ·				
b	10% -facts-and-circumstances tes	_	•		-		•			
	more, and if the organization meets the									
	organization meets the "facts-and-circ				-					
18	Private foundation. If the organization		=							

## Schedule A (Form 990 or 990-F7) 2013 MONTANA NONPROFIT ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

1					
(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
200, 714.	329, 054.	160, 564.	191, 903.	275, 877.	1158112.
269, 518.	339, 847.	355, 397.	344, 407.	350, 532.	1659701.
470.000	//0.001	545 0/4	50/ 010	(0) 100	0047040
470, 232.	668, 901.	515, 961.	536, 310.	626, 409.	2817813.
					0.
180, 538.	291, 536.	151, 734.	123, 361.	251, 986.	999, 155.
180, 538.	291, 536.	151, 734.	123, 361.	251, 986.	999, 155.
					1818658.
(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
470, 232.	668, 901.	515, 961.	536, 310.	626, 409.	2817813.
1, 545.	1, 026.	569.	578.	507.	4, 225.
1, 545.	1, 026.	569.	578.	507.	4, 225.
1, 545. 471, 777.	1, 026. 669, 927.	569. 516, 530.	578. 513. 537, 401.	507. 626, 916.	4, 225. 513. 2822551.
471, 777.	669, 927.	516, 530.	513. 537, 401.	626, 916.	513. 2822551.
471, 777.	669, 927. s first, second, thir	516, 530. d, fourth, or fifth ta	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551.
471, 777.	669, 927. s first, second, thir	516, 530. d, fourth, or fifth ta	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551.
471, 777. or the organization's	669, 927. s first, second, thir	516, 530. d, fourth, or fifth ta	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551. ation,
471, 777. or the organization's lic Support Pe (line 8, column (f) d	669, 927. s first, second, thir rcentage vided by line 13, o	516, 530. d, fourth, or fifth ta	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551. ation, 64. 43 %
471, 777. or the organization's lic Support Pe (line 8, column (f) d 2 Schedule A. Part	669, 927. s first, second, thir rcentage ivided by line 13, c	516, 530. d, fourth, or fifth ta	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551. ation, 64. 43 %
471, 777. or the organization's lic Support Pe (line 8, column (f) d 2 Schedule A. Part	669, 927. s first, second, thir rcentage ivided by line 13, or Ill. line 15	516, 530. d, fourth, or fifth ta column (f)) ~ ~ ~ ~	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz	513. 2822551. ation, 
471, 777. or the organization's lic Support Pe (line 8, column (f) d 2 Schedule A. Part estment Incom 013 (line 10c, column	669, 927. s first, second, thir rcentage ivided by line 13, of the second secon	516, 530. d, fourth, or fifth ta column (f)) ~ ~ ~ ~	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz 15 16	513. 2822551. ation, 64. 43 % 65. 46 %
d71, 777.  or the organization's  lic Support Pe (line 8, column (f) d 2 Schedule A. Part estment Incom 013 (line 10c, colur 2012 Schedule A,	669, 927. s first, second, thir rcentage ivided by line 13, of the second secon	516, 530.  d, fourth, or fifth ta  column (f)) ~ ~ ~ ~  ne 13, column (f))	513. 537, 401. ax year as a sectio	626, 916. n 501(c)(3) organiz 15 16	513. 2822551. ation, 64. 43 % 65. 46 % . 15 % . 25 %
471, 777. or the organization's lic Support Pe (line 8, column (f) d 2 Schedule A. Part estment Incom 013 (line 10c, column	669, 927. s first, second, thin reentage vided by line 13, or line 15 e Percentage of the control of the contro	516, 530. d, fourth, or fifth ta  column (f)) ~ ~ ~ ~  ne 13, column (f)) ~ ~ ~ ~ ~ ~  on line 14, and line ifies as a publicly s line 14 or line 19a	513. 537, 401.  ax year as a section   15 is more than 3 supported organizary, and line 16 is more	626, 916.  n 501(c)(3) organiz  15  16  17  18  3 1/3%, and line 1 ation ~~~~~ ore than 33 1/3%, a	513. 2822551. ation, 64. 43 % 65. 46 %  . 15 % . 25 %  7 is not
	200, 714. 269, 518. 470, 232. 180, 538. 180, 538. (a) 2009 470, 232.	200, 714. 329, 054. 269, 518. 339, 847. 470, 232. 668, 901. 180, 538. 291, 536. 180, 538. 291, 536. (a) 2009 (b) 2010 470, 232. 668, 901.	200, 714. 329, 054. 160, 564.  269, 518. 339, 847. 355, 397.  470, 232. 668, 901. 515, 961.  180, 538. 291, 536. 151, 734. 180, 538. 291, 536. 151, 734.  (a) 2009 (b) 2010 (c) 2011 470, 232. 668, 901. 515, 961.	200, 714. 329, 054. 160, 564. 191, 903. 269, 518. 339, 847. 355, 397. 344, 407. 470, 232. 668, 901. 515, 961. 536, 310. 180, 538. 291, 536. 151, 734. 123, 361. 180, 538. 291, 536. 151, 734. 123, 361. (a) 2009 (b) 2010 (c) 2011 (d) 2012 470, 232. 668, 901. 515, 961. 536, 310.	200, 714. 329, 054. 160, 564. 191, 903. 275, 877.  269, 518. 339, 847. 355, 397. 344, 407. 350, 532.  470, 232. 668, 901. 515, 961. 536, 310. 626, 409.  180, 538. 291, 536. 151, 734. 123, 361. 251, 986. 180, 538. 291, 536. 151, 734. 123, 361. 251, 986.  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 470, 232. 668, 901. 515, 961. 536, 310. 626, 409.

Schedule A	(Form 990 or 990-F7) 2013 MONTANA NONPROFIT ASSOCIATION	73-1654969 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
-		

### Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2013

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2009 Amount	2010 Amount	2011 Amount	2012 Amount	2013 Amount
FIRST NONPROFIT COMPANIES	7, 424.	10, 564.	0.	0.	0.
OCS	1, 000.	0.	0.	0.	0.
MNA GROUP BENEFITS TRUST STEELE-REESE	24, 614.	22, 825.	0.	0.	0.
FOUNDATION MJ MURDOCK	40, 000.	1, 154.	2, 263.	30, 000.	0.
CHARI TABLE TRUST PAUL ALLEN	57, 500.	5, 725.	121, 570.	30.	145, 858.
FOUNDATI ON	30, 000.	216, 268.	2, 901.	5, 831.	93, 666.
HI GHSTAKES SALESFORCE. COM	20, 000.	20, 000.	10, 000.	0.	0.
FOUNDATION EDWARDS FOUNDATION,	0.	15, 000.	15, 000.	15, 000.	8, 731.
OP & WE ORO Y PLATA	0.	0.	0.	20, 000.	0.
FOUNDATION MOUNTAIN SKY GUEST	0.	0.	0.	20, 000.	0.
RANCH WASHI NGTON	0.	0.	0.	20, 000.	0.
FOUNDATION FIRST INTERSTATE	0.	0.	0.	12, 500.	3, 731.
BANCSYSTEM FOUNDATIO	0.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b ~~~~~~~	180, 538.	291, 536.	151, 734.	123, 361.	251, 986.

Schedule A

# Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2013

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	Amount Received in 2013	2013 Excess Payments
MJ MURDOCK CHARITABLE TRUST	152, 127.	145, 858.
PAUL ALLEN FOUNDATION	99, 935.	93, 666.
SALESFORCE. COM FOUNDATION	15, 000.	8, 731.
WASHINGTON FOUNDATION	10, 000.	3, 731.
FIRST INTERSTATE BANCSYSTEM FOUNDATION	5, 050.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		251, 986.

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. | Information about Schedule B (Form 990, 990-EZ, or 990-PF) and | its instructions is at www.irs.gov/form990.

MONTANA NONPROFIT ASSOCIATION

OMB No. 1545-0047

Name of the organization

Employer identification number

73-1654969

Organiz	ation type (check or	ne):
Filers of	<u>:</u>	Section:
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, the exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., etc., contributions of \$5,000 or more during the year
but it <b>m</b> ı	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

#### MONTANA NONPROFIT ASSOCIATION

73-1654969

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$99, 935	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10, 000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5, 050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$152, 127	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15, 000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

#### MONTANA NONPROFIT ASSOCIATION

73-1654969

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	10 USER LI CENSES		
5			
		\$15, 000.	12/31/13
(a)	4)	(c)	( )
No. from	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(see instructions)	
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see ilistructions)	
_			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

	NONPROFI T	ACCOCL AT	
IVICIN I AINA	NUNPRUFII	ASSUCI AT	UIN

73-1654969

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if addition,	vidual contributions to sect ne following line entry. For o c., contributions of \$1,000 o	ion 501(c)(7), (8), organizations comp or less for the year	, or (10) organizations that total more than \$1,000 for the oleting Part III, enter . (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of o	gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	_	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of o	gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transf and ZIP + 4	_	elationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of g	nift	(d) Description of how gift is held
Part I	(b) i dipess of gill			(a) 2000p.101.001
	Transferee's name, address, ar	(e) Transf and ZIP + 4	_	elationship of transferor to transferee
(a) Nia				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. J Attach to Form 990 or Form 990-EZ.

See separate instructions. | Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ¥ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- ¥ Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- ¥ Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ¥ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- ¥ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

•		tions: Complete Part III.	iax) of Form 990-EZ,	Part v, line 350 (Prox)	rax), men
Name of organization	MONTANA	NONPROFIT ASSOCI			ployer identification number 73 - 1654969
Part I-A Com	plete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527	organization.
2 Political expendi	tures ~~~~~	zation's direct and indirect political	~~~~~~~~	~~~~~J	\$
Part I-B Com	ploto if the or	ganization is exempt unde	r section 501(c)(3	2)	
<ol> <li>Enter the amoun</li> <li>Enter the amoun</li> <li>If the organizatio</li> <li>Was a correction</li> <li>If "Yes." describe</li> </ol>	t of any excise tax t of any excise tax n incurred a section made? ~~~~ e in Part IV.	incurred by the organization unde incurred by organization manager on 4955 tax, did it file Form 4720 fo	r section 4955 ~~~ s under section 4955 or this year? ~~~~	J	\$ Yes No
Part I-C Com	plete if the org	ganization is exempt unde	r section 501(c),	except section 50	1(c)(3).
<ul> <li>2 Enter the amount exempt function</li> <li>3 Total exempt function line 17b ~ ~ ~ ~</li> <li>4 Did the filing organisms</li> <li>5 Enter the names made payments. contributions reconstributions reconstributions</li> </ul>	t of the filing organ activities ~~~~ action expenditures ~~~~ anization file Form, addresses and er For each organization that were presented that were presented activities.	d by the filing organization for sect sization's funds contributed to other sectors. Add lines 1 and 2. Enter here and a sector of this year? ————————————————————————————————————	er organizations for sector or organizations for sector of all section 527 polifrom the filing organizations organizations are political organizations.	ction 527	\$
( <b>a)</b> Na	me	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-F7) 2013	MONTA	NA NON	PROFIT ASSO	CLATION		654969 Page 2
Part II-A Complete if the org	ganizatio	n is exer	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	J
(election under sec			liated analys (and liatin	Down IV and by offiliated		a address FINI
expenses, and sha				n Part IV each affiliated	group member's nam	ie, address, EIN,
.     '		, ,	nd "limited control" pro	visions annly		
			•	visions apply.	(a) Filing	(b) Affiliated group
		oying Exper			organization's	totals
(The term "expend	altures" m	eans amou	ints paid or incurred.)	)	totals	
1a Total lobbying expenditures to influ					04./	
<b>b</b> Total lobbying expenditures to infl					916.	
c Total lobbying expenditures (add l					916.	
d Other exempt purpose expenditure					566, 075.	
e Total exempt purpose expenditure					566, 991. 110, 049.	
f Lobbying nontaxable amount. Enti			•		110, 049.	
If the amount on line 1e, column (a) of	or (b) is:		bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,00			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		-	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f) ~	~~~~~~~~~	~~~~~~~	27, 512.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than ze					_	
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
· · · · · · · · · · · · · · · · · · ·				n do not have to comp		
CC				s 2a through 2f on pa	ige 4.)	
	LODI	bying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a)	2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
(or fiscal year beginning in)	(*)		(4)	(1)	(1)	(,)
2a Lobbying nontaxable amount					110, 049.	110, 049.
<b>b</b> Lobbying ceiling amount						4/5 074
(150% of line 2a, column(e))						165, 074.
a Total labbuing avanaditures					916.	916.
c Total lobbying expenditures					,	,
d Grassroots nontaxable amount					27, 512.	27, 512.
e Grassroots ceiling amount						
(150% of line 2d column (a))						l 41.268

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-F7) 2013 MONTANA NONPROFIT ASSOCIATION 73-165496 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Were substantially all (90% or more) dues received nondeductible by members? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers? — — — — — — — — — — — — — — — — — — —	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? - c Media advertisements?	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax. did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	—
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?    j Total. Add lines 1c through 1i    2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?    b If "Yes," enter the amount of any tax incurred under section 4912    c If "Yes," enter the amount of any tax incurred by organization managers under section 4912    d If the filling organization incurred a section 4912 tax. did it file Form 4720 for this year?    Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?    2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?    3 Did the organization agree to carry over lobbying and political expenditures from the prior year?    3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	
i Other activities?  j Total. Add lines 1c through 1i	
2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	
b If "Yes," enter the amount of any tax incurred under section 4912 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~ ~ ~ d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
d If the filing organization incurred a section 4912 tax. did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  Were substantially all (90% or more) dues received nondeductible by members? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  Were substantially all (90% or more) dues received nondeductible by members?	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
1 Were substantially all (90% or more) dues received nondeductible by members? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	lo
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
Did the organization agree to carry over lobbying and political expenditures from the prior year?	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3 answered "Yes."  1 Dues, assessments and similar amounts from members ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, is
expenses for which the section 527(f) tax was paid).  a Current year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
b Carryover from last year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
c Total 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ~~~~~~~ 3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	
5 Taxable amount of lobbying and political expenditures (see instructions)	
Part IV Supplemental Information	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line Also, complete this part for any additional information.	1.

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

| Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 73-1654969 Name of the organization MONTANA NONPROFIT ASSOCIATION

Pa	rt I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line 6		/b\ F. and and athernocastints					
	-	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year ~~~~~~~~~~							
2	Aggregate contributions to (during year) ~~~~~~							
3	Aggregate grants from (during year) ~~~~~~~							
4	Aggregate value at end of year ~~~~~~~~ L							
5	Did the organization inform all donors and donor advisors in wr	=						
	are the organization's property, subject to the organization's ex							
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?							
Pa	rt II Conservation Easements. Complete if the organ		Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	1 1 1 1						
	Preservation of land for public use (e.g., recreation or edu	l l	istorically important land area					
	Protection of natural habitat	Preservation of a ce	rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
	Total number of conservation easements $\sim \sim \sim$							
	Total acreage restricted by conservation easements $\sim \sim \sim \sim$							
	Number of conservation easements on a certified historic struc							
d	Number of conservation easements included in (c) acquired aff							
	listed in the National Register $\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim$							
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization during the tax					
	year							
4	Number of states where property subject to conservation ease	•						
5								
	violations, and enforcement of the conservation easements it h							
6	Staff and volunteer hours devoted to monitoring, inspecting, an							
7	Amount of expenses incurred in monitoring, inspecting, and en	_						
8	Does each conservation easement reported on line 2(d) above							
_	and section 170(h)(4)(B)(ii)? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
9	In Part XIII, describe how the organization reports conservation							
	include, if applicable, the text of the footnote to the organization.	on's financial statements that describe	s the organization's accounting for					
Dai	conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Transuras or (	Other Similar Assets					
га	Complete if the organization answered "Yes" to Form 99		other offinial Assets.					
10			ement and balance sheet works of art					
ıa	If the organization elected, as permitted under SFAS 116 (ASC	-						
	historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe		arice of public service, provide, in Part XIII,					
h			nt and halance cheet works of art. historical					
D	If the organization elected, as permitted under SFAS 116 (ASC							
	treasures, or other similar assets held for public exhibition, edu	ication, of research in furtherance of p	ublic service, provide the following amounts					
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 $\sim$ $\sim$ $\sim$ $\sim$							
	(ii) Assets included in Form 990, Part X ~~~~~~~							
2								
2	If the organization received or held works of art, historical treas		iai yaiii, provide					
_	the following amounts required to be reported under SFAS 116		I ¢					
	Revenues included in Form 990, Part VIII, line 1 $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ Assets included in Form 990, Part X $\sim$							
D	MODELO IIICIUUEU III FUITII 990, Patt X ~~~~~~~~~~~~	~~~~~~~~~~~~~~~~	~~~   \$					

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

13, 084

Complete if the organization answered "Yes"	to Form 000 Part IV	line 11h See Form 000 Par	t V line 12
(a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		,,	-
(2) Closely-held equity interests ~~~~~~~~			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes":	to Form 990. Part IV	line 11c. See Form 990. Par	t X. line 13.
(a) Description of investment	(b) Book value		ation: Cost or end-of-year market value
(1)		, ,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990, Par	t X, line 15.
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11e or 11f. See Form 99	0, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)ı		
- I Ordin	,		

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 D (Form 990) 2013

Sche	edule D (Form 990) 2013 MONTANA NONPROFIT ASSOCIA	TION	73-16	54969 <sub>Page</sub> A
Pai	TXI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe	r Return.	· ·
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements ~~~~	~~~~~~~~~~~~~~~~	~ 1	634, 416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	~ 2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	/			
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~ 2e	0.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~ 3	634, 416.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	~ 4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~ 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			634, 416.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~ 1	566, 991.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	~ 2a		
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
С	Other losses			
d	Other (Describe in Part XIII.)	~ 2d		
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~	~ 2e	0.
3	Subtract line 2e from line 1	~~~~~~~~~~~~~~~~	~ 3	566, 991.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~	~ 4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	566, 991.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		ine 4; Part X,	line 2; Part XI,

#### 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.

Information about Schedule O (Form 990 or 990-F7) and its instructions is at www.irs.gov/form990

Attach to Form 990 or 990-EZ.

2013

Open to Public Inspection

Name of the organization

MONTANA NONPROFIT ASSOCIATION

Employer identification number 73-1654969

FORM 990. PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NONPROFIT SECTOR IS ESSENTIAL TO MONTANA'S VITALITY AND LIVABILITY, MNA® MISSION IS TO PROVIDE LEADERSHIP TO MONTANA® NONPROFIT SECTOR, AND PARTNER WITH CHARITABLE NONPROFITS TO CREATE A SUSTAINABLE, NETWORKED, AND INFLUENTIAL SECTOR. MNA ACHIEVES ITS MISSION BY PROVIDING THE FOLLOWING PROGRAMS AND SERVICES TO ITS MEMBERS: ADVOCACY AND PUBLIC POLICY ON SECTOR-WIDE ISSUES; GROUP BUYING OPPORTUNITIES TO SAVE ADMINISTRATIVE COSTS; ORGANIZATIONAL DEVELOPMENT INCLUDING TRAINING AND TECHNICAL ASSISTANCE TO BUILD NONPROFIT CAPACITY. RESEARCH AND COMMUNICATIONS ON ISSUES OF IMPORTANCE TO NONPROFITS, NETWORK BUILDING TO CONNECT AND STRENGTHEN NONPROFITS, AND PROMOTING A CULTURE OF PHI LANTHROPY. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990. SUSTAINABLE, NETWORKED, AND INFLUENTIAL SECTOR. MNA ACHIEVES ITS MISSION BY PROVIDING THE FOLLOWING PROGRAMS AND SERVICES TO ITS MEMBERS: ADVOCACY AND PUBLIC POLICY ON SECTOR-WIDE ISSUES; GROUP BUYING OPPORTUNI TI ES TO SAVE ADMINI STRATI VE COSTS; ORGANI ZATI ONAL DEVELOPMENT INCLUDING TRAINING AND TECHNICAL ASSISTANCE TO BUILD NONPROFIT CAPACITY, RESEARCH AND COMMUNICATIONS ON ISSUES OF IMPORTANCE TO NONPROFITS, NETWORK BUILDING TO CONNECT AND STRENGTHEN NONPROFITS, AND PROMOTING A CULTURE OF PHILANTHROPY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADVOCACY AND PUBLIC POLICY: MNA SERVES AS THE VOICE FOR THE CHARITABLE

NONPROFIT COMMUNITY, SHAPES PUBLIC POLICY THROUGH ACTION,

AND BUILDS

THE CAPACITY OF NONPROFITS TO BE STRONG ADVOCATES. MNA'S ADVOCACY AND

PUBLIC PLOCY PROGRAM INCLUDES: (1) EDUCATION AND LOBBYING ON PUBLIC

POLICY ISSUES THAT IMPACT ALL NONPROFITS, AND (2) TRAINING, EDUCATION

AND TOOLS TO BUILD THE NONPROFIT COMMUNITY'S ADVOCACY AND PUBLIC POLICY

SKILLS.

EXPENSES \$ 27, 281. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1, 687.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: MNA IS A PUBLIC BENEFIT ORGANIZATION WITH VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE MEMBERS OF MNA ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: SOME OF THE DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO THE RATIFICATION BY THE MEMBERS.

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

EXPLANATION: THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 AND

MAKES A RECOMMENDATION FOR THE BOARD TO APPROVE THE FORM 990 FOR FILING.

ALL BOARD MEMBERS RECEIVE A COMPLETE COPY OF THE 990 BEFORE IT IS SIGNED

AND SENT TO THE IRS. THE BOARD OFFICIALLY ACCEPTS THE DOCUMENT AS A MATTER

OF RECORD AT ONE OF THEIR MEETINGS AND DULY NOTED IN THE MINUTES.

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

EXPLANATION: 1) EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE

WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS

SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY.
- B. HAS READ AND UNDERSTANDS THE POLICY.
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THAT MNA IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL

  TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE

  OR MORE OF ITS TAX-EXEMPT PURPOSES.
- 2) EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IN AS INDEPENDENT DIRECTOR.
- 3) IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM.
- 4) THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND

  ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND

  TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

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

EXPLANATION: MNA HAS THE FOLLOWING POLICY IN PLACE: THE BOARD SHALL REVIEW

AND APPROVE EXECUTIVE COMPENSATION, AFTER A REVIEW OF COMPARABLE DATA OR

OTHER EVIDENCE THAT COMPENSATION IS REASONABLE AND SHALL CONTEMPORANEOUSLY

SUBSTANTIATE ITS DELIBERATION AND DECISION IN THE MINUTES. ONLY THOSE

DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST MAY VOTE ON EXECUTIVE

COMPENSATION.

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

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.