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CLIENT'S COPY



RED LODGE AREA COMMUNITY FOUNDATION PO BOX 1871 RED LODGE, MT 59068-1871

RED LODGE AREA COMMUNITY FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

BEST REGARDS,

KCOE ISOM, LLP

8	879-TE		IR	S e-file Signation for a Tax E	ture Authoriza xempt Entity	ation		OMB No. 1545-0047
Form		For calendar ve		fiscal year beginning			20	0000
		r or outerrading of			S. Keep for your record		,	2022
	ent of the Treasury Revenue Service		Go	to www.irs.gov/Form88				
Name c	of filer			-			EIN or SSN	N
	RED LO	DGE ARE	A CON	MUNITY FOUND	ATION		20-0	192255
Name a	nd title of officer or pe	rson subject to	tax T	RACY TIMMONS			·	
				XECUTIVE DIRE	CTOR			
Part	I Type of	Return and	Retur	n Information				
Form 5 or 10a whiche than o	5330 filers may ente below, and the amo	r dollars and c ount on that lir ank (do not er	ents. For ne for the nter -0-). E	e return being filed with th But, if you entered -0- on t	ble dollars only. If you ch is form was blank, then h he return, then enter -0- o	eck the box eave line 1b on the applic	on line 1a, 2a, , 2b, 3b, 4b, 5b able line below	, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
1a 2a	Form 990-EZ che							2b
3a 4-	Form 1120-POL			Total tax (Form 1120-P				
4a	Form 990-PF che			Tax based on investme				
5a	Form 8868 check			Balance due (Form 886	58, line 3c)			
6a	Form 990-T chec			Total tax (Form 990-T, I				
7a	Form 4720 check			Total tax (Form 4720, F				
8a	Form 5227 check			FMV of assets at end of	• • •	Item D)		8b
9a	Form 5330 check			Tax due (Form 5330, Pa				9b
_				 Amount of credit payn Authorization of C 				10b
Part						-		
				im an officer of the above	•	-	-	
interm acknow of any entry t financi later th payme persor PIN: c	ediate service provid wledgement of recei refund. If applicable o the financial institu al institution to debi an 2 business days ant of taxes to receiv	der, transmitte pt or reason f e, I authorize th ution account it the entry to prior to the p re confidential nber (PIN) as r	r, or elector or rejectione U.S. T indicated this acco ayment (s informat ny signat	reasury and its designated in the tax preparation so unt. To revoke a payment settlement) date. I also au ion necessary to answer i ure for the electronic retu	RO) to send the return to) the reason for any dela d Financial Agent to initia ftware for payment of th , I must contact the U.S. thorize the financial insti- inquiries and resolve issue	the IRS and y in processi ate an electro e federal taxo Treasury Fir tutions involves related to	I to receive from ing the return o polic funds with es owed on this nancial Agent a ved in the proce the payment. I	n the IRS (a) an or refund, and (c) the date drawal (direct debit) s return, and the tt 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
Ŀ		OF IOOM	, 111				_ to enter my F	Enter five numbers, but
				ERO firm name	3			do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula disclosure con person subjec ndicated with	iting char sent scre t to tax w in this ret	electronically filed return. I rities as part of the IRS Fe een. with respect to the entity, I curn that a copy of the return's disclo	d/State program, I also a will enter my PIN as my urn is being filed with a s	authorize the signature or	aforementione	ed ERO to enter my PIN 022 electronically filed
Cienceture	e of officer or person subje	0	,				Date	0
Part		tion and A	uthenti	ication			Date	
EBO's	EFIN/PIN. Enter yo							
	er (EFIN) followed by	U U		•		8571385 lot enter all ze		
submit			•	which is my signature on t uirements of Pub. 4163,	-			
ERO's s	signature DAN	IEL MIL	LER			Date 1	1/14/23	
				O Must Retain This				
		Do No	ot Subr	nit This Form to the	IRS Unless Reque	ested To [Do So	
LHA I	For Privacy Act and	Paperwork	Reductio	on Act Notice, see instru	ctions.			Form 8879-TE (2022)
202521	12-16-22							

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identificatio	n number (TIN)
print	RED LODGE AREA COMMUNITY FOUNDATION			20-0192255		
File by the due date for filing your return. See PO BOX 1871						
instructions	City, town or post office, state, and ZIP code. For a for RED LODGE, MT 59068-1871	oreign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07				
 If the If this box 1 In the 	hone No. ▶ 406-425-0292 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	-TE for payment
I HA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	868 (Rev 1-2022)

Form 990

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				•	Open to Public Inspection	
A For the 2022 calendar year, or tax year beginning and ending				•		
	Check if pplicab					on number
	Addre	RED	LODGE AREA COMMUNITY FOUNDATION			
	Name Change Doing business as				20-0192255	
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	 Final returr		OX 1871		406-446-28	20
	termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,406,019.
	Amer returr	ded סידס	LODGE, MT 59068-1871		H(a) Is this a group retur	n
	Appli tion	^{ca-} F Name a	nd address of principal officer: TRACY TIMMONS		for subordinates?	Yes X No
	pendi		X 1871, RED LODGE, MT 59068		H(b) Are all subordinates includ	ed? Yes No
1.	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a list	. See instructions
<u>ل</u> ا	Nebsi	ite: WWW.	RLACF.ORG		H(c) Group exemption n	umber
K	orm o		X Corporation Trust Association Other	L Year	of formation: 2003 M S	ate of legal domicile: MT
Pa	art I	Summary				
Ø	1	Briefly describ	e the organization's mission or most significant activities: SEE	SCH O		
Governance						
srne	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
Ň	3					13
			lependent voting members of the governing body (Part VI, line 1b)			13
es	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)					39
iviti	6 Total number of volunteers (estimate if necessary)					715
 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 					0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11				7b Prior Year	∪ • Current Year	
					1,891,937.	4,128,339.
an	8		and grants (Part VIII, line 1h)		82,392.	149,499.
Revenue	9		ce revenue (Part VIII, line 2g)		8,157.	27,104.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) • (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,588.	101,077.
	11		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,068,074.	4,406,019.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		998,275.	2,188,678.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		675,204.	853,541.
sec	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b		ing expenses (Part IX, column (D), line 25)83 , 4	71.		
15 Salaries, other compensation, employee benefits (rart X, column (A), lines 5-10) 0.75,204. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 83,471. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e) 472,224.				698,686.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,145,703.	3,740,905.
	19		expenses. Subtract line 18 from line 12		-77,629.	665,114.
or					ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		2,256,347.	2,935,918.
tAs:	21	Total liabilities	(Part X, line 26)		305,780.	306,712.
			fund balances. Subtract line 21 from line 20		1,950,567.	2,629,206.
Pa	art II	Signature	e 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.

Sign	Signature of officer			Date	
Here	TRACY TIMMONS, EXECUTIVE	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	DANIEL MILLER	DANIEL MILLER	11/14	/23 self-employed P00031554	
Preparer	Firm's name KCOE ISOM, LLP			Firm's EIN 48-0567703	
Use Only	Firm's address 402 N BROADWAY, 4	TH FLOOR			
	BILLINGS, MT 5910	1		Phone no. 406 - 245 - 5136	
May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)				

- orm	1 990 (2022) RED LODGE AREA COMMUNITY FOUNDATION 20-0192255 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE RED LODGE AREA COMMUNITY FOUNDATION SERVES OUR COMMUNITY BY
	CONNECTING PEOPLE AND BUILDING COMMUNITY BY CATALYZING CHANGE AND
	LEVERAGING RESOURCES TO BUILD A STRONG, VIBRANT, RESILIENT, INCLUSIVE
	COMMUNITY. WE ARE A NEUTRAL CONVENER FOUNDED IN THREE FACETS: GRANT
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?
	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 \$1,503,263. including grants of \$877,443.) (Revenue \$70,484.
	THE OUTPOURING OF SUPPORT IN THE FORM OF DONATIONS TO THE CARBON COUNTY
	DISASTER RELIEF FUND WAS INCREDIBLE, GENERATING \$1.3M BY YEAR END. THE
	FIRST ROUND OF GRANT MAKING PROVIDED \$275K IN EMERGENCY FUNDS TO 91
	HOUSEHOLDS. THE SECOND ROUND OF GRANTS PROVIDED \$481K TO 46 IMPACTED
	HOMEOWNERS. THE NEW ONE VALLEY AG RELIEF FUND GRANTED AN ADDITIONAL
	\$265K TO THE AGRICULTURE PROPERTY OWNERS. WE RECEIVED \$221K FROM CENTER
	FOR DISASTER PHILANTHROPY AND MONTANA COMMUNITY FOUNDATION TO SUPPORT
	OUR EFFORTS TO PROVIDE LONG TERM DISASTER RECOVERY EFFORTS TO FLOOD
	IMPACTED HOUSEHOLDS.
	BY ANY MEASURE 2022 WAS A REMARKABLE YEAR! THE CARBON COUNTY AREA RIDE
	& TRANSIT COMPLETED ITS SECOND YEAR OF PROVIDING ESSENTIAL RIDES TO
4b	(Code:) (Expenses \$1,444,249. including grants of \$1,237,427.) (Revenue \$68,292.
-10	THE RED LODGE AREA COMMUNITY FOUNDATION SUPPORTS THRIVING NONPROFITS
	THROUGH A VARIETY OF GRANT MAKING PROGRAMS INCLUDING FISCAL SPONSORSHIP
	GRANT MAKING OF \$895,938 IN AWARDS FOR LOCAL EFFORTS, THE ANNUAL FUN
	RUN FOR 19 CHARITIES RAISED \$342,877 FOR 62 CARBON COUNTY CHARITIES;
	AND COMMUNITY GRANTMAKING AWARDED \$6,514 TO SIX DIFFERENT CHARITABLE
	PROJECTS.
4c	(Code:) (Expenses \$ 326,006. including grants of \$ 5,696.) (Revenue \$ 15,425.
	THE ROOSEVELT CENTER CAPITAL IMPROVEMENTS RESULTED IN THE INSTALLATION
	OF A FIRE SUPPRESSION SYSTEM THROUGHOUT BOTH BUILDINGS, NEW FLOORING IN
	THE COMMON AREAS OF THE 1990'S BUILDING, AND NEW ROOF ON THE 1920'S
	BUILDING, ALONG WITH A WELL FOR IRRIGATION. WE REACHED 100% OCCUPANCY
	OF AVAILABLE LONG TERM TENANT ROOMS WITH A WAITING LIST FOR 21 MORE
	ROOMS. WE MORE THAN DOUBLED VOLUNTEERISM WITH 174 PEOPLE VOLUNTEERED
	3,249 HOURS, VALUED AT \$92,753. THE CENTER HOSTED 193 EVENTS AND HAD
	5,972 ATTENDEES. IT IS IMPERATIVE TO COMPLETE THE RENOVATIONS TO THE
	BUILDING TO PROVIDE ADDITIONAL RENTALS TO MEET THE DEMAND FOR STUDIOS.
4d	
	(Expenses \$ 139,949. including grants of \$ 68,112.) (Revenue \$ 6,608.)
4e	Total program service expenses 3,413,467.
	Form 990 (202
32002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
	3
11	114 755565 135990.0 2022.05000 RED LODGE AREA COMMUNITY 1359

Form	990	(2022)	
	330	(2022)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		_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	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	3 12-13-22	Form	39U ((2022)

232003 12-13-22

4 2022.05000 RED LODGE AREA COMMUNITY 135990.1

Form	990	(2022)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	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			1
	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		
d	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2022) RED LODGE AREA COMMUNITY FOUNDATION 20-0192	255	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
0a		6.		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
_	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16		16		x
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
000000	If "Yes," complete Form 6069.	Eorm	990	(2022)
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Form 990	(2022)
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RED LODGE AREA COMMUNITY FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Vee					
10	Enter the number of voting members of the governing body at the end of the tax year	1a	13		Yes	NO				
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		15							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi									
-	officer, director, trustee, or key employee?			2		х				
3	Did the organization delegate control over management duties customarily performed by or under th									
-				3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?			7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye									
а	The governing body?									
	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101						
800	exempt status with respect to such arrangements?			16b						
17			T (م به ا						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	-1 (section 501(c)(3)s	oniy)	avalla	bie				
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain									
10	Own website Another's website X Upon request Other (explain the comparison of the c			finer						
19	statements available to the public during the tax year.		minuerest policy, and	mane	JIdl					
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oke on	t records							
20	TRACY TIMMONS - 406-425-0292	uns aile	1600103							
	122 HAUSER AVE S, RED LODGE, MT 59068									
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Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than d	200	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	io nal		ploye	t com		1099-NEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) TRACY TIMMONS	40.00	_	_			<u> </u>				
EXECUTIVE DIRECTOR				Х				88,100.	Ο.	0.
(2) JO ANN EDER	4.00									
DIRECTOR		Х						0.	0.	0.
(3) KATHLEEN DELAHANTY	2.00									
DIRECTOR		Х						0.	Ο.	0.
(4) ALAN SCHUYLER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MARTHA BROWN	2.00									
PAST CHAIR		Х		Х				0.	0.	0.
(6) STEVE HANSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DON REDFOOT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MERV COLEMAN	1.00									
VICE CHAIR		Х		х				0.	0.	0.
(9) MARK SCHUBERT	1.00									
CO-TREASURER		Х		Х				0.	0.	0.
(10) KATE BELINDA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TARA MASTEL	1.00									
CHAIR		Х		Х				0.	0.	0.
(12) CHRIS LORASH	1.00									
CO-TREASURER		Х		Х				0.	0.	0.
(13) JANET PETERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) STEPHANIE BALDWIN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ABBY LOTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JACKIE OGG	1.00									
DIRECTOR		Х					<u> </u>	0.	0.	0.
										000

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Form 990 (2022)

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Form 990 (2022) RED LODGE	E AREA C	'OM	MU	NI	ΤY	F F	OU	INDATION	20-01	<u>92255</u>	D Page	e 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	F not ch unles cer and	ieck r s per:	nore f	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC 1099-NEC)	C/ OI a	mpensatio from the ganizatior nd related ganization	ר ו
								99 100				
1b Subtotal c Total from continuation sheets to Part VI								88,100.		0.).).
d Total (add lines 1b and 1c)								88,100.		0.		<u>.</u>
2 Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer,	-			•	-		Ŭ	• •		3		No X
line 1a? If "Yes," complete Schedule J for suFor any individual listed on line 1a, is the su	m of reportabl	e co	mpei	nsat	tion	and	oth	er compensation from th	ne organization			
and related organizations greater than \$1505 Did any person listed on line 1a receive or a),000? If "Yes,	" col Isatio	mple on fro	te S	Sche anv	dule unre	J f late	or such individual	lual for services	4		<u>x</u>
rendered to the organization? If "Yes," com										5	2	Х
Section B. Independent Contractors												
 Complete this table for your five highest con the organization. Report compensation for t 	•	•							•	insation 1	rom	
(A) Name and business			ONE					(B) Description of s			(C) ensation	
							_					
							_					
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	hos	e list	ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz					0		-	,			000	
										Forr	n 990 (20)	22)

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Idea Idea Inction revenue Dusiness revenue a Idea	art VIII	Statement of Rev	venue						
Total revenue Related of exempt function revenue Unrelated business revenue solvess revenue solvest revenue solvess revenue solvess revenue solvess revenue solve		Check if Schedule O c	contains a resp	onse o	r note to any lin		(P)		
Bornow Street b Membership dues b C Fundraising events te te C Generations te 123,898. f All other contributions te 123,898. g Notesta certifications te 123,898. g Notesta certifications te 123,898. g Notesta certifications te 124,927. g Notesta certifications te 124,927. g Daff ILIATED ORGANIZATIO 561000 134,799. 134,799. g Total.Add lines 2a2* 149,499. 149,499. 149,499. g Total.Add lines 2a2* 149,499. 149,499. 149,499. g Total.Add lines 2a2* 149,499. 149,499. 149,499. g Income from investment of tax exempt bond proceeds 5 89,767. 149,499. g Income from investment of tax exempt bond proceeds 5 149,499. 149,499. g G Gos rents 6a 89,767. 17 12,015. g Ges 89,767.						. ,	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	1 a Fe	ederated campaigns	1a						
Business Code unit of the second	b M	lembership dues	1b						
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	C Fu	undraising events	1c						
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	d R€	elated organizations	1d						
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	e Go	overnment grants (contri	ributions) 1e		123,898.				
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	f All	Il other contributions, gifts,	grants, and						
Business Code u u b AFFILIATED ORGANIZATIO 561000 134,799. 134,799. c	sir	milar amounts not included	l above 1f	4,(004,441.				
Back office services Business Code Services b AFFILIATED ORGANIZATIO 561000 134,799. 561000 14,700. 14,700. c	g No	oncash contributions included in I	lines 1a-1f 1g	\$					
generative 2 a BACK OFFICE SERVICES b AFFILIATED ORGANIZATIO c 561000 134,799. 134,799. generative a AFFILIATED ORGANIZATIO c 561000 14,700. 14,700. generative a Investment Income (netuding dividends, interest, and other similar amounts) 149,499. 149,499. 3 Investment income (netuding dividends, interest, and other similar amounts) 25,089. 149,700. 4 Income from investment of tax-exempt bond proceeds 5 Royaties 149,707. 5 Royaties 6a 89,767. 149,707. 149,709. 6 a Gross rents 6a 89,767. 149,709. 140,700. 6 a Gross rents 6a 10,977. 140,700. 140,700. 7 a Gross mount from sales of assets other than income or (loss) 10,98ecurities 10,001 140,700. 7 a Gross amount from sales of massets other than income or (loss) 10,98ecurities 10,001 140,700. 140,700. 8 a Gross income from fundraising events 10,001 25,089. 1001 140,700. 9 a Gross income from gaming activities. See Part V, line 18 88	h Tc	otal. Add lines 1a-1f				4,128,339.			
b ÀFFILIATED ORGANIZATIO 561000 14,700. 14,700. c									
g Total. Add lines 2a:2f 149,499. 3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 25,089. 5 Royalties 00. 6 Gross rents 6a 6a 89,767. 0. 6b 0. 6c 7 a Gross amount from sales of assets other than inventory 10. Securities 7 a Gross amount from sales of assets other than inventory 10. Securities 7 a Gross amount from sales of assets other than inventory 10. Securities 8 a Gross income or (loss) 7b 0. 7 a Gross income from fundraising events (not including \$	2 a <u>B</u> .						134,799.		
g Total. Add lines 2a:21 149,499. 3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 25,089. 5 Royatties 6a 6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. 6c 89,767. 89,767. 7 a Gross amount from sales of assets other than inventory 10,98curities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 2,015. 9 b Less: cost or other basis and sales expenses 7b 0. 7 7a 2,015. 2,015. 8 Gross income from fundraising events (not including \$	ь А	FFILIATED OR	GANIZATI	0	561000	14,700.	14,700.		
g Total. Add lines 2a:2f 149,499. 3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 25,089. 5 Royalties 00. 6 Gross rents 6a 6a 89,767. 0. 6b 0. 6c 7 a Gross amount from sales of assets other than inventory 10. Securities 7 a Gross amount from sales of assets other than inventory 10. Securities 7 a Gross amount from sales of assets other than inventory 10. Securities 8 a Gross income or (loss) 7b 0. 7 a Gross income from fundraising events (not including \$	с_								
g Total. Add lines 2a:21 149,499. 3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 25,089. 5 Royatties 6a 6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. 6c 89,767. 89,767. 7 a Gross amount from sales of assets other than inventory 10,98curities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 2,015. 9 b Less: cost or other basis and sales expenses 7b 0. 7 7a 2,015. 2,015. 8 Gross income from fundraising events (not including \$, d_								
g Total. Add lines 2a:21 149,499. 3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 25,089. 5 Royatties 6a 6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. 6c 89,767. 89,767. 7 a Gross amount from sales of assets other than inventory 10,98curities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 2,015. 9 b Less: cost or other basis and sales expenses 7b 0. 7 7a 2,015. 2,015. 8 Gross income from fundraising events (not including \$	e								
3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax-exempt bond proceeds 5 Royatties 9 6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. c Rental income or (loss) 6c 89,767. 7 a Gross amount from sales of assets other than inventory 7a 2,015. 7 a Gross amount from sales of assets other than inventory 7b 0. 7 a Gross income from fundtaising events (nt including \$ of contributions reported on line 1c). See Part IV, line 18 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross soles of inventory, less returns and allowances 9a 9 b Less: cost of goods sold 10a 10a Cross sales of inventory, less returns and allowances 10a 10b Less: cost of goods sold 10b </td <td>f Al</td> <td>Il other program service I</td> <td>revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	f Al	Il other program service I	revenue						
3 Investment income (including dividends, interest, and other similar amounts) 25,089. 4 Income from investment of tax exempt bond proceeds 5 5 Royatties 6 6 Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 89,767. d Net rental income or (loss) 89,767. a Gross amount from sales of assets other than inventory 10, Securities a Gas of or (loss) 7a 2,015. c Gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. a Gross income from fundraising events (not including s	g To	otal. Add lines 2a-2f				149,499.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. 6c 89,767. c Rental income or (loss) 6c 89,767. 767. 7 d Net rental income or (loss) 6c 89,767. 767. 7 7 a Gross amount from sales of assets other than inventory 10 89,767. 7 7 b Less: cost or other basis and sales expenses 70 0. 7 7 7.0 7 7 7.0 0. 7 7 7.0 0. 7 7 7.0 0. 7 7 7.0 0. 7 7 7.0 0. 7 7 7 0. 7 7 0. 7 7 0. 7 7 0. 7 7 0. 7 0. 7 0. 7 0. 7 0. 7 0. 7 0. 7 0.									
5 Royalties (i) Real (ii) Personal 6 a Gross rents (b 0. b Less: rental expenses (b 0. c Rental income or (loss) (b 0. d Net rental income or (loss) (ii) Securities (iii) Other a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7b 0. 7c 2,015. 10 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 0. 2,015. 10 9 a Gross income from gaming activities. See 9a 9b 9b 9b 9b 9 a Gross alse of inventory, less returns and allowances 0. 0. 10a 10b 0 Rest income or (loss) from galing activities 10a 10b 10b 10b	ot	ther similar amounts)				25,089.			25,089.
9990000000000000000000000000000000000	4 Inc	come from investment o	of tax-exempt b	ond pro	oceeds				
6 a Gross rents 6a 89,767. b Less: rental expenses 6b 0. c Rental income or (loss) 6c 89,767. d Net rental income or (loss) 6c 89,767. 7 a Gross amount from sales of assets other than inventory 89,767. 89,767. b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. g a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a Part IV, line 18 8b 8b b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a g Gross income from gaming activities 9a c Net income or (loss) from gaming activities 9a g Gross sales of inventory, less returns and allowances 9a b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory 10a	5 Ro	oyalties	· . <u></u>						
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c Rental income or (loss) Gc 89,767. d Net rental income or (loss) 89,767. 7 Gross amount from sales of assets other than inventory 7a 2,015. b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. 9a gain of closs sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a c Net income or (loss) from sales of inventory 10a c Net income or (loss) from sales of inventory 10b c N	6 a Gr	iross rents	6a 89,7						
d Net rental income or (loss) 89,767. 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. d Net gain or (loss) of 7c Part IV, line 18 8a 8b 8b b Less: direct expenses 8b 9a o Net income or (loss) from fundraising events 9a 9b 9b b Less: direct expenses 9b 9b 0c c Net income or (loss) from fundraising events 0c 0c 9 a Gross income from gaming activities. See 9a 9b 0c 10 a Gross sales of inventory, less returns and allowances 0c 0c 0c 10 a Gross sold 10b 0c 0c 0c c Net income or (loss) from sales of inventory 0c 0c 0c <t< td=""><td>b Le</td><td>ess: rental expenses</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	b Le	ess: rental expenses							
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 7c 2,015. g Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a Part IV, line 18 8a 8a b Less: direct expenses 8b 8b c Net income or (loss) from fundraising events 9a pat IV, line 19 9a 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a d a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net i	c Re	ental income or (loss)	6c 89,7	67.					
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b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 2,015. 1 d Net gain or (loss) 0. 1 d Net gain or (loss) 2,015. 1 d Net gain or (loss) 0. 1 d Net gain or (loss) 0. 1 d Net gain or (loss) 0. 1 e 0. 0. 1 for contributions reported on line 1c). See 8a 8a b Less: direct expenses 8b 1 c Net income or (loss) from fundraising events 1 g Gross income from gaming activities. See 9a 9a gain 9a 9a 1 1 b Less: circet expenses 9b 1 1 c Net income or (loss) from gaming activities 1 1 1 d Gross sales of inventory, less returns and allowances 10a 10b 1 1 c Net income or	7 a Gr	ross amount from sales of			(ii) Other				
and sales expenses 7b 0. c Gain or (loss) 7c 2,015. d Net gain or (loss) 2,015. 1 d Net gain or (loss) 0f 2,015. 1 d Net gain or (loss) 0f 1 1 including \$	as	ssets other than inventory	7a 2,0	15.					
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	c Ga	ain or (loss)	7c 2,0	15.					
B including \$of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code						2,015.			2,015.
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Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a b Less: cost of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 80	inc	cluding \$	of						
b Less: direct expenses 8b		-	-						
c Net income or (loss) from fundraising events Image: constraint of the second se									
9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9b 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code	b Le	ess: direct expenses		8b					
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory			-						
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c Net income or (loss) from gaming activities Image: Comparison of the second sec									
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and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code				es					
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c Net income or (loss) from sales of inventory Business Code									
Business Code				-					
	<u> </u>	et income or (loss) from s	sales of invento	ory					
0 11 a				-	Business Code				
	11 a _								
	<u>ь</u>								
						14 010	14 04 0		l
d All other revenue 900099 11,310. 11,310.							11,310.		
e Total. Add lines 11a-11d III, 310.							1.00.000		110 001
	12 To	otal revenue. See instructio	ons			4,400,UI9.	топ,803.	ι υ.	116,871. Form 990 (2022

RED LODGE AREA COMMUNITY FOUNDATION

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Form 990 (2022)

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Page **9**

20-0192255

RED LODGE AREA COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

20-0192255 Page 10

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

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21	1,381,512.	1,381,512.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	807,166.	807,166.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	88,100.	44,931.	37,002.	6,167.
6	Compensation not included above to disqualified		,	,	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	648,484.	510,368.	90,761.	47,355.
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,590.	28,694.	15,570.	3,326.
10	Payroll taxes	69,367.	47,369.	16,786.	5,212.
11	Fees for services (nonemployees):				-,
	Management				
b	Legal				
c		177,859.	177,859.		
d		,			
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	89,232.	71,451.	15,602.	2.179.
12	Advertising and promotion	11,457.	10,561.	511.	<u>2,179.</u> 385.
13	Office expenses	31,975.	27,335.	3,956.	684.
14	Information technology	33,651.	27,470.	3,091.	3,090.
15	Royalties	00,0010		0,0020	5,0500
16	Occupancy	117,914.	112,080.	3,230.	2,604.
17	Travel	21,110.	18,446.	1,813.	851.
18	Payments of travel or entertainment expenses	/			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,902.	3,724.	1,054.	1,124.
20	· · · · · · · · · · · · · · · · · · ·	0,5021	07/210		
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	42,879.		42,879.	
22	Insurance	52,061.	38,741.	6,901.	6,419.
23 24	Other expenses. Itemize expenses not covered	51,0010		0,5011	0,1100
-7	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	NT CODI I ANDOLIC	60,849.	57,238.	1,843.	1,768.
b	PRINTING AND PUBLICATIO	27,296.	25,178.	1,208.	910.
c	AMORTIZATION EXPENSE	13,538.	13,538.	_,	
d	MEETING MEALS	12,963.	9,806.	1,760.	1,397.
	All other expenses	,,		_,	_,
25	Total functional expenses. Add lines 1 through 24e	3,740,905.	3,413,467.	243,967.	83,471.
26	Joint costs. Complete this line only if the organization	-,,>	-,,		,
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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20201		11			

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RED	LODGE	AREA	COMMUNITY	FOUNDATION

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га		Dalalice Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			774,677.	1	1,209,198.
	2	Savings and temporary cash investments			91,152.	2	95,091.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			164,911.	4	152,234.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,309.	8	2,309.
Ä	9	Prepaid expenses and deferred charges			1,000.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,299,973.			
	b	Less: accumulated depreciation		245,735.	754,942.	10c	1,054,238.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		Г		13	
	14	Intangible assets				14	400.040
	15	Other assets. See Part IV, line 11			467,356.	15	422,848.
	16	Total assets. Add lines 1 through 15 (must equa			2,256,347. 55,780.	16	<u>2,935,918.</u> 56,712.
	17	Accounts payable and accrued expenses			55,700.	17	50,712.
	18	Grants payable				18 19	
	19 20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
iliq		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	····· -		23	
	24	Unsecured notes and loans payable to unrelated			250,000.	24	250,000.
	25	Other liabilities (including federal income tax, pay			-		
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			305,780.	26	306,712.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,162,225.	27	1,352,268.
Ba	28	Net assets with donor restrictions		L	788,342.	28	1,276,938.
pur		Organizations that do not follow FASB ASC 9	58, chec	ck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Re	32	Total net assets or fund balances			1,950,567.	32	2,629,206.
	33	Total liabilities and net assets/fund balances			2,256,347.	33	2,935,918.

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

	1990 (2022) RED LODGE AREA COMMUNITY FOUNDATION	20-	<u>0192255</u>	Pa	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,74		
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,95		
5	Net unrealized gains (losses) on investments	5	-2		78.
6	Donated services and use of facilities	6		3,0	78.
7	Investment expenses	7			
8	Prior period adjustments	8	-	<u>89,8</u>	25.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,62	29,2	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

SCHEDULE A (Form 990) Department of the Treasury								
Department of the Treasury Internal Revenue Service	Go to ww	/w.irs.gov/Form990 for inst			ormation.		Open to Public Inspection	
Name of the organizat	RED LODGE	E AREA COMMUNIT				2	identification number $0-0192255$	
Part I Reason	for Public Charity	Status. (All organizations	must complete tl	nis part.) Se	ee instruction	S.		
The organization is not	a private foundation bec	ause it is: (For lines 1 throug	h 12, check only	one box.)				
1 🗌 A church, co	nvention of churches, o	r association of churches de	scribed in sectic	on 170(b)(1))(A)(i).			
2 A school de	scribed in section 170(b)(1)(A)(ii). (Attach Schedule	E (Form 990).)					
	search organization ope	service organization describe rated in conjunction with a h			-)(iii). Enter	the hospital's name,	
5 An organiza	ion operated for the ben	efit of a college or university	owned or operat	ed by a gov	vernmental u	nit describe	ed in	
	0(b)(1)(A)(iv). (Complete				- 1			
		or governmental unit describ			-		u de lie, ele e suite e el in	
-	(b)(1)(A)(vi). (Complete F	es a substantial part of its sup	pport from a gove	ernmental u	init or from tr	ie general p	Dudiic described in	
		ti on 170(b)(1)(A)(vi). (Comple	ate Part II)					
		described in section 170(b)	-	ed in coniu	nction with a	land-grant	college	
	-	ege of agriculture (see instruc		-		-	-	
university:		9		··, -·- ,				
activities reli income and See section 11 An organiza 12 An organizati ines 12a the a Type I. A the suppo organizati b Type II. A control or organizati c Type III fu its suppor d Type III n that is not requireme	ated to its exempt function unrelated business taxal 509(a)(2). (Complete Par- ion organized and opera- ion organized and opera- y supported organization ough 12d that describes supporting organization of rted organization(s) the par- supporting organization management of the support on(s). You must completent is of the support on (s). You must completent is of the support on (s). You must completent is of the support on (s). You must completent is of the support on (s) (see in the organization (s) (see in the organization). You	es (1) more than 33 1/3% of it ons, subject to certain excep- ble income (less section 511 art III.) ated exclusively to test for pu- ted exclusively for the benef- hs described in section 509 is the type of supporting organ operated, supervised, or con- power to regularly appoint or Part IV, Sections A and B. supervised or controlled in co- porting organization vested in the Part IV, Sections A and C. A supporting organization op instructions). You must com- red. A supporting organization The organization generally m u must complete Part IV, Se- received a written determination and the support of the other support of the other and the support of the other support of the other and the other support of the other support of the other and the other support of the other support of the other and the other support of t	tions; and (2) no tax) from busines blic safety. See it of, to perform t (a)(1) or section nization and com trolled by its supp elect a majority of connection with it in the same perso C. erated in connec splete Part IV, Se on operated in co ust satisfy a distr ections A and D,	more than : sses acquir section 50 he function 509(a)(2). S plete lines ported orga of the direct s supported ns that con tion with, an ections A, I nnection w ibution requ and Part V	33 1/3% of it ed by the org 9(a)(4). Is of, or to ca See section 4 12e, 12f, and anization(s), ty tors or truste d organizatio atrol or manage nd functional D, and E. ith its suppor uirement and /.	s support fi anization a rry out the 509(a)(3). (12g. /pically by g es of the su n(s), by hav ge the supp ly integrate ted organiz an attentiv	rom gross investment fter June 30, 1975. purposes of one or Check the box on giving upporting ing ported id with, cation(s)	
		non-functionally integrated su			, , , , , , , , , , , , , , , , , , ,			
f Enter the number	of supported organization	ons	-					
		e supported organization(s).	(iv) is the org	anization listed				
(i) Name of sup organizatio		EIN (iii) Type of organi (described on line)	s 1-10 in your govern	ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)	
		above (see instruc	tions)) Yes	No				

Total

Schedule A	(Form 990) 2022	RED	LODGE	AREA	COMMUNITY	FOUNDATION	20-0192255	Page 2
Part II	Support Schedule f	or Org	anization	s Descr	ibed in Section	s 170(b)(1)(A)(iv) :	and 170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction				12	
		-		fourth or fifth tax			
10	organization, check this box and sto	-			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (column (f))		14	%
						15	%
	33 1/3% support test - 2022. If the					· · · ·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets the		-				
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
				,,,	, eesit tino box a		A (Form 990) 2022

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Schedule A (Form 990) 2022

RED LODGE AREA COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1153264.	1219993.	1677784.	1891937.	4128339.	10071317.	
2	Gross receipts from admissions,							
-	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the	103,046.	62 104	213 165	152,357.	110 100	680 471	
•	organization's tax-exempt purpose	105,040.	02,104.	215,405.	152,557.	149,499.	000,4/1.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	1256310.	1282097.	1891249.	2044294.	4277838.	10751788.	
	Amounts included on lines 1, 2, and							
10	3 received from disqualified persons	264,412.	88 502.	236 191.	184,285.	220 030.	993,420.	
h	Amounts included on lines 2 and 3 received	201/1120	00,0020	20071910	101/2001	220,000	55571200	
~	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the					070 070	870,078.	
	amount on line 13 for the year	264,412.	00 500	236,191.	104 005			
	Add lines 7a and 7b	264,412.	88,502.	236,191.	184,285.	1090108.		
	Public support. (Subtract line 7c from line 6.)						8888290.	
Sec	ction B. Total Support	1	1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6	1256310.	1282097.	1891249.	2044294.	4277838.	10751788.	
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources	3,963.	-106,931.	20,630.	2,100.	25,089.	-55,149.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
~	Add lines 10a and 10b	3 963.	-106,931.	20,630.	2,100.	25 089.	-55,149.	
	Net income from unrelated business		100,5510	20,000	272000			
	activities not included on line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital	1 7 1 2 7	70 041	100 100	15 600	11 210	220 170	
	assets (Explain in Part VI.)	17,137.			15,623.	11,310.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1277410.	1246107.	2035038.	2062017.	4314237.	10934809.	
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
	check this box and stop here							
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	81.28 %	
16								
Sec	ction D. Computation of Invest	stment Income						
17	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 .00 %							
	33 1/3% support tests - 2022. If the					•		
.56	more than 33 1/3%, check this box ar						X	
Ŀ		-	-					
۵	33 1/3% support tests - 2021. If the	•				-		
~ ~	line 18 is not more than 33 1/3%, che			•		•		
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst		·····	
23202	23 12-09-22					Schedule A	(Form 990) 2022	

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2022.05000 RED LODGE AREA COMMUNITY 135990.1

1

Yes No

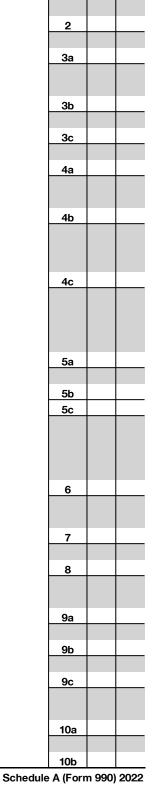
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022 RED LODGE AREA COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	1	
b	A family member of a person described on line 11a above? 11	,	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the c	organization used to satisf	y the Integral Part Test during	g the year (see instructions).
---	---	-----------------------------	---------------------------------	--------------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a go	overnmental entity.	Describe in Part VI how you supported a governmental entity (see instruct	tions).
---	--	---------------------------------	---------------------	---	---------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

10411114 755565 135990.0

2022.05000 RED LODGE AREA COMMUNITY 135990.1

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_	dule A (Form 990) 2022 RED LODGE AREA COMMUNITY			20-0192255 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

RED LODGE AREA COMMUNITY FOUNDATION

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	led)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	RED	LODGE	AREA	COMMUN	IITY	FOUNDA	TION	20-0192255 Page
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section Section D, lines 5, 6	nes 1, 2, 3b, 3c on D, lines 2 and	, 4b, 4c, 5a d 3; Part IV	, 6, 9a, 9t , Section I	o, 9c, 11a, 11 E, lines 1c, 2a	b, and 1 a, 2b, 3a	11c; Part IV, S a, and 3b; Pa	Section B, I rt V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
	(See instructions.)								
232028 12-09-2	2				21				Schedule A (Form 990) 202

SCHEDULE	D
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(Form	990)
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Supplemental Financial Statements

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RED LODGE AREA COMMUNITY FOUNDATION

Employer identification number 20 - 0192255

organization answered 'res' on Polin seb, Part W, line c. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 3 3 2 Aggregate value of grants from (alung year) 7, 184. - 3 Aggregate value of grants from (alung year) 125, 120. - 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donos, and donor advisors in writing that grant funds can be used only for charitable parposes and not to the benefit of the onor or donor advisor, or or any other purpose conferring important land area Percessitio of conservation essements. Held by the organization exclusion, answered 'Yes' on Fom 990. Part W, line 7. No Part III Conservation essements held by the organization (check all that app). Preservation of a historically important land area Preservation of organ space 2 2 2 1 Total number of conservation essements 2 2 4 Total number of conservation essements and after ut/y 25,2008, and not on a historically important land area 2 9 Total acceage restricted by conservation essements included in (c) accuured after ut/y 25,2008, and not on a historic structure is the organization has a written policy regarding the parindice monotoring, inspection, handling of violations, and enforci	Par			Similar Funds or <i>I</i>	Accounts. Complete if the
1 Total number at end of year 3 2 Aggregate value of contributions to (during year) 7, 184. 3 Aggregate value of antition (during year) 125, 120. 5 Did the organization inform all donors and door advisors in writing that the asset heal in door advised funds are the organization in property, subject to the organization is exclusive legal control? Image: State organization inform all grantees, donors, and door advisor, or form yother purpose conferring impermissible purposes and not for the benefit of the organization in sweed "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation essements. Complete if the organization in sweed "Yes" on Form 980, Part IV, line 7. 1 Purpose(s) of conservation essements. Complete if the organization in the organization in the property subject of a listorically important land area 1 Protection of natural habatat Protection of a listorically important land area 2 Complete lines 2a through 2d if the organization heid a qualified conservation contribution in the form of a conservation essements 2a 3 Total ancegar servicide Dy conservation essements 2a 4 Number of conservation essements included in (c) acquired after July 25.2006, and not on a historically inportant land area 2 Number of conservation essements included in (c) acquired after July 25.2006, and not on a historical lengation asset written polory regring the period constoring, inspecti		organization answered "Yes" on Form 990, Part IV, lin		a di face al a	
2 Aggregate value of contributions to (during year) T, 2, 93 T, T, 134, 1 3 Aggregate value of contributions to (during year) T, 2, 134, 1 4 Aggregate value and of year T, 134, 1 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefft? No 6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible private benefft? No 7 Propose(g) of conservation easements held by the organization (cluck all that appl) Preservation of a bistorically important land area 9 Proteos(g) of conservation easements held by the organization (cluck all that appl) Preservation of a certified historic structure 9 Preservation of pans pace 2 Complete lines 2: a through 2: di the organization held a qualified conservation contribution in the form of a conservation easements 2 1 Total ancreage restricted by conservation easements 2 2 1 Total ancreage restricted by conservation easements included in (a) caquided atter July 25,2008, and not on a historic structure listed atter by 25,2008, and not on a historic structure listed atter July 25,2008, and not on a historic structure listed atthe find of (local culture July 25,2008, and not on a l			(a) Donor advis		(b) Funds and other accounts
Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of a grants from (during year) Aggregate value of a grants from (during year) Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the barnelit of the donor or donor advisor, or for any other purpose conferring impermised private benefit? Perservation of an other of the organization in answerd 'Yes' on Form 900, Part IV, line 7. Purpose() or conservation easements held by the organization (during the crystal) in the organization in the distance of the organization in the distance of a historically important thant area Preservation of a interfect all the organization in the organization answerd 'Yes' on Form 900, Part IV, line 7. Purpose() or conservation easements is and by the organization (durine) Preservation of a historically important thant area Preservation of an interfect all that grant Preservation of a mission structure included in (a) Preservation of a certified historic structure Preservation of conservation easements a total number of conservation easements a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements included in (a) capacited after July 25,2006, and not on a historic structure liste water property subject to conservation easements is during the pearle Number of donservation easements included in (b) capacited after July 25,2006, and not on a historic structure liste water property subject to conservation easements is during the year Anound of expenses incurred in monotring, inspecting, handling of violations, and enforcing conserv	-			-	
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and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. Image: Complete if the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. Image: Complete if the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Image: Complete if the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and er	nforcing conservation e	easements during the year
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 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other Similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X<!--</th--><th>8</th><th>Does each conservation easement reported on line 2(d) abov</th><th>e satisfy the requiremen</th><th>ts of section 170(h)(4)(</th><th>(B)(i)</th>	8	Does each conservation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170(h)(4)((B)(i)
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <th></th> <th>and section 170(h)(4)(B)(ii)?</th> <th></th> <th></th> <th>Yes No</th>		and section 170(h)(4)(B)(ii)?			Yes No
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	a		· ·		
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 			exhibition, education, c	r research in furtheran	ice of public service,
(ii) Assets included in Form 990, Part X \$					¢
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022	2				
a Revenue included on Form 990, Part VIII, line 1 \$	2	-		-	, provide
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$	а		•		\$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022					

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		E AREA COM						20-01			age 2	
Par	t III Organizations Maintaining Col	ections of Art	, Histori	cal Tre	easures, o	r Other	⁻ Simila	r Assets	contii	nued)		
3	Using the organization's acquisition, accession,	and other records	, check an	y of the f	following that	t make si	gnificant	use of its				
	collection items (check all that apply):											
а	Public exhibition	d	Loa	n or exc	hange progra	am						
b	Scholarly research	е	Oth	er								
с	c Preservation for future generations											
4												
5												
-	to be sold to raise funds rather than to be main								Yes		No	
Par	t IV Escrow and Custodial Arrange											
	reported an amount on Form 990, Part X			gainzatio		100 011	1 0111 000	, r arcrv,				
1a	Is the organization an agent, trustee, custodian		ary for cont	ribution	s or other as	sets not i	ncluded					
14	on Form 990, Part X?								Yes		No	
h	If "Yes," explain the arrangement in Part XIII and							∟				
D			Jwing table	.					Amoun	t		
_							4.		Amoun			
	Beginning balance											
	Additions during the year											
-	Distributions during the year											
f	Ending balance											
	Did the organization include an amount on Form						τγ?	∟	Yes		_ No	
Par	If "Yes," explain the arrangement in Part XIII. Ch	eck nere if the exp	Dianation h	as been	provided on	Part XIII		<u></u>				
T ai		a) Current year						/ears back	(e) Fou	rvooro	hook	
			(b) Prior	•	(c) Two yea				(e) rou	,		
	Beginning of year balance	201,445.		6,710.		7,067.		71,740.			,945.	
b											,463.	
С	Net investment earnings, gains, and losses	-25,189.	1	9,258.	1.	1,480.		12,137.		-4,	,684.	
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	4,550.		4,642.		2,060.		3,444.		2,	,055.	
f	Administrative expenses	2,289.		2,794.		1,070.		974.			929.	
g	End of year balance	170,475.	20	1,445.	9	6,710.		87,067.		71,	,740.	
2	Provide the estimated percentage of the current	t year end balance	(line 1g, co	olumn (a))) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment 100	%										
с	Term endowment%											
	The percentages on lines 2a, 2b, and 2c should	equal 100%.										
3a	Are there endowment funds not in the possessi	on of the organizat	ion that ar	e held ar	nd administer	red for th	е					
	organization by:									Yes	No	
	(i) Unrelated organizations								3a(i)	Х		
	(ii) Related organizations								3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organizatio								3b			
4	Describe in Part XIII the intended uses of the or	ganization's endow	ment fund	s.								
Par	t VI Land, Buildings, and Equipmer	nt.										
	Complete if the organization answered "	Yes" on Form 990,	Part IV, lin	e 11a. S	ee Form 990), Part X,	line 10.					
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	ie	
		basis (investm	ent)	basis	(other)	de	oreciation		.,			
1a	Land			9	6,888.				9	6,8	88.	
	Buildings				5,114.	1	L29,0	32.			82.	
	Leasehold improvements				-					-		
	Equipment			20	7,971.	1	L16,7	03.	9	1,2	68.	
	Other				,			-		, =		
	. Add lines 1a through 1e. (Column (d) must equa		(column /	D) line 1		I			1,05	4.2	38.	
1010		an Unii 390, Fall A		<u>, iii ie i</u>	<i>vv.j</i>			Sobodulo				

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	(-)	(-)	
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) ENDOWMENT FUND - MT COM FD			<u>170,475</u> 252,373
(2) SWEAT EQUITY MORTGAGES			232,373
(3)			
(4)			
(5)			
<u>(5)</u> (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		422,848
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			422,848
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			422,848 (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

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Schedule D (Form 990) 2022 Part VII Investments RED LODGE AREA COMMUNITY FOUNDATION Other Securities

Sche	dule D (Form 990) 2022 RED LODGE AREA COMMUNITY	Y FOUNDATION	20-0192255 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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			
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
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	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		
Pa	rt XIII Supplemental Information.	· · · · ·	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

OUR ENDOWMENT FUNDS CAPTURES COMMUNITY ASSETS THAT MIGHT OTHERWISE BE LOST
AND KEEP THEM IN OUR COMMUNITY. EARNINGS FROM THE ENDOWMENT FUNDS, FUND
LOCAL PROJECTS IN PERPETUITY. ENDOWMENT BUILDING REPRESENTS OUR COMMITMENT
TO CREATING PERMANENT FINANCIAL RESOURCES FOR THE COMMUNITY. WE ADDED
FUNDS TO ALL FOUR OF OUR EXISTING ENDOWMENTS: FOUNDATION, CITY POOL AND
THE ROOSEVELT CENTER. WE PARTNERED WITH BEARTOOTH RECREATIONAL TRAILS
ASSOCIATION TO CREATE THEIR FIRST ENDOWMENT. ALL OF OUR ENDOWMENTS ARE
INVESTED IN MONTANA COMMUNITY FOUNDATION. THE FOUNDATION PARTNERS WITH THE
COMMUNITY AND DONORS TO DEVELOP PLACE BASED STRATEGIES FOR PERMANENT ASSET
MANAGEMENT INCLUDING PARTNERSHIPS WITH LOCAL GOVERNMENT.

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Schedule D (Form 990) 2022		REA COMMUNITY	FOUNDATION	20-0192255 Page 5
Part XIII Supplemental Info	ormation (continued)			
IN ADDITION TO THE	AMOUNTS OVER	WHICH THE RED	LODGE AREA CO	MMUNITY
FOUNDATION (RLACF)	HAS VARIANCE	POWER, THE RL	ACF IS ALSO A	BENEFICIARY OF
FUNDS CONTRIBUTED	TO AND HELD BY	THE MONTANA	COMMUNITY FOUN	DATION (MCF) IN
THE AMOUNT OF \$578	,336 AS OF DEC	EMBER 31, 202	2. BECAUSE TH	ESE FUNDS ARE
OWNED BY AND UNDER	THE CONTROL O	F THE MCF, TH	EY ARE NOT REC	ORDED AS AN
ASSET OF RLACF. T	HE RLACF RECEI	VES CONTRIBUT	IONS FROM MCF	ANNUALLY IN
ACCORDANCE WITH IT:	5 DISTRIBUTION	POLICY. CON	TRIBUTIONS REC	EIVED FROM THE
MCF FUNDS WERE \$33	,502 FOR THE Y	EAR ENDED DEC	EMBER 31, 2022	•

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form		,		Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization RED LODGE	AREA COM	MUNITY FOUN	DATION				Employer identification number 20-0192255
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				r for the grants or assis		on X Yes No
Part II Grants and Other Assistance to I recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABSAROKA BEARTOOTH WF PO BOX 392 RED LODGE, MT 59068	32-0320146	501(C)(3)	0.	10,594.	FMV		PHILANTHROPIC PURPOSE
BARETOOTH CUPBOARDS CC COMM FOOD BANK - PO BOX 665 - RED LODGE, MT 59068	81-0496066	501(C)(3)	0.	9,925.	FMV		PHILANTHROPIC PURPOSE
BEARTOOTH BILLINGS CLINIC FOUNDATION - PO BOX 1666 - RED LODGE, MT 59068	81-0484562	501(C)(3)	0.	7,021.	FMV		PHILANTHROPIC PURPOSE
BEARTOOTH RECREATIONAL TRAILS PO BOX 1872 RED LODGE, MT 59068	27-0081619	501(C)(3)	0.	11,510.	FMV		PHILANTHROPIC PURPOSE
BOYS & GIRLS CLUB OF RED LODGE PO BOX 11 RED LODGE, MT 59068	81-0493132	501(C)(3)	0.	9,595.	FMV		PHILANTHROPIC PURPOSE
CARBON COUNT ARTS GUILD 11 W 8TH ST RED LODGE, MT 59068	23-7260614	501(C)(3)	0.	8,723.	FMV		PHILANTHROPIC PURPOSE
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	с с		e line 1 table				23.

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

Schedule I (Form 990) RED LODGE AREA COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

20-0192255	Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDON CONTRY HEAROPEAN COLLERY							
CARBON COUNTY HISTORICAL SOCIETY PO BOX 881							
RED LODGE, MT 59068	81-0386302	501(C)(3)	0.	17,095.	FMV		PHILANTHROPIC PURPOSE
	01 0000001	301(0)(3)		1,,000.			
CITY OF RED LODGE							
PO BOX 9							
RED LODGE, MT 59068			0.	850,834.	FMV		PHILANTHROPIC PURPOSE
DOMESTIC & SEXUAL VIOLENCE							
SERVICES - PO BOX 314 - RED LODGE,							
MT 59068	20-2538889	501(C)(3)	0.	13,543.	FMV		PHILANTHROPIC PURPOSE
HODE DANGE OF NOVEANA							
HOPE RANCH OF MONTANA							
257 UPPER RED LODGE CREEK RD	33-1055749	F(1/2)/2	0.	22 021	E-M17		PHILANTHROPIC PURPOSE
RED LODGE, MT 59068	55-1055745	501(C)(3)	0.	23,921.	FMV		PHILANIHROPIC PORPOSE
MOUNTAIN BLUEBELLS PRESCHOOL							
501 NORTH COOPER AVE							
RED LODGE, MT 59068	20-2659076	501(C)(3)	0.	12,512.	FMV		PHILANTHROPIC PURPOSE
				,			
RED LODGE FIRE RESCUE FOUNDATION							
PO BOX 318							
RED LODGE, MT 59068	38-3763630	501(C)(3)	0.	9,692.	FMV		PHILANTHROPIC PURPOSE
RED LODGE ICE							
LIONS PARK							
RED LODGE, MT 59068		501(C)(3)	0.	15,321.	FMV		PHILANTHROPIC PURPOSE
DED LODGE DEGVGLING							
RED LODGE RECYCLING							
1220 N. HAGGIN AVE		501(C)(3)	0.	16,466.	E-M37		PHILANTHROPIC PURPOSE
RED LODGE, MT 59068		JOT(C)(3)		10,400.	с н v		FRIDANTRROPIC PURPOSE
YELLOWSTONE WILDLIFE SANCTUARY							
PO BOX 675							
RED LODGE, MT 59068	81-0422009	501(C)(3)	0.	33,297.	FMV		PHILANTHROPIC PURPOSE

Schedule I (Form 990)

RED LODGE AREA COMMUNITY FOUNDATION Schedule I (Form 990)

20-0192255 _{Ра}	age 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTOOTH CHILDRENS' CENTER							
14 VILLARD AVE N							
ED LODGE, MT 59068	81-0484562	501(C)(3)	0.	5,900.	FMV		PHILANTHROPIC PURPOSE
EARTOOTH INDUSTRIES & HOMES	81-0347025	501(C)(3)	0.	5,329.	FMV		PHILANTHROPIC PURPOSE
EARTOOTH HUMANE ALLIANCE O BOX 2333							
ED LODGE, MT 59068	20-4513120	501(C)(3)	0.	17,170.	FMV		PHILANTHROPIC PURPOSE
USES OF YELLOWSTONE PRESERVATION RUST - 124 BROADWAY AVE N - RED ODGE, MT 59068	27-2356270	501(C)(3)	0.	6,755.	FMV		PHILANTHROPIC PURPOSE
ERO'S STEAM ENGINE		501(C)(3)	0.	6,864.	FMV		PHILANTHROPIC PURPOSE
ESSIAH LUTHERAN CHURCH 12 LOWER CONTINENTAL DRIVE ED LODGE, MT 59068	37-1508550	501(C)(3)	0.	18,668.	FMV		PHILANTHROPIC PURPOSE
ED LODGE YOUTH SOCCER O BOX 2167							
ED LODGE, MT 59068	71-1050668	501(C)(3)	0.	10,057.	FMV		PHILANTHROPIC PURPOSE

Schedule I (Form 990)

Schedule I (Form 990) 2022 RED LODGE AREA COMMUNITY FOUNDATION

20-0192255

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COVID AND FLOOD ASSISTANCE	145	807,166.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

/h-)

Name of the organization

RED LODGE AREA COMMUNITY FOUNDATION Types of Property

Т

()

Employer identification number

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UNDATION			20-0192255		
	(c)		(d)		

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	0	S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \ldots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (GOODS)	X	10	42,827.	FMV		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organized						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period	?				·	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				tions? <u>31</u>		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			<u>-</u> -
	contributions?				<u>32a</u>	1	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	sked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for
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Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	RED LODGE	AREA	COMMUNITY	FOUNDATIO	<u>DN</u>	20-0192255	Page 2
rarri	is reporting in Part this part for any a	t I, column (b), the	Provide the in number of co	nformation required ontributions, the nu	by Part I, lines 30 mber of items rece	b, 32b, and 33, a eived, or a combir	and whether the organization of both. Also com	plete
			····					
232142 09-09-2	22						Schedule M (Forn	n 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



RED LODGE AREA COMMUNITY FOUNDATION 20-

Employer identification number 20 - 0192255

FORM 990 LINE 1

THIS IS WHAT WORKING TOGETHER LOOKS LIKE! THE FOUNDATION OUTCOMES IN 2022 REFLECT BOTH LONG TERM PROGRAMMING AND OUR CAPABILITY TO RESPOND TO EMERGENT "GAP" OPPORTUNITIES SIMULTANEOUSLY. 39 REQUESTS FOR EARLY CHILDHOOD FINANCIAL SUPPORT REMAINED THE SAME AS THE PREVIOUS YEAR THREE FAMILIES MOVED INTO THEIR NEW HOMEOWNER BUILT HOUSES AND WE BEGAN CONSTRUCTION ON 4 MORE WHILE EXPANDING OUR SCOPE TO BUILD OUR FIRST 4 LONG TERM RENTALS THROUGH OUR PARTNERSHIPS WITH HELENA HABITAT FOR HUMANITY AND MONTANA LAND TRUST. WE PIVOTED MID-YEAR TO RESPOND TO AN UNEXPECTED 500-YEAR FLOOD EVENT ON JUNE 14TH. THE FOUNDATION WORKED ALONGSIDE COMMUNITY LEADERS AND FILLED IMMEDIATE GAPS BY COORDINATING MANAGING THE \$1.7 MILLION IN FUNDRAISING EFFORTS, VOLUNTEERS, AND FACILITATED LONGER TERM CASE MANAGEMENT FOR FLOOD SURVIVORS. WE GRANTED A TOTAL OF \$2,187,828 TO COMMUNITY PROJECTS, OUR LARGEST GRANT MAKING YEAR EVER. OUR MOST SIGNIFICANT ACTIVITIES INCLUDE GRANTS TO 61 CHARITIES THROUGH THE FUN RUN FOR CHARITIES, RAISING \$3.8 MILLION FOR THESE CHARITIES IN 19 YEARS. THE FIRST COUNTY WIDE TRANSPORTATION SYSTEM PROVIDED 7,500 RIDES, AND PROGRESSED IN THE REPURPOSING THE HISTORIC ROOSEVELT SCHOOL INTO AN ARTS, CULTURE, EDUCATIONAL AND CONFERENCE CENTER. IN 2022, VOLUNTEERS PROVIDED VALUABLE TIME THAT EQUATED TO \$259,190 IN STAFFING DOLLARS TO SUPPORT COMMUNITY INITIATIVES.

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

MAKING, LEADERSHIP, AND PHILANTHROPY SERVICES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE WITHOUT OTHER OPTIONS! THE NUMBER OF RIDES AND RIDERS INCREASED

STEADILY FOR OUR NO-CHARGE PUBLIC TRANSPORTATION SERVICE CONNECTING ALL

COMMUNITIES WITHIN CARBON COUNTY, AND TO REGULAR TRIPS TO BILLINGS, MT.

WE CONTINUE TO EXPLORE FINANCIAL RESOURCES TO ENSURE THE LONG TERM

VIABILITY OF THIS ESSENTIAL SERVICE.

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

CREATE A COMMUNITY THAT OFFERS CONCRETE SUPPORT AND OPPORTUNITY FOR

FAMILIES, YOUTH, AND CHILDREN TO REACH THEIR POTENTIAL AS CONTRIBUTING

MEMBERS OF SOCIETY.

5066 HOURS SERVED BY FUTURE OF MONTANA VOLUNTEER CORPS HIGH SCHOOL

STUDENTS.

RECIPIENTS OF MONTANA DPHHS CHILDCARE INNOVATION AND INFRASTRUCTURE

GRANT. THE FOUNDATION WAS ONE OF 31 RECIPIENTS ACROSS THE STATE TO

CREATE CHILDCARE SLOTS AND FOSTER NOVEL APPROACHES TO MEET THE NEED OF

FAMILIES WITH INFANTS AND PARENTS WORKING EVENING, NIGHTS, AND

WEEKENDS. \$463,360 WAS AWARDED TO OPEN A NEW CHILDCARE CENTER IN

PARTNERSHIP WITH MESSIAH LUTHERAN CHURCH.

PROVIDED QPR SUICIDE PREVENTION TRAINING IN 5 OF THE 7 SCHOOL DISTRICTS

IN CARBON COUNTY.

THE YOUTH ENRICHMENT FUND AWARDED 3,910 IN FUNDING ASSISTANCE TO 19

AREA YOUTH TO PARTICIPATE IN ACTIVITIES SUCH AS PIANO LESSONS, DANCE

LESSONS, VOLLEYBALL, SCHOOL SKI DAYS, GYMNASTICS, AND JIU-JITSU. THE

EARLY CHILDHOOD FUND PROVIDED \$15,200 FOR CHILDCARE/PRESCHOOL TUITION

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FOR 16 CHILDREN.

232212 10-28-22

Schedule O (Form 990) 2022	Page 2				
Name of the organization	Employer identification number				
RED LODGE AREA COMMUNITY FOUNDATION	20-0192255				
EXPENSES \$ 139,949. INCLUDING GRANTS OF \$ 68,112. REVEN	UE \$ 6,608.				
FORM 990, PART VI, SECTION A, LINE 6:					
MEMBERS RECEIVE NO BENEFITS, COMPENSATION, OR VOTING POWER FROM MEMBERSHIP.					
FORM 990, PART VI, SECTION A, LINE 7A:					
THE MEMBERS ELECT THE BOARD OF DIRECTORS AND VOTE ON CHANG	ES TO THE BYLAWS.				

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

PRESIDENT, EXECUTIVE DIRECTOR, AND TREASURER REVIEW FORM IN CONFERENCE.

RETURN IS PRESENTED TO THE FULL BOARD OF DIRECTORS.

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

COMPLIANCE IS MONITORED BY THE FULL BOARD OF DIRECTORS.

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

COMPENSATION IS REVIEWED AND VOTED ON BY THE FULL BOARD OF DIRECTORS.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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232212 10-28-22