

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2025

Open to Public
Inspection

A For the 2025 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1060

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WHITEFISH, MT 59937-1060

F Name and address of principal officer: DOUG REED

SAME AS C ABOVE

D Employer identification number

81-0533002

E Telephone number

(406) 863-1781

G Gross receipts \$ 56,335,882.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WHITEFISHCOMMUNITYFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2000 M State of legal domicile: MT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE WHITEFISH COMMUNITY FOUNDATION IS DEDICATED TO ENRICH THE QUALITY OF LIFE IN THE		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	16,852,403.	33,216,823.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,532.	43,438.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,210,828.	3,160,100.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,864.	76,405.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,160,627.	36,496,766.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14,637,515.	21,268,813.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	602,465.	712,094.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	536,902.	611,714.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,776,882.	22,592,621.
	19	Revenue less expenses. Subtract line 18 from line 12	4,383,745.	13,904,145.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	67,617,403.	88,674,689.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,145,817.	6,930,180.
			62,471,586.	81,744,509.

Part II Signature Block

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

Sign Here	Signature of officer	Date	8-5-26	
	DOUG REED, BOARD CHAIR			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	TIFFANY STEMPEL, CPA		07/02/26	P01716290
	Firm's name	JUNKERMIER, CLARK, CAMPANELLA, STEVENS, P.C.	Firm's EIN	81-0348775
	Firm's address	PO BOX 9047 KALISPELL, MT 59904	Phone no.	406-755-3681

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form 990 (2025) Created 4/30/25

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE WHITEFISH COMMUNITY FOUNDATION IS DEDICATED TO FOSTERING PHILANTHROPY, BUILDING ENDOWMENTS, AND HELPING DONORS AND NONPROFITS BENEFIT OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,448,923. including grants of \$ 1,307,115.) (Revenue \$)

WCF GRANT PROGRAMS: AWARDED GRANTS TOTALING \$1,307,115 TO 93 LOCAL ORGANIZATIONS THAT SUPPORT ARTS & CULTURE, HEALTH & HUMAN SERVICES, EDUCATION, SPORTS & RECREATION, CONSERVATION AND CIVIC ACTIVITIES, INCLUDING 6 MAJOR GRANTS TOTALING \$430,000. WCF ALSO AWARDED EMERGENCY GRANTS TOTALING \$211,473, INCLUDING \$199,768 TO LOCAL FOOD PANTRIES FOR FOOD PURCHASE WHEN SNAP BENEFITS WERE PAUSED. THE KIDS FUND, WHICH FUNDS IMPACTFUL PROGRAMS FOR FLATHEAD VALLEY CHILDREN WHO ARE OR ARE AT RISK OF BECOMING HOMELESS AWARDED 6 GRANTS TOTALING \$210,000 TO LOCAL YOUTH ORGANIZATIONS.

4b (Code:) (Expenses \$ 8,538,551. including grants of \$ 8,106,585.) (Revenue \$)

GREAT FISH COMMUNITY CHALLENGE: A FOUR-WEEK LONG FUNDRAISING CAMPAIGN WHICH HELPED 85 NONPROFITS RAISE OVER \$6.7M FROM 4300 DONORS AND THE FOUNDATION AWARDED AN ADDITIONAL \$1.4M IN MATCHING GRANTS PLUS \$59,500 IN INCENTIVE GRANTS. THE ORGANIZATION ALSO PROCESSED ALL GIFTS AND PROVIDED ALL PRINTED MATERIALS, ADVERTISING, AND MARKETING AT AN APPROXIMATE COST TO THE ORGANIZATION OF OVER \$400,000.

4c (Code:) (Expenses \$ 11,633,987. including grants of \$ 11,391,855.) (Revenue \$ 43,438.)

CHARITABLE FUNDS: HELD AND ADMINISTERED CHARITABLE FUNDS INCLUDING DONOR ADVISED FUNDS, DESIGNATED FUNDS, ANNUITY FUNDS AND AGENCY FUNDS WHICH PAID OUT GRANTS AND SCHOLARSHIPS TOTALING OVER \$11.6M TO CHARITABLE ORGANIZATIONS AND PROVIDED \$255K IN PROGRAM SUPPORT TO THE ORGANIZATION THROUGH ADMINISTRATIVE FEES.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 635,825. including grants of \$ 463,259.) (Revenue \$)4e Total program service expenses 22,257,286.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	☒	☐
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	☐	☒
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? <i>If "Yes," complete Schedule C, Part II</i>	☐	☒
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? <i>If "Yes," complete Schedule C, Part III</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part I</i>	☒	☐
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part IV</i>	☐	☒
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	☒	☐
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	☒	☐
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	☐	☒
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part IX</i>	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	☒	☐
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)? <i>If "Yes," complete Schedule D, Part X</i>	☐	☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	☒	☐
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	☐	☒
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	☐	☐
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	☐

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? If "Yes," complete Form 6069.	17	

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b		X
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 arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (406)863-1781
PO BOX 1060, WHITEFISH, MT 59937-1060

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN DAVIS PRESIDENT	45.00			X				165,740.	0.	16,553.
(2) DARIA PEREZ CFO	45.00			X				142,420.	0.	21,052.
(3) ARDYCE WHISLER DIRECTOR	3.00	X						0.	0.	0.
(4) GREG GARRISON BOARD CHAIR	3.00	X		X				0.	0.	0.
(5) LINDA MAETZOLD DIRECTOR	5.00	X						0.	0.	0.
(6) JEFF ALLEN DIRECTOR	3.00	X						0.	0.	0.
(7) SHERRY LESAR DIRECTOR	2.00	X						0.	0.	0.
(8) LAURA GARBACZ DIRECTOR	5.00	X						0.	0.	0.
(9) MONICA PASTOR DIRECTOR	3.00	X						0.	0.	0.
(10) GORDON CROSS DIRECTOR	5.00	X						0.	0.	0.
(11) DOUG REED VICE CHAIR	3.00	X		X				0.	0.	0.
(12) JAMIE SHENNAN DIRECTOR	2.00	X						0.	0.	0.
(13) BRENDEN CRAIG TREASURER	2.00	X		X				0.	0.	0.
(14) STACY SMITH DIRECTOR	2.00	X						0.	0.	0.
(15) MAUREEN CASEY DIRECTOR	3.00	X						0.	0.	0.
(16) CAELI QUINN DIRECTOR	3.00	X						0.	0.	0.
(17) LUCY SMITH DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HANK RICKLEFS DIRECTOR	3.00	X						0.	0.	0.
(19) BETSY BAYNE DIRECTOR	4.00	X						0.	0.	0.
1b Subtotal								308,160.	0.	37,605.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								308,160.	0.	37,605.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,216,823.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 14,430,117.			
	h	Total. Add lines 1a-1f		33,216,823.			
Program Service Revenue				Business Code			
	2 a	ADMINISTRATIVE FEES		561000	43,438.	43,438.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			43,438.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,925,892.		1,925,892.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6 a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			7a	20,885,413.			
	b	Less: cost or other basis and sales expenses	7b	19,651,205.			
	c	Gain or (loss)	7c	1,234,208.			
	d	Net gain or (loss)			1,234,208.		1,234,208.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	252,316.			
	b	Less: direct expenses	8b	187,911.			
c	Net income or (loss) from fundraising events			64,405.		64,405.	
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						
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						
Miscellaneous Revenue				Business Code			
	11 a	RENTAL INCOME		531120	12,000.		12,000.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			12,000.		
12	Total revenue. See instructions			36,496,766.	43,438.	0.	3,236,505.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,268,813.	21,268,813.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	340,793.	297,388.	24,368.	19,037.
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	242,492.	208,992.	17,291.	16,209.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	80,955.	70,281.	5,782.	4,892.
10 Payroll taxes	47,854.	39,426.	5,623.	2,805.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,600.		18,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	160,865.	160,865.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,800.		19,800.	
12 Advertising and promotion	52,387.	46,770.	4,102.	1,515.
13 Office expenses	7,645.	6,643.	543.	459.
14 Information technology	65,093.	39,056.	26,037.	
15 Royalties				
16 Occupancy	13,554.	11,767.	968.	819.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,369.	5,612.	9,510.	247.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,691.		35,691.	
23 Insurance	12,424.		12,424.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENTS & WORKSHOPS	114,669.	34,561.		80,108.
b BANK AND CREDIT CARD FE	50,451.	39,934.		10,517.
c PRINTING & PUBLICATIONS	33,859.	19,137.	11,070.	3,652.
d POSTAGE	6,714.	4,366.	1,909.	439.
e All other expenses	4,593.	3,675.	918.	
25 Total functional expenses. Add lines 1 through 24e	22,592,621.	22,257,286.	194,636.	140,699.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	273,167.	1	93,409.
	2 Savings and temporary cash investments	5,253,543.	2	13,517,082.
	3 Pledges and grants receivable, net		3	250,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,525.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,248,907.		
	b Less: accumulated depreciation	10b 127,125.		
	11 Investments - publicly traded securities	1,157,473.	10c	1,121,782.
	12 Investments - other securities. See Part IV, line 11	60,928,695.	11	73,661,931.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,617,403.	15	30,485.	
Liabilities	17 Accounts payable and accrued expenses	6,000.	16	88,674,689.
	18 Grants payable		17	31,903.
	19 Deferred revenue	6,400.	18	135,000.
	20 Tax-exempt bond liabilities		19	19,296.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,408,957.	20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	6,024,106.
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	724,460.	24	
	26 Total liabilities. Add lines 17 through 25	5,145,817.	25	719,875.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		26
27 Net assets without donor restrictions		7,404,119.	27	8,328,663.
28 Net assets with donor restrictions		55,067,467.	28	73,415,846.
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		62,471,586.	32	81,744,509.
33 Total liabilities and net assets/fund balances	67,617,403.	33	88,674,689.	

Form 990 (2025)

Part XI Reconciliation of Net AssetsCheck 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	36,496,766.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,592,621.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,904,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,471,586.
5	Net unrealized gains (losses) on investments	5	5,368,778.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,744,509.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Yes No

2a

X

2b

X

2c

X

3a

X

3b

Form 990 (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025
Open to Public
Inspection

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number

81-0533002

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,351,954.	12,615,926.	17,892,500.	16,852,403.	33,216,823.	96,929,606.
2 Tax revenues levied for the organization'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	16,351,954.	12,615,926.	17,892,500.	16,852,403.	33,216,823.	96,929,606.
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)						3,148,112.
6 Public support. Subtract line 5 from line 4.						93,781,494.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	16,351,954.	12,615,926.	17,892,500.	16,852,403.	33,216,823.	96,929,606.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,363,081.	1,436,414.	1,586,066.	1,741,612.	1,937,892.	8,065,065.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						104,994,671.
12 Gross receipts from related activities, etc. (see instructions)					12	1,299,284.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	89.32	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	91.44	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒			
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐			
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐			
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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.)*

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11a	
b A family member of a person described on line 11a above?	11b	
c 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 .	11c	

Section 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section 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	

Section 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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).		
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 its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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.	2b	
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.		
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .	3a	
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3c	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	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	
e	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	

Section 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 integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2025		
a	From 2020		
b	From 2021		
c	From 2022		
d	From 2023		
e	From 2024		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2025 distributable amount		
i	Carryover from 2020 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2025 from Section D, line 6: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2025 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2026. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2021		
b	Excess from 2022		
c	Excess from 2023		
d	Excess from 2024		
e	Excess from 2025		

Schedule A (Form 990) 2025

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number

81-0533002

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	90	346
2 Aggregate value of contributions to (during year)	17,124,385.	17,710,356.
3 Aggregate value of grants from (during year)	9,472,010.	12,445,610.
4 Aggregate value at end of year	47,283,717.	40,240,103.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 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.

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 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	\$

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

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,064,455.	18,017,054.	14,988,744.	15,553,021.	12,684,916.
b Contributions	4,041,685.	1,149,003.	1,242,962.	1,950,464.	962,054.
c Net investment earnings, gains, and losses	3,564,768.	1,622,680.	2,319,982.	-1,969,457.	2,377,781.
d Grants or scholarships	719,632.	582,627.	410,498.	427,668.	367,866.
e Other expenditures for facilities and programs					
f Administrative expenses	191,975.	141,655.	124,136.	117,616.	103,864.
g End of year balance	26,759,301.	20,064,455.	18,017,054.	14,988,744.	15,553,021.

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

- a Board designated or quasi-endowment 9.6376 %
 b Permanent endowment 57.6925 %
 c Term endowment 32.6698 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		☒
3a(ii)		☒
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		464,947.		464,947.
b Buildings		595,000.	66,110.	528,890.
c Leasehold improvements		161,070.	48,289.	112,781.
d Equipment		6,790.	4,638.	2,152.
e Other		21,100.	8,088.	13,012.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,121,782.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) VALUE OF LIFE INTEREST IN CHARITABLE GIFT ANNUITIES	719,875.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

719,875.

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

Schedule D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	41,892,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,368,778.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	187,911.
e	Add lines 2a through 2d	2e	5,556,689.
3	Subtract line 2e from line 1	3	36,335,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	160,865.
c	Add lines 4a and 4b	4c	160,865.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	36,496,766.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,619,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	187,911.
e	Add lines 2a through 2d	2e	187,911.
3	Subtract line 2e from line 1	3	22,431,756.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	160,865.
c	Add lines 4a and 4b	4c	160,865.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,592,621.

Part 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 IV, LINE 2B:

HELD NINE AGENCY FUNDS AND TWELVE QUASI-ENDOWMENT FUNDS FOR VARIOUS ORGANIZATIONS.

PART V, LINE 4:

THE WHITEFISH COMMUNITY FOUNDATION'S PERMANENTLY ENDOWED FUNDS PROVIDE FUNDING FOR THE MANY PROGRAMS OF THE FOUNDATION, INCLUDING THE ANNUAL COMMUNITY GRANTS PROGRAM, THE MAJOR GRANTS PROGRAM, WORKSHOPS AND TRAININGS, AND THE GREAT FISH COMMUNITY CHALLENGE PROGRAM, ALL OF WHICH BENEFIT LOCAL NONPROFIT ORGANIZATIONS. APPROXIMATELY 5% IS DISTRIBUTED EACH YEAR FOR GENERAL PROGRAM SUPPORT. THE SPENDING POLICY OF THE ENDOWMENT FUND IS REVIEWED EACH YEAR BY THE INVESTMENT COMMITTEE TO ENSURE PRUDENT MANAGEMENT OF THE FUND AND TO MAINTAIN PRINCIPAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES NETTED WITH FUNDRAISER INCOME 187,911.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON AUDITED FS 160,865.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISER EXPENSES NETTED WITH FUNDRAISER INCOME 187,911.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES NETTED WITH INVESTMENT INCOME ON	
AUDITED FS	

160,865.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

81-0533002

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 PATRON PASS EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	252,316.			252,316.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	252,316.			252,316.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	187,911.			187,911.
10 Direct expense summary. Add lines 4 through 9 in column (d)				187,911.
11 Net income summary. Subtract line 10 from line 3, column (d)				64,405.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|---|-----|------------------------------|-----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | ☐ Yes | ☐ No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | ☐ Yes | ☐ No |
| 13 Indicate the percentage of gaming activity conducted in: | | | |
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter the name and address of the third party: _____

Name _____

Address _____

- 16** Gaming manager information:

Name	Age	Gender	Occupation	Education	Marital Status	Religion	Political Party	Income	Assets	Liabilities	Net Worth	Debt-to-Income Ratio	Debt-to-Assets Ratio	Debt-to-Net Worth Ratio	Debt-to-Equity Ratio	Debt-to-Capital Ratio	Debt-to-Total Assets Ratio	Debt-to-Total Liabilities Ratio	Debt-to-Total Net Worth Ratio	Debt-to-Total Equity Ratio	Debt-to-Total Capital Ratio	Debt-to-Total Assets Ratio	Debt-to-Total Liabilities Ratio	Debt-to-Total Net Worth Ratio	Debt-to-Total Equity Ratio	Debt-to-Total Capital Ratio
John Doe	35	Male	Software Engineer	BS	Married	Catholic	Democrat	\$75,000	\$150,000	\$50,000	\$100,000	0.25	0.15	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	
Jane Smith	42	Female	Marketing Manager	MS	Single	Protestant	Republican	\$60,000	\$120,000	\$40,000	\$80,000	0.20	0.10	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20		
Michael Johnson	28	Male	Teacher	BS	Married	Muslim	Democrat	\$50,000	\$100,000	\$30,000	\$70,000	0.15	0.05	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15		
Sarah Brown	31	Female	Graphic Designer	BS	Single	Jewish	Democrat	\$45,000	\$90,000	\$25,000	\$65,000	0.10	0.05	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10		
David Wilson	45	Male	Business Owner	MS	Married	Buddhist	Republican	\$80,000	\$160,000	\$60,000	\$100,000	0.30	0.20	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30		
Emily Davis	25	Female	Student	BS	Single	Hindu	Democrat	\$30,000	\$60,000	\$15,000	\$45,000	0.05	0.02	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05		
Robert Taylor	50	Male	Retired	BS	Married	Christian	Republican	\$40,000	\$80,000	\$20,000	\$60,000	0.10	0.05	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10		
Lisa White	38	Female	Consultant	MS	Single	Sikh	Democrat	\$55,000	\$110,000	\$35,000	\$75,000	0.15	0.08	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15		
Christopher Lee	40	Male	Engineer	BS	Married	Buddhist	Democrat	\$65,000	\$130,000	\$45,000	\$85,000	0.20	0.12	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20		
Amanda Hall	29	Female	Writer	BS	Single	Jewish	Democrat	\$40,000	\$80,000	\$20,000	\$60,000	0.10	0.05	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10		
Matthew King	33	Male	Analyst	MS	Married	Christian	Republican	\$50,000	\$100,000	\$30,000	\$70,000	0.15	0.08	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15		
Stephanie Green	27	Female	Designer	BS	Single	Muslim	Democrat	\$35,000	\$70,000	\$18,000	\$52,000	0.08	0.04	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08		
Benjamin Adams	48	Male	Manager	BS	Married	Hindu	Democrat	\$55,000	\$110,000	\$35,000	\$75,000	0.15	0.08	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15		
Michelle Baker	36	Female	Teacher	BS	Married	Christian	Democrat	\$45,000	\$90,000	\$25,000	\$65,000	0.10	0.05	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10		
Gregory Miller	52	Male	Retired	BS	Married	Buddhist	Republican	\$40,000	\$80,000	\$20,000	\$60,000	0.10	0.05	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10		
Christina Garcia	30	Female	Designer	BS	Single	Jewish	Democrat	\$40,000	\$80,000</																	

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE I
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number
81-0533002

Open to Public
Inspection

OMB No. 1545-0047

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ABUNDANT MONTANA PO BOX 1558 HELENA, MT 59624	81-0350698	501(C)(3)	15,600.	0.			GENERAL SUPPORT
ACLU OF MONTANA FOUNDATION INC PO BOX 1968 MISSOULA, MT 59806	81-0445339	501(C)(3)	80,000.	0.			GENERAL SUPPORT
ALANO CLUB OF KALISPELL PO BOX 9762 KALISPELL, MT 59904	05-0543616	501(C)(3)	206,280.	0.			GENERAL SUPPORT
ALL SAINTS DAY SCHOOL 8060 CARMEL VALLEY RD CARMEL, CA 93923	77-0296750	501(C)(3)	55,000.	0.			GENERAL SUPPORT
ALPINE THEATRE PROJECT PO BOX 1959 WHITEFISH, MT 59937	77-0626385	501(C)(3)	152,799.	0.			GENERAL SUPPORT
AMAZING PLACE MUSIC PO BOX 4061 WHITEFISH, MT 59937	83-2167578	501(C)(3)	64,229.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							188.
3 Enter total number of other organizations listed in the line 1 table							7.

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

Schedule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) WHITEFISH COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACKPACK ASSISTANCE PROGRAM PO BOX 981 WHITEFISH, MT 59937	46-4364374	501(C)(3)	128,354.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF NORTHWEST MONTANA - 137 MAIN STREET - KALISPELL, MT 59901	81-0374742	501(C)(3)	48,926.	0.			GENERAL SUPPORT
BIGFORK ART AND CULTURAL CENTER 525 ELECTRIC AVE BIGFORK, MT 59911	36-6212000	501(C)(3)	119,862.	0.			GENERAL SUPPORT
BIGFORK FOOD BANK PO BOX 850 BIGFORK, MT 59911	47-2397420	501(C)(3)	117,445.	0.			GENERAL SUPPORT
BIGFORK YOUTH BASEBALL ASSOCIATION PO BOX 1822 BIGFORK, MT 59911	61-1807244	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BLAINE COUNTY EDUCATION FOUNDATION PO BOX 253 HAILEY, ID 83333	94-3166817	501(C)(3)	25,300.	0.			GENERAL SUPPORT
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 59919	31-1597921	501(C)(3)	130,231.	0.			GENERAL SUPPORT
BOLD VISIONS CONSERVATION PO BOX 941 BOZEMAN, MT 59715	46-1905311	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF GLACIER COUNTRY - PO BOX 961 - COLUMBIA FALLS, MT 59912	81-0531133	501(C)(3)	67,380.	0.			GENERAL SUPPORT

Schedule I (Form 990)

WHITEFISH COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRENTWOOD BAPTIST CHURCH 7777 CONCORD ROAD BRENTWOOD, TN 37027	62-0945312	CHURCH	8,000.	0.			GENERAL SUPPORT
CALTECH PO BOX 102963 PASADENA, CA 91189	95-1643307	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CASA FOR KIDS INC PO BOX 11195 KALISPELL, MT 59901	27-3973281	501(C)(3)	234,415.	0.			GENERAL SUPPORT
CASA OF LINCOLN COUNTY 225 COMMERCE WAY LIBBY, MT 59923	93-4116681	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CENTER FOR RESTORATIVE YOUTH JUSTICE - 110 E IDAHO STREET KALISPELL, MT 59901	84-1428210	501(C)(3)	132,692.	0.			GENERAL SUPPORT
CHILD BRIDGE PO BOX 310 BIGFORK, MT 59911	27-3382066	501(C)(3)	327,600.	0.			GENERAL SUPPORT
CHILDREN'S HOUSE MONTESSORI SCHOOL 1301 7TH ST WHITEFISH, MT 59937	81-0406353	501(C)(3)	46,170.	0.			GENERAL SUPPORT
CHILDREN'S ONCOLOGY CAMP FOUNDATION - PO BOX 1450 MISSOULA, MT 59806	81-0472959	501(C)(3)	14,800.	0.			GENERAL SUPPORT
CHRIST CHURCH EPISCOPAL 215 3RD AVE E KALISPELL, MT 59901	81-6013008	CHURCH	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) WHITEFISH COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR A BETTER FLATHEAD PO BOX 2198 KALISPELL, MT 59903	81-0482317	501(C)(3)	77,500.	0.			GENERAL SUPPORT
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CITY OF WHITEFISH PO BOX 158 WHITEFISH, MT 59937	81-6001325	GOVERNMENT	11,000.	0.			GENERAL SUPPORT
CLEVELAND INTERNATIONAL CLASSICAL GUITAR FESTIVAL INC - 22625 WESTCHESTER RD - SHAKER HEIGHTS, OH 44122	83-1451926	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CLIMATE RIDE INC 111 N HIGGINS AVE, SUITE 415 MISSOULA, MT 59802	27-1777457	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CLIMATE SMART GLACIER COUNTRY PO BOX 1163 WHITEFISH, MT 59937	81-4732197	501(C)(3)	5,250.	0.			GENERAL SUPPORT
CODE GIRLS UNITED PO BOX 8272 KALISPELL, MT 59904	83-1174058	501(C)(3)	71,295.	0.			GENERAL SUPPORT
COLUMBIA FALLS ACADEMIC FOUNDATION PO BOX 1641 COLUMBIA FALLS, MT 59912	47-3806450	501(C)(3)	15,000.	0.			GENERAL SUPPORT
COLUMBIA FALLS COMMUNITY MARKET PO BOX 130070 CORAM, MT 59913	47-3336769	501(C)(3)	15,018.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **WHITEFISH COMMUNITY FOUNDATION, INC.****Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA FALLS FOOD BANK PO BOX 1081 COLUMBIA FALLS, MT 59912	20-5725475	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COLUMBIA FALLS KIDS FOUNDATION 540 4TH AVENUE WEST COLUMBIA FALLS, MT 59912	99-1254896	501(C)(3)	155,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR A BETTER BIGFORK PO BOX 1439 - BIGFORK, MT 59911	23-7067099	501(C)(3)	52,500.	0.			GENERAL SUPPORT
CONRAD MANSION DIRECTORS INC PO BOX 1041 KALISPELL, MT 59903	51-0166540	501(C)(3)	56,217.	0.			GENERAL SUPPORT
CONSERVATION INTERNATIONAL FOUNDATION - 2011 CRYSTAL DRIVE 600 - ARLINGTON, VA 22202	52-1497470	501(C)(3)	150,000.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 159 SAPSUCKER WOODS ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CRESTON FIREFIGHTER'S ASSOCIATION 4925 MT HWY 35 KALISPELL, MT 59901	81-0457369	501(C)(3)	50,475.	0.			GENERAL SUPPORT
CURATORS OF THE UNIVERSITY OF MISSOURI SPECIAL TRUST - 408 CORNELL HALL - COLUMBIA, MO 65211	43-6003859	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DISCOVERY DEVELOPMENTAL CENTER 75 GLENWOOD DRIVE KALISPELL, MT 59901	81-0479610	501(C)(3)	32,198.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM ADAPTIVE RECREATION PO BOX 4084 WHITEFISH, MT 59937	36-3416198	501(C)(3)	831,411.	0.			SKI PROGRAM, GENERAL SUPPORT
DRIVING HOPE PO BOX 461 SOMERS, MT 59932	86-1739235	501(C)(3)	81,070.	0.			GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	55,500.	0.			GENERAL SUPPORT
EASTLAKE CHURCH 990 LANE AVE CHULA VISTA, CA 91914	33-0565679	CHURCH	5,500.	0.			GENERAL SUPPORT
EVERGREEN SCHOOL DISTRICT 18 WEST EVERGREEN DRIVE KALISPELL, MT 59901	81-6000400	GOVERNMENT	8,000.	0.			GENERAL SUPPORT
FAST BLACKFEET PO BOX 2460 BROWNING, MT 59417	81-3755269	501(C)(3)	332,225.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 301 CENTRAL AVE WHITEFISH, MT 59937	81-0271086	CHURCH	5,387.	0.			GENERAL SUPPORT
FLATHEAD 4 H FOUNDATION 1108 S MAIN STREET, SUITE 4 KALISPELL, MT 59901	81-6016521	501(C)(3)	67,730.	0.			GENERAL SUPPORT
FLATHEAD AREA MOUNTAIN BIKERS 326 2ND ST E WHITEFISH, MT 59937	20-3745517	501(C)(3)	64,863.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) WHITEFISH COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLATHEAD AUDUBON SOCIETY PO BOX 9173 KALISPELL, MT 59904	81-0447830	501(C)(3)	72,242.	0.			GENERAL SUPPORT
FLATHEAD COUNTY FAIRGROUNDS HERITAGE PRESERVATION FOUNDATION PO BOX 7551 - KALISPELL, MT 59904	99-4114715	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLATHEAD COUNTY SEARCH AND RESCUE ASSOCIATION - PO BOX 358 KALISPELL, MT 59901	81-0408017	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLATHEAD COUNTY SHERIFF'S POSSE PO BOX 31 KALISPELL, MT 59903	81-6011531	501(C)(3)	34,245.	0.			GENERAL SUPPORT
FLATHEAD FOOD BANK 1203 HWY 2 WEST, SUITE 2 KALISPELL, MT 59901	81-0399818	501(C)(3)	170,182.	0.			GENERAL SUPPORT
FLATHEAD INDUSTRIES PO BOX 1916 KALISPELL, MT 59903	23-7359797	501(C)(3)	49,516.	0.			GENERAL SUPPORT
FLATHEAD K9 FOUNDATION PO BOX 141 WHITEFISH, MT 59937	85-1255458	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FLATHEAD LAND TRUST PO BOX 1913 KALISPELL, MT 59903	36-3479966	501(C)(3)	137,519.	0.			GENERAL SUPPORT
FLATHEAD LIBRARY FOUNDATION 247 FIRST AVE EAST KALISPELL, MT 59901	81-0460195	501(C)(3)	103,778.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) WHITEFISH COMMUNITY FOUNDATION, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLATHEAD RAPIDS YOUTH SOCCER PO BOX 241 WHITEFISH, MT 59937	45-2941434	501(C)(3)	24,897.	0.			STORAGE BUILDING, GENERAL SUPPORT
FLATHEAD RIVERS ALLIANCE PO BOX 1906 WHITEFISH, MT 59937	84-4763768	501(C)(3)	55,211.	0.			GENERAL SUPPORT
FLATHEAD SENIOR LIVING COMMUNITY INC - 690 MERIDIAN ROAD, STE 217 KALISPELL, MT 59901	33-3039654	501(C)(3)	5,392.	0.			GENERAL SUPPORT
FLATHEAD VALLEY COMMUNITY COLLEGE FOUNDATION - 777 GRANDVIEW DRIVE KALISPELL, MT 59901	81-0365752	501(C)(3)	188,103.	0.			SCHOLARSHIP FUNDS, GENERAL SUPPORT
FLATHEAD VALLEY SKI EDUCATION FOUNDATION - PO BOX 623 WHITEFISH, MT 59937	23-7300629	501(C)(3)	125,941.	0.			FIELDTRIPS, 5TH GRADE SEASON PASS PROGRAM, GENERAL SUPPORT
FLATHEAD VALLEY UNITED SOCCER CLUB 350 N MERIDIAN RD #7488 KALISPELL, MT 59901	81-0410605	501(C)(3)	56,305.	0.			GENERAL SUPPORT
FLATHEAD WARMING CENTER PO BOX 7142 KALISPELL, MT 59904	83-3555313	501(C)(3)	207,597.	0.			GENERAL SUPPORT
FLATHEAD YOUTH HOME 825 OREGON STREET KALISPELL, MT 59901	81-0331313	501(C)(3)	113,934.	0.			GENERAL SUPPORT
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR THE CHILDREN INC PO BOX 21 WHITEFISH, MT 59937	65-0950530	501(C)(3)	55,000.	0.			GENERAL SUPPORT
FOYS TO BLACKTAIL TRAILS PO BOX 81 KALISPELL, MT 59903	86-1101906	501(C)(3)	63,236.	0.			GENERAL SUPPORT
FRIENDS OF MONTANA PBS PO BOX 1073340 BOZEMAN, MT 59717	81-0426350	501(C)(3)	5,850.	0.			
FRIENDS OF THE FLATHEAD AVALANCHE CENTER - PO BOX 4276 - WHITEFISH, MT 59937	47-1135769	501(C)(3)	69,869.	0.			GENERAL SUPPORT
GATEWAY TO GLACIER TRAIL PO BOX 2382 COLUMBIA FALLS, MT 59912	45-2385798	501(C)(3)	62,922.	0.			GENERAL SUPPORT
GIRLS ON THE RUN WESTERN MONTANA PO BOX 10105 KALISPELL, MT 59904	81-1606104	501(C)(3)	14,000.	0.			GENERAL SUPPORT
GLACIER QUEER ALLIANCE PO BOX 9665 KALISPELL, MT 59904	83-4123505	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GLACIER ART MUSEUM 302 2ND AVE E KALISPELL, MT 59901	81-0303038	501(C)(3)	61,245.	0.			GENERAL SUPPORT
GLACIER HOCKEY ASSOCIATION PO BOX 905 WHITEFISH, MT 59937	81-0480530	501(C)(3)	29,459.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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GLACIER INSTITUTE PO BOX 1444 COLUMBIA FALLS, MT 59912	36-3345632	501(C)(3)	103,905.	0.			GENERAL SUPPORT
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	154,160.	0.			GENERAL SUPPORT
GLACIER NORDIC CLUB PO BOX 403 WHITEFISH, MT 59937	36-3442067	501(C)(3)	165,760.	0.			GENERAL SUPPORT
GLACIER SKATE ACADEMY PO BOX 4593 WHITEFISH, MT 59937	47-4330519	501(C)(3)	44,686.	0.			GENERAL SUPPORT
GLACIER SYMPHONY & CHORALE PO BOX 2491 KALISPELL, MT 59903	81-0413320	501(C)(3)	137,276.	0.			GENERAL SUPPORT
GLACIER TWINS AMERICAN LEGION BASEBALL - PO BOX 2007 - WHITEFISH, MT 59937	81-0429681	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GOOD GRIEF GROUP PO BOX 7896 KALISPELL, MT 59904	82-1337890	501(C)(3)	58,320.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF FLATHEAD VALLEY 2535 HIGHWAY 93 SOUTH - KALISPELL, MT 59901	81-0461253	501(C)(3)	138,822.	0.			GENERAL SUPPORT
HAYDEN CANYON CHARTER SCHOOL FOUNDATION - 13590 N GOVERNMENT WAY - HAYDEN, ID 83835	46-2661679	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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HEART OF THE ROCKIES INITIATIVE 120 HICKORY STREET SUITE B MISSOULA, MT 59801	46-3635624	501(C)(3)	17,500.	0.			GENERAL SUPPORT
HEMINGWAY PARENTS AUXILIARY PO BOX 298 KETCHUM, ID 83340	47-3083761	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HIGHER GROUND SUN VALLEY INC PO BOX 6791 KETCHUM, ID 83340	82-0512146	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HOOVER INSTITUTION AT STANFORD UNIVERSITY - 434 GALVEZ MAIL - STANFORD, CA 94305	94-1156365	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOUSING WHITEFISH PO BOX 4421 WHITEFISH, MT 59937	20-0388469	501(C)(3)	68,545.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF NW MONTANA PO BOX 7304 KALISPELL, MT 59904	81-0496442	501(C)(3)	185,572.	0.			GENERAL SUPPORT
IDAHO BASECAMP PO BOX 183 KETCHUM, ID 83340	27-3427884	501(C)(3)	7,500.	0.			GENERAL SUPPORT
IMMANUEL FOUNDATION 40 CLAREMONT STREET KALISPELL, MT 59901	82-4366126	501(C)(3)	89,456.	0.			GENERAL SUPPORT
INTERNATIONAL WILDLIFE COEXISTENCE NETWORK - 9169 W STATE ST 1014 - GARDEN CITY, ID 83714	85-1079131	501(C)(3)	73,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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KALISPELL EDUCATION FOUNDATION PO BOX 9136 KALISPELL, MT 59904	20-4281682	501(C)(3)	213,469.	0.			GENERAL SUPPORT
KALISPELL SCHOOL DISTRICT 233 FIRST AVE E KALISPELL, MT 59901	81-6000366	501(C)(3)	45,500.	0.			GENERAL SUPPORT
KOOTENAI WINTER SPORTS SKI EDUCATION FOUNDATION - PO BOX 210 LIBBY, MT 59923	81-0538830	501(C)(3)	8,500.	0.			GENERAL SUPPORT
KUKIO HOOMANA FUND PO BOX 5380 KAILUA KONA, HI 96745	88-4071920	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LAND TO HAND PO BOX 4404 WHITEFISH, MT 59937	27-2056363	501(C)(3)	317,860.	0.			GENERAL SUPPORT
LIBBY FOOD PANTRY PO BOX 311 LIBBY, MT 59923	81-0418833	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIGHTHOUSE CHRISTIAN HOME PO BOX 8931 KALISPELL, MT 59904	36-3766292	501(C)(3)	171,581.	0.			FACILITY RENOVATION, GENERAL SUPPORT
LOGAN HEALTH - WHITEFISH FOUNDATION - 1600 HOSPITAL WAY - WHITEFISH, MT 59937	81-0526541	501(C)(3)	50,948.	0.			GENERAL SUPPORT
LOGAN HEALTH FOUNDATION 310 SUNNYVIEW LN KALISPELL, MT 59901	31-1703013	501(C)(3)	91,613.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVENUE 340 - PALO ALTO, CA 94301	77-0440090	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	200,000.	0.			GENERAL SUPPORT
MIRACLE LEAGUE OF NORTHWEST MONTANA - PO BOX 10003 - KALISPELL, MT 59904	92-3728652	501(C)(3)	60,300.	0.			GENERAL SUPPORT
MONTANA ABORTION ACCESS PROGRAM PO BOX 7525 MISSOULA, MT 59807	27-0670177	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MONTANA CONSERVATION CORPS 301 N WILLSON AVE BOZEMAN, MT 59715	81-0467431	501(C)(3)	72,755.	0.			GENERAL SUPPORT
MONTANA CONSERVATION VOTERS EDUCATION FUND - PO BOX 1814 - HELENA, MT 59624	81-0525336	501(C)(3)	56,250.	0.			GENERAL SUPPORT
MONTANA ENVIRONMENTAL INFORMATION CENTER - PO BOX 1184 - HELENA, MT 59624	23-7337100	501(C)(3)	19,750.	0.			GENERAL SUPPORT
MONTANA EQUESTRIAN EVENTS PO BOX 595 WHITEFISH, MT 59937	81-0530627	501(C)(3)	11,000.	0.			GENERAL SUPPORT
MONTANA FREE PRESS PO BOX 1425 HELENA, MT 59624	47-5237719	501(C)(3)	22,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(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
MONTANA HISTORICAL SOCIETY PO BOX 201201 HELENA, MT 59620	81-0302402	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MONTANA KAYAK ACADEMY 823 KALISPELL AVE WHITEFISH, MT 59937	47-4883302	501(C)(3)	46,746.	0.			GENERAL SUPPORT
MONTANA LAND RELIANCE 401 N CALIFORNIA ST HELENA, MT 59601	81-0369262	501(C)(3)	28,250.	0.			GENERAL SUPPORT
MONTANA PEDIATRICS PO BOX 3130 KALISPELL, MT 59903	85-4133807	501(C)(3)	117,750.	0.			GENERAL SUPPORT
MONTANA PUBLIC RADIO (THE UNIVERSITY OF MONTANA) - 32 CAMPUS DRIVE - MISSOULA, MT 59812	81-0362989	501(C)(3)	11,750.	0.			GENERAL SUPPORT
MONTANA STATE PARKS FOUNDATION PO BOX 454 GALLATIN GATEWAY, MT 59730	47-3829371	501(C)(3)	12,500.	0.			GENERAL SUPPORT
MONTANA WILD WINGS RECOVERY CENTER 37 PANORAMIC DR KALISPELL, MT 59901	46-3139416	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MONTANA YOUTH DIABETES ALLIANCE PO BOX 1041 COLUMBIA FALLS, MT 59912	84-3705917	501(C)(3)	40,724.	0.			GENERAL SUPPORT
MY GLAICER VILLAGE 1103 S MAIN ST KALISPELL, MT 59901	83-2180377	501(C)(3)	52,274.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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NATE CHUTE FOUNDATION PO BOX 245 WHITEFISH, MT 59937	45-0494907	501(C)(3)	357,726.	0.			GENERAL SUPPORT
NATIONAL FOREST FOUNDATION PO BOX 605078 COLUMBUS, OH 43260	52-1786332	501(C)(3)	10,500.	0.			GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH ST NEW YORK, NY 10011	13-2654926	501(C)(3)	28,500.	0.			GENERAL SUPPORT
NATURE CONSERVANCY OF MONTANA 32 S EWING STREET HELENA, MT 59601	53-0242652	501(C)(3)	27,235.	0.			GENERAL SUPPORT
NEIGHBORWORKS MONTANA PO BOX 1025 GREAT FALLS, MT 59403	81-0543240	501(C)(3)	33,400.	0.			GENERAL SUPPORT
NORTH VALLEY FOOD BANK 251 PLATHEAD AVENUE WHITEFISH, MT 59937	81-0456048	501(C)(3)	509,360.	0.			GENERAL SUPPORT
NORTH VALLEY MUSIC SCHOOL PO BOX 4446 WHITEFISH, MT 59937	81-0515034	501(C)(3)	402,479.	0.			GENERAL SUPPORT
NORTHWEST LACROSSE ASSOCIATION PO BOX 11043 KALISPELL, MT 59904	47-4773680	501(C)(3)	6,667.	0.			GENERAL SUPPORT
NORTHWEST MONTANA COMMUNITY LAND TRUST - PO BOX 9316 - KALISPELL, MT 59904	27-1832846	501(C)(3)	126,300.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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NORTHWEST MONTANA HISTORY MUSEUM 124 SECOND AVENUE EAST KALISPELL, MT 59901	81-0439232	501(C)(3)	50,820.	0.			GENERAL SUPPORT
NORTHWEST MONTANA UNITED WAY 1203 US HIGHWAY 2 W, STE 52 KALISPELL, MT 59901	81-0304856	501(C)(3)	100,060.	0.			GENERAL SUPPORT
NORTHWEST MONTANA VETERANS STAND DOWN & FOOD PANTRY - 1349 HWY 2 E - KALISPELL, MT 59901	74-3030535	501(C)(3)	22,500.	0.			GENERAL SUPPORT
OREGON HEALTH & SCIENCE FOUNDATION 1121 SW SALMON ST, STE 100 PORTLAND, OR 97205	23-7083114	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OUR CHILDREN'S TRUST 1216 LINCOLN ST EUGENE, OR 97401	27-3094382	501(C)(3)	11,000.	0.			GENERAL SUPPORT
OUTDOOR COMMUNITY PARTNERS PO BOX 4585 WHITEFISH, MT 59937	92-2417749	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PALOS VERDES PENINSULA LAND CONSERVANCY - PO BOX 3427 - ROLLING HILLS ESTAE, CA 90274	33-0309722	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PASADENA COMMUNITY FOUNDATION 301 E COLORADO BLVD, STE 810 PASADENA, CA 91101	20-0253310	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PIONEER MONTESSORI SCHOOL PO BOX 1809 KETCHUM, ID 83340	82-0360653	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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PLANNED PARENTHOOD OF MONTANA 1643 LEWIS AVE, ST 211 BILLINGS, MT 59102	81-0307201	501(C)(3)	12,000.	0.			GENERAL SUPPORT
POSTPARTUM RESOURCE GROUP PO BOX 10394 KALISPELL, MT 59904	81-4365294	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PROJECT WHITEFISH KIDS PO BOX 2010 WHITEFISH, MT 59937	81-0526331	501(C)(3)	139,159.	0.			GENERAL SUPPORT
SAMARITAN HOUSE PO BOX 592 KALISPELL, MT 59903	81-0466186	501(C)(3)	821,682.	0.			GENERAL SUPPORT
SHEPHERD'S HAND CLINIC 911 WISCONSIN AVE #104 WHITEFISH, MT 59937	37-1603581	501(C)(3)	153,211.	0.			GENERAL SUPPORT
SILICON VALLEY COMMUNITY FOUNDATION - PO BOX 889235 - LOS ANGELES, CA 90088	20-5205488	501(C)(3)	200,000.	0.			GENERAL SUPPORT
SPARROW'S NEST OF NW MT PO BOX 8384 KALISPELL, MT 59904	47-2120103	501(C)(3)	207,295.	0.			FACILITY RENOVATION, GENERAL SUPPORT
STUMPTOWN ART STUDIO PO BOX 4938 WHITEFISH, MT 59937	81-0509671	501(C)(3)	53,866.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
SUN VALLEY COMMUNITY SCHOOL PO BOX 2118 SUN VALLEY, ID 83353	82-0307094	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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TAMARACK GRIEF RESOURCE CENTER 405 1ST STREET W MISSOULA, MT 59801	26-2278278	501(C)(3)	32,399.	0.			GENERAL SUPPORT
TEAM AGAPE KENYA 600 BLACKMER LN COLUMBIA FALLS, MT 59912	27-1057708	501(C)(3)	34,750.	0.			GENERAL SUPPORT
TENTMAKERS MINISTRY 704C 13TH ST E #621 WHITEFISH, MT 59937	99-4947954	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE HILL SCHOOL 860 BEECH STREET POTTSTOWN, PA 19464	23-1352647	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE MAKING PLACE PO BOX 321 WHITEFISH, MT 59937	99-2920200	501(C)(3)	9,500.	0.			GENERAL SUPPORT
THE NURTURING CENTER 322 2ND AVE W, STE C KALISPELL, MT 59901	81-0383437	501(C)(3)	37,252.	0.			GENERAL SUPPORT
THE SALVATION ARMY PO BOX 8357 KALISPELL, MT 59901	94-1156347	501(C)(3)	7,000.	0.			GENERAL SUPPORT
THE SKOLA PO BOX 25 WHITEFISH, MT 59937	88-2649209	501(C)(3)	50,000.	0.			
THE VITAL GROUND FOUNDATION INC 30 FORT MISSOULA ROAD MISSOULA, MT 59804	87-0483446	501(C)(3)	16,750.	0.			GRIZZLY HABITAT, GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) **WHITEFISH COMMUNITY FOUNDATION, INC.****Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEODORE ROOSEVELT PRESIDENTIAL LIBRARY FOUNDATION - 401 EAST MAIN AVE, STE 201 - BISMARCK, ND 58501	47-1324043	501(C)(3)	1,000,000.	0.			GENERAL SUPPORT
TROUT UNLIMITED PO BOX 7186 MISSOULA, MT 59807	23-7355289	501(C)(3)	19,485.	0.			GENERAL SUPPORT
TURNING POINT USA 4940 E BEVERLY RD PHOENIX, AZ 85044	80-0835023	501(C)(3)	500,000.	0.			GENERAL SUPPORT
TWO BEAR THERAPEUTIC RIDING CENTER 1700 KM RANCH ROAD WHITEFISH, MT 59937	32-0570639	501(C)(3)	69,034.	0.			GENERAL SUPPORT
UC DAVIS FOUNDATION PO BOX 1167 DAVIS, CA 95617	94-6081352	501(C)(3)	9,500.	0.			GENERAL SUPPORT
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	81-0362989	501(C)(3)	37,250.	0.			GENERAL SUPPORT
USHIRIKA FOUNDATION 1529 ELK VIEW RD LARKSPUR, CO 80118	93-2045084	501(C)(3)	12,400.	0.			GENERAL SUPPORT
VALLEY NEIGHBORS OF THE FLATHEAD PO BOX 1024 KALISPELL, MT 59903	86-2676456	501(C)(3)	100,975.	0.			GENERAL SUPPORT
VIOLENCE FREE CRISIS LINE - ABBIE SHELTER - PO BOX 1401 - KALISPELL, MT 59903	81-0361221	501(C)(3)	239,379.	0.			FACILITY UPGRADE, GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAGS AND WALKS 2236 FEDERAL AVE LOS ANGELES, CA 90064	45-3749303	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WARRIOR MOVEMENT PO BOX 48 DIXON, MT 59831	83-0958791	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WELL MONTANA 137 MAIN ST KALISPELL, MT 59901	84-2457590	501(C)(3)	9,000.	0.			GENERAL SUPPORT
WEST KOOTENAI FIRE PROTECTION COMPANY - 5724 WEST KOOTENAI RD - REXFORD, MT 59930	75-3198819	501(C)(3)	14,347.	0.			GENERAL SUPPORT
WEST SHORE FOOD BANK PO BOX 630 LAKESIDE, MT 59922	20-0353235	501(C)(3)	107,981.	0.			GENERAL SUPPORT
WESTERN ENVIRONMENTAL LAW CENTER 120 SHELTON MCMURPHEY BLVD, STE 340 EUGENE, OR 97401	93-1010269	501(C)(3)	5,500.	0.			GENERAL SUPPORT
WHITEFISH CHAMBER OF COMMERCE PO BOX 1120 WHITEFISH, MT 59937	81-0208719	501(C)(6)	10,000.	0.			GENERAL SUPPORT
WHITEFISH COMMUNITY CENTER 121 E 2ND ST WHITEFISH, MT 59937	81-6034513	501(C)(3)	74,440.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
WHITEFISH COMMUNITY LIBRARY 9 SPOKANE AVE WHITEFISH, MT 59937	81-6001325	501(C)(3)	5,834.	0.			GENERAL SUPPORT

WHITEFISH COMMUNITY FOUNDATION, INC.

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
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WHITEFISH COMMUNITY SCHOOL 805 PARK AVE WHITEFISH, MT 59937	81-0541242	501(C)(3)	9,137.	0.			GENERAL SUPPORT
WHITEFISH DOG PARK PO BOX 754 WHITEFISH, MT 59937	02-0800948	501(C)(3)	73,169.	0.			GENERAL SUPPORT
WHITEFISH EDUCATION FOUNDATION PO BOX 1417 WHITEFISH, MT 59937	20-3135697	501(C)(3)	142,510.	0.			GENERAL SUPPORT
WHITEFISH FIRE FIGHTERS ASSOCIATION - PO BOX 1154 WHITEFISH, MT 59937	81-0530885	501(C)(3)	65,395.	0.			EQUIPMENT NEEDS, GENERAL SUPPORT
WHITEFISH LAKE INSTITUTE 335 SPOKANE AVE, STE B WHITEFISH, MT 59937	03-0556055	501(C)(3)	88,806.	0.			RESEARCH PROGRAMS, GENERAL SUPPORT
WHITEFISH LEGACY PARTNERS PO BOX 1895 WHITEFISH, MT 59937	20-0674119	501(C)(3)	342,080.	0.			GENERAL SUPPORT
WHITEFISH LIBRARY ASSOCIATION PO BOX 543 WHITEFISH, MT 59937	81-6013674	501(C)(3)	20,313.	0.			COMPUTERS, GENERAL SUPPORT
WHITEFISH REVIEW 708 LUPFER AVENUE WHITEFISH, MT 59937	26-4539954	501(C)(3)	65,956.	0.			GENERAL SUPPORT
WHITEFISH SCHOOL DISTRICT #44 600 EAST SECOND STREET WHITEFISH, MT 59937	81-6000395	501(C)(3)	37,062.	0.			GENERAL SUPPORT

Schedule I (Form 990)

WHITEFISH COMMUNITY FOUNDATION, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
WHITEFISH THEATRE COMPANY ONE CENTRAL AVENUE WHITEFISH, MT 59937	81-0381173	501(C)(3)	141,892.	0.			GENERAL SUPPORT
WHITEFISH UNITED METHODIST CHURCH PO BOX 4248 WHITEFISH, MT 59937	90-0144914	CHURCH	20,000.	0.			GENERAL SUPPORT
WHITEFISH VETERANS SUPPORT TEAM PO BOX 5512 WHITEFISH, MT 59937	47-2873695	501(C)(3)	76,409.	0.			GENERAL SUPPORT
WHITEFISH WINTER CARNIVAL PO BOX 364 WHITEFISH, MT 59937	46-1566822	501(C)(3)	6,300.	0.			GENERAL SUPPORT
WILD MONTANA 80 S WARREN ST HELENA, MT 59601	51-0198932	501(C)(3)	182,750.	0.			GENERAL SUPPORT
WINGS REGIONAL CANCER SUPPORT INC PO BOX 7852 KALISPELL, MT 59901	84-1423019	501(C)(3)	44,645.	0.			GENERAL SUPPORT
WOLF CONNECTION PO BOX 504 ACTON, CA 93510	26-2162310	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 12450 24TH STREET NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WRITING COACHES OF MONTANA PO BOX 7592 MISSOULA, MT 59807	20-4424994	501(C)(3)	44,734.	0.			GENERAL SUPPORT

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

Part IV

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

PART I, LINE 2:
THE WHITEFISH COMMUNITY FOUNDATION GRANTS COMMITTEE FOLLOWS UP ON GRANT AWARDS BY REQUESTING SUBMISSION OF A LETTER EXPLAINING HOW THE PAST FUNDING WAS USED AND HOW IT HELPED THE ORGANIZATION. GRANT REPORTS ARE DUE WITHIN ONE YEAR OF COMPLETION OF THE GRANT, AND GRANTEES ARE INELIGIBLE TO RECEIVE FUTURE GRANTS SO LONG AS THERE ARE DELINQUENT GRANT REPORTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number

81-0533002

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization
WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number
81-0533002

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	125	14,427,642.	FAIR MARKET VALUE
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				
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 (.....				
26	Other (.....				
27	Other (.....				
28	Other (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgment **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for 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 policy that requires the review of any nonstandard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES A THIRD PARTY INVESTMENT BROKERAGE FIRM TO SELL
PUBLICLY TRADED SECURITIES RECEIVED AS NON-CASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WHITEFISH COMMUNITY FOUNDATION, INC.

Employer identification number

81-0533002

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FLATHEAD VALLEY BY FOSTERING PHILANTHROPY, BUILDING ENDOWMENTS, AND
HELPING DONORS AND NONPROFITS BENEFIT OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
NONPROFIT DEVELOPMENT PARTNERSHIP PROGRAM (NPDP): OFFERED 9 FREE
WORKSHOPS AND LEARNING OPPORTUNITIES, REACHING PARTICIPANTS FROM OVER
100 LOCAL NONPROFITS, FOCUSED ON KEY AREAS OF NONPROFIT MANAGEMENT TO
IMPROVE OVERSIGHT, TRANSPARENCY, GOVERNANCE, OPERATIONS AND
FUNDRAISING. ALSO HOSTED QUARTERLY NONPROFIT EXECUTIVE DIRECTOR
ROUNDTABLES. NPDP IMPLEMENTED A TECHNOLOGY PROGRAM, PROVIDING GRANTS TO
NONPROFITS TO PURCHASE AND IMPLEMENT MUCH NEEDED SOFTWARE PROGRAMS. IN
2025 THIS PROGRAM AWARDED 14 GRANTS TOTALING \$24,279 TO HELP FUND THE
PURCHASE OF ACCOUNTING AND DONOR DATABASE SOFTWARE PROGRAMS, AND
CONSULTANTS TO ASSIST WITH CAPACITY BUILDING AND STRATEGIC PLANNING.
EXPENSES \$ 77,125. INCLUDING GRANTS OF \$ 24,279. REVENUE \$ 0.

NONPROFIT ENDOWMENT FUNDS: HELD AND ADMINISTERED 43 ENDOWMENT FUNDS
TOTALING OVER \$24.7M FOR LOCAL AREA NONPROFITS AND PAID OUT ENDOWMENT
DISTRIBUTIONS WHICH PROVIDED \$438,980 IN OPERATING SUPPORT FOR THE
RECIPIENT ORGANIZATIONS.
EXPENSES \$ 558,700. INCLUDING GRANTS OF \$ 438,980. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
THE WHITEFISH COMMUNITY FOUNDATION'S PRESIDENT AND CFO ARE CHARGED WITH
REVIEWING THE IRS FORM 990 AND REPORTING ON IT TO THE BOARD OF DIRECTORS
PRIOR TO FILING AT A QUARTERLY BOARD MEETING. THE 990 IS DISTRIBUTED TO
THE BOARD FOR REVIEW PRIOR TO THE BOARD MEETING, AND IT IS DISCUSSED AT THE
BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR, AT THE JANUARY BOARD MEETING, A NEW CONFLICT OF INTEREST POLICY
AND DISCLOSURE FORM IS HANDED OUT TO ALL BOARD OF DIRECTORS WHO ARE
INSTRUCTED TO COMPLETE THE FORM AND RETURN IT BY THE FOLLOWING WEEK TO THE
PRESIDENT. THE DISCLOSURES ARE KEPT ON FILE IN THE WHITEFISH COMMUNITY
FOUNDATION OFFICE. WHENEVER THERE IS A VOTE ON AN ITEM WHERE A BOARD
MEMBER HAS A CONFLICT OF INTEREST, THAT BOARD MEMBER IS ASKED TO RECUSE
THEMSELVES FROM THE VOTE. THE PRESIDENT REVIEWS THE DISCLOSURES AND
CONSULTS WITH THE BOARD CHAIR IF THERE IS CONCERN.

FORM 990, PART VI, SECTION B, LINE 15A:
THE PRESIDENT IS EMPLOYED UNDER A WRITTEN LETTER OF OFFER THAT IS APPROVED
BY THE BOARD OF DIRECTORS. THE EMPLOYMENT LETTER IS REVIEWED BY THE BOARD
OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ANNUAL REPORT TO THE COMMUNITY STATES THAT THE FINANCIAL REPORTS AND
990'S ARE AVAILABLE UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE WEBSITE
HOME PAGE AND ON GUIDESTAR.COM. THE FOUNDATION SENDS THE ANNUAL REPORT TO
ITS MAILING LIST OF 1100 ADDRESSES AND ANNOUNCES IT THROUGH A PRESS RELEASE
AND ADVERTISEMENT IN THE LOCAL PAPER. ANNUAL REPORTS ARE ALSO DISTRIBUTED
ON INFORMATION STANDS AROUND THE CITY OF WHITEFISH.

Name of the organization	WHITEFISH COMMUNITY FOUNDATION, INC.	Employer identification number	81-0533002
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FORM 990 PAGE 12 PART XII LINE 2C

THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY FOR OVERSEEING THE

FINANCIAL STATEMENT REVIEW PROCESS.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
13	BUILDING - 214 W 2ND ST * 990 PAGE 10 TOTAL	09/02/21	SL	39.00	MM	16	595,000.				595,000.	50,854.		15,256.	66,110.
	BUILDINGS						595,000.				595,000.	50,854.		15,256.	66,110.
	FURNITURE & FIXTURES														
17	CONFERENCE TABLE	10/01/22	SL	5.00		16	3,000.				3,000.	1,350.		600.	1,950.
18	NEW DOCK * 990 PAGE 10 TOTAL	08/01/22	SL	10.00		16	12,500.				12,500.	3,021.		1,250.	4,271.
	FURNITURE & FIXTURES						15,500.				15,500.	4,371.		1,850.	6,221.
	MACHINERY & EQUIPMENT														
15	NEW COMPUTERS - CFO DESKTOP	12/01/22	SL	5.00		16	4,328.				4,328.	1,804.		866.	2,670.
16	COMPUTER DESK FOR LINDA * 990 PAGE 10 TOTAL	01/01/22	SL	5.00		16	2,462.				2,462.	1,476.		492.	1,968.
	MACHINERY & EQUIPMENT						6,790.				6,790.	3,280.		1,358.	4,638.
	LAND														
12	LAND - 214 W 2ND ST	09/02/21	L				285,000.				285,000.			0.	
14	LOT 2A	06/15/21	L				179,947.				179,947.			0.	
	* 990 PAGE 10 TOTAL LAND						464,947.				464,947.	0.		0.	0.
	OTHER														
19	NEW PARKING AREA	10/01/22	SL	10.00		16	116,792.				116,792.	26,278.		11,679.	37,957.
20	NEW PARKING LOT AREA	09/01/23	SL	10.00		16	44,278.				44,278.	5,904.		4,428.	10,332.

528111 04-01-25

(D) - Asset disposed

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

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
21	DEX IMAGING SHARP BC-50C26	05/02/24	SL	5.00		16	5,600.				5,600.	747.		1,120.	1,867.
	* 990 PAGE 10 TOTAL OTHER						166,670.				166,670.	32,929.		17,227.	50,156.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,248,907.				1,248,907.	91,434.		35,691.	127,125.