tax return



Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** MONTANA HOMEOWNERSHIP NETWORK INC. 81-0543240 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 17 5TH STREET SOUTH return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 59401 GREAT FALLS, MT Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DAMONA WILLIAMS 17 5TH STREET SOUTH - GREAT FALLS, MT 59401 Telephone No. 406-604-4500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15 , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or OCT 1 _____ , 20 <u>23</u> , and ending ____ X tax year beginning _____ SEP 30 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2023 calendar year, or tax year beginning $OCT 1$, 2023 and	ending S	EP 30, 2024								
В	Check if applicable	C Name of organization		D Employer identifi	cation number							
Г	Addres	MONTANA HOMEOWNERSHIP NETWORK INC.										
Е	Name change	TELCHDODWODEC MONDANA		81-05432	40							
Ē	Initial return		Room/suite	E Telephone number 406-604-4500								
L	return/ terminated	17 5TH STREET SOUTH										
	Amend			G Gross receipts \$ 6,912,510.								
F	return Applic tion	GREAT FALLS, MI 33401		H(a) Is this a group r								
	tion pendin	F Name and address of principal officer: KAIA PETERSON SAME AS C ABOVE		for subordinates								
_	F			H(b) Are all subordinates i								
	≀ax-exe Vebsi t		or 527	1	list. See instructions							
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: MT							
	art I	Summary	L Teal	or formation. ZOOT	VI State of legal domiche, 111							
		<u> </u>	re sus	TAINABLE HO	MEOWNERSHIP							
Se	'	efly describe the organization's mission or most significant activities: CREATE SUSTAINABLE HOMEOWNERSHIP PORTUNITIES AND IMPROVE THE AVAILABILITY OF AFFORDABLE RENTALS.										
Governance	2	eck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Ver	3	-		3	17							
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)			17							
ფ თ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			28							
itie.	6	Total number of volunteers (estimate if necessary)			18							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
Ф	8	Contributions and grants (Part VIII, line 1h)		5,946,726.	4,686,232.							
Ž	9	Program service revenue (Part VIII, line 2g)		1,664,951.	1,965,728.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,153.	109,130.							
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,755,830.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,729,060.	1,311,812.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,454,480.	1,428,544.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) 148, 22		1 100 000	1 205 005							
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,188,872.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,372,412.	4,126,163.							
		Revenue less expenses. Subtract line 18 from line 12		3,383,418.	2,634,927.							
SOF			Ве	ginning of Current Year	End of Year							
t Assets or	20	Total assets (Part X, line 16)		44,101,408.	49,798,954.							
Net A		Total liabilities (Part X, line 26)		14,141,640.	17,204,259.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		29,959,768.	32,594,695.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the best of m	v knowledge and helief it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is							
uuc	, 001160	t, and complete. Decid attorn of preparer (other than officer) is based on all information of wh	iicii pi epai ei	ilas any knowledge.								
Sig	n	Signature of officer		Date								
Her		KAIA PETERSON, EXECUTIVE DIRECTOR										
1101	·	Type or print name and title										
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN							
Paid	i	MEGAN CONNORS MEGAN CONNORS	lo	3/19/25 of self-emplo	p01372761							
	parer	Firm's name PINION, LLC		8-0567703								
	Only	Firm's address 21 10TH STREET SOUTH										
		GREAT FALLS, MT 59401		Phone no. 40	6-727-0888							
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No							

3,644,817.

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8				x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	21	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

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	1990 (2023) MONTANA HOMEOWNERSHIP NETWORK INC. 81-054	<u> 3240</u>	Р	age 4
Pa	rt 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3,7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	.03	1.10
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
-	5			4

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1c X Form 990 (2023)

(gambling) winnings to prize winners?

Form 990 (2023) MONTANA HOMEOWNERSHIP NETWORK INC.

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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 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. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records DAMONA WILLIAMS - 406-604-4500 5TH STREET SOUTH, GREAT FALLS, ΜT 59401

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck i ss per	ition) than s bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KAIA PETERSON	40.00	-						100.100		
EXECUTIVE DIRECTOR	1000			Х				126,170.	0.	6,309.
(2) DAMONA WILLIAMS	40.00	-								
DIRECTOR OF FINANCE				Х				75,674.	0.	3,784.
(3) JANE PAVEK	2.00									_
PRESIDENT		Х		Х				0.	0.	0.
(4) TOM JACOBSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) PEGGY TRENK	2.00									_
SECRETARY		Х		Х				0.	0.	0.
(6) BRUCE BRENSDAL	2.00									_
DIRECTOR		Х						0.	0.	0.
(7) GEORGE NIKOLAKAKOS	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) TORI MATEJOVSKY	2.00	4								_
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) MICHAEL O'NEIL	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(10) JIM MORTON	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) HEATHER O'LOUGHLIN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) SARAH FITZGERALD	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) IAN ULLMAN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) JEFF GATICA	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) CHERYL COHEN	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(16) MIKE SMITH	2.00							_		_
DIRECTOR	 	Х	_		_	_	<u> </u>	0.	0.	0.
(17) HANNA WARHANK	2.00							_		_
DIRECTOR		Х						0.	0.	0 • Form 990 (2023)

332007 12-21-23

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)				(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable Reportable		,	Es	stimate	ed			
	hours per	box	, unle	ss per	rson i	is both	an	compensation	compensation	- 1	ar	nount (of
	week (list any		Cei ai	lu a u	II ecto	Tuus	(66)	from	from related	- 1		other	
	hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensation the	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	al trus		/ee	m per		1099-NEC)	1000 1420)		_	d relate	
	below	idual	Institutional trustee	ie i	Key employee	est co oyee	er					anizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MARIA VALANDRA	2.00												
DIRECTOR		Х						0.		0.			0.
(19) SARA SAVAGE	2.00												
DIRECTOR		Х						0.		0.			0.
(20) KARISSA TRUJILLO	2.00												_
DIRECTOR		Х						0.		0.			0.
		-											
		1											
						\vdash							
		1											
		1											
		1											
		1											
1b Subtotal	•							201,844.		0.	1	0,09	93.
c Total from continuation sheets to Part VI	I, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)								201,844.		0.	1	0,09	93.
Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su								•	•				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	pensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	thin T		ear.			•	
(A) Name and business	address							(B) Description of s	ervices	C)) nsatior	า
			-	TRANSPORTING			Simpe	541101	•				
POTITION DOTING DEVAICE	ID, TINC.						ſ	TIVUTOLOKITING	T M O				

168 MT HIGHWAY 212, DIXON, MT 59831 HOMES FROM MISSOULA 113,169.

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

Form 990 (2023) MONTANA
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij d							
fts,							
ig ig			74,128.				
ns, Sim			0/4,120.				
e ti	1	f All other contributions, gifts, grants, and	10 104				
현된		similar amounts not included above 1f	12,104.				
ont od (Moncash contributions included in lines 1a-1f	6,375.	4 606 000			
<u>0 g</u>	<u> </u>	h Total. Add lines 1a-1f		4,686,232.			
		<u> </u>	Business Code	010 605	010 605		
9		a INTEREST ON LOANS	531390	913,685.	913,685.		
e Š		o CONTRACT INCOME	531390	385,312.	385,312.		
Sen		OTHER REVENUE	531390	381,781.	381,781.		
ar.		d CONFERENCE INCOME	531390	181,747.	181,747.		
Program Service Revenue	•	E LOAN FEES	531390	103,203.	103,203.		
P.	1	f All other program service revenue					
	9	Total. Add lines 2a-2f		1,965,728.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		163,914.			163,914.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	96,636.				
		b Less: cost or other basis	30,0000				
ø	•		51,420.				
n			54,784.				
eve		d Net gain or (loss)		-54,784.	-54,784.		
her Revenue		, <i>,</i>		34,704	31,701.		
	8 6	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold10b					
\longrightarrow	(Net income or (loss) from sales of inventory					
σ		-	Business Code				
o o	11 a	a					
Miscellaneous Revenue	ŀ	b					
Sell Seve	(·					
Ais. B	(d All other revenue					
_	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		6,761,090.	1,910,944.	0.	163,914.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,311,812. 1,311,812. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 226,255. 51,601. 157,690. 16,964. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 806,386. 947,677. 58,890. 82,401. Other salaries and wages 7 Pension plan accruals and contributions (include 42,696. 26,030. 13,745. 2,921. section 401(k) and 403(b) employer contributions) 124,232. 99,670. 13,147. 11,415. Other employee benefits 9 87,684. 64,559. 15,922. 7,203. 10 Payroll taxes 11 Fees for services (nonemployees): Management -1,238. -217. 1,021. Legal 14,650. 12,450. 2,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 20,042.15,784.866. 3,392. Advertising and promotion 12 Office expenses 13 3,993. 112,718. 107,159. 1,566. Information technology 14 15 Royalties 11,800. 20,138. 8,338. 16 Occupancy 57,535. 46,655. 7,766. 3.114. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 157,107. 154,103. 2,779. 225. Conferences, conventions, and meetings 19 273,527. 273,527. 20 Payments to affiliates 21 2,113. 10,436. 6,650. 1,673. Depreciation, depletion, and amortization 22 19,846. 11,480. 7,776. 590. 23 Other expenses. Itemize expenses not covered 24 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.) 238,933. 238,933. BAD DEBT EXPENSE **GRANT EXPENSES** 180,959. 179,959. 1,000. 60,738. 60,738. TRAINING - PARTNERS 2,397. 42,573. 38,754. 1,422. d OUTSIDE SERVICES 12,913. 34,701.176,822. 129,208. All other expenses 4,126,163. 3,644,817. 333,120. 148,226. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

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

Check here

rar	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,277,581.	1	6,272,625
	2	Savings and temporary cash investments			272,833.	2	280,711
	3	Pledges and grants receivable, net			349,123.	3	532,928
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
13	7	Notes and loans receivable, net	36,491,186.	7	42,037,819		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			31,275.	9	20,617
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		264,376.			
	b	Less: accumulated depreciation		164,732.	101,879.	10c	99,644
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	429,893.	12	429,773		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4.5 600	14	104 005		
	15	Other assets. See Part IV, line 11	147,638.	15	124,837		
_	16	Total assets. Add lines 1 through 15 (must eq			44,101,408.	16	49,798,954
	17	Accounts payable and accrued expenses			264,727.	17	653,387
	18	Grants payable	603,261.	18 19	455 056		
	19		eferred revenue				477,876
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the			0 521 207	22	12 056 207
_	23	Secured mortgages and notes payable to unre			9,531,207.	23	12,856,207
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line	-				
		of Schedule D	8 17-24)	. Complete Part X	3,742,445.	25	3,216,789
	26				14,141,640.		17,204,259
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch			14,141,040.	20	17,204,255
ရွ		and complete lines 27, 28, 32, and 33.	eck Her	- 21			
ğ	27				12,272,932.	27	13,765,249
3919	28	Net assets with donor restrictions			17,686,836.	28	18,829,446
	20	Organizations that do not follow FASB ASC	17,000,000	20	10,023,110		
ᆵᅵ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	e			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
488	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			29,959,768.	32	32,594,695
z	33				44,101,408.	33	49,798,954

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

Form 990 (2023)

Х

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.

Open to Public Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

				NERSHIP NETW					1-0543240
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions	S.	
The	organ	nization is not a private found							
1		A church, convention of ch	nurches, or associat	ion of churches described	d in section	n 170(b)(1	I)(A)(i).		
2		A school described in sect							
3	\Box	A hospital or a cooperative)(b)(1)(A)(ii	i).		
4	一	A medical research organiz						(iii). Enter	the hospital's name.
·		city, and state:					(-)(-)(-)	(,.	,
5		An organization operated for	or the benefit of a c	ollege or university owner	d or operat	ed by a go	vernmental ur	it describe	ed in
Ŭ		section 170(b)(1)(A)(iv).			a o, opo.a.				
6		A federal, state, or local go		mental unit described in	section 17	70/hV/1V/AV	(v)		
	X	An organization that norma	-					o gonoral i	aublic described in
'		-	•	antiai part of its support i	Tom a gove	en in itenta	unit or monn th	e general	public described in
0		section 170(b)(1)(A)(vi). (C	· ·	NAVAVui) (Complete De	4 II \				
8	H	A community trust describe							
9	Ш	An agricultural research org	~			_		-	-
		or university or a non-land-o	grant college of agri	iculture (see instructions).	Enter the	name, city	, and state of t	ne college	e or
40		university:							
10		An organization that norma							
		activities related to its exen	· ·	·					-
		income and unrelated busin		e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	•						
11	Н	An organization organized	-	•	•				
12		An organization organized	· ·	•	-			•	
		more publicly supported or	•						Check the box on
	_	lines 12a through 12d that	* *			-		-	
а		_ Type I. A supporting orga	· ·		•	-			
		the supported organization	on(s) the power to r	egularly appoint or elect a	a majority o	of the direc	tors or trustee	s of the su	upporting
	_	organization. You must o	complete Part IV, S	Sections A and B.					
b		Type II. A supporting org	ganization supervise	ed or controlled in connec	tion with it	s supporte	ed organization	ı(s), by hav	/ing
		control or management of	of the supporting or	ganization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	oorted
		organization(s). You mus	st complete Part IV	, Sections A and C.					
С		Type III functionally inte	egrated. A supporti	ng organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organizatio	on(s) (see instruction	is). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A sup	oporting organization ope	rated in co	nnection w	ith its support	ed organiz	zation(s)
		that is not functionally int	tegrated. The organ	ization generally must sat	tisfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instruct	tions). You must co	omplete Part IV, Section	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	a written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functi	onally integrated supporti	ing organiz	ation.			
		er the number of supported o	•						
g		vide the following information			I (i.i.) In the name				T (D)
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	support (see iii	Structions)	support (see instructions)
					1				
					-				
_									

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2091031.	2233141.	12106897.	5946726.	4686232.	27064027.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2091031.	2233141.	12106897.	5946726.	4686232.	27064027.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						27064027.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2091031.		12106897.	5946726.	4686232.	27064027.
	Gross income from interest,				00107100		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,397.	6,956.	12 514	144 153.	163 914.	348,934.
۵	Net income from unrelated business	21,3376	0,330.	12,314.	144,133.	103,311.	340,334.
9	activities, whether or not the						
	· ·						
40	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						27412961.
						12 2	2,062,364.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1,002,304.
13		•		•			
Sa	organization, check this box and stopetion C. Computation of Publi						·····
	Public support percentage for 2023 (I			actume (f)		14	98.73 %
						15	98.73 %
	Public support percentage from 2022						
102	33 1/3% support test - 2023. If the c						
L	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2022. If the constant are the constant are small	•		•		•	
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	•					•
	and if the organization meets the fact			=	•	VI how the organi	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u> </u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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")? |f "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?
- 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).
- 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
4		
1		
2		
За		
3b		
3с		
4a		
4b		
_		
4c		
50		
5a		
5b		
5c		_
6		
7		
8		
9a		
Ob		
9b		
9c		
90		
10a		
100		
10b		
	n 990)	2022

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

81-0543240 MONTANA HOMEOWNERSHIP NETWORK INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MONTANA HOMEOWNERSHIP NETWORK INC.

81-0543240

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIGHBORWORKS AMERICA 999 N CAPITOL ST NW STE 900 WASHINGTON, DC 20002	\$569,974.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONTANA DEPARTMENT OF COMMERCE 301 S PARK AVE. HELENA, MT 59620	\$342,874.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410	\$ 587,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GLACIER AFFORDABLE HOUSING FOUNDATION 17 5TH STREET SOUTH GREAT FALLS, MT 59401	\$ 124,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CITY OF BOZEMAN PO BOX 1230 BOZEMAN, MT 59771	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-28	WELLS FARGO FOUNDATION 550 S 4TH STREET MAC N9310-074 MINNEAPOLIS, MN 55415	\$527,600.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MONTANA HOMEOWNERSHIP NETWORK INC.

81-0543240

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LAKE COUNTY 106 4TH AVE E POLSON, MT 59860	\$106,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 COMMUNITY DEVELOPMENT FINANCIAL	(c) Total contributions	(d) Type of contribution
8	INSTITUTIONS 1500 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20220	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY OF MISSOULA 435 RYMAN STREET MISSOULA, MT 59802	\$310,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	OTTO BREMER TRUST 30 E 7TH STREET SUITE 2900 SAINT PAUL, MN 55101	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	FEDERAL HOME LOAN BANK OF DES MOINES 909 LOCUST STREET SUITE 500 DES MOINES, IA 50309	\$ 523,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-29		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MONTANA HOMEOWNERSHIP NETWORK INC.

81-0543240

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	1 0343240
	(see instructions). Use duplicate copies of Part	. II II additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26	-23		Schedule B (Form 990) (2023

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** MONTANA HOMEOWNERSHIP NETWORK INC. 81-0543240 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MONTANA HOMEOWNERSHIP NETWORK INC.

Employer identification number 81-0543240

Pai			or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts					
2	Total number at end of year							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds					
_	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?		Yes No					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area					
	Protection of natural habitat	Preservation of	f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Number of conservation easements on a certified historic str		2c					
d	Number of conservation easements included on line 2c acqu							
_	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax					
	year							
4	Number of states where property subject to conservation eas	•						
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,							
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year					
	3, 1, 3,	3	3					
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the					
	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections of		ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works					
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance 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 95	•						
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,					
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1							
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under FASB A		•					
	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023					

332051 09-28-23

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		163,853.	78,964.	84,889.
c Leasehold improvements				
d Equipment		100,523.	85,768.	14,755.
e Other				
Total. Add lines 1a through 1e. (Column (d) must ed	99,644.			

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	on Form 000 Dort IV line	11b Soc Form 900 Port V line 12	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(a) Book value	(c) meaned of valuation. Good of or	ia or your market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 B + "/ "	44. 0 5 000 5 15	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)		+	
(4)		+	
(5)			
(6) (7)		+	
(8)		<u> </u>	
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		1	
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 Part X Other Liabilities	<u>. (B))</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) MORTGAGE ESCROW AND TRUST	ACCOUNTS		3,216,789
(3)			
(4)			
(5)			
			1
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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) 2023

3,216,789.

(8) (9)

Sche	edule D (Form 990) 2023 MONTANA HOMEOWNERSHIP NETV)543240	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ents With R	evenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a				
1	Total revenue, gains, and other support per audited financial statements			1	6,815,8	<u> 374.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	6,815,8	<u> 374.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-54,784.			
С	Add lines 4a and 4b			4c	-54,7 6,761,0	784.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)rt XII Reconciliation of Expenses per Audited Financial Staten			5	6,761,0	90.
Pai	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With I	Expenses per R	leturr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	4,180,9	947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	-					
С	Other losses					
d			54,784.			
е	Add lines 2a through 2d		-	2e	54,5	784.
3	Subtract line 2e from line 1			3	54,1 4,126,1	L63.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а		4a				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	· ·		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,126,1	
Par	rt XIII Supplemental Information				, ,	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV. lines 1b a	nd 2b: Part V. line 4:	: Part X	. line 2: Part XI.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			,	.,	
	Za ana 15, ana 1 ar An, miso za ana 15.7 nos somptoto ano part to provide any ad	antional informe	20011.			
PAF	RT V, LINE 4:					
	·- · / ·					
רח	PRESERVE FUNDS FOR FUTURE OPERATIONS					
ΡΔΤ	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
	KI KI, BING 4D OHIBK ADOODINGNID.					
r. 🔿 c	SS ON DISPOSITION OF REAL ESTATE PROPERTY	FOD CALL	.		-54,78	2 /
	ON DISPOSITION OF REAL ESTATE PROPERTY	FOR SALL	<u>. </u>		-34,70) '
	OM VII I IND OD OMVDD AD TUGMVDNING					
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
	NO ON DISPOSITATION OF DEAL REMAINS DRODERS	DOD GAL	-		E 4 - 7 C	. 4
ւՕչ	SS ON DISPOSITION OF REAL ESTATE PROPERTY	FUK SAL	ᆫ		54,78	94.

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MONTANA H	OMEOWNERS	HIP NETWORK	INC.				81-0543240
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assistance.	tance?				-		on X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISTRICT 7 HUMAN RESOURCES DEVELOPMENT COUNCIL, INC PO BOX 2016 - BILLINGS, MT 59103	81-0300207	501(C)(3)	134,037.	0.			GENERAL HOUSING
HEADWATERS RC&D AREA, INC. 65 E BROADWAY BUTTE, MT 59701	23-7380551	501(C)(3)	6,520.	0.			GENERAL HOUSING COUNSELING
HOMEWORD, INC. 1535 LIBERTY LANE, SUITE 116A MISSOULA, MT 59808	81-0522626	501(C)(3)	114,082.	0.			GENERAL HOUSING COUNSELING
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC 32 SOUTH TRACY - BOZEMAN, MT 59715	81-0350886	501(C)(3)	78,994.	0.			GENERAL HOUSING COUNSELING
NEIGHBORHOOD HOUSING SERVICES, INC. OF GREAT FALLS - 509 1ST AVE. S - GREAT FALLS, MT 59401	81-0389825	501(C)(3)	126,602.	0.			FORECLOSURE COUNSELING, GENERAL HOUSING COUNSELING
NORTHWEST MONTANA HUMAN RESOURCES, INC. DBA COMMUNITY ACTION PARTNERSHIP OF - PO BOX 8300 - KALISPELL MT 59903	81-0366018	501(C)(3)	25,060.	0.			GENERAL HOUSING
2 Enter total number of section 501(c)(3) at	nd government org	ganizations listed in th	, ,				9.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	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
ROCKY MOUNTAIN DEVELOPMENT COUNCIL PO BOX 1717 HELENA, MT 59624	81-0296458	501(C)(3)	35,168.	0.			GENERAL HOUSING
GREAT NORTHERN DEVELOPMENT CORPORATION - 233 CASCADE STREET - WOLF POINT, MT 59201	81-0494064	501(C)(3)	5,289.	0.			GENERAL HOUSING
RURAL DYNAMICS, INC. 410 CENTRAL AVE SUITE 401 GREAT FALLS, MT 59401	81-0303443	501(C)(3)	170,605.	0.			GENERAL HOUSING

(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
Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT I, LINE 2:					
ORGANIZATION FOLLOWS THE REQUI	REMENTS O	F THE UNII	FORM GUIDAN	CE	
T-FEDERAL AWARD REQUIREMENTS FO	R SUBRECI	PIENT MON	ITORING (2	CFR	
.331-333) OF ITS GRANT FUNDS.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MONTANA HOMEOWNERSHIP NETWORK INC.

Employer identification number
81-0543240

	110111111	II HOHEOMELEHOHEE HEEM	21111 21101	<u> </u>				
Pa	art I Excess Benefit Trans	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organi	zations onl	y)			
	Complete if the organization	n answered "Yes" on Form 990, Part IV, I	ine 25a or 25b; or Form 990-EZ, Par	t V, line 40t	b			
1	(b) Relationship between disqualified				(d) Cor	rected?		
	(a) Name of disqualified person	person and organization	(c) Description of transa	action	Yes	No		
(1)								
(2))							
(3)								
(4)								
(5)								
(6)								
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under					
	section 4958	-		\$				
3	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$							
	•	•						

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name	e of person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Approved by board or committee? (i)		(i) W agreer	(i) Written agreement?	
				То	From			Yes	No	Yes	No	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)	·													
Total						\$								

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	"Yes" on Fe	orm 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person		onship between interested n and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)BRUCE BRENSDAL	BOARD	MEMBER	0.	BOARD MEMBE		X
(2)JIM MORTON	BOARD	MEMBER	0.	BOARD MEMBE		Х
(3)TORI MATEJOVSKY	BOARD	MEMBER	0.	BOARD MEMBE		X
(4)MIKE SMITH	BOARD	MEMBER	0.	BOARD MEMBE		X
(5)JEFF GATICA	BOARD	MEMBER	0.	BOARD MEMBE		X
(6)SARA SAVAGE	BOARD	MEMBER	0.	BOARD MEMBE		X
(7)MARIA VALANDRA	BOARD	MEMBER	0.	BOARD MEMBE		X
(8)KARISSA TRUJILLO	BOARD	MEMBER	0.	BOARD MEMBE		X
(9)						
(10)						
Dart V Supplemental Information		-		-		·

| Part V | Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: BRUCE BRENSDAL
- (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN EMPLOYEE WITH A STATE

 AGENCY THAT THE ORGANIZATION RECEIVES FUNDING FROM.
- (A) NAME OF PERSON: JIM MORTON
- (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN EMPLOYEE WITH ANOTHER NON-PROFIT AGENCY THAT RECEIVED COUNSELING FEES FROM THE ORGANIZATION.
- (A) NAME OF PERSON: TORI MATEJOVSKY
- (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN EMPLOYEE WITH ANOTHER NON-PROFIT AGENCY THAT RECEIVES FUNDING FROM THE ORGANIZATION.
- (A) NAME OF PERSON: MIKE SMITH
- (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OFFICER AT A BANK
 WITH WHICH THE ORGANIZATION PARTNERS ON LENDING ACTIVITIES AND RECEIVES
 INVESTMENTS.
- (A) NAME OF PERSON: JEFF GATICA
- (D) DESCRIPTION OF TRANSACTION: BOARD MEMBER IS AN OFFICER AT A BANK

Schedule L (Form 990) 2023

SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

MONTANA HOMEOWNERSHIP NETWORK INC

Employer identification number 81-0543240

MONIANA NOMEOWNERDIII NEIWORK INC: 01 0343240
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PRESENTED TO THE BOARD MEMBERS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
DISCUSSED AT THE BOARD MEETINGS AND THE STAFF IS ASKED ABOUT AND MONITORS
CONFLICTS OF INTEREST PERIODICALLY THROUGHOUT THE YEAR.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS USED NEIGHBORWORKS AMERICA DATA TO ESTABLISH THE
SALARY RANGE FOR THE EXECUTIVE DIRECTOR WHICH IS REVIEWED ANNUALLY. ALL
POSITIONS SALARY RANGES ARE BASED ON A COMPREHESIVE SALARY SURVEY CONDUCTED
BY ASSOCIATED EMPLOYERS, INC.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST AT THE OFFICE.
FORM 990, PART XII, LINE 2C
NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS.

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

Schedule O (Form 990) 2023