

Return of Organization Exempt From Income Tax

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Montrose Community Foundation
Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO Box 3020
 City or town State ZIP code
 Montrose CO 81402
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 84-1128761
E Telephone number 970-249-3900
G Gross receipts \$ 3,292,902

F Name and address of principal officer:
 Diane Bridges 525 E Main Street, Montrose, CO 81401
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No" attach a list. See instructions

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

J Website: www.montrosecf.com
H(c) Group exemption number

K Form of organization: Corporation Trust Association Other
L Year of formation: 1989
M State of legal domicile: CO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: it to Support Local Non-Profit Organizations. Community Foundation Whose Primary Purpose		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	312,289	1,378,348
	9 Program service revenue (Part VIII, line 2g)	40,491	184,420
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,488	151,448
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,563	17,691
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	479,705	1,731,907
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	456,135	957,890
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,733	95,613
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 5,383		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	75,878	244,888
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	609,746	1,298,391
19 Revenue less expenses. Subtract line 18 from line 12	-130,041	433,516	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,549,233	End of Year 6,380,253
	21 Total liabilities (Part X, line 26)	1,409,374	1,406,844
	22 Net assets or fund balances. Subtract line 21 from line 20	4,139,859	4,973,409

Part II Signature Block

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

Sign Here

Signature of officer: Diane Bridges
 Date: _____
 Title: Executive Director

Paid Preparer Use Only

Print/Type preparer's name: Eric B Haynes, CPA
 Preparer's signature: Eric B Haynes, CPA
 Date: 6/12/2024
 Check if self-employed
 PTIN: XXXXXXXXX

Firm's name: Buckendorf, Haynes CPAs LLC
 Firm's EIN: XX-XXX8709
 Firm's address: 1519 E. Main Street, Suite B, Montrose, CO 81401
 Phone no.: 970-252-0621

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