

Extended to November 17, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Montrose Community Foundation		D Employer identification number ** - *** 8761
	Doing business as		E Telephone number 970-249-3900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO Box 3020		G Gross receipts \$ 2,837,982.
City or town, state or province, country, and ZIP or foreign postal code Montrose, CO 81402		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: Diane Bridges 525 E Main Street, Montrose, CO 81401		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: www.montrosecf.com		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: Community Foundation Whose Primary Purpose is to Support Local Non-Profit Organizations.		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,378,348.	1,730,096.
	9 Program service revenue (Part VIII, line 2g)	184,420.	247,407.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,448.	235,385.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,691.	11,039.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,731,907.	2,223,927.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	957,890.	1,354,008.
Expenses	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)	95,613.	98,327.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,404.	
	17 Other expenses (Part IX, column (A), lines 13a-11d, 11f-24e)	244,888.	223,364.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,298,391.	1,675,699.
19 Revenue less expenses. Subtract line 18 from line 12	433,516.	548,228.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,380,253.	End of Year 7,225,786.
	21 Total liabilities (Part X, line 26)	1,406,844.	1,600,472.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,973,409.	5,625,314.

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, Executive Director	Date			
	Type or print name and title				
Paid Preparer Use Only	Preparer's name Eric B Haynes, CPA	Preparer's signature Eric B Haynes, CPA	Date 06/25/25	Check if self-employed <input type="checkbox"/>	PTIN P01902759
	Firm's name BUCKENDORF HAYNES CPAS LLC	Firm's EIN ** - *** 8709	Phone no. 970-252-0621		
Firm's address 1519 E Main St Unit B Montrose, CO 814013854					

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

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

432001 12-10-24

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