EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

A B

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.

epartment of the ternal Revenue		atest	information.	7 <i>010</i>	Inspec					
For the 20	17 calendar year, or tax	year beginning	JUL 1,	2017	and ending	g J	UN 30, 20	018		
Check if applicable	C Name of organization		D Employer ide	entification	number					
Address change	GREAT FALLS									
Name change	Doing business as						81-0465605			
initial return	Number and street (or	P.O. box if mail is no	t delivered to str	eet address)	Room/s	suite	E Telephone nu	umber		
Final return/	P.O. BOX 94	9					4(06-750	-2119	
termin- ated	City or town, state or p	province, country,	and ZIP or fore	ign postal code)		G Gross receipts \$		2,219	729.
Amended return	GREAT FALLS	, MT 594	03				H(a) Is this a gro	oup return		
Applica- tion	F Name and address of		for subordi	nates?	Yes	X No				
pending	SAME AS C AB	H(b) Are all suborde	nates included	7 Yes	No					
Tax-exemp	t status: X 501(c)(3)	501(c) ()◀ (ın <u>sert</u> r	no.) 4947(a)(1) or 🔲	60	If "No," atta	ach a list. (s	ee instruct	ions)

⇇	76	7			750 0110				
ᆫ	Final	7 F.O. BOX 343		406-750-2119					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,219,729.				
<u> </u>	Amer	GREAT FALLS, MI 33403		H(a) Is this a group					
	Appli tion	F Name and address of principal officer. DIVELL DOINEL		for subordinate	s? Yes X No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates	ıncluded? Yes No				
<u> </u>	Гах-ех	xempt status: X 501(c)(3)	or [[]62	If "No," attach	a list. (see instructions)				
J \	Nebs	ite: ▶ GFDEVELOPMENT.ORG		H(c) Group exempte	on number 🕨				
		of organization: X Corporation Trust Association Other ▶	L Yea	r of formation: 1990	M State of legal domicile: MT				
	art I	Summary							
4)	1	Briefly describe the organization's mission or most significant activities: THE	MISSI	ON OF THE GR	REAT FALLS				
Governance		DEVELOPMENT AUTHORITY IS TO GROW AND DIVE							
ī	2	Check this box if the organization discontinued its operations or dispos			issets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	1				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	34				
S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	11				
ıtie.	6	Total number of volunteers (estimate if necessary)		6	60				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	_						
⋖	I	Net unrelated business taxable income from Form 990-T, line 34							
				Prior Year	Current Year				
a	8	Contributions and grants (Part VIII, line 1h)		484,715.	254,300.				
Revenue	9	Program service revenue (Part VIII, line 2g) RECEIVED		2,829,697.	1,900,804.				
eve	10	Investment income (Part VIII, column (A), lines 3 (4) and 7d)		0.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 2, 9c, 10c, and (1e) 018		140,939.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 18)		3,455,351.	2,219,729.				
	13	Grants and similar amounts paid (Part IX, column (A), (inestina)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		772,581.	778,461.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
<u>pe</u>	1	Total fundraising expenses (Part IX, column (D), line 25)	<u>o.</u> [٧ م ١	· · · · · · · · · · · · · · · · · · ·				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[1,611,909.	1,059,629.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,384,490.	1,838,090.				
	19	Revenue less expenses Subtract line 18 from line 12		1,070,861.	381,639.				
Ses			В	eginning of Current Year	End of Year				
Salances	20	Total assets (Part X, line 16)		10,318,796.	· · · · · · · · · · · · · · · · · · ·				
-		Total liabilities (Part X, line 26)		1,480,354.	2,363,052.				
Fund	22	Net assets or fund balances Subtract line 21 from line 20		8,838,442.	9,214,331.				
	ırt II								
		<u> </u>							

	ilties of perjury, I declare that I have examined this return, including accompanying schedules and state	
true, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.
Sign Here	Signature of officer BRETT DONEY, PRESIDENT Type or print name and title	Date 12/6/18
Paid	Print/Type preparer's name Preparer's signature Preparer's signature	DEC - 4 2018 "Check PTIN PTIN POO 0 3 9 9 0 6
Preparer	Firm's name DOUGLAS WILSON & COMPANY, P2	Firm's EIN 81-0446334
Use Only	Firm's address 1000 FIRST AVENUE SOUTH GREAT FALLS, MT 59401	Phone no. 406 - 761 - 4645
May the II	AS discuss this return with the preparer shown above? (see instructions)	X Yes No

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

Form 990 (2017)

81-0465605

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X_ foreign organization? If "Yes," complete Schedule F, Parts II and IV ... 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 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

Form 990 (2017)

Form 990 (2017) GREAT FALLS DEVELOPMENT AUTHORITY

Part IV Checklist of Required Schedules (continued)

	1 1		Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		_	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	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		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		- 41
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV	- 50	77.4	3+ ; -
	instructions for applicable filing thresholds, conditions, and exceptions):	<i>i</i>	**	. اور ا ا ا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		v
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Schedule N, Part II	32	l	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	x	
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
86	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		<u>X</u>
17	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]]]	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
18	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X [204.2%
		Low	990 (2017)

Form **990** (2017)

	rt V Statements Regarding Other IRS Filings and Tax Compliance	000	<u>·</u>	age 4						
	Check if Schedule O contains a response or note to any line in this Part V									
	Charles and a contained to personal and a contained to any mine and a contained to any mine and a contained to		\ <u>\</u>							
	22	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No 4523						
1a	· · · · · · · · · · · · · · · · · · ·	1	3	4						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3								
С	-	136.0	持事	1.7.3						
	(gambling) winnings to prize winners?	1c_	X	1441 6						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7 12 12 14	北京	1						
	filed for the calendar year ending with or within the year covered by this return 2a 1.									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	*3 / P						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>	<u> </u>	ļ						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ►	30	新	1						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	到强	三瀬	er falja						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	<u> </u>	X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_	ļ. <u></u>	X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>							
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	<u> </u>	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ľ	}							
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	江海	掘罐							
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		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c	A . [- NI	X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	新聞	Bake	部隊						
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		ļ						
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	ž stir.	計画	影情意						
	sponsoring organization have excess business holdings at any time during the year?	8	-							
9	Sponsoring organizations maintaining donor advised funds.	14/19	影響							
а	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:	新疆	風東	點点						
а	Initiation fees and capital contributions included on Part VIII, line 12	35 1	事业							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders		新疆	1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against			報達						
	amounts due or received from them)	4	To die							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.07	9.7	18.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	新福	淵淵	41.54						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	I							
	Note. See the instructions for additional information the organization must report on Schedule O.	* 4#	[28]	4. 3.						
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1		编建						
	organization is licensed to issue qualified health plans			क्षान् (१) हे के प्रेस्त						
С	Enter the amount of reserves on hand 13c		127							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Ĭ	X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

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 in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34	الاسية									
	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 in Schedule O.	, , , ,		,							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34	,	'	١.							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	. • '		* +							
	officer, director, trustee, or key employee?	2	ĺ	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	6	X	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1.	+ ner							
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	بالمراكب									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ·	-								
а	The organization's CEO, Executive Director, or top management official	15a	X								
ь	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- ,	1	3							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ا نئيہ									
	exempt status with respect to such arrangements?	16b	l								
Sect	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request X Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	BRETT DONEY - 406-750-2119										
	PO BOX 949. GREAT FALLS. MT 59403			_							

Form 990 (2017)	GREAT	PAT.T.C
-orm 990 (2017)	GREAT	LWDDO

DEVELOPMENT AUTHORITY

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule (Dicontains a response or not	te 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more	ነ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bol	h an	compensation	compensation	amount of
	week	-	T a		, ac.	7,00	1	from	from related	other
	(list any hours for	or director	ĺ	1	İ	_	ľ	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 8	ste			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Individual trustee	Institutional trustee		랋	Highest compensated employee				and related
	below	ndua	賣	5	Key employee	loyee	<u> </u>			organizations
	line)	횰		Eg.	Key	물통	Рог тег			
(1) NATE WEISENBURGER	1.50	1	l			ł	ł			
CHAIRMAN		X		X		L		0.	0.	0,
(2) RON NELSON	1.50	ĺ					{			
VICE CHAIRMAN		X		X		_	L_	0.	0.	0.
(3) GLENN LAMBERT	1.50									
SECRETARY		X		X		L		0.	0.	0
(4) ERROL RICE	1.50						İ			
TREASURER		X		X		ļ		0.	<u> </u>	0
(5) ANTHONY ARETZ	1.50									
DIRECTOR		X					L_	0.	0.	0
(6) JOE BRIGGS	1.50						l	}		
DIRECTOR		X						0.	0.	0
(7) JACQUIE BURCHARD	1.50									
DIRECTOR		X						0.	0.	0.
(8) MARK CAPPIS	1.50									•
DIRECTOR		X						0.	0.	0
(9) TRISTEN DODD	1.50									
DIRECTOR		X						0.	0.	0,
(10) REBECCA ENGUM	1.50									
DIRECTOR		X						0.	0.	0.
(11) SHANE ETZWILER	1.50			ļ					j	
DIRECTOR		X						0.	0.	0.
(12) JOHN FAULKNER	1.50									
DIRECTOR		X						0.	0.	0.
(13) COLLETTE HANSON	1.50				1					
DIRECTOR		X		_]				0.	0.	0.
(14) HEIDI HOCKETT	1.50									·
DIRECTOR		X						_ 0.	0.	0.
(15) DWIGHT HOLMAN	1.50									
DIRECTOR		X	[[[0.	0.	0.
(16) JERRY HOOD	1.50			\neg	\Box					
DIRECTOR		x	ŀ				_ [0.	0.	0.
(17) BRIAN HOVEN	1.50		\neg		\neg	\neg				
DIRECTOR		\mathbf{x}						0.	0.	0.
32007 11-28-17										Form 990 (2017

Form 990 (2017) GREAT FA									81-0	<u>400</u>	<u>005</u>		age
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
, (A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	///	not c		ition		000	Reportable	Reportable		E:	stımat	ed
	hours per	box	, unte	ss pe	erson	ıs bol	th an	compensation	compensation	n	ar	mount	of
•	week		cer ar	nd a d	trecto	or/trus	stee)	from	from related	í		othe	
	(list any	director	ĺ	ĺ	ĺ	1		the	organization			pens	
	hours for	5	يوا	1		ated		organization	(W-2/1099 MIS	3C)		rom th	
	related organizations	ustee	tast		بو	bens		(W-2/1099-MISC)			_	janiza	
	below	la d	lanor		ploye	2 5						d rela	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	anızat	luis
(19) GROUP KING	1.50	▐ <u></u>	=	۴	¥	I = 5	15		<u> </u>		<u> </u>		
(18) STEVE KING	1.50	X						0.		0.	1		0
DIRECTOR	1.50	Δ.	\vdash	\vdash	\vdash	-	-			••		-	
(19) JASON KISER	1.50	X				l		0.		0.	1		0
DIRECTOR	1 50	Λ	_		\vdash		├			<u> </u>			
(20) TAMMY LACEY	1.50	١.,								_	ĺ		^
DIRECTOR	1 50	X	-		-	-	┢	0.		0.	 		0
(21) PAUL LEACH	1.50	 									ĺ		_
DIRECTOR	1 50	X		_	-	-	⊢	0.		0.	 		0
(22) MARIO MARTINEZ	1.50									_			^
DIRECTOR	1 50	X		_	\vdash	_	 	0.		0.			0
(23) TRAVIS NEIL	1.50										l		_
DIRECTOR	1.50	X			<u> </u>		<u> </u>	0.		0.			0
(24) NICK NEUMAN	1.50				1								_
DIRECTOR	1 50	X	_					0.		0.			0
(25) BRAD NEWCOMB	1.50												_
DIRECTOR	1 50	X						0.	_ _	0.			0
(26) MARILYN PARKER	1.50				ļ ,								_
DIRECTOR	<u> </u>	X				l	Ļ	0.		0.			0
1b Sub-total								0.		0.			0
c Total from continuation sheets to Part V	II, Section A	•••						165,230.		0.			0
d Total (add lines 1b and 1c)	<u> </u>							165,230.		0.			0
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wt	no re	eceived more than \$100	,000 of reportabl	е			
compensation from the organization													<u> </u>
										ſ	** 14.	Yes	No
3 Did the organization list any former officer,		istee	e, ke	y en	nplo	yee,	ort	highest compensated er	nployee on	ľ			
line 1a? If "Yes," complete Schedule J for s										ļ	3	Laffa F.	X
4 For any individual listed on line 1a, is the su									he organization	,			1
and related organizations greater than \$15										.	4	X	1.0-
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or indivi	dual for services	1	15 14 1	1	4,
rendered to the organization? If "Yes," com	plete Schedule) <i>J f</i>	or su	ıch j	oe <u>rs</u>	on					5		X
Section B. Independent Contractors													
 Complete this table for your five highest co 	•									pensa	ation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndır	ng w	ith c	or w	<u>ithin</u>	the organization's tax y	ear				
(A)								(B)		_	(C		
Name and business	address	NC	NE	:			\perp	Description of se	ervices		ompei	nsatio	<u>n</u>
							_				—–		
							_						
							\perp						

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 (2017)

Form 990 GREAT FA.	LLS DEV	<u>EL</u> (140	AF.	4.T.	<u> Al</u>	J'I'l	HORITY	81-046	5605
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd F	łigh	est	Compensated Employ	rees (continued)	
·	(B)	[_))			(D)	(E)	(F)
Name and title	Average			Pos		l		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
•	per	r÷				T .	r -	from	from related	other
	week	ł	1			e d	1	the	organizations	compensation
	(list any	ecto)de		organization	(W·2/1099·MISC)	from the
	hours for	- 5	ی ا			ate		(W-2/1099-MISC)		organization
	related	stee	Tuste		9	pens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
•	below	Į.	誓	Officer	y em	E E	Former	(<u> </u>	
	line)	트	Ë	٥	Ke	Ĩ	유			<u>_</u>
(27) TIM PETERSON	1.50						1	_		
DIRECTOR		X						0.	0.	0.
(28) CASEY SCHREINER	1.50								ļ	
DIRECTOR		X						0.	0.	0.
(29) MARK STRIEPE	1.50									
DIRECTOR		X						0.	0.	0.
(30) MIKE TABACCO	1.50									-
DIRECTOR		X						0.	0.	0.
(31) MIKE WALDENBERG	1.50]								
DIRECTOR		X						0.	0.	0.
(32) LEN WATKINS	1.50									
DIRECTOR		x						0.	0.	0.
(33) RANDY WILLIAMS	1.50									
DIRECTOR		x						0.	0.	0.
(34) SUSAN WOLFF	1.50			\neg	\neg					
DIRECTOR		\mathbf{x}		- 1				0.	0.	0.
(35) BRETT DONEY	40.00									
PRESIDENT				х				165,230.	0.	_ 0.
INDIDENT										
				ĺ	ĺ	- 1				
					寸					
		-		\dashv						
					J	j				
				\dashv	_	\dashv	\neg			
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		- 1	- 1	- 1	- 1					
			_	+	-+	+	+			
		-	+		7	\neg				
Total to Part VII, Section A, line 1c								165,230.		

Form 990 (2017) GREAT FALLS DEVELOPMENT AUTHORITY 81

Part VIII Statement of Revenue

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

(A) (B)

Related or Unity

• • •			Cneck if Schedule O cont	ains a response	or note to any II	(A) 7 Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र र	i 1	a	Federated campaigns	1a	Sent to 14 and comment or a soft-the th	1. 江湖中 油油	斯哈尔语的主义	THE REPORT OF THE PARTY OF THE	
Contributions, Giffs, Grants and Other Similar Amounts	'	b		1b					
عَ ق	ĺ		Fundraising events	10					
ifts ar A		q	Related organizations	1d					
9,E	ĺ	_	Government grants (contribut		50,000.				
Ş	ŀ	f	All other contributions, gifts, gran						
bet	1	•	similar amounts not included above	1 1	204,300.				
ĒΩ		a	Noncash contributions included in lines						
Se		_	Total, Add lines 1a-1f		•	254,300.			
			Total, Flacting of the Co		Business Code	15. 经保险价格的	医生变量的多少的数据的	能理心 不透透調	
v	,	а	RLF INTEREST		900099	502,461.	502,461.	Contraction and the second	, , , , , , , , , , , , , , , , , , , ,
Š	-	b	CDFI		900099	488,750.			
Program Service Revenue		c	EPA BROWNFIELD		900099	387,269.			
ag e ye		d	TIF REIMBURSEME	NT	900099	156,418.			
P. G.		e	EPA ASSESSMENT		900099	81,897.			
ď		f	All other program service reve	nue	900099	284,009.			
		a	Total, Add lines 2a-2f		>	1,900,804.			是 · 新国的 · · · · · · · · · · · · · · · · · · ·
	3		Investment income (including	dıvıdends, ınter	est, and				,
			other similar amounts)	•	•				
	4		Income from investment of tax	exempt bond	proceeds				
	5		Royalties .	•	•				
	_		•	(ı) Real	(ii) Personal			如此""。"	學語音音
	6	а	Gross rents		,		建筑的工作的		
		b	Less: rental expenses		·				
. 1			Rental income or (loss)						
		d	Net rental income or (loss)		. •	The famous and and the famous of the	, , , , , , , , , , , , , , , , , , , ,		
	7	а	Gross amount from sales of	(ı) Securities	(ii) Other	建筑社员建筑地	· 這個的語言 产生		問題的學術
		-	assets other than inventory		T				
		b	Less: cost or other basis				建筑地产工资 的		新建造的
			and sales expenses						
		С	Gain or (loss)					FREE PERSON	
			Net gain or (loss)		>				
a	8	а	Gross income from fundraising	events (not		建工程文章 在2018			
enne		,	including \$	of					
ě			contributions reported on line	1c) See					
Other Rev			Part IV, line 18	· a					
₹		b	Less. direct expenses	b		建作品等		對非互動語	的是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
۱۰۰		С	Net income or (loss) from fund	raising events			建筑工程等 。		
	9	а	Gross income from gaming act	tivities See			はおからない。		
1			Part IV, line 19	а					學的語言思
		b	Less: direct expenses	b	L	医 在海绵	跨越被逐渐接	開始が出る時間	画彩電視影
		С	Net income or (loss) from gami	ng activities					
J	10	а	Gross sales of inventory, less i	returns]				
			and allowances .	а					學上學院的學
		b	Less. cost of goods sold	, , b		非影響。斯特斯	語影响的影響	宗祖等法被指統	層面接近海海道
		с	Net income or (loss) from sales	of inventory					Maria de la companya
, [Miscellaneous Revenue		Business Code		建筑建筑设置	非能思想	
	11	а	MISCELLANEOUS I	NCOME	900099	22,394.	22,394.		<u> </u>
		b	PROFESSIONAL MA		900099	22,235.	22,235.		
		С	APPLICATION FEE	S	900099	19,996.	19,996.		
ļ		d	All other revenue	•					У.
		е	Total. Add lines 11a-11d			64,625.		調整工作製	型
	12	,	Total revenue. See instructions.		_ _	2,219,729.	1,965,429.	0.	″ 0.

Form 990 (2017) GREAT FALLS DEVELOPMENT AUTHORITY Part IX: Statement of Functional Expenses

Do not include amounts reported on times 60, 76, 80, 90, and 100 of Part VII. 1 Clarats and other assistance to domestic organizations and demetic governments. See Part IV, line 21 Grants and other assistance to domestic undividuals See Part IV, line 21 Grants and other assistance to domestic undividuals See Part IV, line 23 Grants and other assistance to domestic undividuals See Part IV, line 25 Grants and other assistance to domestic undividuals See Part IV, line 25 Grants and other assistance to foreign organizations, longing overnments, and foreign individuals See Part IV, line 25 Grants and other assistance of See Part IV, line 25 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 27 Grants and other assistance of See Part IV, line 28 Grants and other assistance of See Part IV, line 27 Grants and See Part IV, line 28 Grants and See Part IV, line 28 Grants and See Part IV, line 28 Grants and See Part IV, line 29 Grants an	Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
4 Grants and other assistance to domestic organizations and dimestic powerments. See Part IV, line 21 Crants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to domestic individuals See Part IV, line 25 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 25 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 25 Grants and other section 40 (19) and persons described in section 458(c)(1) and persons described in section 458(c) and 45	Check if Schedule O contains a response or note to any line in this Part IX									
Grants and other assetance to domestic and other desictance to foreign individuals See Part IV, line 2 Carafts and other assetance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 5 and 16 Semettes paid to 1 for emembers			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising				
2 Grants and other assistance to domestic indoviduals. See Part IV, interest indoviduals. See Part IV, interest indoviduals and expenses on Steedile O, and interest interest indoviduals. See Part IV, interest i	1	Grants and other assistance to domestic organizations				以此一个人,以此时间的人。 注:一个人,他们是他们的人们的一个一个人				
Individuals See Part IV, Ine IZ Individuals See Part IV, Ine IZ Individuals See Part IV, Ine IZ Individuals See Part IV, Ine IZ Individuals See Part IV, Ine IZ Individuals Individuals See Part IV, Ine IZ Individuals Individu		and domestic governments. See Part IV, line 21			にはいる。	混杂的。清楚强烈的				
3 Grants and other assestance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current offerers, directors, trustees, and key employees. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 165,230. 17 Other salaries and veges and contributions (include section 401) and 4010(in employe contributions) and persons described in section 401(in) and 4010(in employee contributions) and persons described in section 401(in) and 4010(in employee contributions) and angement and the section 401(in) and 4010(in) employee contributions) and angement begin and transagement section 401(in) and 4010(in) employees. 46,535. 46,	2	Grants and other assistance to domestic	'		公司 1000 1000 1000 1000 1000 1000 1000 10	建设的工作。				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 emertists paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation of undered above, to disqualified persons discribed in section 4958(I)(I) and persons discribed in section 4958(I)(II) and persons discribed in section 4968(I)(I) and 4968(I) and		individuals See Part IV, line 22			いる。	是是一个数据F-1-2				
individuals. See Part IV, Inea 15 and 16 8 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and persons described in section 458(f(1)) and 463(f(1)) and 463	3	Grants and other assistance to foreign								
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4580f(1)) and persons described in section 4580f(1) and pers		organizations, foreign governments, and foreign								
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4588(f)(f)) and persons decribed in section 4588(f)(f)) and persons decribed in section 4588(f)(f) and 432, 200. 416, 313. 15, 887. Person pin accruals and contributions (include section 401(f)) and 43(f)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). 13 Management 14 Legal		individuals See Part IV, lines 15 and 16								
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other saliense and wages 8 Penson plan accruals and contributions (include section 410) and another section 410, and 431, and	4	Benefits paid to or for members			经验的主要的证明的	har-marine they be market by				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(3)(8) 7 Other salanes and wages Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). 13 Management 15 Legal 16 Caccounting 17 Linvestment management fees 18 Other, (If lime 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on School o.) 19 Advanteing and promotion 10 Times expenses 11 Investment management fees 9 Other, (If lime 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on School o.) 10 Advanteing and promotion 11 Information tachnology 12 Advanteing and promotion 13 Office expenses 13 (13) 135. 2,870. 10,265. 14 (16) 17 Travel 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials above, (List line 24e expenses on Schedule O.) 20 OTHER EXPENSES 21 Payments to affiliates 22 Deprecation, depletion, and amortization Insurance 24 Other expenses Illine 25, column (A) amount, list line 24e expenses on Schedule O.) 27 (18) 10 220, 268. 42, 042. 178, 226. 27 (18) 11, 260. 27 (18	5	Compensation of current officers, directors,								
persons (as defined under section 4958(N)(1)) and persons described in section 4958(c)(3)(8) 7 Other salanes and wages 8 Penson plan accruals and contributions (include section 4014) and 4016) implicer contributions) 9 Other employee benefits 10 Payroll taxes 46,535. 46,535. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 134,496. 137,350. 22,854. 132,114. 233,315. 233,394. 243,657. 248,277. 248,277. 249,277. 240,287. 240,		trustees, and key employees	165,230.	165,230.						
persons described in section 4958(c)(3)(8) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Cher employee benefits 134,496, 137,350, <2,854, > 10 Payroll taxes 11 Fees for services (non-employees). 8 Management b Legal 46,535, 46,535,	6	-								
7 Other salaries and wages Person plan accruals and contributions (include section 40 (kg) and 402(kg) employer contributions) Other employee benefits 1 Payorit laxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (films 11g amount seceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 22 Advertising and promotion 316, 183, 277, 789, 38, 394. 71, 805, 53, 797, 18, 008. 71, 805, 53, 797, 18, 008. 10 Occupancy 10 Occupancy 11 Advertising and promotion 11 Advertising and promotion 12 Advertising and promotion 13 16, 183, 277, 789, 38, 394. 27 1, 805, 53, 797, 18, 008. 316, 183, 277, 789, 38, 394. 27 1, 805, 53, 797, 18, 008. 316, 183, 277, 789, 38, 394. 316, 183, 277, 789, 38, 394. 317, 1805, 53, 797, 18, 008. 316, 183, 277, 789, 38, 394. 316, 183, 277, 789, 38, 394. 317, 805, 53, 797, 18, 008. 316, 183, 277, 789, 38, 394. 317, 805, 53, 797, 18, 008. 317, 805, 53, 797, 18, 008. 318, 183, 277, 789, 38, 394. 319, 287, 287, 10, 10, 265. 10 Cocupancy 42, 657, 6, 842, 35, 815. 54, 277, 31, 552, 22, 725. 31, 5512, 120, 384, 15, 128. 135, 512, 120, 384, 15, 128. 135, 512, 120, 384, 15, 128. 135, 512, 120, 384, 15, 128. 17, 810, 17, 810, 17, 810. 17, 810, 17, 810, 17, 8										
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Check here If following SOP 98-2 (ASC 958-720)			}							
		educational campaign and fundraising solicitation.								
		Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2017)				

Form 990 (2017)
Part X: Balance Sheet

<u>Par</u>	<u> </u>	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
	•	Chèck if Schedule O contains a response or note to any line in this Part X		ī	
		•	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	422,725.	1_	851,046
	2	Savings and temporary cash investments	685,889.	2	609,375
	3	Pledges and grants receivable, net	_	3	
	4	Accounts receivable, net	27,855.	4	194,377
	5	Loans and other receivables from current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·	144	是"可以"的"是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是
		trustees, key employees, and highest compensated employees. Complete	學是國際學學學		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
ł		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	一大五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	jář.	(2) MACES (1) (1)
ł		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1920年		验了。
		employers and sponsoring organizations of section 501(c)(9) voluntary	李瑟斯·阿瑟斯斯	1	16.15% 全线原理
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	9,128,800.	7	9,871,719
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	And the section of th	9	at the state of market and the state of the
	10a	Land, buildings, and equipment: cost or other		調査	
		basis Complete Part VI of Schedule D 10a 185, 421.	是否如此的工艺工艺是	1200	多型型的产生機能能
	b	Less accumulated depreciation 10b 178,617	13,466.	10c	6,804
ı	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	40.061	14	44.060
	15	Other assets See Part IV, line 11	40,061.	15	44,062
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,318,796.	16	11,577,383
	17	Accounts payable and accrued expenses	215,676.	17	236,453
i	18	Grants payable	104,656.	18	58,690
ĺ	19	Deferred revenue	104,030.	19	30,030
ľ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	製造機能がある。からは近くであり	21	The state of the s
	22	Loans and other payables to current and former officers, directors, trustees,			
LIADIMITIES		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	医发放性硬脂肪以为更大深度 (2)	强度。 22	The state of the s
	00	Secured mortgages and notes payable to unrelated third parties	1,158,545.	23	2,055,489
- }	23 24	Unsecured notes and loans payable to unrelated third parties	1,150,545.	24	2,033,403
	2 4 25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,477.	25	12,420
1	26	Total liabilities. Add lines 17 through 25	1,480,354.	26	2,363,052
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗶 and	能源的 的 对 部署	ir 🐫	
,		complete lines 27 through 29, and lines 33 and 34.		(f' 'F)	
בַּ	27	Unrestricted net assets	3,033,071.	27	3,074,799
	28	Temporanly restricted net assets	1,052,955.	28	57,889
5		Permanently restricted net assets	4,752,416.	29	6,081,643.
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		景景	建筑 外引动 建筑
5		and complete lines 30 through 34.		-12 . 7 . 3 . 4	
3	30	Capital stock or trust principal, or current funds		30	
6		Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
		• • • • • • • • • • • • • • • • • • • •	0.020.442		9,214,331.
=	33	Total net assets or fund balances	8,838,442.	33	<u> </u>

Form	n 990 (2017) GREAT FALLS DEVELOPMENT AUTHORITY	81-	0465605	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,219	,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,838	,090.
3	Revenue less expenses Subtract line 2 from line 1	3	381	,639.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,838	,442.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<5	,749.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	9,214	<u>,331.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 O.		es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 <u>a</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	haeie		-
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		14	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1	2011
	review, or compilation of its financial statements and selection of an independent accountant?		· · · · · ·	<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1 4 7	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud		
	Act and OMB Circular A-133?			<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	int	

Form **990** (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		GREZ	AT FALLS D	EVELOPMENT A	<u>JTHORI</u>	TY			<u> 1-0465</u>	605
Part	: 1	Reason for Public	Charity Status	(All organizations must o	complete th	ıs part) S	ee instruction			
The or	ganı	zation is not a private foun								$\overline{}$
1		A church, convention of c		•					/	$\mathcal{A}(I)$
2		A school described in sec							- (T
3 [亏	A hospital or a cooperative		•			iii)			•
7 7	╡	A medical research organi						Viii) Enter	the hospital	l'e name
- -	_	city, and state:	ization operated in t	sonjunction with a nospiti	21 000011000	3 III 300 LIV		Mini. Entoi	ino nospital	3 Harro,
- C	7	An organization operated	for the henefit of a	college or unweresty owne	d or operat	ted by a c	overnmental I	nut decord	had in	
5 ∟		=		college of university owner	o or opera	ted by a g	joverrinientart	iriit desciii	oea III	
	_	section 170(b)(1)(A)(iv). (
6 –	╡	A federal, state, or local go	· · · · · · · · · · · · · · · · · · ·							
7 ∟		An organization that norm	•	tantial part of its support	from a gov	ernmenta	l unit or from t	he genera	l public desc	ribed in
_		section 170(b)(1)(A)(vi). (0	Complete Part II)							
8 _	ᆜ	A community trust describ	oed in section 170(l	b)(1)(A)(vi). (Complete Pa	rt II)					
9 L		An agricultural research or	rganization describe	ed in section 170(b)(1)(A)	(ix) operate	ed in conji	unction with a	land-grant	college	
		or university or a non-land-	grant college of ag	riculture (see instructions)). Enter the	name, cit	y, and state of	the collec	je or	
_		university		<u>.</u>						
10 🖸		An organization that norma	ally receives: (1) mo	re than 33 1/3% of its su	pport from	contributi	ons, members	hip fees, a	and gross red	ceipts from
		activities related to its exer	mpt functions - sub	ject to certain exceptions	, and (2) no	more tha	ın 33 1/3% of	its suppor	t from gross	investment
		income and unrelated bus	iness taxable incom	ne (less section 511 tax) fi	rom busine	sses acqu	ured by the or	ganization	after June 3	0, 1975
		See section 509(a)(2). (Co		,		•	•			
11 E	_	An organization organized	•	usively to test for public s	afetv See s	section 5	09(a)(4).			
12	_	An organization organized	*	•	-			rry out the	e purposes o	of one or
-		more publicly supported o								
		lines 12a through 12d that	-						3,100% 1110 00	/A III
_		1	• •	, supervised, or controlled		-		-	/ awina	
а			•	•	•			• • •	- •	
				regularly appoint or elect	a majority t	or trie dire	ciors or truste	es or the s	supporting	
		organization You must	•					. (-)		
b		Type II. A supporting org	•				_		_	
		-		ganization vested in the	same perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus	•	*						
С		Type III functionally into	-					ly integrat	ed with,	
		ıts supported organizatıc	on(s) (see instructioi	ns) You must complete	Part IV, Se	ctions A,	D, and E.			
ď		Type III non-functionali	ly integrated. A sup	porting organization ope	rated in cor	nnection v	with its suppor	ted organi	zation(s)	
		that is not functionally in	itegrated. The organ	nization generally must sa	tisfy a distr	ribution re	quirement and	l an attent	iveness	
		requirement (see instruct	tions) You must co	omplete Part IV, Section	s A and D,	and Part	V.			
e		Check this box if the orga	anization received a	a written determination fro	om the IRS	that it is a	Type I, Type	li, Type III		
		functionally integrated, o	r Type III non-funct	ionally integrated support	ing organiz	ation.				
f E	nter	the number of supported	organizations							
a P	rovi	de the following information	n about the suppor	ted organization(s).						
	(1)	Name of supported	(II) EIN	(iii) Type of organization	(iv) is the organ in your governin	nization listed no document?	(v) Amount of	monetary	(vi) Amour	nt of other
		organization	}	(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see	instructions)
				above toce mondoneron						
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otal			يرجه أأس الموليج	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.55	TOTAL !				

Cah	edule A (Form 990 or 990- <u>EZ)</u> 2017 G	ים שאתי שאד.ד.	כ הפעפו הם	MENTO ATTOC	1∪D T W.A.	81-046	5605 Doco 0	
	Support Schedule for	Organizations	Described in	Sections 170	Mh/(1)(A)(iv) an	d 170/h)(1)(A)(v	5605 Page 2	
	(Complete only if you checke							
				-	on lailed to quality	unger Fart III II the	organization	
	fails to qualify under the test	s listed below, plea						
Se	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·	, -	, 		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and		,					
	membership fees received (Do not							
	include any "unusual grants ")				`			
2	Tax revenues levied for the organ-					. /		
_	ization's benefit and either paid to	}	ł		ł			
	or expended on its behalf			•				
_	The value of services or facilities					/		
3								
	furnished by a governmental unit to							
	the organization without charge					 		
4	Total. Add lines 1 through 3	The attention to the	. The grapher of the supplied that	HILPOTE TO ARREST LAIN	CHEST OF THESE STREET	10.共享。(研究)は10年度による		
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly	阿斯斯斯斯斯						
	supported organization) included							
	on line 1 that exceeds 2% of the	建筑						
	amount shown on line 11,							
	column (f)	品小腿足多點		32.2435两种	特别和加州		•	
6	Public support. Subtract line 5 from line 4	伯清腊家與韓	語。相思,相	All publications		医表现解系统种类		
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 201A	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on	[[[1	
	securities loans, rents, royalties,							
	and income from similar sources	,			}			
9	Net income from unrelated business				<u> </u>			
9	activities, whether or not the							
	,							
40	business is regularly carried on	<i> </i>	 ·			 		
	Other income. Do not include gain					[
	or loss from the sale of capital							
	assets (Explain in Part VI.)	67.09.00 P. T.		Author March State (STATES OF THE STATE OF THE STAT	CENTRAL CLE MED		
	Total support. Add lines 7 through 10	<i>y</i>	部外部。如果正一般的智慧的	ere en en en en en en en en en en en en en	MANUAL AND AND AND AND AND AND AND AND AND AND	おおかればないがってする。 1. 一次とはな		
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for	=	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —	
~	organization, check this box and stor							
Sec	tion C. Computation of Publ	ic Support Pei	rcentage			 -		
	Public support percentage for 2017 (I		-	olumn (f))		14	%	
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test 2017. If the c	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"						▶□	
L	10% -facts-and-circumstances test					l 7a and line 16 is 1	10% or	
	more, and if the organization meets th						570 OI	
							▶□	
	organization meets the "facts-and-circ							
18	Private foundation. If the organization	n dio riot crieck a t	JUX OF IME 13, 168	i, 100, 17a, 01 170				
	,				. Scne	dule A (Form 990	UI 33U-E4)201/	

(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 der the tests listed below inlease complete Part II \

Se	ction A. Public Support	elow, please comp	Diete Fart II j				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
•	membership fees received (Do not				1		
	include any "unusual grants ")	459,695.	489,238.	452,560.	484,715.	254,300.	2140508.
0	•	432,023.	<u> 400,200.</u>	432/3001	202) / 15.	234/300.	21103001
2	Gross receipts from admissions, merchandise sold or services per-					Ì	
	formed, or facilities furnished in					1	[
	any activity that is related to the						
	organization's tax-exempt purpose	1650757.	821,482.	3312413.	2955984.	1943035.	10683671.
3	Gross receipts from activities that	i					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to					ļ	
	or expended on its behalf					!	
_	•						
5	The value of services or facilities					,	
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5	2110452.	1310720.	3764973.	3440699.	<u>2197335.</u>	12824179.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		i				0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	·						0.
	Add lines 7a and 7b	- 4 A ^{EE} 4	3 - 1 2 - 1 2 3	State of the state		*	12824179.
	Public support. (Subtract fine 7c from line 6)		S CONTINUE AND	CONTRACT CONTRACT	in a management	h h s M-40, -20	120241/9.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 🏻	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	2110452.	1310720.	3764973.	3440699.	<u>2197335.</u>	12824179.
10a	Gross income from interest,	Ì	·	i			
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			ł			
_	· · ·	·		-			
	Add lines 10a and 10b Net income from unrelated business						
• • •	activities not included in line 10b,					ı	
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			_		_	
	assets (Explain in Part VI)	3,095.	9,576.	8,429.	<u> 14,652.</u>	22,394.	<u>58,146.</u>
13	Total support. (Add lines 9, 10c, 11, and 12)	2113547.	1320296.	3773402.	3455351.	2219729.	12882325.
	First five years. If the Form 990 is for			, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	J			•		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (li			olumn (fl)		15	99.55 %
	• • • • • • • • • • • • • • • • • • • •		•	olonini (1))			99.70 %
_	Public support percentage from 2016					16	33.10 %
	tion D. Computation of Inves						
17	investment income percentage for 20	17 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	:016 Schedule A, F	Part III, line 17		Į	18	%
19a	33 1/3% support tests - 2017. If the	organization did ne	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an						$\triangleright \boxed{\mathbf{X}}$
h	33 1/3% support tests - 2016. If the	-	-				
	line 18 is not more than 33 1/3%, chec	_					▶□
<u> 20</u>	Private foundation. If the organization	i did not check a t	70x 011 mile 14, 19a	, or rad, check th	S DON ALIO SEE ITS		or 000 E7\ 2017

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No_
	1	 	
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Pa	rt IV Supporting Organizations (continued)		T.,	Τ
	Lieu the experimental profit or contain then from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	*-1		
а		110		ł
_	below, the governing body of a supported organization?	11a	 - -	
	A family member of a person described in (a) above?	11b		
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
Jec	nor b. Type roupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	INO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	^	,	j
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,	1.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	1
2	Did the organization operate for the benefit of any supported organization other than the supported	, 	<u>.</u>	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		-	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		· ^	
	supervised, or controlled the supporting organization.	2	,	
Sec	tion C. Type II Supporting Organizations		<u> </u>	l
	tion of Type it 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	Ţ-	165	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, s	1	
	or management of the supporting organization was vested in the same persons that controlled or managed	1 -	:	ĺ.
	the supported organization(s)	1	-	
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-		1.0
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	[#f		∯
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	, ***,	· ·	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1 1	•	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			7
	significant voice in the organization's investment policies and in directing the use of the organization's	, - ,	,	ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	., -	:,	_
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	 ns).		
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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		,	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	- 6	- 1	
	that these activities constituted substantially all of its activities	2a]	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		. [
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a _		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ч		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2017 GREAT FALLS DEVELOPMENT			31-0465605 Page 6
Ра	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sect	tion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	The state of the s		是这一样的一个人
	instructions for short tax year or assets held for part of year).			"是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		•
e	Discount claimed for blockage or other	6		
	factors (explain in detail in Part VI).			建筑等对理等心 持
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4	·	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	斯斯斯斯特斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		建筑工作工作。	
			医医生物 电影片 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 GREAT FALLS DEVELOPMENT AUTHORITY 81-0 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	tion D - Distributions	Current Year					
1	Amounts-paid to supported organizations to accomplish ex	empt purposes					
2	Amounts paid to perform activity that directly furthers exem						
_	organizations, in excess of income from activity	,					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions	<u> </u>					
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is responsiv	e				
_	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6		<u></u>				
10	Line 8 amount divided by line 9 amount						
	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	建设建设的基础设施	2007年				
2	Underdistributions, if any, for years prior to 2017 (reason-			医结膜性 門數學學			
	able cause required explain in Part VI) See instructions.			超过超过2000年			
3	Excess distributions carryover, if any, to 2017						
а				建设建设设施制度设置			
	From 2013	长期的根据和最后的		国的特殊的特别的			
С	From 2014			THE RESIDENCE AND ADDRESS OF A PART AND ASSESSMENT OF A PART OF A PART AND A			
d	From 2015						
е	From 2016						
f	Total of lines 3a through e			经主管管据 巴利斯克斯斯			
g	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			能為於不同對於國際方無其			
4	Distributions for 2017 from Section D,		建筑建筑设施设施	新疆郡以江西郡城郡			
	line 7 \$						
а	Applied to underdistributions of prior years		, and a second second second				
	Applied to 2017 distributable amount		新加州等的				
	Remainder. Subtract lines 4a and 4b from 4.		的工作。在1000年的1000年	STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,			
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017 Subtract lines 3h			,			
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions						
7	Excess distributions carryover to 2018. Add lines 3	Command in the second s					
•	and 4c						
8	Breakdown of line 7.	冷酷到多根度影响在影影					
a	Excess from 2013						
	Excess from 2014						
	Excess from 2015			非特性的			
	Excess from 2016	HELY CANAL SHIP IN					

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 GF	REAT FAL	LS I	DEVELOP	IENT	AUTHOR	ITY	81-0465605 Page 8
Part VI	Supplemental Part IV, Section A, I	Informatines 1, 2, 3 on D, lines	t ion. Provide to b, 3c, 4b, 4c, 5 2 and 3, Part IV	ne expl a, 6, 9a /, Secti	anations requi i, 9b, 9c, 11a, on E, lines 1c,	red by P 11b, and 2a, 2b, 3	art II, line 10, l 11c; Part IV 3a, and 3b; P	, Part II, line 17a o 7, Section B, lines Part V, line 1, Part V	r 17b, Part III, line 12; l and 2, Part IV, Section C, /, Section B, line 1e, Part V,
	<u> </u>								
					 				
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				•					

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

Open to Public Inspection

Name of the organization

GREAT FALLS DEVELOPMENT AUTHORITY

Employer identification number 81-0465605

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during 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 advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	iferring
	impermissible private benefit?		Yes No
Pa	rt II ' Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e g , recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register .		_2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	└── Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
		-	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4	·)(B)(i)
	and section 170(h)(4)(B)(ii)?		∟ Yes ∟ No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	organization's accounting for
	conservation easements	(4 . 15	<u> </u>
Pai	t III Organizations Maintaining Collections of	•	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	-	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gail	n, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

	edule D (Form 990) 2017 GREAT F	ALLS DEVEL								Page 2
	Using the organization's acquisition, access									
3	(check all that apply)	ion, and other recor	as, cnec	K arry of the	HOROWING UT	al ale a s	ignineant	use or its	Collection	riterns
_		,	₄ []	Loan or evo	change prog	rame				
a		9		Other	manye prog	Idilis				
b	<u> </u>	•	e 🗀	Other						
C	Preservation for future generations	allastians and avala	ه سمط می	hav furthar t	ho organiza	tion's ava	mnt nurn	ooo in Dai	4 VIII	
4	Provide a description of the organization's c	•		-	-			056 III FaI	ı viii	
5	During the year, did the organization solicit of					ner similar	assets	[7 v	□ Na
Da	to be sold to raise funds rather than to be more than the					"Voo" on	Form 00	O Part IV	Yes_	No
- 4	reported an amount on Form 990, Pa		iete ii trii	e organizanc	answered	res on	rom 99	u, rait iv,	iiie 5, 0t	
12	Is the organization an agent, trustee, custod		diany for	contribution	ns or other a	esats not	ıncluded			
Id	on Form 990, Part X?	nan or other interme	dialy loi	CONTINUENCE	is or other a	.336(3 110(iriciaded		Yes	□ No
h		and complete the fe	allowing	table:				<u> </u>		NO
b	ir res, explain the arrangement in Fart Alli	and complete the it	Jilowing	laule					Amount	
_	Bagianing halange						40		Amount	
C	Beginning balance	••					1c			
a	Additions during the year	•••			•		1d			
e	Distributions during the year		•				1e			
Ţ	Ending balance	000 B+ V I	04.6				1f		٦,,,	
	Did the organization include an amount on F						•		」 Yes	∐ No
	rt V Endowment Funds. Complete									
Га	rt V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two yea	ars dack	(a) inree y	ears back	(e) Four	years back
1a	Beginning of year balance				 					
b	Contributions									
С	Net investment earnings, gains, and losses		 							
đ	Grants or scholarships				_					
е	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation	_	
	by.									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4_	Describe in Part XIII the intended uses of the	organization's endo	wment	funds						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part IN	/, line 11a. S	ee Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)	basis ((other)	dep	reciation	ŀ		
1a	Land						1 1 1			
	Buildings									
	Leasehold improvements									
	Equipment			18	5,421.	1	78,63	17.	б	,804.
	Other									
	. Add lines 1a through 1e (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line 1	0c.)			▶	6	,804.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.				
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	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests			- 	
(3) Other				
(A)				
(B)	 			
(C)		· 		
(D)		-		
(E) (F)				
(G)				
(H)			- · ·· ·	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		"是我们们是我们	经生活学生等心的重要	建设建设建筑建设设置
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, (b) Book value			d-of-year market value
	(b) Book value	(c) Metriod or	Valuation. Cost of en	d or year market value
(1)				
(2) (3)				·
(4)				
(5)				
(6)				
(7)	•		· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		经验部产业的	1. [] 中国工作的	经产生代码的现代类型
Part IX Other Assets.				•
Complete if the organization answered "Yes"		line 11d. See Form 990	, Part X, line 15.	, <u></u>
(a) (Description			(b) Book value
		·		<u> </u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			<u> </u>
Part X ³ Other Liabilities.	; 13.j			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Fori	m 990. Part X. line 25	i .
1. (a) Description of liability		(b) Book value	WARRIED WARRAN	内部,但是国际政策的
(1) Federal income taxes			2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
(2) DUE TO HIGH PLAINS FINANCE	IAL	9,991.	With the second second	位于1000年中世纪1000年 1000年
(3) FUNDS HELD IN TRUST		2,429.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				阿拉斯斯斯斯
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	12,420.	小学师是是是	調学に対対を確認され
2. Liability for uncertain tax positions In Part XIII, provide	the text of the footno	te to the organization's f	financial statements	that reports the
organization's liability for uncertain tax positions under	EIN 48 (ASC 740) Ch	ack here if the text of th	e footpote has been	provided in Part VIII

	dule D (Form 990) 2017 GREAT FALLS DEVELOPMENT A			<u> 1465605</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return	•	- '
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 1 	2a			
1	Total revenue, gains, and other support per audited financial statements		1	2,219	<u>,728</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		3/ 2/		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d		2e		0
3	Subtract line 2e from line 1		3	2,219	<u>,728</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1.		
C	Add lines 4a and 4b		4c		1_
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	A VAPAL E	5	2,219	,7 <u>29</u>
Pai	t XII Reconciliation of Expenses per Audited Financial State	· · · · · · · · · · · · · · · · · · ·	er Ketur	n.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		1 020	000
1	Total expenses and losses per audited financial statements		: 57.	1,838	,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	2n +		
a	Donated services and use of facilities	. 2a	- 3		
b	Prior year adjustments .	2b	<u> </u>		
C	Other losses	2c	 - - - - - - - - - - - - - - - -		
d	Other (Describe in Part XIII.)	2d	┥, ┪		•
e	Add lines 2a through 2d		2e	1,838	0.0
3	Subtract line 2e from line 1		3	1,030	. 090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 4-1	2		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	$\dashv \cdot \mid$		
b	Other (Describe in Part XIII.)	4b	— _ ·		0.
E	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	1,838,	
5 Par	t XIII Supplemental Information.		1 3	1,030	. 0 9 0 .
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	art IV, lines 1b and 2b; Part V, li	ne 4; Part X	(, line 2, Part)	<u>΄</u>
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information.			
D 3 F	M VI I TAID AD OMITAD AD THOMADAMA.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
B∪t.	NDING ADJUSTMENT				_ 1.
	NDING ADCODIMENT			· -	
					
					
					_
		-			
				··	
		_ -			

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

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

GREAT FALLS DEVELOPMENT AUTHORITY

Inspection
Employer identification number

81-0465605

Questions Regarding Compensation Yes No * 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees 72 Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a 6b b Any related organization? . ..

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

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

If "Yes" on line 6a or 6b, describe in Part III.

Regulations section 53 4958-6(c)?

not described on lines 5 and 6? If "Yes," describe in Part III

Schedule J (Form 990) 2017

7

8

X

81-0465605

Page 2

Part il Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(Q)-(i)(B)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2017

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

Inspection

Name of the organization							-	Em	ploye	r ident	ificati	on nu	mber
	REAT FAL	LS DEVE	LOPN	1ENT	AUTHORIT	Ϋ́				656	05		
Part I Excess Bene	efit Transact	ions (section 5	501(c)(3	3), sect	tion 501(c)(4), and	501(c)	(29) organizatio	ns oni	y)				
Complete if the	organization ans	wered "Yes" on	Form	990, P	art IV, line 25a or 2	25b, or	Form 990-EZ, F	Part V,	line 4	0b			
1 (a) Name of disqualified p	person (b)	Relationship bet			lified	(c) De	scription of trai	nsactio	on				cted?
		person and o	organiz	ation							_ Y	es	No
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				_							+	_	
2 Enter the amount of tax	incurred by the d	organization mai	nagers	or dise	qualified persons of	during 1	he year under						
section 4958	•		•						> \$				
3 Enter the amount of tax,	ıf any, on line 2,	above, reimbur	sed by	the or	ganization				> \$				
											·		
Part II Loans to and			_										
•	-				, Part V, line 38a o	r Form	990, Part IV, lir	ne 26,	or if th	ne orga	ınızatı	on	
reported an amo				2. an to or	420	T		T .		(h) Ap	oroved	(2) 14	
(a) Name of interested person	(b) Relationship with organization		fron	n the	(e) Original principal amount		Balance due) In ault?	by bo	ard or	agree	ritten ment?
•		ĺ		From	, ,	1		Yes	No	Yes	No	Yes	No
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^{[otal} Part∗III ∣ Grants or As	sistance Ber	efiting Inte	reste	d Per	rsons.	\$		<u> </u>		l		-13	<u> </u>
Complete if the c		_											
(a) Name of interested p		(b) Relationship			(c) Amount o	f	(d) Type	of	1	(e)	Purp	ose of	<u>-</u>
(4)	,	interested per			assistance		assistan				essista		
		the organization	ation										
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Schedule L (Form 990 or 990-EZ) 2017 GREAT	FALLS	DEVE	LOPMENT	' A	UTHORITY	81-0465	605	Page 2
Part IV Business Transactions Involv	ing Inter	ested P	ersons.					
Complete if the organization answered	"Yes" on F	orm 990, f	Part IV, line 2	8a, 2	8b, or 28c.			
(a) Name of interested person			ween interes organization	ted	(c) Amount of transaction	(d) Description of transaction	òrganı	aring of zation's nues?
							Yes	No
FIRST INTERSTATE BANK	TED LI	EWIS :	IS PAST	<u>'</u> C	54,252.	PRINCIPAL A		X
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	 				 -			
								
[B:::u]	<u> </u>						<u> </u>	
Part V Supplemental Information								
Provide additional information for response	onses to que	estions on	Schedule L	(see	instructions).			
SCH L, PART IV, BUSINESS T	RANSAC	TONS	TNVOI	VT	NG TNTEREST	ED PERSONS:		
<u> </u>		, 1 1 0111	<u> </u>	<u> </u>	10 111111111111111111111111111111111111			
(A) NAME OF PERSON: FIRST	INTERS	TATE	BANK					
(B) RELATIONSHIP BETWEEN I	NTERES	STED E	PERSON	AN.	D ORGANIZAT	ION:		
							3 3777	
TED LEWIS IS PAST CHAIR OF	GFDA	AND V	/ICE-PR	ES	OF FIRST I	NTERSTATE B	ANK	
(D) DESCRIPTION OF TRANSAC	TION:	PRINC	CIPAL A	ND	INTEREST P.	AYMENTS FRO	M	
GREAT FALLS DEVELOPMENT AU	ТИОВ ТП	אט אי	THE LT	NE	OF CREDIT	амп а терм	T.OAN	ſ
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AND WITH FIRST INTERSTATE	BANK,	AND I	LOAN AD	V <u>A</u> I	NCES.			
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SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

Open to Public *

OMB No 1545-0047

Inspection

Name of the organization GREAT FALLS DEVELOPMENT AUTHORITY Employer identification number 81-0465605

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MONTANA REGIONAL ECONOMY, CREATE HIGHER WAGE CAREER OPPORTUNITIES, AND
IMPROVE MARKET COMPETITIVENESS OF THE REGION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BUSINESSES WITH GOVERNMENT CONTRACTING. IN FY 2018, THE ORGANIZATION'S
NEW FOOD, AG AND RENEWABLE ENERGY DEVELOPMENT CENTER HELPED CLIENTS
SECURE \$44,508,002 OF PRIVATE CAPITAL, PROVIDED 4 BROWNFIELD
ASSESSMENTS FOR REDEVELOPMENT PROPERTIES, AND PROVIDED 34 BUSINESS AND
ENTREPRENEUR TRAININGS WITH 479 PARTICIPANTS.
FORM 990, PART VI, SECTION A, LINE 6:
GFDA IS INCORPORATED AS A MEMBERSHIP ORGANIZATION. MEMBERSHIP IS OPEN TO
ANY INDIVIDUAL, BUSINESS, ORGANIZATION OR AGENCY WHICH CONTRIBUTES A
MINIMUM OF \$1,000 PER YEAR.
FORM 990, PART VI, SECTION A, LINE 7A:
OUR BOARD OF DIRECTORS HAS BOTH ELECTED AND APPOINTED SEATS. APPROXIMATELY
40% OF THE DIRECTOR SEATS ARE APPOINTED BY PUBLIC AND NON-PROFIT ENTITIES,
AS OUTLINED IN OUR BYLAWS. THESE APPOINTED DIRECTORS SERVE AT THE PLEASURE
OF THE ENTITIES WHICH APPOINT THEM. THE REMAINING 60% ARE ELECTED FOR
STAGGERED 3 YEAR TERMS BY OUR MEMBERS THROUGH AN ANNUAL NOMINATION AND
ELECTION PROCESS.
FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE FORM 990 PRIOR TO FILING

THE DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE. FORM
990 WILL ALSO BE POSTED ON THE GREAT FALLS DEVELOPMENT AUTHORITY WEBSITE
AND ON GUIDESTAR.

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

OUR GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE POSTED ON

OUR WEB SITE AND AVAILABLE TO THE PUBLIC ON REQUEST. ALL OF OUR GOVERNING

BOARD MEETINGS ARE OPEN TO THE PUBLIC AND POSTED IN ADVANCE ON OUR WEB SITE

AND WITH THE LOCAL MEDIA. PROPOSED CHANGES TO OUR GOVERNING DOCUMENTS AND

732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization GREAT FALLS DEVELOPMENT AUTHORITY	Employer (dentification number 81-0465605
POLICIES ARE BROUGHT BEFORE OUR BOARD AT THESE OPEN MEETI	NGS. OUR FINANCIAL
STATEMENTS ARE PRESENTED AND REVIEWED ON A MONTHLY BASIS	AT OPEN GOVERNING
MEETINGS.	
	
FORM 990, PART IX, LINE 11G, OTHER FEES:	<u> </u>
CONSULTING & OTHER FEES:	
PROGRAM SERVICE EXPENSES	277,789.
MANAGEMENT AND GENERAL EXPENSES	38,394.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	316,183.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	316,183.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING ADJUSTMENT	-1.
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO THIS PROCESS FROM PRIOR YEAR.	
·	
	

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

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

Open to Public Inspection

Employer identification number 81-0465605

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I.

GREAT FALLS DEVELOPMENT AUTHORITY

SREAT FALLS DEVELOPMENT Direct controlling entity 161,952, AUTHORITY, INC. End-of-year assets **e** 156,418, Total income € Legal domicile (state or foreign country) HONTANA DEVELOPMENT OF HEAVY Primary activity INDUSTRIAL PARK GREAT FALLS AGRITECH PARK, LLC - 46-2992157 Name, address, and EIN (if applicable) of disregarded entity 300 CENTRAL AVE SUITE 406 GREAT FALLS, MT 59401

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part

Section 512(bX13) controlled entity?	ا _ ا			}		1		1		
(g) 512(b)(1) trolled ntrty?	No				 	_	 			
Section	Yes		 :				 			
(f) Direct controlling entity										
(e) Public charity status (if section	501(c)(3))									
(d) Exempt Code section										
(c) Legal domicile (state or foreign country)							 		-	
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2017

81-0465605 Page 2

Schedule R (Form 990) 2017 GREAT FALLS DEVELOPMENT AUTHORITY

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III.

Schedule R (Form 990) 2017 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 512(bx13) controlled entity? Yes No 3 Code V-UBI General of Pramount in box managing 5 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership 9 Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ (d)
| Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization æ 732162 09-11-17 PartiV

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	tions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
AUTHORITY	tion answered "Yes" or
7 GREAT FALLS DEVELOPMENT AUTHORITY	Complete if the organiza
FALLS	anizations.
GREAT	Related Org
R (Form 990) 2017	Transactions With
Schedule	Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II·IV?	•
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a
 b Gift, grant, or capital contribution to related organization(s) 				1b
c Giff, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
				1
f Dividends from related organization(s)				14
g Sale of assets to related organization(s)				19
	•	•	•	ŧ
•			:	i=
j Lease of facilities, equipment, or other assets to related organization(s)	•	:		-‡:
				19 19 19 19 19 19 19 19 19 19 19 19 19 1
k Lease of facilities, equipment, or other assets from related organization(s)		٠	:	*
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınızatıon(s)	: :		=
	ınızatıon(s)	:		£
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ţ
Sharing of paid employees with related organization(s)		:		10
				できる ををからない
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses		:		19
				西京 一部 日本 一番 できる
r Other transfer of cash or property to related organization(s)	٠	:		1.
				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
6				
(3)				
(4)				
(5)				
(9)				
732163 06-11-17			Schedul	Schedule R (Form 990) 2017

81-0465605

Page 4

Schedule R (Form 990) 2017 GREAT FALLS DEVELOPMENT AUTHORITY

Part Vi Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross reyende) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(a)	(a)	<u>(</u>	ි ම	(e)	€	(6)	Ξ	€	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	501(c)(3)	Share of total	Share of end-of-vear	Dispropor- tonate	Dispropor Code V-UBI General or Percentage almostrates amount in box 20 managing ownership	General o	Percentage
		country)	excluded from tax under sections 512-514)	Yes No	income	assets	Yes	- of Schedule K-1 (Form 1065)	Yes No	
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Schedule R	(Form 990) 2017	GREAT	FALLS	DEVELOPMENT	AUTHORITY	81-0465605 Page 5
Part VII	Supplemental Info	rmation.				
6 (Provide additional inform	nation for resp	onses to qu	estions on Schedule R.	See instructions	
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732165 09-11-17

Schedule R (Form 990) 2017