

2012

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lost & Foundation, Ltd	D Employer identification number 81-0512681
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1014 Hudson St	E Telephone number 406-442-5002
	City or town, state or province, country, and ZIP or foreign postal code Helena MT 59601	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **lostandfoundation.org**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

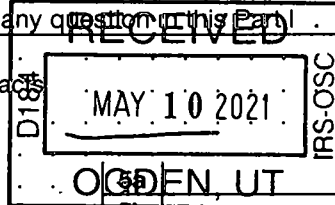
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	77,955
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	11
	5a Gross amount from sale of assets other than inventory		
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	69	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	69	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	78,035	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	33,793
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,140
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	586
	16 Other expenses (describe in Schedule O)	16	1,365
17 Total expenses. Add lines 10 through 16 ▶	17	36,884	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	41,151
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58,733
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	99,884



SCANNED APR 11 2022

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,408	22 63,772
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,131	24 3,085
25 Total assets	26,539	25 66,857
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,539	27 66,857

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III **Expenses**
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **Charitable support to families and individuals**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Spot assistance: provide small grants to families and individuals needing medical care or emergency relief; examples include travel expenses, rent or utility payments, car repair, debt relief, and medical bills		
(Grants \$ 22,500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	75
29 Community Assistance: Provide community groups with advice and resources to raise funds for specific causes, generally individuals needing medical care; provide financial management		
(Grants \$ 11,293) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	112
30 Special events: each event consists of concerts and family activities. Auctions and donations generate funds (NONE HELD IN 2020 DUE TO COVID-19 PANDEMIC)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	187

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Elizabeth Tobin, President 426 S. Fee St, Helena MT 59601	3	0	0	0
Patrick Foster, Vice President 1430 Highland Helena MT 59601	4	0	0	0
John Moore, Secretary-Treasurer 1014 Hudson St, Helena MT 59601	8	0	0	0
Jean Morgan, Volunteer Coordinator 1027 Peosta Ave, Helena MT 59601	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2020) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax shelter transactions. Includes fields for amounts and checkboxes for Yes/No.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes (empty), No (checked).

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes (empty), No (checked).

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes (empty), No (checked).

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes (empty), No (checked).

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes (empty), No (checked).

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here: Signature of officer (John C. Moore), Date (3 MAY 2021), Type or print name and title (JOHN C. MOORE, SECRETARY-TREASURER)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization Lost & Foundation, Ltd	Employer identification number 81-0512681
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	293,838	184,925	180,141	86,950	77,955	823,809
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	293,838	184,925	180,141	86,950	77,955	823,809
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47,500
6 Public support. Subtract line 5 from line 4						776,309

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	293,838	184,925	180,141	86,950	77,955	823,809
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15	15	62	82	11	185
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						823,994
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Lost & Foundation, Ltd

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.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

81-0512681

REFERENCE 990EZ LINE 10

ACTIVITY: Assist with travel expenses for person with severe medical condition GRANTEE: Tay Brown, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Assist with medical expenses for child with severe medical condition GRANTEE: Mike & Maria Ireland, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Community fundraising for woman with severe medical condition GRANTEE: Rachel Nleman, Helena MT 59602

AMOUNT GRANTED: 4,465

ACTIVITY: Assist with fire damage expenses for person with disability GRANTEE: Brandon Simpson, East Helena MT 59635

AMOUNT GRANTED: 1,000

ACTIVITY: Assist community food pantry during pandemic GRANTEE: Helena Food Share, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Community fundraising for food pantry during pandemic GRANTEE: Helena Food Share, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Purchase gift cards to assist individuals during pandemic GRANTEES: several anonymous

AMOUNT GRANTED: 500

ACTIVITY: Community fundraising for adolescent with severe medical condition GRANTEE: Erin McMahon, Helena MT 59601

AMOUNT GRANTED: 1,542

ACTIVITY: Purchase gift cards to assist individuals during pandemic GRANTEES: several anonymous

AMOUNT GRANTED: 1,000

ACTIVITY: Assist with medical expenses for man with severe medical condition GRANTEE: A.L. Swanson, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Assist community food pantry during pandemic GRANTEE: Placer Pantry, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Assist with cremation for family experiencing hardship GRANTEE: Brooke Thompson, Helena MT 59601

AMOUNT GRANTED: 500

Name of the organization

Lost & Foundation, Ltd

Employer identification number

81-0512681**ACTIVITY: Assist with medical deductible for woman with severe medical condition GRANTEE: Tammy Beatty, Helena MT 59624****AMOUNT GRANTED: 700****ACTIVITY: Assist homeless shelter during pandemic GRANTEE: God's Love, Helena MT 59624****AMOUNT GRANTED: 1,000****ACTIVITY: Assist with living expenses for woman with disability GRANTEE: Marilyn Ketchum, Helena MT 59624****AMOUNT GRANTED: 800****ACTIVITY: Assist community food pantry during pandemic GRANTEE: Neighborhood Pantry Project, Helena MT 59601****AMOUNT GRANTED: 1,000****ACTIVITY: Assist with vehicle repair for person unemployed during pandemic GRANTEE: April Whitaker, East Helena MT 59635****AMOUNT GRANTED: 400****ACTIVITY: Assist domestic violence shelter during pandemic GRANTEE: Friendship Center, Helena MT 59601****AMOUNT GRANTED: 1,000****ACTIVITY: Assist with medical expenses for woman injured in auto accident GRANTEE: Elizabeth Hamlin, Helena MT 59601****AMOUNT GRANTED: 1,000****ACTIVITY: Assist community food pantry during pandemic GRANTEE: Placer Pantry, Helena MT 59601****AMOUNT GRANTED: 500****ACTIVITY: Assist with rent deposit for person unemployed during pandemic GRANTEE: Debra Montoya, East Helena MT 59635****AMOUNT GRANTED: 1,300****ACTIVITY: Assist with vehicle repair for person unemployed during pandemic GRANTEE: Katie Benovidcs, Helena MT 59801****AMOUNT GRANTED: 1,200****ACTIVITY: Assist with rent for person unemployed during pandemic GRANTEE: Matt Sides, Helena MT 59602****AMOUNT GRANTED: 1,500****ACTIVITY: Assist with vehicle repair for person unemployed during pandemic GRANTEE: Alyssa Myers, Helena MT 59601****AMOUNT GRANTED: 1,000****ACTIVITY: Assist with utilities for person unemployed during pandemic GRANTEE: Tamara Knowlton, Helena MT 59601****AMOUNT GRANTED: 400****ACTIVITY: Assist with rent deposit for person unemployed during pandemic GRANTEE: Sedona Turvey, Helena MT 59601****AMOUNT GRANTED: 1,000**

Name of the organization

Employer identification number

Lost & Foundation, Ltd

81-0512681

ACTIVITY: Community fundraising for woman with severe medical condition GRANTEE: Elizabeth Hamlin, Helena MT 59601

AMOUNT GRANTED: 4,282

ACTIVITY: Assist with rent for person unemployed during pandemic GRANTEE: Valerie Knowlton, Helena MT 59601

AMOUNT GRANTED: 1,000

ACTIVITY: Assist with rent for person unemployed during pandemic GRANTEE: Tara Plummer, Black Eagle MT 59414

AMOUNT GRANTED: 700

REFERENCE 990EZ, LINE 16

Registration fees: 75 Office Expenses: 60 Merchant Service Fees: 112 Banking Expenses: 29

REFERENCE 990EZ, LINE 24

Inventory: 3,085