Form 8879-TE		I	RS e-file Sign for a Tax	ature Authorizati Exempt Entity	ion	OMB No. 1545-0047
10111				, 2021, and ending		2024
Department	of the Treasurv			e IRS. Keep for your records.		2021
Internal Reve			Go to www.irs.gov/Forr	n8879TE for the latest inform		
Name of fil					EIN or St	
	MOONLI		TY FOUNDATIC	N	80-0	0941705
Name and	title of officer or pe	,	JERRY HOOD TREASURER			
Part I	Type of	Return and Retu	Irn Information			
Form 533 or 10a be whicheve	0 filers may enter low, and the amo	dollars and cents. Fount on that line for the	or all other forms, enter v ne return being filed with	and enter the applicable amou whole dollars only. If you check this form was blank, then leave n the return, then enter -0- on th	the box on line 1a, 2 e line 1b, 2b, 3b, 4b, 5	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 5b, 6b, 7b, 8b, 9b, or 10b,
1a F	orm 990 check h	ere ► 🗴	b Total revenue, if any	/ (Form 990, Part VIII, column (A	A), line 12)	1b 833,417.
	orm 990-EZ che			(Form 990-EZ, line 9)		
3a F	orm 1120-POL	heck here)-POL, line 22)		
4a F	orm 990-PF che	ck here 🕨		t ment income (Form 990-PF, F		
5a F	orm 8868 check	here 🕨	b Balance due (Form 8	3868, line 3c)		
6a F	orm 990-T checl	k here 🕨	b Total tax (Form 990-	T, Part III, line 4)		
7a F	orm 4720 check	here 🕨	b Total tax (Form 4720), Part III, line 1)		7b
8a F	orm 5227 check	here 🕨	b FMV of assets at en	d of tax year (Form 5227, Item	ו D)	8b
9a F	orm 5330 check	here 🕨	b Tax due (Form 5330			9b
	orm 8038-CP ch		b Amount of credit pa	yment requested (Form 8038	-CP, Part III, line 22)	10b
Part II				• Officer or Person Subj ve entity or I am a persor		
later than payment personal	2 business days of taxes to receiv identification nun ck one box only	prior to the payment e confidential inform bber (PIN) as my sign	: (settlement) date. I also ation necessary to answe		ons involved in the pro-	cessing of the electronic . I have selected a ds withdrawal.
						do not enter all zeros
	with a state age on the return's c	ncy(ies) regulating ch isclosure consent so	arities as part of the IRS reen.	n. If I have indicated within this Fed/State program, I also auth y, I will enter my PIN as my sign	orize the aforemention	ned ERO to enter my PIN
	IRS Fed/State p	rogram, I will enter m	eturn that a copy of the y PIN on the return's dis	return is being filed with a state closure consent screen.		
Signature of Part II	officer or person subject Certifica	tion and Auther	ntication		Da	ate 🕨
		ur six-digit electronic				
	-	your five-digit self-se	•	Do not e	nter all zeros	
	g this return in ac			n the 2021 electronically filed r 3, Modernized e-File (MeF) Info	eturn indicated above.	
ERO's sign	nature 🕨			Dat	te ▶ 03/01/22	2
		E	RO Must Retain Th	is Form - See Instruction	ons	
		Do Not Sul	omit This Form to t	he IRS Unless Requeste	ed To Do So	
LHA For	Privacy act and	Paperwork Reduct	ion Act Notice, see inst	ructions.		Form 8879-TE (2021)
102521 01-1	11-22					

Form 990

Department of the Treasury Internal Revenue Service

an the 0001 aslandar

Return of Organization Exempt From Income Tax

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

un al la malina a

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

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

an ha ninaina



AF	or the	and and a calendar year, or tax year beginning and	enaing						
B c	heck if pplicabl	c Name of organization		D Employer identific	ation number				
	Addre chang	e MOONLIGHT COMMONITY FOUNDATION		_					
	Name chang	e Doing business as		80-094170)5				
Initial return Final PO BOX 161013				E Telephone number					
	return, termin ated	-		0 • • • • •	1,119,737.				
	ated Amen			G Gross receipts \$					
	return Applic	BIG SKI, MI 59710		H(a) Is this a group re					
	tion pendir	F Name and address of principal officer: O ERRI 1100D		for subordinates					
	·		or 507	H(b) Are all subordinates in					
		empt status: $[X]$ 501(c)(3) 501(c) () \triangleleft (insert no.) 4947(a)(1) of the www.MOONLIGHTCOMMUNITYFOUNDATION.ORG	or 527	í í	list. See instructions				
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	I State of legal domicile: MT				
	nrt I	Summary			State of legal domicile. 11 1				
		Briefly describe the organization's mission or most significant activities: THE 1	MOONLT	GHT COMMUNIT	ν				
e		FOUNDATION IS ORGANIZED TO PROVIDE AND EN							
Activities & Governance		Check this box if the organization discontinued its operations or disposed in the organization dispose							
ver				3	10				
ട്		Number of independent voting members of the governing body (Part VI, line 1b)			10				
ళ ల		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
itie		Total number of volunteers (estimate if necessary)			60				
cti∕	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
4				7b	0.				
				Prior Year	Current Year				
Ø	8	Contributions and grants (Part VIII, line 1h)		594,717.	887,991.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,508.	-1,845.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,556.	-52,729.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		589,669.	833,417.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		372,642.	365,186.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×pe		Total fundraising expenses (Part IX, column (D), line 25)	0.						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		98,091.	122,068.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		470,733.	487,254.				
	19	Revenue less expenses. Subtract line 18 from line 12		118,936.	346,163.				
s or			Be	ginning of Current Year	End of Year				
sset: Balar	20	Total assets (Part X, line 16)		418,753.	770,167.				
Net Assets (21	Total liabilities (Part X, line 26)		7,518.	3,139.				
Z,	22	Net assets or fund balances. Subtract line 21 from line 20		411,235.	767,028.				

Part II Signature Block

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

Sign		Signature	of officer							Date			
Here		JERRY	HOOD,	TREASURER									
		Type or pri	nt name and ti	tle									
	Prin	t/Type prepa	rer's name		Preparer's	signatu	ire		Date		Check	PTIN	
Paid	KII	ELY S.	THOEN	, CPA	KIELY	s.	THOEN,	CPA	03/01	/22	if self-employed		
Preparer	Firm	n's name	ANDER	SON ZURMUEH	ILEN &	CO.	, P.C.			Firm's	s EIN ▶ 81	-0385940)
Use Only	Firm	n's address	P.O. 1	BOX 748									
		•	BUTTE	, MT 59703						Phone	e no.		
May the I	RS di	scuss this I	return with th	e preparer shown ab	ove? See ins	structio	ons					X Yes	No
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)												

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2021) MOONLIGHT COMMUNITY FOUNDATION 80-0941705 Page
Par	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MOONLIGHT COMMUNITY FOUNDATION IS ORGANIZED TO PROVIDE AND ENHANCE
	OPPORTUNITIES FOR EDUCATION, CONSERVANCY AND YOUTH DEVELOPMENT BOTH
	FOR RESIDENTS OF THE BIG SKY COMMUNITY, AS WELL AS ALL VISITORS TO THE
	BIG SKY AREA AND IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 375,908. including grants of \$ 365,186.) (Revenue \$ 100,000,000,000,000,000,000,000,000,000
	MOONLIGHT COMMUNITY FOUNDATION'S MISSION IS TO SUPPORT INITIATIVES FOR
	YOUTH, EDUCATION, CONSERVATION, AND UNDER-SERVED NEEDS BENEFITING THE
	BIG SKY COMMUNITY.
	2021 WAS A REMARKABLE YEAR FOR MOONLIGHT COMMUNITY FOUNDATION (MCF).
	THROUGH OUR SEMI-ANNUAL GRANT CYCLES, \$365,186 WAS AWARDED TO 23 LOCAL
	NONPROFITS.
	THESE GRANTS RANGED IN SCOPE FROM THE SUPPORTING AN AFFORDABLE HOUSING
	INITIATIVE THE RENT LOCAL PROGRAM WITH THE BIG SKY COMMUNITY HOUSING
	TRUST, TO A 191- US-191 WILDLIFE AND TRANSPORTATION CONFLICT ASSESSMENT
	WITH THE CENTER FOR LARGE LANDSCAPE CONSERVATION, TO OPERATIONAL SUPPORT FOR BIG SKY'S PARK AND TRAILS SYSTEM WITH BIG SKY COMMUNITY
	ORGANIZATION.
41.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	
4d	Other program services (Describe on Schedule O.)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 375,908.
4e	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2				FOUNDATION
Part IV	Checklist of F	Required Schedu	lles	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
132003	12-09-21	⊦orm	320	(2021)

132003 12-09-21

Form	990	(2021)
FUIII	330	(2021)

 Form 990 (2021)
 MOONLIGHT
 COMMUNITY
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
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	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	טווכטו זו טטווכטטוב ט טטווגמווז מ ובסטטופל טו ווטנב נט מוזץ וווזכ ווו נווזה דמוג ע		Vac	No
			162	

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х	
32004	12-09-21			Form	990	(2021)

132004 12-09-21

Form	990 (2021) MOONLIGHT COMMUNITY FOUNDATION 80-0941	705	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
a	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
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	8		
0	sponsoring organization have excess business holdings at any time during the year?	•		
9		9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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⁵ 2021.02071 MOONLIGHT COMMUNITY FOUND 141574.1

Form 990	(2021)
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MOONLIGHT COMMUNITY FOUNDATION

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

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	her			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of				
	more members of the governing body?		7a		X
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 follow	ving:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
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 on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		_		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describ	r			
	on Schedule O how this was done		12c	х	
3	Did the organization have a written whistleblower policy?	ſ	13		x
4	Did the organization have a written document retention and destruction policy?		14		x
5	Did the process for determining compensation of the following persons include a review and approval by indeper				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		10.0		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
•	taxable entity during the year?		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip		Tou		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ation			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure	I	100		
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	tion 501(c)(3)s	only	availat	hla
0	for public inspection. Indicate how you made these available. Check all that apply.	51011 50 1(0)(0)3	Offig)	avana	
		- 0)			
9	Own website Another's website X Upon request Other (<i>explain on Schedul</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte		financ		
3		est policy, and	man	JIAI	
0	statements available to the public during the tax year.	rdo			
	State the name, address, and telephone number of the person who possesses the organization's books and recourse JERRY HOOD $-406-868-5951$	ius 🕨			
20	0 = 100 = 400 = 0000 = 000 = 0000 = 000 = 000 = 000 = 000 = 000 = 000 = 000 = 000				
20	PO BOX 161013, BIG SKY, MT 59716				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per term and structures there is not below the and structures there is not below to the and the and the and the and the and the and related organizations (1) HEATHER MORE 15 BOARD CEALTR Reportable compensation (W2/109AMBC/ 1099NEC) Estimated and related organizations (W2/109AMBC/ 1099NEC) Estimated to the compensation (W2/109AMBC/ 1099NEC) (1) HEATHER MORE 15 BOARD Structures the and the and the and the and the and the and the and (1) JERETOR 3.00 X X 0.0 0.0 (1) JERETARY 2.00 X X 0.0 0.0 0.0 (1) JERETARY 2.00 X X 0.0 0.0 0.0 (1) JERETARY 2.00 X X 0.0 0.0 0.0	(A)	(B)			_ ((C)			(D)	(E)	(F)
(1) HEATHER MORRIS 5.00 X X X 0. 0. 0. BOARD CHAIR X X X X 0. 0. 0. (2) ANIA BULIS 3.00 X X X 0. 0. 0. BOARD VICE CHAIR X X X 0. 0. 0. 0. BOARD TREASURER X X X 0. 0. 0. 0. BOARD TREASURER 2.00 X X 0. 0. 0. 0. BOARD TREASURER 2.00 X X 0. 0. 0. 0. DIRECTOR 2.00 X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. G0ARD SECRETARY X X X 0. 0. 0. 0. 0. 0. (6) JOHN GEISLER 2.00 X X 0. 0. 0. 0. 0. 0. BOARD SECRETARY <td>Name and title</td> <td>hours per</td> <td colspan="3">(do not check more than one box, unless person is both an</td> <td>than (is both</td> <td>n an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>	Name and title	hours per	(do not check more than one box, unless person is both an			than (is both	n an	compensation	compensation	amount of	
(1) HEATHER MORRIS 5.00 X X X 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. 0. BOARD CHAIR X X X 0. 0. 0. 0. BOARD VICE CHAIR X X X 0. 0. 0. 0. BOARD TREASURER 2.00 X X 0. 0. 0. 0. BOARD TREASURER 2.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (5) JULIE PEINADO 2.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. (6) JOHN GEISLER 2.00 X X 0. 0. 0. 0. 0. 0. (7) KEVIN GEMAIN 2.00 X		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	from the organization and related
(2) ANIA BULIS3.00XX0.0.0.BOARD VICE CHAIRXXX0.0.0.0.(3) JERRY HOOD2.00XX0.0.0.0.BOARD TREASURERXXX0.0.0.0.(4) ERIK MORRISON2.00X0.0.0.0.0.DIRECTORXX0.0.0.0.0.(5) JULIE PEINADO2.00X0.0.0.0.DIRECTOR2.00X0.0.0.0.(6) JOHN GEISLER2.00X0.0.0.0.BOARD SECRETARYXX0.0.0.0.(7) KEVIN GERMAIN2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(9) KATHARINE STOWE2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(10) BOB RHEA2.00X0.0.0.0.		5.00									
BOARD VICE CHAIR X X X X 0.			Х		X				0.	0.	0.
(3) JERRY HOOD 2.00 X X 0. 0. 0. BOARD TREASURER X X 0. 0. 0. 0. (4) ERIK MORRISON 2.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. (5) JULIE PEINADO 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (6) JOHN GEISLER 2.00 X X 0. 0. 0. 0. BOARD SECRETARY X X 0.		3.00									
BOARD TREASURER X X X X 0.			Х		X				0.	0.	0.
(4) ERIK MORRISON 2.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (5) JULIE PEINADO 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. bilder 2.00 X X 0. 0. 0. 0. BOARD SECRETARY X X 0. 0. 0. 0. 0. (7) KEVIN GERMAIN 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (8) LIZ KELLY 2.00 X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (9) KATHARINE STOWE 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0.0 0. 0. 0. 0.		2.00									
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(5) JULIE PEINADO2.00X0.0.0.DIRECTORX2.00X0.0.0.(6) JOHN GEISLER2.00XX0.0.0.BOARD SECRETARYXX0.0.0.0.(7) KEVIN GERMAIN2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(8) LIZ KELLY2.00X0.0.0.0.(9) KATHARINE STOWE2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(10) BOB RHEA2.0000.0.0.0.		2.00			ľ						
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(6) JOHN GEISLER2.00XXX0.0.0.BOARD SECRETARYXXX0.0.0.0.(7) KEVIN GERMAIN2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(8) LIZ KELLY2.00X0.0.0.0.DIRECTORX0.0.0.0.0.(9) KATHARINE STOWE2.00X0.0.0.0.(10) BOB RHEA2.000.0.		2.00									
BOARD SECRETARY X X X 0.			Х						0.	0.	0.
(7) KEVIN GERMAIN 2.00 X 0. 0. 0. 0. DIRECTOR X 2.00 X 0.		2.00									
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(8) LIZ KELLY 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (9) KATHARINE STOWE 2.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) BOB RHEA 2.00 0 0 0 0. 0. 0.		2.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(9) KATHARINE STOWE 2.00 X 0.		2.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(10) BOB RHEA 2.00		2.00									
			Х						0.	0.	0.
DIRECTOR X 0. 0. 0. 0.		2.00									
	DIRECTOR		Х						0.	0.	0.
			-								
			-								
			-								
			1								

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related	tee or director log of x	not cl unles cer an	ss per	ition more rson i irecto	than c s both r/trust	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	s c C/	(F Estim amou oth comper from organiz	ated nt of er isation the
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			and re organiz	
		-										
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Ye	
3 Did the organization list any former officer			-	•	-		Ŭ	• • •			3	x
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		5	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." cor										1	5	x
Section B. Independent Contractors		- 0 /0	<u> </u>		Jers	011 .				<u></u>	<u> </u>	
1 Complete this table for your five highest co										ensatior	n from	
the organization. Report compensation for (A)	the calendar ye	ear e	nain	ig w				(B)	ear.		(C)	
	(A) (D) Name and business address NONE Description of services								ervices	Com	npensa	tion
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot lin	nited	to t	thos (ted	above) who received mo	ore than			
,,,,,,,									L.	Fo	rm 99	0 (2021)

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	πνι	Check if Schedule O		a respons	e or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts Its	1 a	Federated campaigns		1a					
ar our	b	Membership dues		1b					
A A B A	с	0		1c	334,495.				
Contributions, Gifts, Grants and Other Similar Amounts	d	U .		1d					
js, 0	е	5		1e					
er S	f	All other contributions, gifts,							
- ję		similar amounts not included		1f	553,496.				
ontio	g			1g \$	199,377.	007 001			
<u>0</u>	h	Total. Add lines 1a-1f				887,991.			
	•				Business Code				
Program Service Revenue	2 a								
Serv	b								
ver S	c d								
gra Re		l							
Pro	f	All other program service	revenue						
	, a								
	3	Investment income (includ							
		other similar amounts)	-			174.			174.
	4	Income from investment of							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss			🕨				
	7 a	Gross amount from sales of		Securities	.,				
		assets other than inventory	7a 71	L,284	•				
	b	Less: cost or other basis							
onu		and sales expenses	<u>7b</u> 73	3,303	•				
Revenue		Gain or (loss)				0.010			2 010
		Net gain or (loss)			>	-2,019.			-2,019.
Other	8 a	Gross income from fundraisi							
0		including \$ 334							
		contributions reported on			a 160,288.				
	h	Part IV, line 18		····· –	a 200,200.				
	b	Net income or (loss) from		····· <u> </u>		-52,729.			-52,729.
		Gross income from gamir		~ г		01771071			
	0 u	Part IV, line 19			a				
	b	Less: direct expenses		·····	b				
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances			0a				
	b	Less: cost of goods sold			Ob				
		Net income or (loss) from							
"					Business Code				
sno e	11 a	l							
ellaneo evenue	b								
Selle	с								
Miscellaneous Revenue	d	All other revenue							
-	е	Total. Add lines 11a-11d			►				
	12	Total revenue. See instruction	ons		►	833,417.	0.	0.	
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MOONLIGHT COMMUNITY FOUNDATION

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MOONLIGHT COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dong	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
i	and domestic governments. See Part IV, line 21	343,936.	343,936.		
2	Grants and other assistance to domestic	04 050	04 050		
	individuals. See Part IV, line 22	21,250.	21,250.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Fees for services (nonemployees):	85,224.		85,224.	
	Management	248.		248.	
		2,388.		2,388.	
		2,500.		2,500.	
	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses	17,713.		17,713.	
	Information technology	3,442.		3,442.	
	Royalties	0,1121		0,1121	
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	108.	108.		
	Insurance	1,809.		1,809.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	BIG SKY RELIEF FUND	10,614.	10,614.		
b	BANK FEES	522.		522.	
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	487,254.	375,908.	111,346.	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or note to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		269,298.	1	537,165.
	2	Savings and temporary cash investments		99,634.	2	100,281
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial of	contributor, or 35%			
		controlled entity or family member of any of these pers	ons		5	
	6	Loans and other receivables from other disqualified per	rsons (as defined			
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	7,567.			
	b	Less: accumulated depreciation 10b	7,567. 7,371.	304.	10c	196.
	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		14		
	15	Other assets. See Part IV, line 11		49,517.	15	132,525
	16	Total assets. Add lines 1 through 15 (must equal line 3		418,753.	16	770,167
	17	Accounts payable and accrued expenses		7,518.	17	3,139
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
s	22	Loans and other payables to any current or former offic				
itie		trustee, key employee, creator or founder, substantial of	contributor, or 35%			
Liabilities		controlled entity or family member of any of these pers	ons		22	
Ë	23	Secured mortgages and notes payable to unrelated thi			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	. Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		7,518.	26	3,139.
		Organizations that follow FASB ASC 958, check her	e ▶ X			
Sec		and complete lines 27, 28, 32, and 33.				
ano	27	Net assets without donor restrictions		361,718.	27	634,503
Ba	28	Net assets with donor restrictions		49,517.	28	132,525.
pu		Organizations that do not follow FASB ASC 958, che	eck here 🕨			
μĻ		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipme			30	
As	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		411,235.	32	767,028.
_	33	Total liabilities and net assets/fund balances		418,753.	33	770,167.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) MOONLIGHT COMMUNITY FOUNDATION	80-09	41705	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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,41	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,25	
3	Revenue less expenses. Subtract line 2 from line 1	3		,16	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,23	
5	Net unrealized gains (losses) on investments	5	9	,63	0.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	767	,02	8.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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 on Schedule	e O.			
2a			2 a		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3 a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

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Name of the organizatio

Name o	t the organization							
Part I			UNITY FOUNDA		nia part) S	aa instruction		0-0941705
							5.	
	anization is not a private found			•		IV A V:		
1	A church, convention of ch				n 170(a)(1	I)(A)(I).		
2	A school described in sect					-		
3	A hospital or a cooperative					•	() E astau	the beautitely were
4	A medical research organiz city, and state:	ation operated in col	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
5	An organization operated for section 170(b)(1)(A)(iv).		llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v)		
7	An organization that norma	-					e deneral i	ublic described in
•	section 170(b)(1)(A)(vi). (C	-		onn a gort			io gonorar j	
8 X			(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in coniu	inction with a	land-grant	college
•	or university or a non-land-g							
	university:	grant conogo or agrio			name, only	, and state of	and demogra	
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to car	rry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) of	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
	organization. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s supporte	d organizatior	n(s), by hav	ring
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	st complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
	its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
	requirement (see instruct							
е	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			[
	nter the number of supported of	0						
g Pr	ovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s).	(iv) Is the oro	anization listed	(v) Amount of	monoton	(vi) Amount of other
	organization		(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)
			above (see instructions))	Yes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

MOONLIGHT COMMUNITY FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	174,538.	305,684.	410,753.	594,717.	887,991.	2373683.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	174,538.	305,684.	410,753.	594,717.	887,991.	2373683.
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,						0.04 650
	column (f)						234,658.
	Public support. Subtract line 5 from line 4.						2139025.
		(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017 174,538.	(b) 2018 305,684.	(c) 2019 410,753.	(d) 2020 594,717.	(e) 2021 887,991.	(f) Total 2373683.
	Amounts from line 4	1/1,550.	303,004.	410,155.	<u> </u>	007,551.	2373003.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	93.	82.	24.	1,542.	174.	1,915.
٥	and income from similar sources Net income from unrelated business		02.	21.	1,5420	<u> </u>	1,5151
9	activities, whether or not the						
	business is regularly carried on		8,075.				8,075.
10	Other income. Do not include gain		0,015.				0,0751
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2383673.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First 5 years. If the Form 990 is for th			fourth. or fifth tax \	/ear as a section 5		
	organization, check this box and stop			-			
Sec	ction C. Computation of Publi						r
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.74 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	79.24 %
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		►
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				••••		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

7

MOONLIGHT COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 [.]	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6		(b) 2018	(0) 2019	(d) 2020	(e) 202	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			for which are fifther to	l	[[]	
14	First 5 years. If the Form 990 is for the	-					
Se	check this box and stop here	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2021. If the						line 17 is not
-	more than 33 1/3%, check this box ar						>
b	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	T UIU HOL CHECK A	box on line 14, 19	a, ULISD, CHECK TH	IIS DUX ANU SEE INS		dule A (Form 990) 2021
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MOONLIGHT COMMUNITY FOUNDATION

1

Yes No

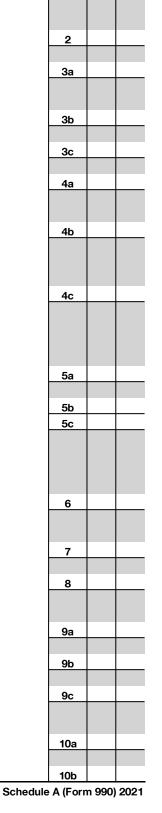
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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MOONLIGHT COMMUNITY FOUNDATION Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

<u>detail in Part VI</u> Section B. Type I Supporting Organizations

			Yes	ſ
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	.	

Section 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part Test during the year (see instructions).

- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c Ti	ne organization supported a governmental entity.	Describe in Part VI how	w you supported a governmental entity (see instruction <u>s).</u>	
------	--	-------------------------	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

132025 01-04-22

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11c

2

Ves No

No

Schedule A	(Form 990)) 2021
Part V	Type III	Nor

(Form 990) 2021	MOONLIGHT	COMMUNITY	FOUNDATION
Type III Non-F	unctionally Integrate	d 509(a)(3) Supj	porting Organizations

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	1	
Sect	ion 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			
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				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
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				
-	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	-	ted Type III supporting orga	nization (see	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

MOONLIGHT COMMUNITY FOUNDATION

80-0941705	Page 7
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		MUNITY FOUNDAT	· · · · ·	0-0941705 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	MOONLI	GHT CO	MMUNITY	FOUNDATION		80-0941705 Page 8
Part VI	Supplemental I Part IV, Section A, lin line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b on D, lines 2 and 3;	o, 4c, 5a, 6, 9 Part IV, Sec	9a, 9b, 9c, 11a, tion E, lines 1c	, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 1 Section B, lines 1 a art V, line 1; Part V, s	7b; Part III, line 12; nd 2; Part IV, Section C, Section B, line 1e; Part V,
	Section D, lines 5, 6 (See instructions.)	, and 8; and Part V	, Section E,	lines 2, 5, and 6	6. Also complete this pa	art for any additiona	Information.
132028 01-04-2	2			20			Schedule A (Form 990) 202

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

80-0941705

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	65,975.	18,302.
	61,000.	13,327.
	115,925.	68,252.
	62,807.	15,134.
	94,585.	46,912.
	110,000.	62,327.
	55,750.	8,077.
	50,000.	2,327.
Total Excess Contributions to Schedule A, Part II, Line 5		234,658.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

1	MOONLIGHT COMMUNITY FOUNDATION	80-0
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{XClusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{XClusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$______

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

MOONLIGHT COMMUNITY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Х Person Payroll 26,039. Noncash х (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 Х Person Payroll 24,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 х Person Payroll 22,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Х 6 Person Payroll 18,000. Noncash \$ (Complete Part II for noncash contributions.)

123452 11-11-21

11050301 792194 141574.0

Employer identification number

80-0941705

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MOONLIGHT COMMUNITY FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Schedule B (Form 990) (2021)

Part I

Employer identification number

Page 2

80-0941705

Schedule B (Form 990) (2021)

123452 11-11-21

11050301 792194 141574.0

123453 11-11-21

Schedule B (Form 990) (2021)

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4 SHARES OF AMAZON STOCK, 30 SHARES OF UBIQUITI STOCK AND		
3	40 SHARES OF CENTENE CORP STOCK		
		\$24,164.	01/11/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 3

Employer identification number

80-0941705

	Page 4						
	Employer identification number						
ATION	80-0941705						
umns (a) through (e) and the following line er	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
eligious, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) \$						
(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gi	ft						
ress, and ZIP + 4	Relationship of transferor to transferee						
	·						
[
(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift							
ress, and ZIP + 4	Relationship of transferor to transferee						
(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gi	ft						
ress, and ZIP + 4	Relationship of transferor to transferee						
	Schedule B (Form 990) (2021)						
	umns (a) through (e) and the following line er eligious, charitable, etc., contributions of \$1,000 or ditional space is needed. (c) Use of gift (e) Transfer of gi ress, and ZIP + 4 (c) Use of gift (c) Use of gift						

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D)

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 l Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOONLIGHT COMMUNITY FOUNDATION

Employer identification number 80-0941705

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accou	nts. Complete if the	•
		(a) Donor advis	ed funds	(b) Fu	nds and other accoun	ts
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		eld in donor advise	d funds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?				Yes	No
Pa						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	<u>.</u>			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically	y important land area	
	Protection of natural habitat		Preservation of	a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contril	oution in the form o	of a conservation	ation 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						
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not o	n a historic structur	re		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or	terminated by the	organizatior	n during the tax	
	year ►					
4	Number of states where property subject to conservation eas	sement is located 🕨				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspec	ction, handling of			
	violations, and enforcement of the conservation easements it	t holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation eas	ements during the yea	ar
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservati	on easemer	nts during the year	
	\$					
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requiremer	nts of section 170(h	i)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation				nd	
	balance sheet, and include, if applicable, the text of the footr	note to the organization'	s financial stateme	nts that des	cribes the	
	organization's accounting for conservation easements.	-				
Pa	t III Organizations Maintaining Collections of	f Art, Historical Tre	easures, or Oth	ner Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its rev	venue statement ar	nd balance s	sheet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education	n, or research in fur	therance of	public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that de	scribes these items	6.		
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenu	le statement and b	alance shee	et works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthe	erance of pu	ublic 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 tree	asures, or other similar	assets for financial	gain, provid	le	
	the following amounts required to be reported under FASB A	SC 958 relating to these	e items:			
а	Revenue included on Form 990, Part VIII, line 1			►	\$	
b	Assets included in Form 990, Part X			►	\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 9	90) 2021
13205	1 10-28-21					
		27				

			Y FOUNDAT		_		0-0941		
Par	t III Organizations Maintaining Coll	ections of Art	, Historical Tre	asures, or	r Other	Similar A	ssets _{(c}	ontinue	d)
3	Using the organization's acquisition, accession,	and other records	, check any of the f	ollowing that	make sig	gnificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain	how they further th	ie organizatio	n's exem	ipt purpose i	in Part XIII.		
5	During the year, did the organization solicit or re			-					
	to be sold to raise funds rather than to be maint							es	No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "	'Yes" on l	Form 990, P	art IV, line	9, or	
	reported an amount on Form 990, Part X								
1a	Is the organization an agent, trustee, custodian								
	on Form 990, Part X?						Y	es	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing table:				^n	aunt	
	B · · · · ·						All	nount	
	Beginning balance								
	Additions during the year								
	Distributions during the year					1e 1f			
	Ending balance Did the organization include an amount on Form							es	No
	If "Yes," explain the arrangement in Part XIII. Ch					• • • • • • • • • • • • • • • • • • • •	• • • • • •		NO
Par									
		a) Current year	(b) Prior year			(d) Three year	rs back (e)	Four ve	ars back
1a	Beginning of year balance	49,517.	20,756.						
	Contributions	73,960.	20,598.	20),752.				
	Net investment earnings, gains, and losses	9,048.	8,469.		4.				
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses		306.						
	End of year balance	132,525.	49,517.	20),756.				
2	Provide the estimated percentage of the current	t year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	_%							
с	Term endowment 100 %								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organizat	ion that are held ar	nd administer	ed for the	e organizatio	n	_	
	by:						_	Ye	
	(i) Unrelated organizations							Ba(i)	<u> </u>
	(ii) Related organizations							a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	d on Schedule R?				L	3b	
4	Describe in Part XIII the intended uses of the org		ment funds.						
Par	t VI Land, Buildings, and Equipmen								
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or ot	• •	or other	• •	cumulated	(d)	Book v	alue
		basis (investm	ent) basis	(other)	dep	preciation	_		
1 a	Land								
b	Buildings								
	Leasehold improvements								
	Equipment			7 5 7 7		7 274			100
	Other			7,567.		7,371	. •		$\frac{196.}{106}$
Tota	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X	<u>(, column (B), line 1</u>	0c.))	▶ 		196.
						Sc	hedule D (Form 9	90) 2021

		MMUNITY FOUN	DATION	80-0941705 Page 3
	estments - Other Securities.	a Farm 000 Dart IV line	11b Cas Form 000 Dart V line 10	
	plete if the organization answered "Yes" or Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r and of year market yelus
		(b) BOOK value		r enu-or-year market value
	equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	t equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Inve	estments - Program Related.			
Com	plete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a)	Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	st equal Form 990, Part X, col. (B) line 13.) ►			
	er Assets.			
Com	nplete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(h) De alexadas
		escription		(b) Book value
	NDOWMENT			132,525.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
) must equal Form 990, Part X, col. (B) line 1	15)		▶ 132,525.
Part X Oth	er Liabilities.	(0.)		152,525
	plete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. lin	e 25.
1.	(a) Description of liability	, , , ,	, , ,	(b) Book value
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>) must equal Form 990, Part X, col. (B) line 2</u>	25.)		

Schedule D (Form 990) 2021

132053 10-28-21

11050301 792194 141574.0

Sche	dule D (Form 990) 2021 MOONLIGHT COMMUNITY F		80-09417	05 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	3	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e <u>12.)</u>		
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	20		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	5	
Pa	t XIII Supplemental Information.			

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

11050301 792194 141574.0

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							OMB No. 1545-0047	
(Form 990)									
Department of the Treasury								Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for	instructions	and	the latest information	on.		Inspection	
Name of the organization		HT COMMUNITY FOU	INDATIO	N			Employer id	lentification number	
	ing Activities.	Complete if the organization a			n Form 990, Part IV, I	ine 1			
· ·	complete this part	ed funds through any of the fol	lowing activi	ties (Check all that apply				
a Mail solicitat					overnment grants				
b Internet and	email solicitations	f Sc	licitation of g	gover	nment grants				
c Phone solici	tations	g Sp	ecial fundrai	ising	events				
d In-person so									
· ·		r oral agreement with any indiv art VII) or entity in connection w	,	Ũ		tees,	or 🗌 Ye	es No	
		riduals or entities (fundraisers) p	•		U U	ne fur			
compensated at le	•			.g. e e.					
			(iii)	Did		(v)	Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	fundra have cu or cont contribu	aiser stody rol of	(iv) Gross receipts from activity	to (o	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
				K					
								-	
					an la a a la a su a a tiña al				
or licensing.	ich the organizatio	n is registered or licensed to so	Dicit contribu	itions	or has been notified	It is i	exempt from r	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Fo	orm 990 or 9	90-Е	Z.		Schedu	le G (Form 990) 2021	

132081 10-21-21

MOONLIGHT COMMUNITY FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and grass income on Form 990 FZ lines 1 and 6b. List events with grass receipts graater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING	SKI BRIDGE		(add col. (a) through
		SOCIAL	EVENT	2	col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	98,668.	321,844.	74,271.	494,783
2	Less: Contributions	91,191.	224,304.	19,000.	334,495
3	Gross income (line 1 minus line 2)	7,477.	97,540.	55,271.	160,288
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
¦ 7	Food and beverages				
8	Entertainment				
- I -	Entertainment Other direct expenses		142,921.	32,297.	213,017
8	Other direct expenses Direct expense summary. Add lines 4 throug	37,799. gh 9 in column (d)	142,921.		213,017
8 9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)		····· •	
8 9 10	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d)		····· •	213,017
8 9 10 11 art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d) line 3, column (d)		····· •	213,017 -52,729
8 9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	37,799. gh 9 in column (d) line 3, column (d) n answered "Yes" on Form	n 990, Part IV, líne 19, or r (b) Pull tabs/instant	eported more than	213,017 -52,729
8 9 10 11 art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	37,799. sh 9 in column (d) line 3, column (d) a answered "Yes" on Form (a) Bingo	n 990, Part IV, líne 19, or r (b) Pull tabs/instant	eported more than	213,017
8 9 10 11 art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	37,799. gh 9 in column (d) line 3, column (d) a answered "Yes" on Form (a) Bingo	n 990, Part IV, líne 19, or r (b) Pull tabs/instant	eported more than	213,017 -52,729
8 9 10 11 art 2	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	37,799. gh 9 in column (d) line 3, column (d) a answered "Yes" on Form (a) Bingo	n 990, Part IV, líne 19, or r (b) Pull tabs/instant	eported more than	213,017 -52,729
8 9 10 11 art	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	37,799. gh 9 in column (d) line 3, column (d) a answered "Yes" on Form (a) Bingo	n 990, Part IV, líne 19, or r (b) Pull tabs/instant	eported more than	213,017 -52,729
8 9 10 11 art 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	37,799. gh 9 in column (d) line 3, column (d) a answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	213,017 -52,729

9 Enter the state(s) in which the organization conducts gaming activities:

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Schedule G (Form 990) 2021

No

Sch	edule G (Form 990) 2021	MOONLIGHT	COMMUNITY	FOUNDATION	80-0	941	705	Page 3
11	Does the organization conduct ga	aming activities with r	nonmembers?				Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a	a trust, or a member	of a partnership or other	r entity formed			
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming	g activity conducted	in:					
а	The organization's facility					13a		%
b	An outside facility					13b		%
14	Enter the name and address of th	e person who prepar	es the organization's	s gaming/special events	books and records:			
	Name							
	Address 🕨							
15a	Does the organization have a con	tract with a third part	y from whom the or	ganization receives gami	ng revenue?	-	Yes	No
b	If "Yes," enter the amount of gam	ing revenue received	by the organization	▶ \$	and the amount			
	of gaming revenue retained by the							
c	If "Yes," enter name and address	of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name							
	Coming manager companyation	•						
	Gaming manager compensation	Þ -						
	Description of services provided							
	Description of services provided							
	Director/officer	Employee	Indepe	endent contractor				
17	Mandatory distributions:							
а	Is the organization required under	r state law to make cl	haritable distribution	is from the gaming proce	eds to			
	retain the state gaming license?						Yes	No
b	Enter the amount of distributions	required under state	law to be distributed	d to other exempt organi	zations or spent in the			
	organization's own exempt activit							
Pa					lumns (iii) and (v); and Par	t III, lin	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also pro	vide any additional i	nformation. See instructi	ons.			
1320	33 10-21-21				Sched	ule G (I	Form 9	90) 2021

Schedule G	(Form	990)

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)
132084 11-18-	

11050301 792194 141574.0

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service		Open to Public Inspection							
Name of the organization Employer identifie MOONLIGHT COMMUNITY FOUNDATION 80-									
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti			
criteria used to award the grants or assis							X Yes No		
2 Describe in Part IV the organization's pro									
Part II Grants and Other Assistance to recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
							FUNDS WILL BE USED FOR		
BIG BROTHERS BIG SISTERS OF BIG							THE BIG BROTHERS BIG		
SKY - 15 SOUTH 8TH AVE - BOZEMAN,							SISTERS PROGRAMS IN BIG		
MT 59715	81-0359636		8,500.	0.			SKY		
							BSCO WILL USE THIS		
BIG SKY COMMUNITY ORGANIZATION							FUNDING TO FOCUS ON THEIR		
PO BOX 161404	01 0500500		20,000				CORE PROGRAMS AND		
BIG SKY, MT 59716	81-0520589		30,000.	0.			OPERATIONAL SUPPORT TO		
BIG SKY HOUSING TRUST							DOWN PAYMENT ASSISTANCE GIVING LOCAL FAMILIES THE		
PO BOX 160164							GIFT OF HOME OWNERSHIP.		
BIG SKY, MT 59716	84-3391892		40,000.	0.			FUNDS WILL ALSO BE USED		
	01 0001000		10,000.				WHEN THE COVID-19		
BIG SKY RELIEF FUND							PANDEMIC HIT, MOONLIGHT		
1111 RESEARCH DRIVE							COMMUNITY FOUNDATION		
BOZEMAN, MT 59718	27-1974255		5,936.	0.			QUICKLY PARTNERED WITH		
·			, , , , , , , , , , , , , , , , , , , ,				FUNDS WIL BE USED FOR THE		
BIG SKY SNO							WATER FILLING STATION AT		
PO BOX 161595							THE SOFTBALL FIELDS AND		
BIG SKY, MT 59716	85-2790702		15,000.	0.			CAPACITY BUILDING AND		
BOZEMAN HEALTH FOUNDATION							FUNDS WILL BE USED FOR		
931 HIGHLAND BLVD, SUITE 3200 THE B				THE BSMC CENTRAL					
BOZEMAN, MT 59715 84-1407943 25,000. 0. MONITORING SYS									
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				▶		
3 Enter total number of other organizations listed in the line 1 table									
LHA For Paperwork Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) MOONLIGHT COMMUNITY FOUNDATION

		-					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FUNDS WILL BE USED FOR
FRIENDS OF BIG SKY EDUCATION							THE LEE POOLE MEMORIAL
PO BOX 160633							SCHOLARSHIP. FUNDS WILL
BIG SKY, MT 59716	33-1106018		12,000.	0.			ALSO BE USED FOR THE
							CONSERVE OUR CANYON IS A
GALLATIN INVASIVE SPECIES ALLIANCE							COOPERATIVE EFFORT TO
903 N BLACK AVE							PROTECT THE GALLATIN
BOZEMAN, MT 59715	46-5544351		12,000.	٥.			CANYON FROM THE THREATS
							FUNDS WILL BE USED TO
GALLATIN RIVER TASK FORCE							ADVANCE PROJECT 3 OF THE
PO BOX 160513							MIDDLE FORK WEST FORM
BIG SKY, MT 59716	74-3127146		23,500.	0.			GALLATIN RIVER
							HATCH HAS BEEN PILOTING A
HATCH EXPERIENCE							NEW BLENDED LEARNING
PO BOX 6340							ENVIRONMENT THAT CONNECTS
BOZEMAN, MT 59771	30-0261283		15,000.	0.			DIVERSE HIGH SCHOOL
							THE PROJECT WOULD
MONTANA LAND RELIANCE							INCREASE THE PACE OF
PO BOX 355							PRIVATE LAND CONSERVATION
HELENA, MT 59624	81-0369262		17,500.	٥.			IN THE BIG SKY COMMUNITY.
							FUNDS WILL BE USED FOR
MORNINGSTAR LEARNING CENTER							THE SUSTAINABLE
PO BOX 161505							OPERATIONS THROUGH
BIG SKY, MT 59716	20-5113402		25,000.	٥.			EQUITABLE WAGES PROJECT.
							THRIVE BIG SKY CHILD
THRIVE							ADVANCEMENT PROJECT
400 E. BABCOCK STREET							(CAP). CAP CAREFULLY
BOZEMAN, MT 59715	36-3501185		7,500.	٥.			MATCHES COMMUNITY
WARREN MILLER PERFORMING ARTS							FUNDS WILL BE USED FOR
CENTER - PO BOX 160633 - BIG SKY,							THE FROM RESILIENCE TO
MT 59716	33-1106018		10,000.	٥.			ACCESS PROJECT FOR 2022
							FUNDS WILL BE USED TO
WOMEN IN ACTION							PROVIDE AFFORDABLE AND
PO BOX 161143							ACCESSIBLE BEHAVIORAL
BIG SKY, MT 59716	20-4166176		10,000.	٥.			HEALTHCARE AND A SPANISH

Schedule I (Form 990)

MOONLIGHT COMMUNITY FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other		nestic Organizations		vernments (Sche	edule I (Form 990), Pa		0-0941705 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FUNDS WILL BE USED FOR
ENTER FOR LARGE LANDSCAPE							THE US-191 & LONE
ONSERVATION - 303 W MENDENHALL ST							MOUNTAIN TRAIL WILDLIFE
4 - BOZEMAN, MT 59715	27-1226829		12,500.	0.			AND TRANSPORTATION
ROSSCUT MOUNTAIN SPORTS CENTER							FUNDS USED FOR THE
6621 BRIDGER CANYON RD							PURCHASE OF TRAPPERS
OZEMAN, MT 59715	81-1818317		50,000.	0.			CREEK CABIN
			,				
			C)			

Schedule I (Form 990)

Schedule I (Form 990) 2021

MOONLIGHT COMMUNITY FOUNDATION

80-0941705

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CAMP MOONLIGHT SCHOLARSHIPS	31	21,250.	0.		
			0		
)		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE FOUNDATION REQUIRES ITS GRANTE	ES TO SIG	N A CONTRA	CT. GRANT	EES ARE	
REQUIRED TO SUBMIT TO THE FOUNDATION	ON A ONE-	PAGE PROGR	ESS REPORT	WHICH IS	

DUE ONE MONTH BEFORE THE NEXT GRANT DEADLINE. THE GRANTEES ARE REQUIRED TO

DETAIL THE PROGRESS ON EACH PROJECT IN THIS REPORT. THEY ARE ALSO GIVEN

NOTICE THAT THE FOUNDATION MAY REQUEST ADDITIONAL PROGRESS REPORTS OR BE

REQUIRED TO ATTEND A FOUNDATION MEETING TO PROVIDE UPDATES.

Schedule I (Form 990) MOONLIGHT COMMUNITY FOUNDATION	80-0941705 Page 2
Part IV Supplemental Information	
Part IV Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: BIG SKY COMMUNITY ORGANIZATION (H) PURPOSE OF GRANT OR ASSISTANCE: BSCO WILL USE THIS FUNDING TO FOCUS ON THEIR CORE PROGRAMS AND OPERATIONAL SUPPORT TO MANAGE: 95 ACRES OF PARKLAND, 19 MILES OF TRAILS AND THREE ESTABLISHED TRAILHEADS, CAMP BIG SKY SUMMER DAY CAMP FOR CHILDREN ENTERING 1ST THROUGH 8TH GRADE, HIKE BIG SKY, GLIDE BIG SKY, ADULT SOFTBALL LEAGUE AND	
(H) PURPOSE OF GRANT OR ASSISTANCE: BSCO WILL USE THIS FUNDI	NG TO FOCUS
ON THEIR CORE PROGRAMS AND OPERATIONAL SUPPORT TO MANAGE:	
95 ACRES OF PARKLAND, 19 MILES OF TRAILS AND THREE ESTABLISH	ED
TRAILHEADS, CAMP BIG SKY SUMMER DAY CAMP FOR CHILDREN ENTERI	NG 1ST
THROUGH 8TH GRADE, HIKE BIG SKY, GLIDE BIG SKY, ADULT SOFTBA	LL LEAGUE AND
OTHER VOLUNTEER AND COMMUNITY OUTREACH PROGRAMS.	

NAME OF ORGANIZATION OR GOVERNMENT: BIG SKY HOUSING TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: DOWN PAYMENT ASSISTANCE GIVING LOCAL

FAMILIES THE GIFT OF HOME OWNERSHIP. FUNDS WILL ALSO BE USED FOR THE

EMERGENCY SHELTER FOR VICTIMS OF VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: BIG SKY RELIEF FUND (H) PURPOSE OF GRANT OR ASSISTANCE: WHEN THE COVID-19 PANDEMIC HIT, MOONLIGHT COMMUNITY FOUNDATION QUICKLY PARTNERED WITH SPANISH PEAKS COMMUNITY FOUNDATION, YELLOWSTONE CLUB COMMUNITY FOUNDATION, AND BIG SKY RESORT TAX IN SUPPORT OF THE ESTABLISHMENT OF A BIG SKY RELIEF FUND ORDER TO HELP ADDRESS THE SUDDEN ECONOMIC UNCERTAINTY AFFECTING THE COMMUNITY. MOONLIGHT COMMUNITY FOUNDATION CONTRIBUTED \$5,936 TO THIS FUND IN 2021.

NAME OF ORGANIZATION OR GOVERNMENT: BIG SKY SNO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WIL BE USED FOR THE WATER

FILLING STATION AT THE SOFTBALL FIELDS AND CAPACITY BUILDING AND

MEMBERSHIP LAUNCH.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF BIG SKY EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED FOR THE LEE POOLE

Schedule I (Form 990)

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Schedule I (Form 990) MOONLIGHT COMMUNITY FOUNDATION	80-0941705	Page 2
Part IV Supplemental Information		
MEMORIAL SCHOLARSHIP. FUNDS WILL ALSO BE USED FOR THE LOCAL	FOODS AND	
SUSTAINABILITY PROJECT, WHICH WILL ALLOW FOR THE PURCHASING (OF LOCAL	
(WHENEVER POSSIBLE) AND REGIONAL PRODUCE TO FEED STUDENTS ANI) STAFF	
WITHIN THE LUNCH PROGRAM.		

NAME OF ORGANIZATION OR GOVERNMENT: GALLATIN INVASIVE SPECIES ALLIANCE (H) PURPOSE OF GRANT OR ASSISTANCE: CONSERVE OUR CANYON IS A COOPERATIVE EFFORT TO PROTECT THE GALLATIN CANYON FROM THE THREATS OF INVASIVE SPECIES. THE GALLATIN CANYON HAS SEEN A RECORD NUMBER OF VISITORS, RECREATIONISTS, AND VEHICLES YEAR AFTER YEAR, AND THIS PROJECT AIMS TO PROACTIVELY ADDRESS THE THREAT OF NOXIOUS WEEDS THAT ACCOMPANIES SUCH USE.FUNDING FROM MCF WILL BE COMBINED WITH OTHER FUNDING SOURCES AND BE PROVIDED DIRECTLY TO THE CUSTER GALLATIN NATIONAL FOREST (CGNF) SPECIFICALLY TO HIRE THE MONTANA CONSERVATION CORPS WILDLANDS RESTORATION (MCCWR) TEAM WHO ARE TRAINED IN NOXIOUS WEED MANAGEMENT. THIS TEAM WILL WORK UNDER CGNF SUPERVISION IN TREATING NOXIOUS WEEDS ON PUBLIC LANDS WITHIN THE GALLATIN CANYON, WITH INPUT AND ASSISTANCE FROM THE ALLIANCE. TREATMENT AREAS (PUBLIC LANDS) WILL ENCOMPASS TRAILHEADS, FISHING ACCESS SITES, CAMPGROUNDS, FOREST SERVICE ROADS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: GALLATIN RIVER TASK FORCE (H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO ADVANCE PROJECT 3 OF THE MIDDLE FORK WEST FORM GALLATIN RIVER RESTORATION PLAN.

NAME OF ORGANIZATION OR GOVERNMENT: HATCH EXPERIENCE (H) PURPOSE OF GRANT OR ASSISTANCE: HATCH HAS BEEN PILOTING A NEW BLENDED LEARNING ENVIRONMENT THAT CONNECTS DIVERSE HIGH SCHOOL STUDENTS ACROSS THE NATION WITH A COMMUNITY OF PEERS AND EXPERT MEMBERS-ALL Schedule I (Form 990)

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Schedule I (Form 990) MOONLIGHT COMMUNITY FOUNDATION Part IV Supplemental Information	80-0941705 Page 2
WORKING TO CO-CREATE IMPACTFUL SOLUTIONS TO SOME OF THE WORLI	O'S MOST
PRESSING LOCAL AND GLOBAL ISSUES. TEAMS HAVE THE OPPORTUNITY	Ү ТО РІТСН
THEIR SOLUTIONS TO EXPERT PANELS WHO OFFER FEEDBACK AND HELP	PROJECTS
	IROBLEID
ACCELERATE. HATCH HAS ALREADY BEGUN TO TEST THIS LEARNING EN	NVIRONMENT,
WHICH IS CALLED THE GLOBAL CLASSROOM, AND IT IS THE INTENTION	N TO FURTHER
DEVELOP THE PROGRAM THIS SCHOOL YEAR.	

NAME OF ORGANIZATION OR GOVERNMENT: MONTANA LAND RELIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROJECT WOULD INCREASE THE PACE OF PRIVATE LAND CONSERVATION IN THE BIG SKY COMMUNITY. FUNDS SUPPORT MLR'S PRIVATE LAND CONSERVATION WORK IN THE BIG SKY COMMUNITY. MLR IS WORKING ON SEVERAL CONSERVATION EASEMENTS TOTALING OVER 3,000 ACRES IN THE BIG SKY AREA AND RECENTLY COMPLETED A CONSERVATION EASEMENT WITH MOONLIGHT BASIN, PROTECTING OVER 2,400 ACRES OF LAND FROM SUBDIVISION.

NAME OF ORGANIZATION OR GOVERNMENT: THRIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: THRIVE BIG SKY CHILD ADVANCEMENT PROJECT (CAP). CAP CAREFULLY MATCHES COMMUNITY VOLUNTEERS WITH STUDENTS IN GRADES K-12. MENTORS PROVIDE WEEKLY SUPPORT AND ENCOURAGEMENT TO STUDENTS, HELP THE STUDENTS DISCOVER AND BUILD UPON THEIR INDIVIDUAL STRENGTHS, AND AFFIRM STUDENT ABILITY TO SHAPE THEIR OWN FUTURES. SUCCESS HAD BEEN DEMONSTRATED THROUGH ACADEMIC AND SOCIAL INTERACTION IMPROVEMENTS. FOR THE PAST 8 YEARS, THRIVE HAS WORKED IN PARTNERSHIP WITH THE BIG SKY SCHOOL DISTRICT. CAP STAFF WORK IN THE SCHOOLS TO PROVIDE DAILY SUPPORT AND PUT INTO PRACTICE THE GOALS SET BY THRIVE. MENTORS MEET WITH THEIR CAP MENTEE FOR AN HOUR A WEEK AT THE SCHOOL.

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NAME OF ORGANIZATION OR GOVERNMENT: WOMEN IN ACTION

Schedule I (Form 990)

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROVIDE

AFFORDABLE AND ACCESSIBLE BEHAVIORAL HEALTHCARE AND A SPANISH LANGUAGE

RESOURCE LIASION

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED TO PROMOTE

HEALTHY RELATIONSHIPS THROUGH TEEN EDUCATION IN BIG SKY.

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR LARGE LANDSCAPE CONSERVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WILL BE USED FOR THE US-191 &

LONE MOUNTAIN TRAIL WILDLIFE AND TRANSPORTATION ASSESSMENT AND THE US-191

WILDLIFE AND TRANSPORTATION CONFLICT ASSESSMENT.

Schedule I (Form 990)

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

MOONT TOUR COMMUNITRY FOUNDARTON

	MOONLIGHT CO	MMUNIT	Y FOUNDAT	ION	80-0	941	705	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	650	71,285.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FUNDRAISING E)	X	67	128,092.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o					
23	for which the organization completed Form 82							
	for which the organization completed rorm oz	00, 1 art V, L		Z			Vac	No
202	During the year, did the organization receive b	v contributio	n any proporty rop	orted in Part L lines 1 through	a 28 that it		Yes	No
504	must hold for at least three years from the date	-						
	-			-		202		x
۴	exempt purposes for the entire holding period' If "Yes," describe the arrangement in Part II.	•				30a		
	Does the organization have a gift acceptance	nolicy that re	ouires the review	of any nonstandard contributi	ons?	24		x
31	· · · ·	-	-	-	0115 ?	31		
JZa	Does the organization hire or use third parties		•			00-		x
Ŀ	contributions?					<u>32a</u>		
	If "Yes," describe in Part II.			· fau u datala a alumno (-) ta - t	l e el			
33	If the organization didn't report an amount in c	oiumn (C) foi	r a type of property	i or which column (a) is chec	keu,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	MOONLIGHT	COMMUNITY	FOUNDATION		80-0941705	Page 2
Part II	Supplemental is reporting in Part this part for any ad	I Information. (b), the idditional information	Provide the information number of contribution.	on required by Part I, lines ns, the number of items i	s 30b, 32b, and 33, ar received, or a combina	nd whether the organizati ation of both. Also comp	ion lete
132142 11-17-2	1					Schedule M (Form 9	990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Name of the organization MOONLIGHT COMMUNITY FOUNDATION Employer identification number 80-0941705

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, CONSERVANCY AND YOUTH DEVELOPMENT BOTH FOR RESIDENTS OF THE

BIG SKY COMMUNITY, AS WELL AS ALL VISITORS TO THE BIG SKY AREA AND IS

ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC

PURPOSES UNDER SECTION 501(C)(3) OF THE CODE. NOTWITHSTANDING ANY

OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION SHALL NOT ENGAGE IN

ANY ACTIVITIES, OR EXERCISE ANY POWERS NOT IN FURTHERANCE OF 501(C)(3)

PURPOSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE CODE.

NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION

SHALL NOT ENGAGE IN ANY ACTIVITIES, OR EXERCISE ANY POWERS NOT IN

FURTHERANCE OF 501(C)(3) PURPOSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION TO SUPPORTING OUR CORE INITIATIVES THROUGH OUR GRANTS, MCF

ALSO CONTINUED TO BE ACTIVE ASSISTING LOCAL FAMILIES BY PROVIDING

SCHOLARSHIPS TO CAMP MOONLIGHT. WE AWARDED 31 CAMP MOONLIGHT

SCHOLARSHIPS IN 2021 TO BIG SKY YOUTH AND 28 BIG SKY WORKS PARTIAL

SCHOLARSHIPS - BRINGING DOWN THE TOTAL COST FOR LOCAL WORKING FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED FORM 990 IS REVIEWED BY THE BOARD MEMBERS PRIOR TO

SUBMISSION.

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

Schedule O (Form 990) 2021

Schedule O (Form Name of the organ		Employer identification number $80-0941705$
		00-0941705
	PART VI, SECTION B, LINE 12C:	
IF A CONF	LICT ARISES, THE BOARD OF DIRECTORS DISCUSS AND V	OTE ON AS NEEDED.
FORM 990,	PART VI, SECTION C, LINE 19:	
GOVERNING	DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	UPON REQUEST.
100010 11 11 01		Schedule O (Form 990) 202
132212 11-11-21	46	

2021 DEPRECIATION AND AMORTIZATION REPORT

FOR

FORM 9	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	SIGNAGE	05/20/13	SL	7.00		16	1,542.				1,542.	1,412.		٥.	1,412.
13	SIGNAGE	11/07/13	SL	7.00		16	1,542.				1,542.	1,504.		0.	1,504.
14	SIGNAGE	12/05/13	SL	7.00		16	2,241.				2,241.	2,213.		0.	2,213.
15	SIGNAGE	04/30/14	SL	7.00		16	2,242.				2,242.	2,134.		108.	2,242.
	* TOTAL 990 PAGE 10 DEPR						7,567.				7,567.	7,263.		108.	7,371.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

MOONLIGHT COMMUNITY FOUNDATION

Asset No.	Description	Dat Acqui	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	SIGNAGE	0520	013	SL	7.00	16	1,542.			1,542.	1,412.		0.
13	SIGNAGE	1107	713	SL	7.00	16	1,542.			1,542.	1,504.		0.
14	SIGNAGE	1205	513	SL	7.00	16	2,241.			2,241.	2,213.		0.
15	SIGNAGE	0430	014	SL	7.00	16	2,242.			2,242.	2,134.		108.
	* TOTAL 990 PAGE 10 DEPR						7,567.		0.	7,567.	7,263.		108.

2022 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL –

MOONLIGHT COMMUNITY FOUNDATION

Asset No.	Description	Ac	Date quire		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
13 14 15	SIGNAGE SIGNAGE SIGNAGE SIGNAGE * TOTAL 990 PAGE 10 DEPR	05 11 12 04	201 071 051 301	3 3 3 4	SL SL SL SL	7.00 7.00 7.00 7.00	1,542. 1,542. 2,241. 2,242. 7,567.		1,542. 1,542. 2,241. 2,242. 7,567.	1,412. 1,504. 2,213. 2,242. 7,371.	0. 0. 0. 0.
							1				
)						

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone