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Form	JJU

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AI	or the	e 2018 calendar year, or tax year beginning and o	ending	_			
B	Check if pplicabl	FOUNDATION FOR GLACIER & ENVIRONMENTAL	ն	D Employer identifie	cation number		
	_chang Name chang		91-6	063843			
	_Initial Initial		Room/suite				
	Final Final return termin		noon, ouno)500-8913		
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	239,712.		
	Amen	ded SEATTLE, WA 98105		H(a) Is this a group re	eturn		
	Applic tion pendi			for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)		
-		te: WWW.JUNEAUICEFIELD.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1955	State of legal domicile: WA		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: EXPEREDUCATION AND RESEARCH OF MOUNTAIN AND G	LACIAL	FNUTDONMEN			
Activities & Governance		Check this box					
ver	2			I	13 sets.		
ဗီ		Number of independent voting members of the governing body (Part VI, line 1a)		13			
s S		Total number of individuals employed in calendar year 2018 (Part V, line 2a)	·····	6			
itie		Total number of volunteers (estimate if necessary)					
cti		Total unrelated business revenue from Part VIII, column (C), line 12			<u>40</u> 0.		
A		Net unrelated business taxable income from Form 990-T, line 38			0.		
		,		Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		75,620.	37,680.		
nue	9	Program service revenue (Part VIII, line 2g)		185,342.	147,617.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,702.	11,290.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		371.	320.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		266,035.	196,907.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		75,002.	60,910.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ЧХ		Total fundraising expenses (Part IX, column (D), line 25) 1,00		205 625	107 570		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		205,635. 280,637.	187,572. 248,482.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-14,602.	-51,575.		
<u> </u>		Revenue less expenses. Subtract line 18 from line 12					
Net Assets or Fund Balances	00	Tatal accests (Dart V, line, 16)		ginning of Current Year 240,904 •	End of Year 184,857.		
Asse Bal	20	Total assets (Part X, line 16)		3,357.	11,547.		
Vet / und	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		237,547.	173,310.		
<u>É</u>	22	The assets of fund balances. Subtract line 21 from line 20		237,347.	±,5,5±0•		

Part II Signature Block

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

Sign Here	Signature of officer GUY ADEMA, BOARD PRESID Type or print name and title	DENT	Date								
Paid	Print/Type preparer's name ROBERT L REHFELD	Preparer's signature	Date 05/30/19	Check PTIN if self-employed P00104959							
Preparer		LC		SEIN ▶ 92-0127098							
Use Only	Firm's address 9309 GLACIER HWY JUNEAU, AK 99801	STE B-200	Phone	e no. (907)789-3178							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
832001 12-3	Jacobi 12-31-18LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	FOUNDATION FOR GLACIER & ENVIRONMENTAL
	1990 (2018) RESEARCH 91-6063843 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE A WIDE RANGE OF EDUCATIONAL AND PRACTICAL FIELD TRAINING IN
	THE SCIENTIFIC UNDERSTANDING OF MOUNTAIN ENVIRONMENTS. PURSUE
	GEOSCIENCE SYSTEMS RESEARCH. ENLARGE AND ENHANCE THE CADRE OF EARTH
	SYSTEM SCIENTISTS AND TEACHERS. ENCOURAGE INDIVIDUAL CHARACTER
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? Yes X No
	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 \$ 216,709. including grants of \$) (Revenue \$ 147,937.)
	JUNEAU ICEFIELD RESEARCH PROGRAM (JIRP) DOES ENVIRONMENTAL RESEARCH AND
	EDUCATION WITH APPROXIMATELY 50 STUDENTS, STAFF AND SCIENTISTS FOR A TWO MONTH PERIOD ON THE JUNEAU ICEFIELD, ALASKA. STUDENTS, FACULTY,
	AND RESEARCHERS ARE PRIMARILY DRAWN FROM US UNIVERSITIES AND COLLEGES.
	APPROXIMATELY 30 STUDENTS ARE ENGAGED EACH SUMMER, AND APPROXIMATELY 20
	FACULTY AND RESEARCHERS.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 216,709.
	Form 990 (2018)

Part IV Checkl	ist of Required Schedule	s			
Form 990 (2018)	RESEARCH				
	FOUNDATION	FOR	GLACIER	&	ENVIRONMENTAL

Fai	tra Offeckiist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	1	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-	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	-		
Ŭ	similar amounts as defined in Revenue Procedure 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	•		
-	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,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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			v
	Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		- 23
b	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	UT-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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Pa	rt IV Checklist of Required Schedules (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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
07	complete Schedule L, Part II	26		- 23
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>л</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
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		L
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 in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (contraued) Yes No 2a Enter the number of employees reports on Form W-3. Transmittal of Wage and Tax Statements. 2a 6 b If at least one is reported on in 2a, dd the organization file all required federal employment tax rolum? 2a 6 3a Did the organization have unrelated backness gross income of \$1,000 or more during the year? 2a 2a 4 3b If Yes, 'has it filed a Form 900. The this year? If We's ('n all sequent tax bit of the signature or other subtomay over, a financial account)? 4a X b If Yes, 'has it filed a Form 900. The train year? If We's ('n all sequent tax bit of the signature or other subtomay over, a financial account)? 4a X b If Yes, 'and the age orbit of tax school have an interface on the signature or other financial account? 5a X b If Yes, 'and the organization have an interface on the financial account? 5a X b If Yes, 'idd the organization in a provide tax school have an orbit of tax school have an orbit of tax school have an orbit of the organization and or provide tax school have an orbit of the organization action and provide an contributions? 5a X c If Yes's in did the organization in the Was or the did tax orbit of the organization action at provide tax orbit of the organization and provide an contrule of the school have an	Form	990 (2018) RESEARCH 91-60	63843	Р	age 5		
2a Enter the number of employees reported on Ferm W-3, Transmittal of Wage and Tax Statements. 2a 6 b If at least one is reported on line 2a, did the organization file all regulard federal employment tax returns? 2b X Note, If the sum of line 2a, did the organization file all regulard federal employment tax returns? 2a X B VH est, 'Instantion have unreated business groups income of 31,000 rome of ung the year? 3a X B VH est, 'Instantified a form 500-Tro this year? /I 'Vor to in a 3b, provide an explenation or tother authomy over, a transmittant or year and interest in, or a signature or other authomy over, a transmittant or the authomy over, a transmittant or the authomy over, a transmittant or the authom or the authomy over, a transmittant or the organization in a Part or the organization have in the regin ocump? 4a X B If 'Yes, 'Instant's the and oreign ocump? 5a X 5b X G Does the organization in Bern Bern BSB0-Tro transmittant or the aven of the accounts (FEAR). 5a X 5b X G Does the organization in Bern BSB0-Tro transmittant aven or transcion? 5b X 5c 5a X G Does the organization neaver approximation that was or the approxin transcas a party for goods and services provided to the party?					0		
tit do the calendary year anding with or within the year covered by this resum. Image: Calendary Section 2.2 Imag				Yes	No		
tit do the calendary year anding with or within the year covered by this resum. Image: Calendary Section 2.2 Imag	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If at least one is reported on line 2.a, did the organization file all required to e-file (see instructions) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b If Yes, 'has tilled a Form 900 T for this year? If Yo' to <i>line 3b, provide an exploration in Schedule 0</i> , the authority over, a financial account is thereign country? 3a X 3b If Yes, 'near tilled a Form 900 T for this year? If Yo' to <i>line 3b, provide an exploration in Schedule 0</i> , the authority over, a financial account is thereign country? 3a X 3b If Yes, 'near tilled a Form 900 T for this year? If Yo' to <i>line 3b, provide an exploration in Schedule 0</i> , the organization have annual representation that was an interest in, or a spin the tax year? 5a X 3b If Yes, 'near tille or spin 200 T to a prohibid tax halter transaction at any time during the tax year? 5a X 3c If Yes' to be 5a or 5b, did the organization that it was or is a party to a prohibid tax and ther transaction? 5a X 3c If Yes, 'd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 3c If Yes, 'indicate the number of Forms 8282 filed during the year? 7a X Y 3c If the organization neclevia a symmet in excess of ST made party is a contribution of quark state during the year? Y Y <th></th> <th></th> <th>6</th> <th></th> <th></th>			6				
Note. If the sum of Ines 1a and 2a is greater than 250, you may be required to <i>e-life</i> (see instructions) Image: Control 1 and Co	b		2b	X			
a D bit the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes", this If Ide J C more Soft for this year? If Wor 16 and 3b, provide an explanation in Schedule 0 3b X b If "Yes", there the name of the relegin country, busin as a bank account, securities account, or other nuthorty over, a transcial account? 4a X b If "Yes", there the name of the relegin country, busin as a bank account, securities account, or other nuthorty over, a transcial account? 5a X b If "Yes", there the name of the organization that is was or is a party to a prohibit dat such the transaction? 5a X b If "Yes", the organization in the two sor is a party to a prohibit dat such the organization solicit any contributions have annual gross receipts that an enormally greater than \$100,000, and dd the organization solicit any contributions that ween or tax deductible from 88861? 6b X 7 Organization natury excive deductible contributions under section 170(c). a bit he organization include with every solicitation an express statement that such contributions or gitts were not tax deductible or the value of the godds or services provided? 7a X 10 11 "Yes", indicate the number of Forms 8282 field during the year? 7a X 10 the organization necelwa apyromitin, decases of \$7 made party as a contribution or ganization necelwa appression indecay to approximation expression appressin the masequal contrusto? 7a							
b If 'Yes', fails if field a Form 900-T for this year, 'U'No' to law 3b, provide an explanation in Schedule Q 3b 4 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 foring no curity (buch as a bank account, securities account, or other financial accounts) 4a X b I'Yes, 'enter the name of the foreign country (buch as a bank account, securities account, or other financial accounts (EBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5D Dod any taxable party notify the organization the form 8086-17 5c - 6a X 6 Doses the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid the organization neural gross receipts that are normally greater than \$100,000, and did the organization solid the organization neural gress receipts account that solid the organization neural gress receipts account that solid the organization solid the organization neural gress receipts account that solid contradives and the solid the organization neural gress receipts account that solid the organization solid the organization neural gress receipts account the solid during the year. 7a X 7 <t< th=""><th>3a</th><th></th><th></th><th></th><th>Х</th></t<>	3a				Х		
4a At any time during the calendar year, du'the organization have an interest in, or a signature or other authority over, a financial account); or other financial account); or other financial account); or other financial account); or other financial account, or other financial account, or other financial accounts (PBAR); 5a Was the organization aptry to a prohibited tax shelter transaction: at any time during the tax year? 5a X b Uf any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction: at any time during the tax year? 5a X c If "vest' to a prohibited tax shelter transaction: any time during the tax year? 5a X c If "vest' to a prohibited tax shelter transaction: any time during the tax year? 5a X c If "vest' to a prohibited tax shelter transaction: any time during the tax year? 5a X d If "vest," did the organization include with every solicitation an a persons that such contributions or gifts were not tax deductible as charitable contributions? 6a X d If "vest," indicate the number of Forms 8282? 16 during the years satement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7a X d If the organization nuclew apprentin excess of 35 made party has a contribution or parts for goods and services provided to the payor? 7a X d If "vest," indicate the number of Forms 8282? 16 durin							
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. 5a X See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization are yot o a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable part notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6a Did any taxable part notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6a Difference Same instructions that were normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c). 7a X 7 Organization necke apprent in exces of 357 mide party as contribution and party for prodos and services provided to the part? 7a X 7 Ty as,'' did the organization necke apprentimes dispose of tangible personal property for which it was required to file form 8828? 7a X 7 Ty as'' did the organization necke any funds, directed yor indirectly, to pay premiums on a personal benefit contract? 7a X 7 Ty as'' did the organization necke any taxes oblight as any the during the vera? 7a X <		· · · · · · · · · · · · · · · · · · ·					
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If "Yes," see 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?	13		45		x		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			13				
······································	16		16		x		
	10						

Form **990** (2018)

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Form	990 (2018) RESEARCH		91-6063	843	Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		103	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	Ia		•		
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	416	13			
-	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		х
•	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th					x
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		A X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					37
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, 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	-	-			
а	The governing body?			8a	X	
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 rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scł	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	id records 🕨			
	ELGEE REHFELD - (907) 789-3178		·			
	9309 GLACIER HIGHWAY, SUITE B-200, JUNEAU, AK 998	01				

Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

RESEARCH

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					i/uus		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	ndividual trustee or director	nstitutional trustee	ы	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) GUY ADEMA	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(2) CATHY CONNER	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(3) SCOTT GRAHAM	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) JAY ACH	1.00									
BOARD TRUSTEE		Х						0.	0.	0.
(5) MATTHEW BEEDLE	1.00									_
BOARD TRUSTEE		X						0.	0.	0.
(6) CHIP DUNCAN	1.00									_
BOARD TRUSTEE		Х						0.	0.	0.
(7) HERNANDO GARZON	1.00									_
BOARD TRUSTEE		Х						0.	0.	0.
(8) SHAD O'NEEL	1.00									_
BOARD TRUSTEE		X						0.	0.	0.
(9) BEN PARTAN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(10) BENJAMIN SANTER	1.00									•
BOARD TRUSTEE		X						0.	0.	0.
(11) ALLIE STREL	1.00									•
BOARD TRUSTEE		X						0.	0.	0.
(12) ERIN WHITNEY	1.00									•
BOARD TRUSTEE		X						0.	0.	0.
(13) DOUGLAS WYATT	1.00									•
BOARD TRUSTEE		X						0.	0.	0.
		<u> </u>					<u> </u>			
		 				<u> </u>	<u> </u>			

Form 990 (2018)

Form 990 (2018)

	ON FOR (GLZ	ACI	EEF	R 8	£ 1	EN	VIRONMENTAL	91-6	0620	212	Dee	. 0
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Part VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	 	ees	, and (C		gne	31 ((D)	es (continuea) (E)			(F)	
(A) Name and title	Average hours per week	box offi	not c , unle	Pos heck ss pe	ition more rson i	than is bot pr/trus	h an	Reportable compensation from	Reportable compensatic from related	on d	am (timated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS				n d
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100),000 of reportab	le			0
										г	_	Yes N	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-			•	•		-	highest compensated e			3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	accrue compe	nsat	ion f	rom	any	/ unr	relat	ted organization or indiv	idual for services	; [5	2	x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	-									ipensa	ation fi	rom	
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	C	(C omper) Isation	
2 Total number of independent contractors (i	ncluding but a		mito	d to	the	80	etor	d above) who received a	ore than				
\$100,000 of compensation from the organiz	•	JUL II	e	u 10		0	0100						

\$100.000 of compensation from the organization	
5 IUU.UUU of compensation from the ordanization	

FOUNDATION	FOR	GLACIER	&	ENVIRONMENTAL
RESEARCH				

		(2018) RESEA					91-6063	843 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O conta	ains a response	or note to any lin		(D)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
Am C	с	Fundraising events	1c					
lar İar	d	Related organizations	1d					
ini,	е	Government grants (contributi	ions) 1e					
er S	f	All other contributions, gifts, grant	ts, and					
<u>i</u> E E E		similar amounts not included abov	/e 1f	37,680.				
ont nd (-	Noncash contributions included in lines			27 690			
<u>a</u> C	h	Total. Add lines 1a-1f			37,680.			
	-	PROGRAM TUITION	/וופדס ד	Business Code 541700	147,617.	147,617.		
vice	2 a		/USER F	541700	14/,01/.	14/,01/.		
Ser	b							
E a	c d							
Program Service Revenue	u o							
Pro	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			147,617.			
	3	Investment income (including						
		other similar amounts)		►	1,716.			1,716.
	4	Income from investment of tax	k-exempt bond p	proceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a							
	b	1						
	C			L				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	52,379.					
	b	Less: cost or other basis						
		and sales expenses	42,805.					
	с	Gain or (loss)	9,574.					
		Net gain or (loss)			9,574.			9,574.
e	8 a	Gross income from fundraising	g events (not					
ent		including \$	of					
Bev		contributions reported on line	,					
Other Revenue		Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from fund		····· •				
	эa	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	►				
ļ		Miscellaneous Revenu		Business Code				
		MISCELLANEOUS P	RODUCTS	900099	320.	320.		
	b							
	c							
		All other revenue			320.			
		Total. Add lines 11a-11d			196,907.	147,937.	0.	11,290.
	12	Total revenue. See instructions		····· 🕨	10,007.	<u> </u>	0.	

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Form 990 (2018) RESEARCH
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).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	55,181.	55,181.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	731.	731.		
10	Payroll taxes	4,998.	4,998.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,636.		1,636.	
С	Accounting	9,334.		9,334.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	880.		880.	
g	Other. (If line 11g amount exceeds 10% of line 25,	15 000	1		
	column (A) amount, list line 11g expenses on Sch 0.)	17,200.	17,200.		
12	Advertising and promotion	100.	100.	F 010	1 0.00
13	Office expenses	8,469.	2,393.	5,010.	1,066
14	Information technology				
15	Royalties	0 0 0 0	F 020	2 000	
16	Occupancy	8,839.	5,839.	3,000.	
17	Travel	15,187.	15,187.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	6,119.		<u> </u>	
22	Depreciation, depletion, and amortization	17,496.	12,768.	6,119. 4,728.	
23		17,490.	12,700.	4,/20.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HELICOPTER/BOAT CHARTER	46,841.	46,841.		
b	FIELD SUPPLIES/FOOD/FUE	39,486.	39,486.		
c	STUDENT LODGING/TUITION	10,130.	10,130.		
d	FIELD EQUIPMENT REPAIR/	3,255.	3,255.		
	All other expenses	2,600.	2,600.		
25	Total functional expenses. Add lines 1 through 24e	248,482.	216,709.	30,707.	1,066
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

33

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FOUNDATION	FOR	GLACIER	&	ENVIRONMENTAL
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RESEARCH

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Fa		Dalalice Sheet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	28,738.		30,593.
	2	Savings and temporary cash investments		2	52,229.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	Iting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	8,369.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 582, 34	47.		
	b	Less: accumulated depreciation 10b 488,68	81. 99,785.	10c	93,666.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	240,904.		184,857.
	17	Accounts payable and accrued expenses	3,357.	17	11,547.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees	5,		
Liabilities		key employees, highest compensated employees, and disqualified persons	s.		
iabi		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	7		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,357.	26	11,547.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 a	nd		
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	173,310.
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	
nd l	29	Permanently restricted net assets		29	
Ъц		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
٩ د		and complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	1 22	Total not aposto ar fund halanaga	237 547	22	173 310

173,310. 184,857. Form 990 (2018)

33

34

237,547. 240,904.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2018)

FOUNDATION	FOR	GLACIER	&	ENVIRONMENTAL
RESEARCH				

Form	990 (2018) RESEARCH	91-6	063843	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			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,482.
3	Revenue less expenses. Subtract line 2 from line 1	3		.,575.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,547.
5	Net unrealized gains (losses) on investments	5	-12	2,662.
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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	173	3,310.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u>L</u>
				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 in Schedule	e O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d 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?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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 the	ie audit,		
	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 in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
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 in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2018)

SC	HED	DULE A		р.	.hlia O	h a		La t	_					OMB No. 1545-0047		
(Fo	rm 99	0 or 990-EZ)										upport or a section		2018		
				• • • · · · ·		494	47(a)(1) no	onexemp	ot cha	aritable tr	ust.					
		f the Treasury nue Service		► Go	to www.ire		Attach to //Form990					nformation.		Open to Public Inspection		
Nan	ne of t	he organizati	on F(-	TION F								Employer	identification number		
		-		ESEAR										1-6063843		
Pa	rt I	Reason	for Put	blic Ch	arity Stat	us (/	All organiz	ations m	ust c	omplete th	nis part.) S	ee instruction	IS.			
The	organ	ization is not a	•					•		-						
1		A church, co										1)(A)(i).				
2		A school des							-							
3		A hospital or	-		-	-						-	VIII) Entor	the beenitel's name		
4		city, and stat		rganizatio	noperated		njunction	with a no	spita	a describe	a in secu	on 170(b)(1)(A	(III). Enter	the hospital's name,		
5		An organizat		ated for th	ne benefit of	a co	llege or ur	niversity	owne	d or opera	ated by a c	overnmental	unit descrit	ped in		
-		section 170	-				5	,			, ,					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).														
7		An organizat	on that n	normally r	eceives a su	ubsta	intial part o	of its sup	port	from a gov	vernmenta	l unit or from	the general	public described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)														
8		A community									,					
9		An agricultur		-							-		-	-		
		or university university:		-lanu-yran	it college of	aync	ultule (Sec	; instruct	10115)		e name, cit	y, and state c	i the colleg			
10	X		on that n	normally r	eceives: (1)	more	e than 33 1	/3% of i	ts su	pport from	contributi	ons. member	ship fees, a	and gross receipts from		
														t from gross investment		
		income and u	Inrelated	d busines:	s taxable inc	come	(less sect	ion 511 f	tax) fi	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.		
		See section	509(a)(2)	. (Comple	ete Part III.)											
11		An organizat	-		-		•	-		•						
12		•	-		-		•			-			•	e purposes of one or		
		lines 12a thro		-				-						Check the box in		
а		7	-		-						-	ganization(s),	-	/ aivina		
					-		-			•		ctors or trust				
		organizatio	n. You m	nust com	plete Part I	V, Se	ections A	and B.								
b					-							ed organizati		-		
			•		•••					same pers	ons that c	ontrol or man	age the sup	ported		
			. ,		omplete Par	-						and functiona		م ما ،		
с					(see instruc		• •	•					ally integrat	ed with,		
d		- ··	•	. ,								with its suppo	orted organi	ization(s)		
				-	-	• •			•			quirement an	•			
		requiremer	t (see ins	structions	s). You mus	t con	nplete Pa	rt IV, Se	ction	s A and D	, and Part	v .				
е		Check this	box if the	ie organiz	ation receive	ed a	written de	terminati	ion fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III			
					pe III non-fu											
t		er the number /ide the follow														
<u> </u>		i) Name of supp			(ii) EIN	ροπε	(iii) Type o		ation	(iv) Is the org	anization listed hing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organizatior	ı				(described above (see			Yes	No	support (see i	nstructions)	support (see instructions)		
Tota	ıl															

Schedule A (Form 990 or 990 EZ) 2018 RESEARCH

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)	2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								-
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,								
	a a human (f)								
6	Public support. Subtract line 5 from line 4.								-
	ction B. Total Support								-
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0)	2018	(f) Total	-
	Amounts from line 4	(a) 2014	(b) 2015	(0) 2010	(u) 2017	(e)	2010	(I) IOLAI	-
-	Gross income from interest,								-
8									
	dividends, payments received on								
	securities loans, rents, royalties,								
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on							l	
10	6								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					_		ļ	_
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12			_
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c	;)(3)		_
_	organization, check this box and stor	here					<u></u>	<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						_
	Public support percentage for 2018 (-			14			%
	Public support percentage from 2017								%
1 6a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or ı	more, ch	neck this bo		_
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n				▶∟]
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	∕₀ or mo	re, check tł	nis box	_
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation				▶∟]
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line	; 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art VI ho	w the orgar	nization	_
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization			►]
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	n in Part	I VI how the	9	
	organization meets the "facts-and-cire]
18	Private foundation. If the organization]
	V		,	. /					-

Schedule A (Form 990 or 990-EZ) 2018 RESEARCH

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 36,778. 99,071 71,981 37,679. 82,695 328,204. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 196,683. 148,309. 189,242. 185,342. 147,757. 867,333. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 288,313. 257,323. 231,004 233,461. 185,436. 1195537. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 1195537. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support **(c)** 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 185,436. 288,313. 231,004 233,461. 257,323. 1195537. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,309. 1,889 1,272. 1,862. 1,716. 8,048. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,309 1,889. 1,272. 1,862. 1,716. 8,048. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 232,313. 235,350. 289,585. 259,185. 187,152. 1203585. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage <u>99</u>.33 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 98.53 Public support percentage from 2017 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage .67 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % 1.47 18 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Yes

No

Schedule A (Form 990 or 990-EZ) 2018 RESEARCH

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

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<u>Sch</u> e	edule A (Form 990 or 990-EZ) 2018 RESEARCH	91-606384	<u>13 P</u> a	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		N	
			Yes	No
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			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
•	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 in (2), 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instructior	is <u>)</u> .	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990 EZ) 2018 RESEARCH			91-6063843 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	q Orqa		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sec	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		
Sec	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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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 have if the surrent year is the even nization's first as a pen functional		ted Turne III europeutine eur	

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

-	dule A (Form 990 or 990-EZ) 2018 RESEARCH			1-6063843 Page 7	
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)		
Sect	on D - Distributions		. ,	Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
с	From 2015				
d	From 2016				
e	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

FOUNDATION FOR	GLACIER	&	ENVIRONMENTAL
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Schedule A	(Form 990 or 990-EZ) 2018 RESEARCH	91-6063843 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, : V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

incinari	icvenue.	OCIVICC	
Name	of the	organizat	ion

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

91-6063843

	RESEARCH
Organization type (ch	eck one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

FOUNDATION FOR GLACIER & ENVIRONMENTAL

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

X 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

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 or 990-EZ), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

FOUNDATION FOR GLACIER & ENVIRONMENTAL RESEARCH

Employer identification number

91-6063843

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,550. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

Page **2**

Schedule B	(Form	990,	990-EZ,	or 990-F	PF) (2018)
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Name of organization

FOUNDATION FOR GLACIER & ENVIRONMENTAL RESEARCH

Employer identification number

91-6063843

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$

	rganization			Employer identification number		
	ATION FOR GLACIER & ENV	IRONMENTAL		01 6062942		
RESEAI	-	ions to organizations described in	section 501(c)(7) (8) or (10)	91-6063843		
i art m	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-		(e) Transfer of g	ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Durnage of gift	(c) Use of gift	(d) Doo	evintion of how gift is hold		
Part I	(b) Purpose of gift	(c) Ose of gift		cription of how gift is held		
		(e) Transfer of g	 ift			
-	Transferee's name, address, a			ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Ī	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I				_		
-		(e) Transfer of g	 ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		

60		Supplement	al Einanaial Statementa	OMB No. 1545-0047
			al Financial Statements anization answered "Yes" on Form 990,	2018
(Form 990)		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.	
-	e of the organizati		CIER & ENVIRONMENTAL	Employer identification number 91-6063843
Pa	rt I Organiza		ed Funds or Other Similar Funds or A	
		on answered "Yes" on Form 990, Part IV, lir		
	3	,		(b) Funds and other accounts
1	Total number at e	nd of year		
2		of contributions to (during year)		
3	Aggregate value o	of grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fun	
_			exclusive legal control?	
6	0	0, , ,	advisors in writing that grant funds can be used	,
			or donor advisor, or for any other purpose confe	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV	
1		servation easements held by the organizat	-	,
-		n of land for public use (e.g., recreation or e		/ important land area
		of natural habitat	Preservation of a certified h	istoric structure
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservation easement on the last
	day of the tax yea			Held at the End of the Tax Yea
а				2a
b	•			2b
C L			ructure included in (a)	2c
d			after 7/25/06, and not on a historic structure	2d
3			leased, extinguished, or terminated by the orgar	
•	year ►			
4	· ·	where property subject to conservation ea	sement is located	
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and ent	forcement of the conservation easements i	it holds?	Yes 🛛 N
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservati	ion easements during the year
	▶			
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	asements during the year
0			ve satisfy the requirements of section 170(h)(4)(E	
8				
9			ion easements in its revenue and expense state	
•		-	tion's financial statements that describes the or	
	conservation ease	ements.		
Pai	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	-		SC 958), not to report in its revenue statement a	
			hibition, education, or research in furtherance of	public service, provide, in Part XII
		the to its financial statements that descr		
b			SC 958), to report in its revenue statement and b	
	relating to these it		ducation, or research in furtherance of public se	a vice, provide the following amoun
	-			▶ \$
2	.,		easures, or other similar assets for financial gain,	
	-	unts required to be reported under SFAS 1		
а				▶ \$
b				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

FOUNDATION FOR GLACIER & ENVIR	RONMENTAL
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 9 Using the expinization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items	Sche	dule D (Form 990) 2018 RESEARC	H					91	-60638	43 r	->age 2
choick all that apply: a Dolb exhibition d Loan or exchange programs b Scholarly research e Other choick all that apply: e No dhat organization and apply: e No dhat organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes dhat organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes			Collections of A	rt, His	torical Tr	easures, o	or Othe				
a Public exhibition d □ can or exchange programs b Scholary rosearch e Other c Preservation for future generations e Other c Derivate a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Scholary reservation solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 8. No PartIV Excore wand CutoSchila Arrangements. Complete the organization answered "Yes" on Form 990, Part X, line 8. No 1a is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: trustee intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization include an amount on Form 990, Part X, line 21, for secret or custodial account liability? Yes No Diff Yes, "explain the angement in Part XIII end complete the following table: Image: trustee intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for secret or crustodial account liability? Yes No Diff Yes, "explain the angement in Part XIII. General Account include an amount on Form 990, Part X, line 21, for secret or crustodial account liability?	3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a sig	nificant use	of its collec	tion iter	ms
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization societ or receive donations of art, historical treasures, or other similar assets to be sold the organization societ or receive donations of art, historical treasures, or other similar assets to be sold to anset on form 590, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization include an amount on form 990, Part X, line 21. 2 Bigfinning balance Is Is Is Amount 2a Distribution sturing the year Is Is Is 2b If 'yes,' explain the arganization answered 'Yes' on Form 980, Part XIII Part XIII Other organization include an amount on Form 990, Part X, line 21. Is the organization answered 'Yes' on Form 980, Part XIII Part XIII 2b If 'yes,' explain the arganization answered 'Yes' on Form 980, Part XIII Is the organization answered 'Yes' o		(check all that apply):									
c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funct han to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angement in Part XIII and complete the following table: C Amount C Beginning balance C Additions during the year C Id C Additions during the year	а	Public exhibition	d		Loan or exc	hange progra	ams				
c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funct han to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angement in Part XIII and complete the following table: C Amount C Beginning balance C Additions during the year C Id C Additions during the year	b	Scholarly research	е		Other						
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance Te	с	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Yes No. c Beginning balance 1d Id Id <td< th=""><th>4</th><th>Provide a description of the organization's co</th><th>ollections and explai</th><th>n how th</th><th>ney further t</th><th>he organizati</th><th>on's exem</th><th>npt purpose</th><th>in Part XIII.</th><th></th><th></th></td<>	4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose	in Part XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21. Yes No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included Image: Complete intermediary for contributions or other assets not included c Beginning balance Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete intermediary for escrew or custolial account liability? Image: Complete interme	5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical trea	sures, or oth	er similar a	assets			
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d 1d 2D Both expanization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beard designated or quasis and losses Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization and programs 1 Administrative expenses Image: Complete if the organization form pre		to be sold to raise funds rather than to be ma	aintained as part of t	he orga:	nization's co	ollection?			Yes	; [<u>No</u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	⁻ orm 990, Pa	art IV, line 9	, or	
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b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back 🛛 🌔	d) Three years	back (e) F	our year	s back
c Net investment earnings, gains, and losses	1a	Beginning of year balance									
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f Administrative expenses	е	Other expenditures for facilities									
f Administrative expenses		and programs									
g End of year balance	f	-									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mb percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) basis (investment) basis (other) c Easehold improvements											
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Schedule D (Form 990) 2018

FOUNDATION	FOR	GLACIER	&	ENVIRONMENTAL
RESEARCH				

Schedule D (Form 990) 2018 RESEARCH		91-6063843 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on 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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 RESEARCH		91-6063843	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
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			
d	Other (Describe in Part XIII.)			
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. (<i>This must equal Form 990, Part I, line 12.</i>)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
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	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
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			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt 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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

FOUNDATION FOR GLACIER & ENVIRONMENTAL

Open to Public Inspection Employer identification number 91-6063843

OMB No 1545-0047

8

RESEARCH

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

THE JUNEAU ICEFIELD RESEARCH PROGRAM, WHICH PAIRS STUDENTS WITH FACULTY

AND RESEARCHERS FOR AN EXPEDITION ON THE JUNEAU ICEFIELD.

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

DEVELOPMENT AND TEAMWORK IN A PHYSICALLY DEMANDING AND INTELLECTUALLY

STIMULATING ENVIRONMENT.

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

THE BOARD PRESIDENT/TREASURER WILL REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED THROUGH ANNUAL

REQUEST FOR DISCLOSURE AT REGULAR BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 18:

ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE TO THE PUBLIC UPON

REQUEST.

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

ORGANIZATION WILL MAKE ITS AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyiı	ng number
Type or print	t FOUNDATION FOR GLACIER & ENVIRONMENTAL			Employer identification number (EIN) or		
File by the	RESEARCH				91-6063843	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 4616 25TH AVENUE NE, PMB 3		tions.	Social se	curity numbe	er (SSN)
instructions.	City, town or post office, state, and ZIP code. For a f SEATTLE, WA 98105	foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fi	ile a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For Code Is For				Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) ELGEE REHFELD	06	Form 8870			12
box ▶ [1 I re the ▶[is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2018 or tax year beginning te tax year entered in line 1 is for less than 12 months, of Change in accounting period	and atta NOVEI ganization's , an	And the names and EINs of MBER 15, 2019 , to file s return for:	f all memb	pers the exter npt organizati	nsion is for.
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less		^	0.
	nonrefundable credits. See instructions.	0 ontor and	v refundable aradite and	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year over			3b	\$	0.
				- 30	Ψ	
 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawa	Il (direct de	bit) with this Form 8868, see Form 8		nd Form 8879	