

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA		A Employer identification number 81-1099715
Number and street (or P O box number if mail is not delivered to street address) 283 W FRONT STREET NO 301	Room/suite	B Telephone number (see instructions) (406) 926-6526
City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59802		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>95,372,239</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I	Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	12,467,585			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	26,696	26,696		
	4 Dividends and interest from securities	971,480	1,223,414		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,148,578			
	b Gross sales price for all assets on line 6a	43,273,918			
	7 Capital gain net income (from Part IV, line 2)		3,434,237		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	571,788	507,795			
12 Total. Add lines 1 through 11	17,186,127	5,192,142			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	463,315	65,636		395,206
	14 Other employee salaries and wages	233,045	49,767		182,138
	15 Pension plans, employee benefits	185,127	20,844		146,626
	16a Legal fees (attach schedule)	16,373	0		17,331
	b Accounting fees (attach schedule)	76,415	5,206		66,158
	c Other professional fees (attach schedule)	737,644	1,490,064		354,520
	17 Interest	37,413	37,413		0
	18 Taxes (attach schedule) (see instructions)	76,038	18,005		0
	19 Depreciation (attach schedule) and depletion	7,843	0		
	20 Occupancy	79,507	0		86,554
	21 Travel, conferences, and meetings	105,236	0		105,236
	22 Printing and publications	702	0		702
	23 Other expenses (attach schedule)	100,339	49		100,290
	24 Total operating and administrative expenses. Add lines 13 through 23	2,118,997	1,686,984		1,454,761
	25 Contributions, gifts, grants paid	2,378,300			2,037,100
26 Total expenses and disbursements. Add lines 24 and 25	4,497,297	1,686,984		3,491,861	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	12,688,830				
b Net investment income (if negative, enter -0-)		3,505,158			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	449,608	975,329	975,329
	2 Savings and temporary cash investments	750,000	888,000	888,000
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	9,302		
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		8,927	8,927
	10a Investments—U S and state government obligations (attach schedule)	0	3,039,829	3,039,829
	b Investments—corporate stock (attach schedule)	51,399,947	11,456,752	11,456,752
	c Investments—corporate bonds (attach schedule)	3,776,748	10,170,506	10,170,506
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	38,122,456	68,777,405	68,777,405
	14 Land, buildings, and equipment basis ▶ _____ 63,334 Less accumulated depreciation (attach schedule) ▶ _____ 7,843	4,717	55,491	55,491
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	94,512,778	95,372,239	95,372,239	
Liabilities	17 Accounts payable and accrued expenses	71,570	13,244	
	18 Grants payable		341,200	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	244,191	210,323	
	23 Total liabilities (add lines 17 through 22)	315,761	564,767	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	94,197,017	94,807,472	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	94,197,017	94,807,472		
31 Total liabilities and net assets/fund balances (see instructions) .	94,512,778	95,372,239		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	94,197,017
2 Enter amount from Part I, line 27a	2	12,688,830
3 Other increases not included in line 2 (itemize) ▶ _____	3	2,923
4 Add lines 1, 2, and 3	4	106,888,770
5 Decreases not included in line 2 (itemize) ▶ _____	5	12,081,298
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	94,807,472

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a PUBLICLY TRADED SECURITIES			
b ALTERNATIVE INVESTMENTS	P		
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 42,970,480		39,839,681	3,130,799
b 143,026			143,026
c 160,412			160,412
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			3,130,799
b			143,026
c			160,412
d			
e			

2 Capital gain net income or (net capital loss)	2	3,434,237
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	990,647	77,661,511	0.012756
2016	48,448	17,220	2.813473
2015			
2014			
2013			

2 Total of line 1, column (d)	2	2.826229
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	1.413115
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	110,983,314
5 Multiply line 4 by line 3	5	156,832,186
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	35,052
7 Add lines 5 and 6	7	156,867,238
8 Enter qualifying distributions from Part XII, line 4	8	6,555,195

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 795.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 283 W FRONT STREET MISSOULA MT ZIP+4 59802

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			Yes	No
(1)	Carry on propoganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions			5b	
	Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JENNIFER L SAVAGE 283 WEST FRONT STREET MISSOULA, MT 59802	COMMUNICATIONS OFFIC 40 00	67,722	3,801	0
ZIA MAUMENEE 283 WEST FRONT STREET MISSOULA, MT 59802	GRANTS MANAGER 40 00	57,414	3,254	0
ASHLEY N SHAW 283 WEST FRONT STREET MISSOULA, MT 59802	PROGRAM ASSOCIATE 40 00	58,135	0	0

Total number of other employees paid over \$50,000. ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DEBORAH HALLIDAY 1212 STUART STREET HELENA, MT 59601	STRATEGIC PLANNING	106,732
SIX PONY HITCH 700 SOUTH AVENUE WEST SUITE F MISSOULA, MT 59801	BRAND & COMMUNICATION	91,985
PHILANTHOPY NORTHWEST 2101 4TH AVENUE SUITE 650 SEATTLE, WA 98121	RECRUITMENT CONSULTING	90,021
SMARTSIMPLE SOFTWARE LIMITED 33 WEST 18TH STREET 4TH FLOOR NEW YORK, NY 10011	SOFTWARE BUILD	61,443
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 _____ _____	
2 _____ _____	
3 _____ _____	
4 _____ _____	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____ _____	
2 _____ _____	
All other program-related investments. See instructions.	
3 _____ _____	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	42,137,727
b	Average of monthly cash balances.	1b	1,758,283
c	Fair market value of all other assets (see instructions).	1c	68,777,405
d	Total (add lines 1a, b, and c).	1d	112,673,415
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	112,673,415
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,690,101
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	110,983,314
6	Minimum investment return. Enter 5% of line 5.	6	5,549,166

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	5,549,166
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	70,103
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	70,103
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,479,063
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	5,479,063
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	5,479,063

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	3,491,861
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	63,334
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	3,000,000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	6,555,195
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	6,555,195

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				5,479,063
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			2,788,897	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>6,555,195</u>				
a Applied to 2017, but not more than line 2a			2,788,897	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				3,766,298
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			0	
d Subtract line 6c from line 6b Taxable amount—see instructions			0	
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				0
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				1,712,765
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 3 columns: Question, Yes, No. Rows correspond to items 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign Here [Signature] 2019-10-08 [Title]
May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [] No

Table for Preparer Information: Print/Type preparer's name (WENDY CAMPOS), Preparer's Signature, Date (2019-10-08), Check if self-employed, PTIN (P00448102), Firm's name (MOSS ADAMS LLP), Firm's EIN (91-0189318), Firm's address (805 SW BROADWAY STE 1200, PORTLAND, OR 97205), Phone no (503) 242-1447.

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT PHILLIPS	CHAIR 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
ROSALIE SHEEHY CATES	VICE CHAIR 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
CHRISTINA TWOHIG	TREASURER 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
PENNY KIPP	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
JAY LOWDER	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
STEVE MCNEECE	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
RICHARD OPPER	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
ALYSSA SCHOCK	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
MIKE STEWART	TRUSTEE 1 30	0	0	0
283 WEST FRONT STREET MISSOULA, MT 59802				
BRENDA SOLORZANO-CAUDLE	CEO 40 00	257,000	27,022	0
283 WEST FRONT STREET MISSOULA, MT 59802				
MYNOR A VELIZ	CFO 40 00	190,000	28,620	0
283 WEST FRONT STREET MISSOULA, MT 59802				
ERIC SWITALSKI	PROGRAM DIRECTOR 40 00	16,315	3,132	0
283 WEST FRONT STREET MISSOULA, MT 59802				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A CAROUSEL FOR MISSOULA FOUNDATION INC PO BOX 3345 MISSOULA, MT 59806		PC	EVENT SPONSORSHIP	1,500
ALBERTON SCHOOL DISTRICT #2 306 RAILROAD AVENUE ALBERTON, MT 59820		GOV	GENERAL OPERATING	5,000
ALBERTON SCHOOL DISTRICT #2 306 RAILROAD AVENUE ALBERTON, MT 59820		GOV	EVENT SPONSORSHIP	2,500
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANACONDA PCA FAMILY RESORCE CENTER 520 OAK STREET ANACONDA, MT 59711		PC	GENERAL OPERATING	5,000
ARLEE COMMUNITY DEVELOPMENT CORPORATION PO BOX 452 ARLEE, MT 59821		PC	GENERAL OPERATING	5,000
BEAVERHEAD COUNTY MENTAL HEALTH LOCAL ADVISORY COUNCIL 2 SOUTH PACIFIC 1 DILLON, MT 50972		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG SKY REGIONAL COUNCIL OF CHILD AND ADOLESCENT PSYCHIATRY 2620 COLONIAL DRIVE SUITE B HELENA, MT 59601		PC	EVENT SPONSORSHIP	2,500
BIGFORK ACRES INC439 GRAND 345 BIGFORK, MT 59911		PC	GENERAL OPERATING	5,000
BITTER ROOT RESOURCE CONSERVATION AND DEVELOPMENT AREA INCORPORATED PO BOX 870 HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BITTERROOT CASA INCPO BOX 661 HAMILTON, MT 59828				
BITTERROOT ECOLOGICAL AWARENESS RESOURCES INC 1105 W MAIN STREET HAMILTON, MT 59840				
BLUE MOUNTAIN CLINIC INC 610 N CALIFORNIA STREET MISSOULA, MT 59802				
Total	▶ 3a			2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF GLACIER COUNTRY PO BOX 961 COLUMBIA FALLS, MT 59912		PC	GENERAL OPERATING	5,000
BOYS & GIRLS CLUB OF THE FLATHEAD RESERVATION PO BOX 334 RONAN, MT 59864		PC	GENERAL OPERATING	5,000
CANVAS EARLY LEARNING CENTER PO BOX 1282 DILLON, MT 59725		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CASA OF LAKE COUNTY PO BOX 511 POLSON, MT 59860		PC	GENERAL OPERATING	5,000
CHILD AND FAMILY RESOURCE COUNCIL INC (DBA THE PARENTING PLACE) PO BOX 3805 MISSOULA, MT 59806		PC	GENERAL OPERATING	5,000
CHILD DEVELOPMENT CENTER INC 3335 LT MOSS ROAD MISSOULA, MT 59804		PC	GENERAL OPERATING	4,500
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDWISE INSTITUTE 500 S LAMBORN STREET HELENA, MT 59601		PC	EVENT SPONSORSHIP	2,000
CHILDWISE INSTITUTE 500 S LAMBORN STREET HELENA, MT 59601		PC	STRATEGIC INITIATIVE PROGRAM OFFICE PLANNING	10,000
COMMUNITY FOOD AND AGRICULTURE COALITION PO BOX 7025 MISSOULA, MT 59807		PC	GENERAL OPERATING	5,000
Total				2,037,100

▶ **3a**

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COURT APPOINTED SPECIAL ADVOCATES OF MISSOULA INC PO BOX 7433 MISSOULA, MT 59807		PC	EVENT SPONSORSHIP	2,500
DARBY SCHOOLS EXCELLENCE FUND 209 SCHOOL DRIVE DARBY, MT 59829		PC	GENERAL OPERATING	5,000
DAYTON ELEMENTARY PARENT TEACHER ORGANIZATION PO BOX 195 DAYTON, MT 59914		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DESMET SCHOOL6355 PADRE LANE MISSOULA, MT 59808		PC	EVENT SPONSORSHIP	1,000
EMMAS HOUSE - BITTERROOT VALLEYCHILDRENS ADVOCACY CENTER INC PO BOX 2034 HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
EMPOWERMT2300 REGENT STREET MISSOULA, MT 59801		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EUREKA SCHOOL DISTRICT PO BOX 2000 340 9TH STREET EUREKA, MT 59917		GOV	GENERAL OPERATING	5,000
FAMILIES IN PARTNERSHIP INCORPORATED PO BOX 762 LIBBY, MT 59923		PC	EVENT SPONSORSHIP	2,500
FAMILIES IN PARTNERSHIP INCORPORATED PO BOX 762 LIBBY, MT 59923		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FARM HANDS-NOURISH THE FLATHEAD PO BOX 4404 WHITEFISH, MT 59937		PC	GENERAL OPERATING	5,000
FARMING FOR THE FUTURE ACADEMY INC 80 13TH STREET EAST COLUMBIA FALLS, MT 59912		PC	GENERAL OPERATING	5,000
FIFTH JUDICAL DISTRICT VOICE FOR CHILDREN INC PO BOX 1464 DILLON, MT 59725		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 1ST AVENUE WEST KALISPELL, MT 59901		GOV	MONTANA 0-5 STRATEGIC INITIATIVE LOCAL COMMUNITY COLLABORATIVE PLANNING PHASE	49,985
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 1ST AVENUE WEST KALISPELL, MT 59901		GOV	TO LAUNCH THE FLATHEAD ZERO TO FIVE MULTI-SECTOR COLLABORATIVE	150,015
FLATHEAD COUNTY LIBRARY FOUNDATION INC 44 2ND AVENUE WEST SUITE 104 KALISPELL, MT 59901		PC	GENERAL OPERATING	5,000
Total				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS STREET HELENA, MT 59601		PC	GENERAL OPERATING	5,000
FLORENCE-CARLTON SCHOOL DISTRICT 15-6 5602 OLD HIGHWAY 93 FLORENCE, MT 59833		GOV	GENERAL OPERATING	5,000
FORTINE SCHOOL 358 MEADOWCREEK ROAD FORTINE, MT 59918		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FOR COMMUNITY HEALTH 2831 FORT MISSOULA ROAD SUITE 103 MISSOULA, MT 59804		PC	EVENT SPONSORSHIP	1,500
FRED MOODRY INTERMEDIATE SCHOOL 219 E 3RD STREET ANACONDA, MT 59711		PC	GENERAL OPERATING	5,000
FREEDOM GARDENS 319 S 5TH STREET WEST MISSOULA, MT 59801		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE PHILIPSBURG LIBRARY 110 RUMSEY ROAD PHILIPSBURG, MT 59858		PC	GENERAL OPERATING	3,000
GARDEN CITY HARVEST INCPO BOX 205 MISSOULA, MT 59806		PC	EVENT SPONSORSHIP	1,000
GOOD SAMARITAN MINISTRIES & THRIFT STORE 3067 N MONTANA AVENUE HELENA, MT 59601		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GRACE LUTHERAN CHURCH 275 HATTIE LANE HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
GREATER BUTTE COMMUNITY CO-ORDINATED CHILD 101 N MAIN STREET BUTTE, MT 59701		PC	MONTANA 0-5 STRATEGIC INITIATIVE LOCAL COMMUNITY COLLABORATIVE PLANNING PHASE	50,000
GREATER BUTTE COMMUNITY CO-ORDINATED CHILD 101 N MAIN STREET BUTTE, MT 59701		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)					
a <i>Paid during the year</i>					
GREATER BUTTE COMMUNITY CO-ORDINATED CHILD 101 N MAIN STREET BUTTE, MT 59701					150,000
HABITAT FOR HUMANITY INTERNATIONAL INC PO BOX 7181 MISSOULA, MT 59807					2,500
HEALTHY MOTHERS HEALTHY BABIES THE MONTANA COALITION INC 318-20 N LAST CHANCE GULCH SUITE 2C HELENA, MT 59601					36,000
Total ▶ 3a				2,037,100	

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Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHY MOTHERS HEALTHY BABIES THE MONTANA COALITION INC 318-20 N LAST CHANCE GULCH SUITE 2C HELENA, MT 59601			GENERAL OPERATING	5,000
HEALTHY MOTHERS HEALTHY BABIES THE MONTANA COALITION INC 318-20 N LAST CHANCE GULCH SUITE 2C HELENA, MT 59601			EVENT SPONSORSHIP	2,500
HEALTHY MOTHERS HEALTHY BABIES THE MONTANA COALITION INC 318-20 N LAST CHANCE GULCH SUITE 2C HELENA, MT 59601			STRATEGIC INITIATIVE PROGRAM OFFICE PLANNING	10,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
HELENA FOOD SHARE INCPO BOX 943 HELENA, MT 59624		PC	EVENT SPONSORSHIP	2,500
HELPING HANDS FUNDPO BOX 1094 POLSON, MT 59860		PC	GENERAL OPERATING	5,000
K WILLIAM HARVEY 421 ANDREW STREET NORTHWEST RONAN, MT 59864		GOV	STUDENT SELF-REGULATION	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
KIWANIS FOUNDATION OF MONTANA PO BOX 1171 TROY, MT 59935		PC	GENERAL OPERATING	5,000
LAKE COUNTY PUBLIC HEALTH 802 MAIN STREET POLSON, MT 59860		GOV	GENERAL OPERATING	5,000
LITERACY VOLUNTEERS OF AMERICA- BITTERROOT INC 303 N THIRD STREET SUITE A HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
MINERAL COUNTY HEALTH DEPARTMENT 1203 FIFTH AVENUE EAST SUPERIOR, MT 59872		GOV	GENERAL OPERATING	5,000
MINERAL COUNTY HEALTH DEPARTMENT PO BOX 488 SUPERIOR, MT 59872		GOV	MINERAL COUNTY ZERO TO FIVE COLLABORATIVE PLANNING GRANT	50,000
MINERAL COUNTY PIONEER COUNCIL INC PO BOX 922 SUPERIOR, MT 59872		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
MISSOULA AREA AGENCY ON AGING 337 STEPHENS AVENUE MISSOULA, MT 59801				
		PC	GENERAL OPERATING	5,000
MISSOULA INTERFAITH COLLABORATIVE 202 BROOKS STREET MISSOULA, MT 59801				
		PC	TO ENGAGE FAMILIES AND NONPROFIT DIRECT SERVICE STAFF IN TRAININGS AND ORGANIZING EFFORTS AIMED AT ADDRESSING THE BEHAVIORAL HEALTH NEEDS OF FAMILIES IN MISSOULA COUNTY	50,900
MONTANA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN PO BOZ 11568 BOZEMAN, MT 59719				
		PC	EVENT SPONSORSHIP	2,500
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN PO BOZ 11568 BOZEMAN, MT 59719		PC	GENERAL OPERATING	5,000
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	ADDRESSING CHILDREN AND FAMILY RESILIENCY POLICY ISSUES IN MONTANA	125,000
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	EVENT SPONSORSHIP	1,500
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA HUMAN RIGHTS NETWORK INC PO BOX 1509 HELENA, MT 59624		PC	TO PROVIDE GENERAL OPERATING SUPPORT TO MONTANA WOMEN VOTE	41,675
MONTANA NONPROFIT ASSOCIATION INC PO BOX 1744 HELENA, MT 59624		PC	EVENT SPONSORSHIP	2,500
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 59717		PC	EVENT SPONSORSHIP	2,500
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA TWO SPIRIT SOCIETY PO BOX 7514 MISSOULA, MT 59807		PC	GENERAL OPERATING	5,000
MOUNTAIN HOME MONTANA INC 2606 SOUTH AVENUE WEST MISSOULA, MT 59804		PC	EVENT SPONSORSHIP	2,500
MOUNTAIN HOME MONTANA INC 2606 SOUTH AVENUE WEST MISSOULA, MT 59804		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
NATE CHUTE FOUNDATION INC PO BOX 245 WHITEFISH, MT 59937		PC	GENERAL OPERATING	5,000
NEW HORIZONS AFTER SCHOOL PROGRAM TROY SCHOOL DISTRICT #1 PO BOX 867 TROY, MT 59935		GOV	GENERAL OPERATING	5,000
NKWUSMPO BOX 5 ARLEE, MT 59821		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHWOOD COMMUNITY INC 41652 HIGHWAY 93 FRONTAGE ROAD RONAN, MT 59864		PC	GENERAL OPERATING	5,000
NURTURING CENTER INC 146 3RD AVENUE WEST KALISPELL, MT 59901		PC	GENERAL OPERATING	5,000
PARTNERSHIP FOR CHILDREN PO BOX 8134 MISSOULA, MT 59807		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
PROMOTING EXCELLNCE IN ALBERTON - AREA KIDS FOUNDATION PO BOX 36 ALBERTON, MT 59820		PC	GENERAL OPERATING	5,000
RAVALLI HEAD START INC 81 KURTZ LANE HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
RIVERSTONE SCHOOL 1093 SLEEPING CHILD ROAD HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
RONAN HIGH SCHOOL 46525 STAGECOACH TRAIL RONAN, MT 59864		GOV	GENERAL OPERATING	5,000
RONAN SCHOOL DISTRICT 421 ANDREW STREET NORTHWEST RONAN, MT 59864		GOV	GENERAL OPERATING	5,000
SALISH INSTITUTE PO BOX 914 SAINT IGNATIUS, MT 59865		PC	EVENT SPONSORSHIP	5,000
Total				2,037,100

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
SALISH KOOTENAI COLLEGE INC PO BOX 70 PABLO, MT 59855		GOV	EVENT SPONSORSHIP	2,500
SALISH KOOTENAI COLLEGE INC PO BOX 70 PABLO, MT 59855		GOV	GENERAL OPERATING	5,000
SAMARITAN HOUSE INC PO BOX 592 KALISPELL, MT 59903		PC	GENERAL OPERATING	5,000
Total				2,037,100

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS INC 23532 CALABASAS ROAD SUITE A CALABASAS, CA 91302		PC	EVENT SPONSORSHIP	2,500
SPARROWS NEST OF NW MT PO BOX 8384 KALISPELL, MT 59904		PC	GENERAL OPERATING	5,000
SPECIAL OLYMPICS MONTANA INC PO BOX 3507 GREAT FALLS, MT 59403		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

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Name and address (home or business)				
a <i>Paid during the year</i>				
ST LUKE COMMUNITY HEALTHCARE FOUNDATION 107 6TH AVENUE SOUTHWEST RONAN, MT 59864		PC	GENERAL OPERATING	5,000
ST REGIS SCHOOL DISTRICT 1 90 TIGER STREET SAINT REGIS, MT 59866		GOV	GENERAL OPERATING	5,000
SUNBURST COMMUNITY SERVICE FOUNDATION INC PO BOX 703 MISSOULA, MT 59803		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE IRWIN AND FLORENCE ROSTEN FOUNDATION INC 515 MADISON HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
UNITED WAY OF MISSOULA COUNTY 412 W ALDER STREET MISSOULA, MT 59802		PC	MONTANA 0-5 STRATEGIC INITIATIVE LOCAL COMMUNITY COLLABORATIVE PLANNING PHASE	34,500
UNITED WAY OF THE LEWIS AND CLARK AREA PO BOX 862 HELENA, MT 59624		PC	MONTANA 0-5 STRATEGIC INITIATIVE LOCAL COMMUNITY COLLABORATIVE PLANNING PHASE	47,600
Total	▶ 3a			2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MONTANA - RESEARCH & SPONSORED PROGRAMS 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	MEDICAID EXPANSION RESEARCH	6,500
UNIVERSITY OF MONTANA - WESTERN MONTANAN AREA HEALTH EDUCATION CENTER 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	GENERAL OPERATING	6,000
UNIVERSITY OF MONTANA- BUREAU OF BUSINESS AND ECONOMIC RESEARCH 32 CAMPUS DRIVE GALLAGHER BUSINESS BUILDING SUITE 231 MISSOULA, MT 59812		GOV	UPDATE OF MEDICAID EXPANSION REPORT ECONOMIC AND FISCAL IMPACTS OF THE MEDICAID EXPANSION IN MONTANA	9,375
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MONTANA- WESTERN MONTANA AREA HEALTH EDUCATION CENTER 1205 E BROADWAY ROOM 106 MISSOULA, MT 59802		GOV	GENERAL OPERATING	5,000
UNIVERSITY OF MONTANA- WESTERN MONTANA AREA HEALTH EDUCATION CENTER 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	GENERAL OPERATING	2,500
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	ZERO TO FIVE STRATEGIC INITIATIVE PROGRAM OFFICE	680,000
Total				2,037,100

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MONTANA-CENTER FOR CHILDREN FAMILIES AND WORKFORCE DEVELOPMEN 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	TO BUILD THE CAPACITY OF MONTANA TO MORE EFFECTIVELY LEVERAGE FEDERAL AND FOUNDATION FUNDS TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES WHO HAVE COMPLEX HEALTH, SOCIAL, AND EDUCATIONAL NEEDS	124,550
UNIVERSITY OF MONTANA-NATIONAL NATIVE CHILDREN'S TRAUMA CENTER 32 CAMPUS DRIVE COLLEGE OF EDUCATION MISSOULA, MT 59812		GOV	EVENT SPONSORSHIP	1,000
VIOLENCE FREE CRISIS LINE DBA ABBIE SHELTER POBOX 1401 KALISPELL, MT 59903		PC	EVENT SPONSORSHIP	2,500
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WATSON CHILDRENS SHELTER INC 4978 BUCKHOUSE LANE MISSOULA, MT 59804		PC	EVENT SPONSORSHIP	2,500
WOMEN'S RESOURCE CENTER 221 1/2 SOUTH IDAHO STREET DILLON, MT 59725		PC	GENERAL OPERATING	5,000
YES YOUTH EMPOWERMENT SERVICES PO BOX 686 ANACONDA, MT 59711		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUNG WOMENS CHRISTIAN ASSO OF MISSOULA 1130 W BROADWAY STREET MISSOULA, MT 59802		PC	EVENT SPONSORSHIP	2,500
YOUTH CONNECTIONS FOUNDATION PO BOX 4572 HELENA, MT 59604		PC	EVENT SPONSORSHIP	2,500
YOUTH HOMES INC PO BOX 7616 MISSOULA, MT 59807		PC	GENERAL OPERATING	5,000
Total ▶ 3a				2,037,100

TY 2018 Accounting Fees Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	76,415	5,206		66,158

TY 2018 Cash Distribution Explanation Statement

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Explanation: ORGANIZATION: HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA
EIN: 81-1099715
TAX YEAR ENDED: DECEMBER 31, 2018
FORM 990-PF, PART XII, LINE 3B - REPORTING SET-ASIDES UNDER THE CASH DISTRIBUTION TEST
1. FUNDS WERE SET ASIDE FOR GENERATING FUTURE CASH FLOW TO FULFILL MULTI-INSTALLMENT GRANTS THAT WILL COVER MORE THAN ONE TAXABLE YEAR. THE START-UP PERIOD WILL ALSO ALLOW THE FOUNDATION TO MONITOR THESE GRANTS AND RECEIVE PROGRESS REPORTS BEFORE MAKING FURTHER DISTRIBUTIONS TO THE RECIPIENTS.
2. THE AMOUNTS SET ASIDE FOR THE PROJECT DESCRIBED IN ITEM 1 WILL ACTUALLY BE PAID WITHIN THE 24 MONTH PERIOD THAT ENDS NO MORE THAN 60 MONTHS AFTER THE DATE OF THE SET-ASIDE.
3. THE PROJECT WAS NOT COMPLETED BEFORE THE END OF THE ABOVE-REFERENCED TAX YEAR.
4. BELOW IS A LIST OF THE DISTRIBUTABLE AMOUNTS DETERMINED UNDER IRC SECTION 4942(D) FOR ALL PAST TAX YEARS IN THE TAXPAYER'S START-UP PERIOD:
2017 - \$765,431
2018 - \$2,189,557
BELOW IS A LIST OF ACTUAL PAYMENTS MADE IN CASH OR ITS EQUIVALENT FOR EXEMPT PURPOSES DURING EACH TAX YEAR IN THE TAXPAYER'S START-UP PERIOD:
2017 - \$990,647
2018 - \$3,555,195

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
INTERACTIVE DISPLAY SYSTEM	2017-02-16	5,661	944	SL	5 000000000000	1,132	0		
SMARTSIMPLE SOFTWARE LTD	2018-07-05	57,673		SL	5 000000000000	5,767	0		

TY 2018 Investments Corporate Bonds Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AMERICAN INTERN	304,877	304,877
AMPHENOL CORP	408,737	408,737
ANHEUSER-BUSCH INBEV	353,762	353,762
APPLE INC	390,850	390,850
AT&T INC	392,422	392,422
BANK OF AMERICA CORP	391,206	391,206
BROADRIDGE FINANCIAL	184,700	184,700
CONSTELLATION BRANDS	384,348	384,348
CONSUMERS ENERGY	384,902	384,902
JP MORGAN CHASE	341,788	341,788
MEAD JOHNSON NUTRITIONAL	265,434	265,434
PNC FINANCIAL SERVICES GROUP	397,652	397,652
ROYAL CARIBBEAN	414,500	414,500
STRYKER CORP	399,405	399,405
SYNCHRONY FINANCIAL	344,031	344,031
THE BANK OF NOVA SCOTIA	635,854	635,854
THERMO FISHER SCIENTIFIC	197,905	197,905
UNITED RENTALS	92,750	92,750
VANGUARD INFLATION	921,111	921,111
VANGUARD TOTAL BOND	2,324,442	2,324,442

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
VENTAS CAPITAL	295,783	295,783
VISA INC	344,047	344,047

TY 2018 Investments Corporate Stock Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DFA EMERGING MKTS VALUE	5,220,799	5,220,799
FARM CREDIT SYSTEM	566,114	566,114
FHLB	411,131	411,131
PIMCO RAE FUNDAMENTAL	3,371,949	3,371,949
SPDR S&P GLOBAL NATURAL	1,175,340	1,175,340
TVA	711,419	711,419

TY 2018 Investments Government Obligations Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

**US Government Securities - End
of Year Book Value:**

2,053,584

**US Government Securities - End
of Year Fair Market Value:**

2,053,584

**State & Local Government
Securities - End of Year Book
Value:**

986,245

**State & Local Government
Securities - End of Year Fair
Market Value:**

986,245

TY 2018 Investments - Other Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ACCRUED INTEREST	AT COST	100,959	100,959
AUDAX GROUP	FMV	167,782	167,782
COLLER INTERNATIONAL PARTNERS VII FEEDER FUND LP	FMV	1,406,418	1,406,418
GEMINI GROUP	FMV	33,947,718	33,947,718
HARVEST MLP INCOME FUND II LLC	FMV	4,155,532	4,155,532
IRONWOOD INTERNATIONAL LTD	FMV	7,536,500	7,536,500
MAP RE 2018 LP	FMV	132,422	132,422
PARAMATRIC COMMODITY TRUST	FMV	1,254,435	1,254,435
RCP ADVISORS	FMV	4,347	4,347
SEAPORT GLOBAL PROPERTY SECURITIES FUND LLC	FMV	5,469,559	5,469,559
THE HIGHCLERE INTERNATIONAL INVESTORS EMERGING MARKETS SMID FUND	FMV	5,000,315	5,000,315
WCP NEWCOLD LP	FMV	2,163,296	2,163,296
WEATHERLOW OFFSHORE FUND I LTD	FMV	7,438,122	7,438,122

**TY 2018 Land, Etc.
Schedule**

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
INTERACTIVE DISPLAY SYSTEM	5,661	2,076	3,585	3,585
SMARTSIMPLE SOFTWARE LTD	57,673	5,767	51,906	51,906

TY 2018 Legal Fees Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	16,373	0		17,331

TY 2018 Other Decreases Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	12,081,298

TY 2018 Other Expenses Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	17,453	0		17,453
COMPUTER AND SOFTWARE	22,607	0		22,607
ADVERTISING AND PROMOTIONS	20,007	0		20,007
FEES AND SUBSCRIPTIONS	25,030	0		25,030
OFFICE EXPENSE	10,908	0		10,908
REPAIRS AND MAINTENANCE	412	0		412
EQUIPMENT RENT	3,823	0		3,823
BOND PREMIUM AMORTIZATION	49	49		0
STATE FILING FEES	50	0		50

TY 2018 Other Income Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ALTERNATIVE INVESTMENTS	567,809	507,795	567,809
EXCISE TAX BENEFIT	3,979		3,979

TY 2018 Other Increases Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Description	Amount
PRIOR PERIOD ADJUSTMENT	2,923

TY 2018 Other Liabilities Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	59,050	83,173
DEFERRED EXCISE TAX	131,179	111,603
EXCISE TAX PAYABLE	53,962	15,547

TY 2018 Other Professional Fees Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT	294,947	294,947		0
CONSULTING	402,697	122,114		314,520
RECRUITING	40,000	0		40,000
PASSTHROUGH INVESTMENT EXPENSE	0	1,073,003		0

TY 2018 Taxes Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	0	18,005		0
EXCISE TAX	76,038	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018

Name of the organization
HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

Employer identification number
81-1099715

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹ 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, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA	Employer identification number 81-1099715
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY MEDICAL CENTER <hr/> 2827 FORT MISSOULA ROAD <hr/> MISSOULA, MT 59804	\$ 12,467,585	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA	Employer identification number 81-1099715
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Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PULBLICLY TRADED SECURITIES	\$ 11,133,469	2018-02-28
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA	Employer identification number 81-1099715
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	