

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

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

OMB No. 1545-0052
2019
Open to Public Inspection

▶ 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.

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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>104,159,687</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,459	3,459		
	4 Dividends and interest from securities	784,122	2,729,563		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	171,992			
	b Gross sales price for all assets on line 6a	21,546,182			
	7 Capital gain net income (from Part IV, line 2)			0	
	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)	2,122,741	2,908,860			
12 Total. Add lines 1 through 11	3,082,314	5,641,882			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	585,382	96,001		464,270
	14 Other employee salaries and wages	295,613	11,545		265,723
	15 Pension plans, employee benefits	221,591	23,200		195,684
	16a Legal fees (attach schedule)	21,720	0		22,560
	b Accounting fees (attach schedule)	112,069	24,566		84,085
	c Other professional fees (attach schedule)	679,769	1,232,835		278,321
	17 Interest	124,176	124,176		124,176
	18 Taxes (attach schedule) (see instructions)	40,648	134,920		0
	19 Depreciation (attach schedule) and depletion	12,667	0		
	20 Occupancy	98,879	0		91,116
	21 Travel, conferences, and meetings	190,272	0		191,941
	22 Printing and publications	868	0		868
	23 Other expenses (attach schedule)	132,977	11		109,998
	24 Total operating and administrative expenses. Add lines 13 through 23	2,516,631	1,647,254		1,828,742
	25 Contributions, gifts, grants paid	3,462,358			3,462,358
26 Total expenses and disbursements. Add lines 24 and 25	5,978,989	1,647,254		5,291,100	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-2,896,675				
b Net investment income (if negative, enter -0-)		3,994,628			
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	975,329	379,219	379,215	
	2 Savings and temporary cash investments	888,000			
	3 Accounts receivable ▶ <u>67,104</u>				
	Less: allowance for doubtful accounts ▶ _____		67,104	67,104	
	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			
	10a Investments—U.S. and state government obligations (attach schedule)	3,751,248		3,398,471	3,398,471
	b Investments—corporate stock (attach schedule)	10,745,333		11,708,144	11,708,144
	c Investments—corporate bonds (attach schedule)	10,170,506		8,791,857	8,791,857
	11 Investments—land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____					
12 Investments—mortgage loans					
13 Investments—other (attach schedule)	68,777,405		79,722,072	79,722,072	
14 Land, buildings, and equipment: basis ▶ <u>113,334</u>					
Less: accumulated depreciation (attach schedule) ▶ <u>20,510</u>	55,491		92,824	92,824	
15 Other assets (describe ▶ _____)					
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	95,372,239		104,159,691	104,159,687	
Liabilities	17 Accounts payable and accrued expenses	13,244	39,433		
	18 Grants payable	341,200	50		
	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 ▶ _____)		210,323		224,206
	23 Total liabilities (add lines 17 through 22)	564,767		263,689	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions	94,807,472		103,896,002	
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances (see instructions)	94,807,472		103,896,002		
30 Total liabilities and net assets/fund balances (see instructions) .	95,372,239		104,159,691		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	94,807,472
2 Enter amount from Part I, line 27a	2	-2,896,675
3 Other increases not included in line 2 (itemize) ▶ _____	3	11,985,205
4 Add lines 1, 2, and 3	4	103,896,002
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	103,896,002

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			
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 21,450,285		21,374,190	76,095
b 95,897		587,332	-491,435
c			
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			76,095
b			-491,435
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-415,340
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))
2018	6,555,195	110,983,314	0.059065
2017	990,647	77,661,511	0.012756
2016	48,448	17,220	2.813473
2015			
2014			

2 Total of line 1, column (d)	2	2.885294
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	0.961765
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	103,056,436
5 Multiply line 4 by line 3	5	99,116,073
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	39,946
7 Add lines 5 and 6	7	99,156,019
8 Enter qualifying distributions from Part XII, line 4	8	6,341,100

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	79,893
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	79,893
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	79,893
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	121,439
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	121,439
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	41,546
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 41,546 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a		No
1b		No
1c		No
2		No
3		No
4a	Yes	
4b	Yes	
5		No
6	Yes	
7	Yes	
8b	Yes	
9		No
10		No

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11-14.

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 15-16.

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 number, Question text, and Yes/No columns. Rows 1a-4b.

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 propaganda, 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, charitable, 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"/>	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>				
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?			6b	No
<i>If "Yes" to 6b, file Form 8870.</i>				
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 ST SUITE 301 MISSOULA, MT 59802	COMMUNICATIONS OFFIC 40.00	70,318	4,488	0
ASHLEY N SHAW 283 WEST FRONT ST SUITE 301 MISSOULA, MT 59802	PROGRAM ASSOCIATE 40.00	64,815	1,356	0
ZIA MAUMENEE 283 WEST FRONT ST SUITE 301 MISSOULA, MT 59802	GRANTS MANAGER 40.00	60,920	4,088	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
FSG INC 1411 4TH AVE 12TH FLOOR SEATTLE, WA 98101	CONSULTING	83,750
MCEWEN BIG SKY LLC 2024 218TH PLACE NE SAMMAMISH, WA 98074	CONSULTING	81,042
MOSS ADAMS LLP 805 SW BROADWAY ST SUITE 1200 PORTLAND, OR 97205	AUDIT AND TAX	66,550
FUND EVALUATION GROUP LLC 201 EAST FIFTH ST SUITE 1600 CINCINNATI, OH 45202	INVESTMENT	61,626
WIPFLI LLP 11 SCOTT ST WAUSAU, WI 54402	ACCOUNTING	50,000
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	24,217,746
b	Average of monthly cash balances.	1b	686,005
c	Fair market value of all other assets (see instructions).	1c	79,722,072
d	Total (add lines 1a, b, and c).	1d	104,625,823
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	104,625,823
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,569,387
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	103,056,436
6	Minimum investment return. Enter 5% of line 5.	6	5,152,822

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	5,152,822
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	79,893
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	79,893
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,072,929
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	5,072,929
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	5,072,929

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	5,291,100
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	50,000
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	1,000,000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,341,100
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	6,341,100

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				5,072,929
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			1,712,765	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 6,341,100				
a Applied to 2018, but not more than line 2a			1,712,765	
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 2019 distributable amount.				4,628,335
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				444,594
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 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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				3,462,358
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends and interest from securities, Net rental income, Other investment income, Gain or loss from sales of assets, Net income from special events, Gross profit from sales of inventory, and Other revenue.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and a text area for explaining how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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?

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

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.

Schedule table with 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 No

b If "Yes," complete the following schedule.

Schedule table with 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.

Sign Here

Signature of officer or trustee, Date (2020-11-10), Title

May the IRS discuss this return with the preparer shown below (see instr.) Yes No

Paid Preparer Use Only

Table for paid preparer information including name (WENDY CAMPOS), signature, date (2020-11-10), firm name (MOSS ADAMS LLP), and address (805 SW BROADWAY STE 1200 PORTLAND, OR 97205).

Form 990PF 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 W FRONT STREET MISSOULA, MT 59802				
JAY LOWDER	CHAIR 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
CHRISTINA TWOHIG	VICE CHAIR 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
HEATHER CAHOON	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
CARISSA KUHL	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
STEVE MCNEECE	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
RICHARD OPPER	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
KELLEY RISCHKE	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
MIKE STEWART	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
JORDAN THOMPSON	TRUSTEE 1.30	0	0	0
283 W FRONT STREET MISSOULA, MT 59802				
BRENDA SOLORZANO-CLAUDLE	CHIEF EXECUTIVE OFFICER 40.00	277,108	24,191	0
283 W FRONT STREET MISSOULA, MT 59802				
MYNOR VELIZ	CHIEF FINANCIAL OFFICER 40.00	196,682	25,705	0
283 W FRONT STREET MISSOULA, MT 59802				
ERIN SWITALSKI	PROGRAM DIRECTOR 40.00	97,909	22,433	0
283 W 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	SPONSORSHIP FOR ACTIVITIES THAT DIRECTLY SERVICE CHILDREN AND FAMILIES	2,500
A VOICEPO BOX 832 PABLO, MT 59855		PC	GENERAL OPERATING	5,000
ANACONDA COMMUNITY INTERVENTION INC PO BOX 1273 ANACONDA, MT 59711		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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>				
ANACONDA PCA FAMILY RESORCE CENTER 520 OAK STREET ANACONDA, MT 59711		PC	GENERAL OPERATING	2,500
ANACONDA SCHOOL DISTRICT 10 1410 W PARK STREET ANACONDA, MT 59711		GOV	GENERAL OPERATING	15,000
ANACONDA-DEER LODGE COUNTY PUBLIC HEALTH 115 W COMMERCIAL AVENUE ANACONDA, MT 59711		GOV	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
ANACONDA-DEER LODGE COUNTY PUBLIC HEALTH 115 W COMMERCIAL AVENUE ANACONDA, MT 59711		GOV	SPONSORSHIP GRANT	2,500
ARLEE COMMUNITY DEVELOPMENT CORPORATION PO BOX 452 ARLEE, MT 59821		PC	GENERAL OPERATING	15,000
AWARE INC205 E PARK AVENUE ANACONDA, MT 59711		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
BEAVERHEAD COUNTY MENTAL HEALTH LOCAL ADVISORY COUNCIL 2 SOUTH PACIFIC STREET DILLON, MT 50972		GOV	GENERAL OPERATING	5,000
BIG SKY AACAP2620 COLONIAL DRIVE HELENA, MT 59601		PC	GENERAL OPERATING	2,500
BITTER ROOT RC&D1709 N 1ST STREET HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
BITTERROOT CASA INCPO BOX 661 HAMILTON, MT 59828		PC	GENERAL OPERATING	5,000
BITTERROOT VALLEY CHILDRENS ADVOCACY CENTER INC PO BOX 2034 HAMILTON, MT 59840		PC	GENERAL OPERATING	2,500
BOYS & GIRLS CLUB OF GLACIER COUNTRY PO BOX 961 COLUMBIA FALLS, MT 59912		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
BOYS & GIRLS CLUB OF GLACIER COUNTRY PO BOX 961 COLUMBIA FALLS, MT 59912		PC	EVENT SPONSORSHIP	2,500
BOYS AND GIRLS CLUB OF MISSOULA COUNTY 1515 FAIRVIEW AVENUE MISSOULA, MT 59801		PC	GENERAL OPERATING	2,500
BOYS AND GIRLS CLUB OF MISSOULA COUNTY 1515 FAIRVIEW AVENUE MISSOULA, MT 59801		PC	OUT OF SCHOOL TIME CLUB	5,000
Total ▶ 3a				3,462,358

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>				
BOYS AND GIRLS CLUB OF THE FLATHEAD RESERVATION 62579 US-93 RONAN, MT 59864		PC	GENERAL OPERATING	2,500
BOYS AND GIRLS CLUB OF THE FLATHEAD RESERVATION 62579 US-93 RONAN, MT 59864		PC	EVENT SPONSORSHIP	5,000
BRIGHTWAYS LEARNING 3700 S RUSSELL STREET SUITE 114 MISSOULA, MT 59801		PC	GENERAL OPERATING	2,500
Total	▶ 3a			3,462,358

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>				
BUTTE 4-C'S101 N MAIN STREET BUTTE, MT 59701		PC	GENERAL OPERATING	7,500
BUTTE RESCUE MISSION 610 E PLATINUM STREET BUTTE, MT 59701		PC	GENERAL OPERATING	5,000
CASA OF LAKE COUNTYPO BOX 511 POLSON, MT 59860		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
CHARLO COMMUNITY OUTDOOR COMPLEX INC 39752 MORRIS ROAD CHARLO, MT 59824				
CHARLO SCHOOL DISTRICT 7J 404 1ST AVENUE W CHARLO, MT 59824				
CHILD BRIDGE INC 836 HOLT DRIVE BIGFORK, MT 59911				
Total	▶ 3a			3,462,358

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>				
CHILD CARE CONNECTIONS 901 N BENTON AVENUE HELENA, MT 59601		PC	EVENT SPONSORSHIP	2,000
COMMUNITY FOOD AND AGRICULTURE COALITION PO BOX 7025 MISSOULA, MT 59807		PC	EVENT SPONSORSHIP	5,000
CONFEDERATED SALISH AND KOOTENAI TRIBES 42487 COMPLEX BOULEVARD PABLO, MT 59855		GOV	EVENT SPONSORSHIP	2,500
Total	▶ 3a			3,462,358

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>				
CONFEDERATED SALISH AND KOOTENAI TRIBES 42487 COMPLEX BOULEVARD PABLO, MT 59855		GOV	TRIBAL HEALTH DEPARTMENT	9,000
DAYTON ELEMENTARY PARENT TEACHER ORGANIZATION PO BOX 195 DAYTON, MT 59914		PC	GENERAL OPERATING	5,000
DESMET SCHOOL 6355 PADRE LANE MISSOULA, MT 59808		GOV	EVENT SPONSORSHIP	2,500
Total ▶ 3a				3,462,358

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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>				
DIXON SCHOOL DISTRICT 9 411 B STREET DIXON, MT 59831		GOV	AI CULTURAL PRESERVATION	10,000
DRUMMOND SCHOOL DISTRICT 11 108 W EDWARDS STREET DRUMMOND, MT 59832		GOV	GENERAL OPERATING	10,000
DRUMMOND SCHOOL DISTRICT 2 108 W EDWARDS STREET DRUMMOND, MT 59832		GOV	GENERAL OPERATING	10,000
Total ▶ 3a				3,462,358

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>				
EAT RIGHT MONTANA INCPO BOX 1631 HELENA, MT 59624		PC	GENERAL OPERATING	500
EMPOWERMT2300 REGENT STREET MISSOULA, MT 59801		PC	GENERAL OPERATING	5,000
EUREKA SCHOOL DISTRICT 340 9TH STREET EUREKA, MT 59917		GOV	GENERAL OPERATING	20,000
Total ▶ 3a				3,462,358

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>				
FAMILIES IN PARTNERSHIP INC PO BOX 762 LIBBY, MT 59923		PC	GENERAL OPERATING	5,000
FAMILIES IN PARTNERSHIP INC PO BOX 762 LIBBY, MT 59923		PC	SPONSORSHIP GRANT	5,000
FARM HANDS-NOURISH THE FLATHEAD PO BOX 4404 WHITEFISH, MT 59937		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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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 CARLTON PARENT ORGANIZATION PO BOX 433 FLORENCE, MT 59833				
FLORENCE COMMUNITY CENTER PO BOX 98 FLORENCE, MT 59833				
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS STREET HELENA, MT 59601				
Total	▶ 3a			3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
FLORENCE-CARLTON SCHOOL DISTRICT 15-6 5602 OLD HIGHWAY 93 FLORENCE, MT 59833		GOV	GENERAL OPERATING	5,000
FORTINE SCHOOL DISTRICT 358 MEADOWCREEK ROAD FORTINE, MT 59918		GOV	GENERAL OPERATING	5,000
FOURTH D INC 1500 W BROADWAY STREET SUITE B MISSOULA, MT 59802		PC	GENERAL OPERATING	2,500
Total ▶ 3a				3,462,358

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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 FOREVER MENTORING 49518 US HIGHWAY 93 POLSON, MT 59860		PC	GENERAL OPERATING	5,000
FRIENDS OF THE PHILIPSBURG LIBRARY 110 RUMSEY ROAD PHILIPSBURG, MT 59858		PC	GENERAL OPERATING	5,000
GLACIER LAKE SCHOOL 62551 WILD ROSE LANE ST IGNATIUS, MT 59865		GOV	GENERAL OPERATING	2,000
Total ▶ 3a				3,462,358

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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>				
GREAT BEAR FOUNDATION 117 WEST BROADWAY STREET MISSOULA, MT 59807		PC	GENERAL OPERATING	5,000
GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL STREET MISSOULA, MT 59801		PC	SPONSORSHIP GRANT	2,500
HABITAT FOR HUMANITY INTERNATIONAL INC PO BOX 7181 MISSOULA, MT 59807		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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

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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		PC	GENERAL OPERATING	5,000
HELPING HANDS FUNDPO BOX 1094 POLSON, MT 59860		PC	GENERAL OPERATING	5,000
INTERMOUNTAIN PLANNED PARENTHOOD INC 1500 CANNON STREET HELENA, MT 59601		PC	GENERAL OPERATING	2,500
Total	▶ 3a			3,462,358

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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>				
INTERMOUNTAIN3240 DREDGE DRIVE HELENA, MT 59602		PC	ZERO TO FIVE PROGRAM	802,500
INTERMOUNTAIN3240 DREDGE DRIVE HELENA, MT 59602		PC	CHILD CARE SOLUTIONS TO SUPPORT YOUR WORKFORCE	180,000
KIWANIS FOUNDATION OF MONTANA PO BOX 1171 TROY, MT 59935		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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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	SPONSORSHIP GRANT	2,500
KOOTENAI VALLEY HEAD START INC 263 INDIAN HEAD ROAD LIBBY, MT 59923		PC	SPONSORSHIP GRANT	5,000
LAKE COUNTY PUBLIC HEALTH 802 MAIN STREET POLSON, MT 59860		GOV	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
LEARN INC1345 DAKOTA STREET MISSOULA, MT 59802		PC	SPONSORSHIP GRANT	2,500
LINCOLN COUNTY PUBLIC HEALTH 933 FARM TO MARKET ROAD SUITE D LIBBY, MT 59923		GOV	ZERO TO FIVE COLLABORATIVE	177,200
LITERACY VOLUNTEERS OF AMERICA BITTERROOT INC 121 3RD AVENUE NW SIDNEY, MT 59270		PC	SPONSORSHIP GRANT	5,000
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MA HOPE INSTITUTE PO BOX 3603 MISSOULA, MT 59806		PC	SPONSORSHIP GRANT	5,000
MAKE-A-WISH FOUNDATION OF MONTANA INC 1015 MOUNT AVENUE SUITE C MISSOULA, MT 59801		PC	SPONSORSHIP GRANT	2,500
MINERAL COUNTY COMMUNITY FOUNDATION 33 S LAST CHANCE GULCH SUITE 2A HELENA, MT 59601		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MINERAL COUNTY HEALTH DEPARTMENT PO BOX 488 SUPERIOR, MT 59872		GOV	STRATEGIC INITIATIVE	150,000
MISSION RIDGE CHURCH INC 800 KENSINGTON AVENUE LL2 MISSOULA, MT 59801		PC	SPONSORSHIP GRANT	2,500
MISSION VALLEY AQUATICS 309 RIDGEWATER DRIVE POLSON, MT 59860		PC	SPONSORSHIP GRANT	5,000
Total ▶ 3a				3,462,358

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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>				
MISSION VALLEY JUNIOR GOLF INC 111 BAYVIEW DRIVE POLSON, MT 59860		PC	GENERAL OPERATING	5,000
MISSOULA CHILDREN'S THEATRE 200 N ADAMS STREET MISSOULA, MT 59802		PC	SPONSORSHIP GRANT	2,500
MISSOULA CITY-COUNTY HEALTH DEPARTMENT 301 WEST ALDER STREET MISSOULA, MT 59802		GOV	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MISSOULA INTERFAITH COLLABORATIVE 202 BROOKS STREET MISSOULA, MT 59801		PC	POLICY GRANT	175,000
MISSOULA URBAN INDIAN HEALTH CENTER INC 2100 STEPHENS AVENUE SUITE 105 MISSOULA, MT 59801		PC	STRATEGIC INITIATIVE	90,000
MISSOULA URBAN INDIAN HEALTH CENTER INC 2100 STEPHENS AVENUE SUITE 105 MISSOULA, MT 59801		PC	GENERAL OPERATING	2,500
Total ▶ 3a				3,462,358

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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 BOX 11568 BOZEMAN, MT 59719		PC	FLATHEAD CHAPTER	5,000
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	POLICY GRANT	125,000
MONTANA CASA GAL ASSOCIATION 2409 ARNOLD LANE BILLINGS, MT 59102		PC	SPONSORSHIP GRANT	2,500
Total	▶ 3a			3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA FOOD BANK NETWORK INC 5625 EXPRESSWAY MISSOULA, MT 59808				
MONTANA FOOD BANK NETWORK INC 5625 EXPRESSWAY MISSOULA, MT 59808		PC	GENERAL OPERATING	5,000
MONTANA FOOD BANK NETWORK INC 5625 EXPRESSWAY MISSOULA, MT 59808		PC	SPONSORSHIP GRANT	2,500
MONTANA HEALTH PLUS 1085 EUCLID AVENUE HELENA, MT 59601		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA HOMEOWNERSHIP NETWORK 509 1ST AVENUE S GREAT FALLS, MT 59401		PC	SPONSORSHIP GRANT	2,500
MONTANA HUMAN RIGHTS NETWORK INC PO BOX 1509 HELENA, MT 59624		PC	POLICY MEETING HONORARIUM	140,000
MONTANA LEGAL SERVICES ASSOCIATION 616 HELENA AVENUE SUITE 100 HELENA, MT 59601		PC	GENERAL OPERATING	100,000
Total ▶ 3a				3,462,358

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA NONPROFIT ASSOCIATION INC PO BOX 1744 HELENA, MT 59624				
		PC	STRATEGIC INITIATIVE	205,000
MONTANA PUBLIC HEALTH ASSOCIATION 1400 E BROADWAY STREET HELENA, MT 59601				
		GOV	GENERAL OPERATING	2,500
MONTANA TWO SPIRIT SOCIETY PO BOX 7514 MISSOULA, MT 59807				
		PC	GENERAL OPERATING	5,000
Total	▶ 3a			3,462,358

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>				
NEVER ALONE RECOVERY SUPPORT SERVICES PO BOX 406 RONAN, MT 59864		PC	GENERAL OPERATING	5,000
NKWUSM SALISH LANGUAGE SCHOOL PO BOX 5 ARLEE, MT 59821		PC	STRATEGIC INITIATIVE	5,000
NKWUSM SALISH LANGUAGE SCHOOL PO BOX 5 ARLEE, MT 59821		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
NORTH LAKE COUNTY PUBLIC LIBRARY 2 1ST AVENUE E POLSON, MT 59860		PC	GENERAL OPERATING	5,000
NORTH VALLEY FOOD BANK INC 251 FLATHEAD AVENUE FLATHEAD, MT 59937		PC	GENERAL OPERATING	5,000
NORTHWEST MONTANA UNITED WAY 1203 US-2 KALISPELL, MT 59901		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
NORTHWOOD COMMUNITY INC 41652 US-93 RONAN, MT 59864		PC	GENERAL OPERATING	5,000
PEAK FOUNDATIONPO BOX 36 ALBERTON, MT 59820		PC	GENERAL OPERATING	5,000
PEAK FOUNDATIONPO BOX 36 ALBERTON, MT 59820		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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>				
PHILIPSBURG K-12 SCHOOL DISTRICT 407 SCHNEPEL STREET PHILIPSBURG, MT 59858		GOV	GENERAL OPERATING	15,000
POLSON SCHOOL DISTRICT 23 111 4TH AVENUE E POLSON, MT 59860		GOV	GENERAL OPERATING	20,000
RAVALLI HEAD START INC 81 KURTZ LANE HAMILTON, MT 59840		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>					
RONAN SCHOOL DISTRICT 30 421 ANDREW STREET NW RONAN, MT 59864					2,500
RONAN SCHOOL DISTRICT 421 ANDREW STREET NW RONAN, MT 59864					30,000
RURAL DYNAMICS INC 410 CENTRAL AVENUE SUITE 401 GREAT FALLS, MT 59401					2,500
Total ▶ 3a				3,462,358	

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>				
S A F E HARBOUR INC63506 US-93 RONAN, MT 59864				
SALISH & KOOTENAI HOUSING AUTHORITY 56243 US-93 PABLO, MT 59855				
SALISH KOOTENAI COLLEGE INC PO BOX 70 PABLO, MT 59855				
Total	▶ 3a			3,462,358

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>				
SALISH KOOTENAI COLLEGE INC PO BOX 70 PABLO, MT 59855		PC	STATEGIC INITIATIVE	227,000
SALISH KOOTENAI COLLEGE INC PO BOX 70 PABLO, MT 59855		PC	GENERAL OPERATING	5,000
SOMERS LAKESIDE SCHOOL DISTRICT 29 315 SCHOOL ADDITION ROAD SOMERS, MT 59932		PC	GENERAL OPERATING	5,000
Total ▶ 3a				3,462,358

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>				
SPARROWS NEST OF NORTHWEST MONTANA 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
ST IGNATIUS PUBLIC SCHOOLS 76 3RD AVENUE ST IGNATIUS, MT 59865		GOV	GENERAL OPERATING	20,000
Total ▶ 3a				3,462,358

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>				
ST LUKE COMMUNITY HEALTHCARE FOUNDATION 107 6TH AVENUE SW RONAN, MT 59864		PC	GENERAL OPERATING	2,500
ST PETERS HEALTH 2475 BROADWAY STREET HELENA, MT 59601		PC	SPONSORSHIP GRANT	2,500
ST REGIS FRIENDS AND NEIGHBORS CLUB 6 TIGER STREET SAINT REGIS, MT 59866		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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>				
ST REGIS SCHOOL DISTRICT 1 90 TIGER STREET SAINT REGIS, MT 59866				
THE COMMUNITY SUPPORT CENTER 236 E REEDER STREET DILLON, MT 59725				
TWO EAGLE RIVER SCHOOL 58020 US-93 PABLO, MT 59855				
Total	▶ 3a			3,462,358

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 FOUNDATION 950 ARTHUR AVENUE MISSOULA, MT 59812		GOV	GENERAL OPERATING	5,000
UNIVERSITY OF MONTANA FOUNDATION 950 ARTHUR AVENUE MISSOULA, MT 59812		GOV	SPONSORSHIP GRANT	2,500
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	BIG SKY POLL	114,658
Total ▶ 3a				3,462,358

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 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	GENERAL OPERATING	5,000
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE ORSP UH 116 MISSOULA, MT 59812		GOV	POLICY GRANT	210,000
UPPER WEST SHORE ELEMENTARY SCHOOL DISTRICT 506 B STREET DAYTON, MT 59914		GOV	DAYTON ELEMENTARY	5,000
Total ▶ 3a				3,462,358

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>				
VALLEY VIEW ELEMENTARY SCHOOL DISTRICT 35 42448 VALLEY VIEW ROAD POLSON, MT 59860		GOV	AI CULTURAL PRESERVATION	5,000
WESTERN NATIVE VOICE 310 N 27TH STREET BILLINGS, MT 59103		PC	GENERAL OPERATING	125,000
WORD2405 MCINTOSH LOOP MISSOULA, MT 59801		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

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>				
YES YOUTH EMPOWERMENT SERVICES PO BOX 686 ANACONDA, MT 59711		PC	GENERAL OPERATING	5,000
YOUNG WOMENS CHRISTIAN ASSO OF MISSOULA 1130 W BROADWAY STREET MISSOULA, MT 59802		PC	SPONSORSHIP GRANT	2,500
YOUTH HOMES INC PO BOX 7616 MISSOULA, MT 59807		PC	GENERAL OPERATING	2,500
Total ▶ 3a				3,462,358

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>				
YWCA HELENA 1200 N LAST CHANCE GULCH HELENA, MT 59601		PC	SPONSORSHIP GRANT	2,500
Total ▶ 3a				3,462,358

TY 2019 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	112,069	24,566		84,085

TY 2019 Cash Distribution Explanation Statement

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Explanation: ORGANIZATION: HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA
TIN: 81-1099715
TAX YEAR ENDED: DECEMBER 31, 2019
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
2019 - \$3,043,7575.
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
2019 - \$5,341,100

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

TY 2019 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	2,076	SL	5.000000000000	1,132	0		
SMARTSIMPLE SOFTWARE LTD	2018-07-05	57,673	5,767	SL	5.000000000000	11,535	0		
BUILDING	2019-12-23	50,000		NC	0 %	0	0		

TY 2019 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	307,418	307,418
AMGEN	464,184	464,184
AMPHENOL CORP	413,586	413,586
APPLE INC	423,058	423,058
AT&T INC	407,542	407,542
BANK OF AMERICA CORP	425,211	425,211
CONSTELLATION BRANDS	404,956	404,956
CONSUMERS ENERGY	415,372	415,372
EXPEDIA	102,266	102,266
GOLDMAN SACHS	478,288	478,288
JP MORGAN CHASE	475,837	475,837
MEAD JOHNSON NUTRITIONAL	284,409	284,409
PNC FINANCIAL SERVICES GROUP	420,363	420,363
ROYAL CARIBBEAN	431,500	431,500
SYNCHRONY FINANCIAL	350,023	350,023
VANGUARD INFLATION	621,149	621,149
VANGUARD TOTAL BOND	2,366,695	2,366,695

TY 2019 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	4,303,711	4,303,711
PIMCO RAE FUNDAMENTAL	6,587,624	6,587,624
SPDR S&P GLOBAL NATURAL	816,809	816,809

TY 2019 Investments Government Obligations Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

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

2,682,573

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

2,682,573

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

715,898

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

715,898

TY 2019 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
ABS GLOBAL	FMV	5,876,653	5,876,653
ACCOLADE PARTNERS VII LP	FMV	98,177	98,177
ACCRUED INTEREST	FMV	79,290	79,290
AMBERBROOK VIII LP	FMV	135,614	135,614
AUDAX DIRECT LENDING SOLUTIONS FUND-C LP	FMV	588,304	588,304
COLLER INTERNATIONAL PARTNERS VII FEEDER FUND LP	FMV	1,666,310	1,666,310
EDGE PRINCIPAL INVESTMENTS IV LP	FMV	278,376	278,376
FALCON PRIVATE CREDIT OPPORTUNITIES VI LP	FMV	8,209	8,209
FEG SELECT LLC	FMV	39,699,492	39,699,492
HARVEST MLP INCOME FUND II LLC	FMV	3,436,534	3,436,534
IRONWOOD INTERNATIONAL LTD	FMV	8,569,526	8,569,526
MAP RE 2018 LP	FMV	799,596	799,596
RCP ADVISORS	FMV	143,162	143,162
SEAPORT GLOBAL PROPERTY SECURITIES FUND LLC	FMV	2,193,836	2,193,836
THE HIGHCLERE INTERNATIONAL INVESTORS EMERGING MARKETS SMID FUND	FMV	4,793,286	4,793,286
WCP NEWCOLD LP	FMV	2,496,438	2,496,438
WEATHERLOW OFFSHORE FUND I LTD	FMV	8,859,269	8,859,269

**TY 2019 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	3,208	2,453	
SMARTSIMPLE SOFTWARE LTD	57,673	17,302	40,371	
BUILDING	50,000	0	50,000	

TY 2019 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	21,720	0		22,560

TY 2019 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	38,057	0		14,877
COMPUTER AND SOFTWARE	39,990	0		40,352
ADVERTISING AND PROMOTIONS	12,896	0		12,896
FEES AND SUBSCRIPTIONS	18,103	0		18,103
OFFICE EXPENSE	5,936	0		5,936
REPAIRS AND MAINTENANCE	1,032	0		1,032
EQUIPMENT RENT	4,458	0		4,458
SMALL EQUIPMENT	10,843	0		10,843
MISCELLANEOUS	1,621	0		1,471
BOND PREMIUM AMORTIZATION	11	11		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEES	30	0		30

TY 2019 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	1,721,922	1,721,922	1,721,922
ORDINARY INCOME FROM PASSTHROUGH	400,819	1,186,938	400,819

TY 2019 Other Increases Schedule

Name: HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

EIN: 81-1099715

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	11,985,205

TY 2019 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	83,173	109,354
DEFERRED EXCISE TAX	111,603	114,852
EXCISE TAX PAYABLE	15,547	0

TY 2019 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	181,005	203,897		0
CONSULTING	400,314	125,100		276,913
RECRUITING	1,408	0		1,408
ALTERNATIVE INVESTMENTS	97,042	903,838		0

TY 2019 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	134,920		0
EXCISE TAX	40,598	0		0
STATE INCOME TAX	50	0		0