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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation RURAL HEALTH DEVELOPMENT INC		A Employer identification number 36-3769758	
Number and street (or P O box number if mail is not delivered to street address) 519 PLEASANT STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MILES CITY, MT 59301		B Telephone number (see instructions) (406) 234-1420	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☒ Address change ☐ Name change		C If exemption application is pending, check here ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,674,833		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ 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 ☐	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	599,599			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,489	1,489		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____				
	b Gross sales price for all assets on line 6a _____				
	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				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	423,199	17,814	213,289	
	12 Total. Add lines 1 through 11	1,024,287	19,303	213,289	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	11,400	0	11,400	0
	c Other professional fees (attach schedule)	27,065	0	27,065	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	193	0	193	0
	19 Depreciation (attach schedule) and depletion . . .	2,089	0	2,089	
	20 Occupancy	10,419	0	10,419	0
	21 Travel, conferences, and meetings.	60,271	0	60,271	0
	22 Printing and publications				
	23 Other expenses (attach schedule).	181,721	0	101,852	79,869
	24 Total operating and administrative expenses. Add lines 13 through 23	293,158	0	213,289	79,869
	25 Contributions, gifts, grants paid	448,077			448,077
	26 Total expenses and disbursements. Add lines 24 and 25	741,235	0	213,289	527,946
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	283,052			
	b Net investment income (if negative, enter -0-)		19,303		
	c Adjusted net income (if negative, enter -0-)			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	65,824	100,362	100,362
	2	Savings and temporary cash investments	130,000	130,000	130,000
	3	Accounts receivable ▶ <u>86,392</u>			
		Less allowance for doubtful accounts ▶ _____	46,699	86,392	86,392
	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	1,304	707	707
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____			
		Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	2,129,465	2,339,375	2,339,375
	14	Land, buildings, and equipment basis ▶ <u>17,997</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>8,652</u>	3,975	9,345	17,997
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,377,267	2,666,181	2,674,833
Liabilities	17	Accounts payable and accrued expenses	20,530	28,727	
	18	Grants payable			
	19	Deferred revenue	15,636	13,301	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	36,166	42,028	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	2,306,647	2,539,323	
	25	Temporarily restricted	34,454	84,830	
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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)	2,341,101	2,624,153	
	31	Total liabilities and net assets/fund balances (see instructions)	2,377,267	2,666,181	

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	2,341,101
2	Enter amount from Part I, line 27a	2	283,052
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,624,153
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 30	6	2,624,153

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
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))
2014	199,740	173,477	1 151392
2013	129,083	163,893	0 787605
2012	85,314	214,292	0 398120
2011	45,035	232,265	0 193895
2010	205,294	0	0 000000

2	Total of line 1, column (d).	2	2 531012
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 506202
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	197,828
5	Multiply line 4 by line 3.	5	100,141
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	193
7	Add lines 5 and 6.	7	100,334
8	Enter qualifying distributions from Part XII, line 4.	8	527,946

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 page 18 of the instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☒ and enter 1% of Part I, line 27b	1	193
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	193
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	193
6 Credits/Payments		
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868).	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d.	7	0
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	193
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11 Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11	

Part VII-A **Statements Regarding Activities**

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b		No
c Did the foundation file Form 1120-POL for this year?	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MT _____			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>CRAIG CREMER</u> Telephone no ▶ <u>(406) 234-1420</u> Located at ▶ <u>519 PLEASANT STREET MILES CITY MT</u> ZIP+4 ▶ <u>59301</u>			
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 ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b			
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☒ Yes ☐ 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? ☐ Yes ☒ 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)? ☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here. ☐

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? ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d) 

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ 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	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
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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

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

Part VII

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
NONE		
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 MAINTAINING AND IMPROVING QUALITY HEALTHCARE IN EASTERN MONTANA BY DEVELOPING PROGRAMS TO IMPROVE HEALTHCARE DELIVERY AND PROVIDE AID AND DONATIONS TO CHARITABLE HEALTHCARE PROVIDERS	590,218
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	0
b	Average of monthly cash balances.	1b	200,841
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	200,841
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	200,841
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,013
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	197,828
6	Minimum investment return. Enter 5% of line 5.	6	9,891

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	9,891
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	193
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	193
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	9,698
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	9,698
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	9,698

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	527,946
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	
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	527,946
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	193
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	527,753

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				9,698
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	205,294			
b From 2011.	33,862			
c From 2012.	74,985			
d From 2013.	121,252			
e From 2014.	191,448			
f Total of lines 3a through e.	626,841			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 527,946				
a Applied to 2014, but not more than line 2a			0	
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 2015 distributable amount.				9,698
e Remaining amount distributed out of corpus	518,248			
5 Excess distributions carryover applied to 2015 (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	1,145,089			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
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 2010 not applied on line 5 or line 7 (see instructions). . .	205,294			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	939,795			
10 Analysis of line 9				
a Excess from 2011. . . .	33,862			
b Excess from 2012. . . .	74,985			
c Excess from 2013. . . .	121,252			
d Excess from 2014. . . .	191,448			
e Excess from 2015. . . .	518,248			

Part XIV

b Check box to indicate whether the organization is a:

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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 Paid during the year See Additional Data Table				
Total			▶ 3a	448,077
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

Line No.	the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
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Form **990-PF** (2015)

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	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.		
	***** 2016-11-11 ***** _____ _____ _____ Signature of officer or trustee Date Title	May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No	

Paid Preparer Use Only	Print/Type preparer's name DEB NELSON	Preparer's Signature	Date 2016-11-11	Check if self-employed ☐	PTIN P01264758
	Firm's name ☐ EIDE BAILLY LLP			Firm's EIN ☐ 45-0250958	
	Firm's address ☐ 401 N 31ST ST STE 1120 PO BOX 7112 BILLINGS, MT 591037112			Phone no ☐ (406) 896-2400	

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-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
WARD VAN WICHEN	PRESIDENT 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
PARKER POWELL	VICE PRESIDENT 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
AUDREY STROMBERG	SECRETARY/TREASURER 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
RICK HARALDSON	PAST PRESIDENT 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
GREG MAURER	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
DAVE HUBBARD	MEMBER-AT-LARGE 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
NANCY ROSAAEN	MEMBER-AT-LARGE 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
KENT BURGESS	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
DAVID ESPELAND	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
RANDY HOLOM	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
PAUL LEWIS	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
PEG NORGAARD	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
CHRIS STEVENS	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
KELLY EVANS	MEMBER-AT-LARGE 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
BRAD HOWELL	MEMBER-AT-LARGE 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
MIKE DOWDY	DIRECTOR 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				
NADINE ELMORE	MEMBER-AT-LARGE 1 00	0	0	0
519 PLEASANT STREET MILES CITY, MT 59301				

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>				
BEARTOOTH BILLINGS CLINIC 2525 NORTH BROADWAY AVENUE RED LODGE,MT 59068	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	8,850
BIG HORN HOSPITAL 17 NORTH MILES AVENUE HARDIN,MT 59034	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	4,970
BROADWATER HEALTH CENTER 110 N OAK STREET TOWNSEND,MT 59644	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,292
CABINET PEAK MEDICAL CENTER E 2ND STREET LIBBY,MT 59923	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	2,391
CENTRAL MONTANA MEDICAL CENTER 408 WENDELL AVENUE LEWISTOWN,MT 59457	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	4,060
COMMUNITY HOSPITAL ANACONDA 401 WEST PENNSYLVANIA STREET ANACONDA,MT 59711	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	4,812
DAHL MEMORIAL HEALTHCARE 215 SANDY STREET EKALAKA,MT 59324	NONE	PC	MONTANA HEALTH NETWORK IMPROVEMENT GRANT	2,750
DAHL MEMORIAL HEALTHCARE 215 SANDY STREET EKALAKA,MT 59324	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	372
DANIELS MEMORIAL HEALTHCARE CENTER 105 5TH AVENUE EAST SCOBEY,MT 59263	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	2,886
DEER LODGE MEDICAL CENTER 1100 HOLLENBACK LANE DEER LODGE,MT 59722	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	823
FALLON MEDICAL COMPLEX 202 SOUTH 4TH STREET WEST BAKER,MT 59313	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,669
FIRST STUDENT INC 425 SUGAR AVENUE BILLINGS,MT 59101	NONE	NC	NORTHEASTERN MONTANA AREA HEALTH EDUCATION CENTER	1,028
GARFIELD COUNTY HEALTH CENTER 332 LEAVITT AVENUE JORDAN,MT 59337	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	993
HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY,MT 59301	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	2,421
LIVINGSTON HEALTHCARE 504 SOUTH 13TH STREET LIVINGSTON,MT 59047	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	12,754
Total ▶ 3a				448,077

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 Paid during the year				
MADISON VALLEY HOSPITAL & CLINIC 305 N MAIN ENNIS,MT 59729	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,568
MCCONE COUNTY HEALTH CENTER 605 SULLIVAN AVENUE CIRCLE,MT 59215	NONE	PC	MONTANA HEALTH NETWORK IMPROVEMENT GRANT	7,500
MISSOURI RIVER MEDICAL CENTER 1501 ST CHARLES STREET FT BENTON,MT 59442	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	2,569
MONTANA HEALTH NETWORK 519 PLEASANT STREET MILES CITY,MT 59301	NONE	NC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	58,939
MONTANA HEALTH NETWORK 519 PLEASANT STREET MILES CITY,MT 59301	NONE	NC	NORTHEASTERN MONTANA AREA HEALTH EDUCATION CENTER	172,203
MONTANA HEALTH NETWORK 519 PLEASANT STREET MILES CITY,MT 59301	NONE	NC	TRADE ADJUSTMENT ASSISTANCE COMMUNITY COLLEGE AND CAREER TRAINING	79,979
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELEND,MT 59601	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	5,288
MOUNTAINVIEW MEDICAL CENTER 16 W MAIN STREET WHITE SULPHUR SPRINGS,MT 59645	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,455
MSU - BILLINGS 1500 UNIVERSITY DRIVE BILLINGS,MT 59101	NONE	PC	NORTHEASTERN MONTANA AREA HEALTH EDUCATION CENTER	3,152
PHILLIPS COUNTY HOSPITAL 311 SOUTH 8TH AVENUE EAST MALTA,MT 59538	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,009
PIONEER MEDICAL CENTER 301 WEST 7TH AVENUE BIG TIMBER,MT 59011	NONE	PC	MONTANA HEALTH NETWORK IMPROVEMENT GRANT	15,250
PRAIRIE COUNTY HOSPITAL 312 SOUTH ADAMS AVENUE TERRY,MT 59349	NONE	PC	MONTANA HEALTH NETWORK IMPROVEMENT GRANT	1,750
ROOSEVELT MEDICAL CENTER 818 2ND AVENUE EAST CULBERTSON,MT 59218	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	5,731
ROSEBUD HEALTH CARE CENTER 383 NORTH 17TH AVENUE FORSYTH,MT 59327	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	1,588
ROSEBUD HEALTH CARE CENTER 383 NORTH 17TH AVENUE FORSYTH,MT 59327	NONE	PC	MONTANA HEALTH NETWORK IMPROVEMENT GRANT	12,216
Total ▶ 3a				448,077

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>				
SHERIDAN MEMORIAL HOSPITAL 440 WEST LAUREL AVENUE PLENTYWOOD,MT 59254	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	4,825
SIDNEY HEALTH CENTER 216 14TH AVENUE SOUTHWEST SIDNEY,MT 59270	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	4,188
ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE,MT 59701	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	10,701
STILLWATER BILLINGS CLINIC 710 NORTH 11TH STREET COLUMBUS,MT 59019	NONE	NC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	2,445
WHEATLAND MEMORIAL HEALTHCARE 530 3RD STREET WEST HARLOWTON,MT 59036	NONE	PC	NAVIGATOR GRANT TRAINING AND CERTIFICATION	3,650
Total ▶ 3a				448,077

TY 2015 Accounting Fees Schedule**Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & AUDIT FEES	11,400	0	11,400	0

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

TY 2015 Expenditure Responsibility Statement

Name: RURAL HEALTH DEVELOPMENT INC

EIN: 36-3769758

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
MONTANA HEALTH NETWORK	519 PLEASANT STREET MILES CITY, MT 59301	2015-01-15	58,939	NAVIGATOR GRANT RELATED TO FUNDING TRAINING AND CERTIFICATION OF INDIVIDUALS SERVING AS "NAVIGATORS" WHO PROVIDE ASSISTANCE IN SHOPPING FOR AND ENROLLING IN PLANS IN THE HEALTH INSURANCE MARKETPLACE GRANT DATES VARY THROUGHOUT THE YEAR, BUT ARE GENERALLY REIMBURSED BY RHD ON A MONTHLY BASIS	58,939	NONE	NAVIGATOR GRANT IS A FEDERALLY FUNDED REIMBURSEMENT TYPE GRANT	2015-12-31	NO VERIFICATION NECESSARY SINCE GRANT IS REIMBURSEMENT
MONTANA HEALTH NETWORK	519 PLEASANT STREET MILES CITY, MT 59301	2015-01-15	172,203	AREA HEALTH EDUCATION CENTER GRANT FUNDS RECRUITING, TRAINING AND RETAINING OF HEALTH PROFESSIONS COMMITTED TO RURAL AND UNDERSERVED POPULATIONS GRANT DATES VARY THROUGHOUT THE YEAR, BUT ARE GENERALLY REIMBURSED BY RHD ON A MONTHLY BASIS	172,203	NONE	AREA HEALTH EDUCATION CENTER GRANT IS A COST REIMBURSABLE AWARD	2015-12-31	NO VERIFICATION NECESSARY SINCE GRANT IS REIMBURSEMENT
MONTANA HEALTH NETWORK	519 PLEASANT STREET MILES CITY, MT 59301	2015-01-15	79,979	THE TRADE ADJUSTMENT ASSISTANCE COMMUNITY COLLEGE & CAREER TRAINING GRANT IS TO FUND INNOVATION AND THE DEVELOPMENT OF MODEL TRAINING PROGRAMS AT COMMUNITY COLLEGES AND UNIVERSITIES GRANT DATES VARY THROUGHOUT THE YEAR, BUT ARE GENERALLY REIMBURSED BY RHD ON A MONTHLY BASIS	79,979	NONE	TAACCCT GRANT IS A COST REIMBURSABLE AWARD	2015-12-31	NO VERIFICATION NECESSARY SINCE GRANT IS REIMBURSEMENT
FIRST STUDENT INC	425 SUGAR AVENUE BILLINGS, MT 59101	2015-07-27	1,028	AREA HEALTH EDUCATION CENTER GRANT FUNDS RECRUITING, TRAINING AND RETAINING OF HEALTH PROFESSIONS COMMITTED TO RURAL AND UNDERSERVED POPULATIONS	1,028	NONE	AREA HEALTH EDUCATION CENTER GRANT IS A COST REIMBURSABLE AWARD	2015-12-31	NO VERIFICATION NECESSARY SINCE GRANT IS REIMBURSEMENT

TY 2015 Investments - Other Schedule

Name: RURAL HEALTH DEVELOPMENT INC

EIN: 36-3769758

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONDAK IMAGING SERVICES	FMV	2,339,375	2,339,375

**TY 2015 Land, Etc.
Schedule****Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	17,997	0	17,997	17,997

TY 2015 Other Expenses Schedule**Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EDUCATION	82,694	0	82,694	0
OTHER EXPENSES	69,131	0	13,381	55,750
SUPPLIES	24,119	0	0	24,119
GRANT ADMINISTRATION	5,777	0	5,777	0

TY 2015 Other Income Schedule**Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
EQUITY IN EARNINGS OF MONDAK IMAGING SERVICES, LLC	209,910	17,814	
TRAINING AND EDUCATION	213,289		213,289

TY 2015 Other Professional Fees Schedule**Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MONTANA HEALTH NETWORK	26,554	0	26,554	0
CONSULTING	511	0	511	0

TY 2015 Taxes Schedule**Name:** RURAL HEALTH DEVELOPMENT INC**EIN:** 36-3769758

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	193	0	193	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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Name of the organization	Employer identification number
RURAL HEALTH DEVELOPMENT INC	36-3769758

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RURAL HEALTH DEVELOPMENT INC	Employer identification number 36-3769758
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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
—	See Additional Data Table 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization RURAL HEALTH DEVELOPMENT INC	Employer identification number 36-3769758
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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
	--		

Additional Data

Software ID:

Software Version:

EIN: 36-3769758

Name: RURAL HEALTH DEVELOPMENT INC

Form 990 Schedule B, 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	BILLINGS CLINIC HOSPITAL 2800 10TH AVENUE NORTH BILLINGS, MT 59101	\$ 51,920	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	NE MONTANA HEALTH SERVICES 1000 6TH AVENUE NORTH WOLF POINT, MT 59201	\$ 7,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	MONTANA HEALTH NETWORK 11 SOUTH 7TH STREET SUITE 241 MILES CITY, MT 59301	\$ 6,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY, MT 59301	\$ 10,600	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	FRANCES MAHON DEACONESS HOSPITAL 621 3RD SOUTH STREET GLASGOW, MT 59230	\$ 10,320	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	MONTANA AREA HEALTH EDUCATION CENTE 11 SOUTH 7TH STREET SUITE 241 MILES CITY, MT 59301	\$ 328,798	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
7	SIDNEY HEALTH CENTER 216 14TH AVENUE SW SIDNEY, MT 59270	\$ 5,720	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)