Rev. Proc. 2014-11

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

ument of the Treasury arnal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

,	amai	Revenue	e Service	► Information	about Fo	rm 990-PF and its separate	instructions is at www.irs	.gov/form990pf.	Open to Public Inspection			
	For ca	lenda	r year 2015, o	r tax year beginnin	ıg	7/01 , 2015	, and ending 6/3					
				EALTH TRUST			A	Employer Identification 46-6395023	number			
G	PO 1	OX (8666				В	Telephone number (see				
			A, MT 598	307				(406) 243-6	534			
					. .		с	If exemption application	n is pending, check here . 🟲 🔲			
-	G Ch	eck al	I that apply:	Initial return]	Initial return of a form	mer public charity D	D 1 Foreign organizations, check here				
_				Final return	1	Amended return	Į	2 Forman prominations n	neeting the 95% test check			
₹.				Address chan		Name change	(2 Foreign organizations meeting the 85% test, check here and attach computation				
4	H Ch		pe of organiz			1(c)(3) exempt private that the trust Other taxable		If private foundation st	لسا hatre was tarminated			
<u>, </u>	I Con	_				counting method: X C		under section 507(b)(1)				
털			l value of all asse II, column (c), lin			Other (specify)	ן ע					
	▶ 5			· · · · · · · · · · · · · · · · · · ·		, column (d) must be of	n cash basis.)	If the foundation is in a under section 507(b)(1)	(B), check here ▶			
2	Part			Revenue and	(1 Care 1)		STATUTE UNIT					
8				he total of amounts i	'n	(a) Revenue and expenses per books	STATUTE UNIT (b) Net investment RE income FD	(c) Adjusted net income	(d) Disbursements for charitable			
9		co	lumns (b), (c)), and (d) may not	neces-	onponeou per coord			purposes			
0			riiy equai the ee instruction	amounts in columi	1 (a)		JUN 04 202 0	1	(cash basis only)			
œ	>	1 1		rants, etc, received (attach scher	tule)				1,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			
4	>	2		foundation is not required to at		1	TPR BRANCH					
H	<u>, </u>		ب				OGDEN					
4	₹	3 4	-	nd temporary cash investments . t from securities		02 424	02 424	93,424	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
•		1 -		I HOM SOCIETIES		93,424.	93,424	93,424				
u J			Net rental income	e		* * * * *	= ;	-2.				
5	R	6 a	or (loss)	n sale of assats not on line 10 .		-43,167.	The second section is					
က္က	Ë		Gross sales price assets on line 6a	for all 1 012		14.0.20 A. 18.0.20 A.						
	V E	7		ncome (from Part IV, line		AND THE PARTY OF	0.					
2	Ñ	8		pital gain		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17	1. 473.55			
\supset	ñ	9	Income modificat	ions	• • • • •	学、表示证明 第20 00			St. March St. Com. St.			
\mathbf{Z}	_	10a	Gross sales less returns and					1 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
NO STATUTE ISSUE		Ь	allowances Less: Cost of	·		The second of th	FARESAN ACTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE STATE OF THE PARTY OF THE P			
Ö		١ ,	goods sold	(attach schedule),		****** (*) * (*) * (*)	The state of the s	 	TO THE PROPERTY OF			
Z		1	, , ,	tach schedule)			·		- C + 244 5 5 1 4 5 1			
			•	•								
		12	Total. Add lines	s 1 through 11		50,257.	93,424.	93,441				
-		13	Compensation of	officers, directors, truster	es, etc	13,195.			13,195.			
		14		salaries and wages								
				mployee benefits				<u> </u>	+			
	A D			h schedule)SEE (attach sch)SEE		2,745.		<u> </u>	2,745.			
	M			attach sch)SEE		1,200.	10 AF2-	CORRES	1,200.			
	ON	17	interest	•		18,453.	HECENTE	D IN CORRES OSC - 22				
	O P T R A T			eXsee instrs). SEE. S.	ÇM 4	5,326.		Į.	3,518.			
	R R	19	Depreciation (atta	ach .		3,320.	ADD	0 2 2020	3,323.			
	i i	1	-	pletion			APR		1 can is a significant			
	N V)		es, and meetings	1			LEN LITAH				
		1 .		ications		339.		EN, UTAH				
	A E N X D P	1	Other expenses (<u> </u>			
	Ë	\		SEE STATEME	NT 5	7,174.			225.			
	Ş	24		nd administrative			4.4.4.		20.005			
	ร	25	expenses. Add lin Contributions, grits, gr	nes 13 through 23 ants paid		48,432.	18,453.	 	20,883. 905,758.			
					. ***	905,758.	<u> </u>	 	905, 158.			
				nd disbursements. 25	[954,190.	18,453.	0	926,641.			
-			Subtract line 26 fa			552,250.	20 7.0 3.	*[
			Excess of revenu	•	ł	000 000	ੂਟ ਵੈਂ≲ • ਵ	}-	The second second			
		1.	and disbursemer		····· }	-903,933.	74 071					
		0	net investment ir	ncome (if negative, enter	····		74,971.	02 441	 			

Dar	i i	Balance Sheets Allached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	
r _s ai.	ri is	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,721.	12,483.	12,483.
	2	Savings and temporary cash investments		390,561.	
	3	Accounts receivable			
	1	Less: allowance for doubtful accounts	Determinately and the property of the state	- TOTAL WAREHAM OF LAND STOLL STEEL PORTON	Established standard to with the year.
	4	Pledges receivable	WHEN YOUR SEEDS	建筑建筑建筑建筑建筑	的是是的完全在大小 。
	~	Less: allowance for doubtful accounts ▶	The second state of the second	Beth Traditions that I was 12 . But	interest along in the same in the
	5	Grants receivable			
	1		}	 	
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			,
	·7	Other notes and loans receivable (attach sch)		經濟學的學習	建
S	1	Less: allowance for doubtful accounts			
Š	8	Inventories for sale or use			
ASSETS	_9	Prepaid expenses and deferred charges			
Ś.	10a	a Investments — U.S. and state government obligations (attach schedule)			
	1 1	Investments — corporate stock (attach schedule)STATEMENT : 6		141,862.	141,667.
	,	Investments — corporate bonds (attach schedule) 'STATEMENT'. 7	3,163,631.	3,429,945.	
	i	·	2.000 mm 医侧侧性 1000 mm	近かないなるないのである。	建筑的市场建筑建筑建设
	''	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)		٠.	
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis			
!		Less: accumulated depreciation (attach schedule)	Taken Better Care A der men ich der ander Sender	Sail of Contract of sail interior	And the state of t
	15 16	Other assets (describe ►)			
		see the instructions. Also, see page 1, item I)	4,878,784.	3,974,851.	4,009,683.
i	17	Accounts payable and accrued expenses:			
A	18	Grants payable	 		
B	19	Deferred revenue			
į.	20	Loans from officers, directors, trustees, & other disqualified persons			
T	21	Mortgages and other notes payable (attach schedule)			
i	22	Other liabilities (describe	l l		
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	4,878,784.	3,974,851.	
N F E N	25	Temporarily restricted			
- 13		Permanently restricted			
A B S A L A N S		Foundations that do not follow SFAS 117, check here • and complete lines 27 through 31.		-	
EL	יינ	Capital stock, trust principal, or current funds			
T-A	27 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
- CI		· · · · · · · · · · · · · · · · · · ·			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	4 070 704	2 004 053	
K 3	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances	4,878,784.	3,974,851.	
Dire	3040VI 4	(see instructions)	4,878,784.	3,974,851.	
		Analysis of Changes in Net Assets or Fund Balance			
		net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)			4,878,784.
20	Enter	amount from Part I, line 27a		2	-903, 933.
3	Other i	increases not included in line 2 (rtemize)		3	
4 .	Ađd I	ines 1, 2, and 3		4	3,974,851.
5	Decrea	ses not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30 6	3,974,851.

R	(a) List and describe	Losses for Tax on Investment the kind(s) of property sold (e.g., se; or common stock, 200 shares M	real estate,	(b) How acquir	red (C) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
_	_		EO Company)	D — Donation	<u> </u>		
	a SEE STATEMENT 8					 	
	c				 	 	
	d						
	е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) n		
	<u>a</u>						
	<u>b</u> ·						
	d d						
	e						
	Complete only for assets show	ving gain in column (h) and owned I	by the foundation on 12/31/	69	(I) Gains (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		gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
	а						
	b					 	
	<u>c</u>						
	<u>d</u> e .						
	Capital gain net income or (ne	et capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7			42 167	
3	Net short-term capital gain or	(loss) as defined in sections 1222(5		2	- 	-43,167.	
Ū		e 8, column (c) (see instructions). If		i		17.	
Pa		r Section 4940(e) for Reduce	d Tax on Net Investm		<u></u>		
Wa:	es, the foundation does not qua	this part blank. ction 4942 tax on the distributable a alify under section 4940(e). Do not c each column for each year; see the ins	omplete this part.		Yes	X No	
<u>-</u> -	(a) Base period years	(b)	(c)		(d)		
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	ets (co	Distribution ol. (b) divided by		
	2014	799,537.	5,124	, 396.		0.156026	
	2013	1,193,289.		3,938.		0.244329	
	2012	364,889.	5,109	,274.		0.071417	
	2011 2010						
	2010	<u></u>					
2	Total of line 1, column (d)			2	_ [0.471772	
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the t n has been in existence if less than	otal on line 2 by 5, or by th 5 years	e 3		0.157257	
4	Enter the net value of nonchar	itable-use assets for 2015 from Parl	X, line 5	4	4	1, 354, 951.	
5	Multiply line 4 by line 3			5		684,847.	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		750.	
7	Add lines 5 and 6			7		685,597.	
8	Enter qualifying distributions from	om Part XII, line 4		8		926,641.	
	If line 8 is equal to or greater that Part VI instructions.	n line 7, check the box in Part VI, line	1b, and complete that part us	sing`a´1% tax	rate. See the		

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46-6395023

Page 3

Pai	Excise Tax Based on Investment Income (Section 4940(a), 494	10(b).	4940(e), or 4948	- see	instru	ctions)	1,7	٠. ٧٢
	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'h			 7				13.00
	Date of ruling or determination letter: (attach copy of letter if necessar		-		Marie .	establish - 1 Charles	مسكار بالمامة يمتاعنا	de america
1	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1 [750.		
	check here. ► X and enter 1% of Part I, line 27b					医溶液素		建學等
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, I					是指量	機能	新泽东
			_	•				\$15 1350
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	<u> </u>		750		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		4			· 0.		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0								750.
_	Credits/Payments:				200			STATE OF THE PARTY
	2015 estimated tax pmts and 2014 overpayment credited to 2015.	6a						
	Exempt foreign organizations — tax withheld at source	-						然影響
	: Tax paid with application for extension of time to file (Form 8868)			747.		2 / h		學量
	Backup withholding erroneously withheld			• • • •				
	Total credits and payments. Add lines 6a through 6d.				-7	SELECTION CONTRACTOR OF) Consisted	747.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 22				8			, , , ,
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.				9			3
10	Overnayment of line 7 is more than the total of lines 5 and 8 enter the amount overnaid				10			
.11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	i	Refunded					
	tVIIA Statements Regarding Activities							
		- 1	Llagialation as d	[a] (A		2.0	Ye	s No
ıa	During the tax year, did the foundation attempt to influence any national, state, o participate or intervene in any political campaign?	rioca	i legislation or d				a	Х
	• • • • • • • • • • • • • • • • • • • •							
	Did it spend more than \$100 during the year (either directly or indirectly) for politi (see Instructions for the definition)?	icai pi	urposes			1	ь	Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies			od		***	多數	:添器 豫
	or distributed by the foundation in connection with the activities.	or arry	materials publish	cu				
c	Did the foundation file Form 1120-POL for this year?						C	Î Î
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during	g the year:			魖		第22章 董
	(1) On the foundation >\$ 0. (2) On foundation many	agers	►\$	·		0.		語語
е	Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditu	re tax imposed oi	1				
2	foundation managers • \$ 0.	ad ta	the IDC?			2	建 統	SE TOTAL
2	Has the foundation engaged in any activities that have not previously been report	eu io	the instance.	• • • • • •				X Section 3
	If 'Yes,' attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformation of the instruments in	ing ins	trument, articles	200		3	经 表表现	
							a	$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more durin if 'Yes,' has it filed a tax return on Form 990-T for this year?							
E 0	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							N/A X
3	If 'Yes,' attach the statement required by General Instruction T.			•• •••	••••		# # S	
۵,	Are the requirements of section 508(e) (relating to sections 4941 through 4945) so	aticfia	d either:					
O	 By language in the governing instrument, or 	atishe	u eillier.			·		
						·		
	• By state legislation that effectively amends the governing instrument so that no manda with the state law remain in the governing instrument?					6	35 Miles	V CONTRACTOR
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, c							X
	Enter the states to which the foundation reports or with which it is registered (see							新疆教
J 4	MT			–		-		變變值
L		zol				- 🕞		
0	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by General Instruction G? If 'No,' attach explanation					8	b X	
9	Is the foundation claiming status as a private-operating foundation within the mea		of section 1912/	1)(3) 0-	1012/2	450		建设
3	for calendar year 2015 or the taxable year beginning in 2015 (see instructions for	Part >	XIV)? If 'Yes,' a	omplete	Part			X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a s						1	\top
	and addresses				<u></u> .	10		X
AA Form							90-PF	(2015)

Form 990-PF (2015) MONTANA MENTAL HEALTH TRUST	46-6395023	3	Pag	ge 5
Part VII-A Statements Regarding Activities (continued)	<u> </u>		١	·
11 `At any time during the year, did the foundation, directly or indirectly, own a controlled enti- within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	ty	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a distribution advisory privileges? If 'Yes,' attach statement (see instructions)	qualified person had	12		Х
13 Did the foundation comply with the public inspection requirements for its annual returns ar		13	X	
Website address WWW .MMHT.ORG	Tolophono no h (405)	200	E040	
14 The books are in care of HON. DAVID G. RICE Located at PO BOX 8666 MISSOULA MT	Telephone no. ► (406) _ ZIP + 4 ► 59807	399-	3940	<u>-</u> -
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —		N/A.		T
and enter the amount of tax-exempt interest received or accrued during the year				_ /A
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other		1		No
bank, securities, or other financial account in a foreign country?		16		X
 See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country 				感
Part VII:B Statements Regarding Activities for Which Form 4720 May Be R	Required	S.C.Sast .		
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes I	No ≅ek ∗
1 a During the year did the foundation (either directly or indirectly):				2727 c
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?				و کر موکر او کرموانیت
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?				
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				
(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 X No			
(6) 'Agree to pay money or property to a government official? (Exception, Check 'No' if the			多數	
(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 X No			
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions d Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see	lescribed in instructions)?	1 b	A VN	
Organizations relying on a current notice regarding disaster assistance check here				1314.55 12.65
c Did the foundation engage in a prior year in any of the acts described in 1a, other than except that were not corrected before the first day of the tax year beginning in 2015?	cepted acts,	1 c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	on was a .			落
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 XNo			
If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20	Tres VINO			
b Are there any years listed in 2a for which the foundation is not applying the provisions of s (relating to incorrect valuation of assets) to the year's undistributed income? (If applying se all years listed, answer 'No' and attach statement — see instructions.)	ection 4942(a)(2) to	2 b	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list				
► 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 X No			
b If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or be (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form determine if the foundation had excess business holdings in 2015.).		3 b	N/A	温温学
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		<u>x_</u>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	could	4 b		X
BAA		n 990-l	PF (20	15)

Forr	n 990-PF (2015) MONTANA MENTAL HEALTH TRUST	46-6395023	Page 7
Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employee	s,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NO	NE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Com	pensation
NO	VE		
		ļ	
			-
Tota	number of others receiving over \$50,000 for professional services		0
Par	Summary of Direct Charitable Activities		
List the	e foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc.	Ехре	enses
1	N/A		
2	<u>.</u>		
3			-
			,
4			
	Summary of Program-Related Investments (see instructions)		
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amo	ount
1	N/A		
_			,
2			
	ther program-related investments. See instructions.		
3			
	Add lines 1 through 3	▶	0.
BAA		Form 990	-PF (2015)

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BAA

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see instructions.)	oreign id	oungations, *
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		4,200,237.
b Average of monthly cash balances		221,033.
c Fair market value of all other assets (see instructions)	1c	, ,
d Total (add lines 1a, b, and c)	1d	4,421,270.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		•
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	4,421,270.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	66,319.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,354,951.
6 Minimum investment return. Enter 5% of line 5		217,748.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► ☐ and do not complete this part.)	ating fou	ındations
1 Minimum investment return from Part X line 6	1	217,748.
2 a Tax on investment income for 2015 from Part VI, line 5	· 333	
b Income tax for 2015. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	. 2c	750.
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	216,998.
4 Recoveries of amounts treated as qualifying distributions	. 4	
5 Add lines 3 and 4	. 5	216,998.
6 Deduction from distributable amount (see instructions)	. 6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	216, 998.
Rart XIII 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	926,641.
b Program-related investments — total from Part IX-B	. 1b	
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)		
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		926,641.
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)		750.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		925,891.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies 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				216,998.
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				
b -From-2011				
c From 2012				
d From 2013 950, 382.				
e From 2014				
f Total of lines 3a through e	1,604,455.			The state of the s
4 Qualifying distributions for 2015 from Part				
XII, line 4: \$ 926, 641.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		O.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2015 distributable amount	國國際企業的基礎			216,998.
e Remaining amount distributed out of corpus.	709,643.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d); the same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,314,098.			
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		0.0		
e-Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount — see instructions			O.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016.				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).	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	2,314,098.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012 108, 948.				
c Excess from 2013 950, 382 .				
d Excess from 2014 545, 125.				
e Excess from 2015 709, 643 .				

The state of the s

Form 990-PF (2015) MONTANA MENTAL H				46-6395023	
Part XIV Private Operating Founda					N/A <u>:</u>
1 a If the foundation has received a ruling or determined is effective for 2015, enter the date of the				ruing	,
b Check box to indicate whether the founda	tion is a private ope	erating foundation o	described in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
each year listed			 		
b 85% of line 2a c Qualifying distributions from Part XII,	<u> </u>		 		
line 4 for each year listed	<u></u>		 		
for active conduct of exempt activities			ļ		
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	İ	
(1) Value of all assets	<u> </u>		 		
(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)	~,	<u> </u>	 		
(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					
Rart XV Supplementary Information assets at any time during the	(Complete this e vear — see in:	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Management			·		
a List any managers of the foundation who have close of any tax year (but only if they have	contributed more th	an 2% of the total co	ontributions received by	y the foundation befo	re the
NONE	contributed more	пан фэ,000). (Зее	Section 507 (a)(2).)		
h list and a second file for all lists the	100/		o des en en sella leven	and an of the aurean	hin of
b List any managers of the foundation who own a partnership or other entity) of which the NONE	foundation has a 10	stock of a corporation Stock of greater interest	in (or an equally large est.	portion of the owners	nip oi
2 Information Bounding Contribution Con-	A Ciff Loon Sabal	anabin ata Dunava			
2 Information Regarding Contribution, Gran Check here ☐ if the foundation only ma				es not accept unsolu	cited
requests for funds. If the foundation make complete items 2a, b, c, and d.					
a The name, address, and telephone number or	e-mail address of th	e person to whom a	pplications should be a	ddressed:	
SEE STATEMENT 10			 		
b The form in which applications should be s	submitted and inforr	nation and materia	is they should include	e:	
SEE STATEMENT FOR LINE 2A					
c Any submission <u>déadlinés:</u>					
SEE STATEMENT FOR LINE 2A	·		· · · · · · · · · · · · · · · · · · ·		
_d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitat	ble fields, kinds of ins	stitutions, or other f	actors:
SEE STATEMENT FOR LINE 2A					

Enter gross amounts unless otherwise	indicated. Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt - function income (See instructions.)
a	 				•.;
b				 -	,,,,
С					13.5
d					
e			1		
f					
g Fees and contracts from governm	nent agencies				
2 Membership dues and assessmer	<u> </u>		t		
3 Interest on savings and temporary cash in		<u> </u>			
4 Dividends and interest from secur	L	-	14	93,424.	
5 Net rental income or (loss) from t					
a Debt-financed property		Control of Control of Control of Control	Article 2000 200 5-101 0	AND THE PERSON OF THE PERSON OF THE PERSON	- American Control of
b Not debt-financed property	 		 		
6 Net rental income or (loss) from personal	L		 -		
7 Other investment income					
8 Gain or (loss) from sales of assets other to			18	-43,167.	
9 Net income or (loss) from special	•		1	13,10,.	
10 Gross profit or (loss) from sales of	[
11 Other revenue:		· · · · · · · · · · · · · · · · · · ·		12:15-11: 110Y-11:15	对国家的现在分词是一个
a	200 100 100 100 100 100 100 100 100 100	と と と と と と と と と と と と と と と と と と と	William Palling	Mary Same Same Street	To the transfer of the second section of the
b					
С			 		
d ·			 		
			 		
12 Subtotal. Add columns (b), (d), ar	nd (a) ho		232	50,257.	
13 Total. Add line 12, columns (b),	(d) and (e)				50,257.
See worksheet in line 13 instructions t					30,237.
Rait XVI:B: Relationship of Ad	tivities to the Accompl	ishment of Exemp	t Purpose	S	
Line No. Explain below how each ac accomplishment of the four	ctivity for which income is reprinted in the street of the	orted in column (e) of P	Part XVI-A co	ontributed important	y to the instructions.)
N/A					
					· · · · · · · · · · · · · · · · · · ·
					
			·		
	 				
	· · · · · · · · · · · · · · · · · · ·				
				•	

Par	XVII Information Regarding	Transfers T	o and	Transactions and	Relationships	With Noncharitable
<u> </u>	Fyempt Organizations				•	

								1888.60	Yes	No
1 Did t desc relati	he organization directly ribed in section 501(c) ing to political organiza	/ or indirectly e of the Code (o itions?	engage in any other than secti	of the following ion 501(c)(3) org	with any (janization	other organizati s) or in section	on 527,	S. Marie	162	141
	sfers from the reporting								. `	ł
	Cash									X
(2)	Other assets				• • • • • • • •					X
b Othe	r transactions:							1.40 m		
	Sales of assets to a nor									<u> </u>
• •	Purchases of assets fro		•	_					L	X
	Rental of facilities, equi	•							L	X
	Reimbursement arrange									X
	oans or loan guarantee									X
• •	Performance of services		•	-					[X
c Shari	ing of facilities, equipm	ent, mailing lis	sts, other asse	ts, or paid empl	oyees	• • • • • • • • • • • • • • • • • • • •		1c	<u> </u>	<u> X</u>
d If the the go any to	answer to any of the a oods, other assets, or se ransaction or sharing a	above is 'Yes,' rvices given by terrangement, sl	complete the the the reporting for how in column	following scheduundation. If the fo	ile. Colum oundation if the good	nn (b) should al received less tha ls. other assets	ways show the n fair market v , or services r	e fair market val alue ın eceived,	ue of	
(a) Line no.	(b) Amount involved		of noncharitable ex					ns, and sharing arrar	ngement	ts
N/A		 			一 `	 				
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		l								
	foundation directly or indibed in section 501(c) of section 501(c) of section following.		l with, or related ther than section	I to, one or more on 501(c)(3)) or	tax-exemp in section	ot organizations 1 527?		Yes	X	No
	(a) Name of organization	on	(b) Typ	e of organization	n	(0) Description	of relationship		
N/A										
		1								
<u>-</u> ,			\							
Unde	r penalties of perjuly, I declare ct, and complete. Declaration	: hat have examin of preparer (other the	ned this return, incl han taxpayer) is ba	uding accompanying sed on all information	schedules ar n of which pr	nd statements, and to eparer has any know	o the best of my ki rledge.	nowledge and belief, i	t is true,	
Sign 🔽 🗥		/// //		0/10	,		· ·	May the IF		
lere 🔼		I de	2	16/12/	9 D ,	RUST DIRE	ርጥር	this return preparer s	hown be	elow
Sig	nature of officer or trustee			Date		tle	CION	(see instru	rctions); Yes	Z No
	Print/Type preparer's nam		Preparer's			Date	Check	IF PTIN		140
Daid	BECKY M. HOL		Pech		OL OPA	L .		- 1"	104	
Paid Proparer				1	7)				104	
reparer Ise Only		OYLE, DEVI 05 SOUTH		ER, P.C. SUITE 200	<u></u>		Firm's EIN - 8	1-0390489		
, se Unity			MT 59801	JULIE ZUU	 -		Phone no. (406) 721-3	555	
AA		יאמיסטעלי וי	11 0001			<u></u>		400) 721-3 Form 990		2015
								Lotte 220	-FF (2	.u13)

2015	FEDERAL STATEMENTS	PAGE 1
	MONTANA MENTAL HEALTH TRUST	46-6395023
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,745. TOTAL \$ 2,745. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 2,745. \$ 2,745.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 1,200. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 1,200. \$ 1,200.
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT MANAGEMENT FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 18,453. \$ 18,453. TOTAL \$ 18,453. \$ 18,453. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES		
990-PF TAXESPAYROLL TAXES	3,518.	(D) CHARITABLE PURPOSES \$ 3,518. \$ 3,518.

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MONTANA MENTAL HEALTH TRUST

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STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	·	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
E&O INSURANCE OFFICE SUPPLIES POSTAGE TELEPHONE WEB DESIGN WORK COMP INS	\$	6,357. 20. 70. 362. 140. 225. 7,174.	<u>\$</u> 0.	<u>\$ 0.</u>	\$ 225. \$ 225.

STATEMENT 6 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

·	UATION BOOK ETHOD VALUE	FAIR MARKET VALUE
APPLE INC BANK OF NOVA SCOTIA CISCO SYSTEMS CISCO SYSTEMS COST EBAY INC EMC CORP EXPRESS SCRIPTS HONEYWELL INTERNATIONAL PEPSICO INC RIO TINTO FIN USA LTD WAL-MART STORES INC SSHIX WELLS FARGO ULTRA SHORT TERM INCOME FUND COST	\$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	· · · · · · · · · · · · · · · · · · ·

STATEMENT 7 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION METHOD		BOOK VALUE	FAIR MARKET VALUE
AFLAC INC	COST	\$	50,719.	\$ 50,548.
AMERICAN EXPRESS CREDIT	COST	-	50,036.	50,222.
AT&T INC	COST		100,367.	100,273.
BANK OF AMERICA	COST		100,721.	102,327.
BANK OF NY MELLON	COST		98,961.	100,349.
BOEING CAPITAL CORP	COST		106,928.	103,886.
BB&T CORP	COST		50,508.	51,394.
CITIGROUP INC	COST		50,775.	50,890.
COMCAST CORP	COST		102,412.	106,929.
DEUTSCHE BANK AG LONDON	COST		100,894.	100,201.
DTE ENERGY	COST		103,501.	107,705.
DUKE ENERGY	COST		100,455.	100,887.
E.I. DU PONT DE NEMOURS	COST		99,182.	102,629.

PAGE:

MONTANA MENTAL HEALTH TRUST

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION METHOD		BOOK VALUE	FAIR MARKET VALUE
GENERAL ELECTRIC CAP CORP	COST	\$	100,000.	\$ 99,648.
GOLDMAN SACHS GROUP	COST	•	101,464.	101,344.
HEWLETT-PACKARD	COST		17,428.	17, 957.
JOHN DEERE CAPITAL CORP	COST		106,024.	102,213.
JPMORGAN CHASE & CO	COST		106,230.	100,000.
KELLOGG CO	COST		104,111.	109,605.
MIDAMERICAN ENERGY	COST		101,011.	103,358.
MORGAN STANLEY	COST		50,252.	50,523.
NORTHROP GRUMMAN CORP	COST		99,700.	100,957.
ORACLE CORP	COST		100,153.	100,112.
PACCAR FINANCIAL CORP	COST		49,979.	50,337.
PARKER-HANNIFIN CORP	COST		53,360.	54,893.
PFIZER INC	COST		99,638.	106,677.
RAYTHEON CORP	COST		102,250.	107,194.
STATE STREET CORP	COST		49,511.	50,296.
SATOIL ASA	COST		100,159.	99,400.
SUNTRUST BANKS	COST		100,386.	101,558.
TEXAS INSTRUMENTS INC	COST		99,549.	101,316.
TORONTO-DOMINION BANK	COST		50,539.	51,309.
UNITED TECHNOLOGIES CORP	COST		102,439.	100,765.
WATSON PHARMACEUTICALS	COST		99,672.	100,499.
MERCK & CO INC	COST		109,661.	111,095.
PNC FUNDING	COST		50,254.	50,115.
ROYAL BANK OF CANADA	COST		50,004.	51,375.
TARGET CORP	COST		107,937.	109,218.
TOYOTA MOTOR CREDIT CORP	COST		50,233.	50,122.
US BANKCORP	COST		51,412.	51,613.
VISA INC	COST		50,765.	51,554.
WESTPAC BANKING CORP	COST	1	50,365.	51,679.
	TOTAL	\$	3,429,945.	\$ 3,464,972.

STATEMENT 8 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	ACQUIRED	ACQUIRED	SOLD
1	34052.213 WELLS FARGO ADV SHORT-TERM BOND FU	ND		
		PURCHASED	11/26/2013	7/24/2015
2	35460.993 WF ADV ULTA SHORT-TERM	PURCHASED	4/09/2014	7/24/2015
3	570.776 WELLS FARGO ADV SHORT-TERM BOND FUND			
		PURCHASED	12/22/2014	7/24/2015
4	100000 CITIGROUP INC	PURCHASED	3/06/2013	11/06/2015
5	100000 EBAY INC	PURCHASED	2/11/2014	12/10/2015
6	83000 HEWLETT PACKARD INC	PURCHASED	4/15/2014	10/16/2015
7	100000 VR BANK OF NOVA SCOTIA .	PURCHASED	7/11/2014	12/17/2015
8	100000 VR CISCO SYSTEM	PURCHASED	7/11/2014	12/17/2015
9	591.716 WF ADV ULTA SHORT-TERM	PURCHASED	4/09/2014	11/17/2015
10	1183.432 WF ADV ULTA SHORT-TERM	PURCHASED	4/09/2014	12/08/2015
11	100000 EMC CORP	PURCHASED	11/21/2014	7/29/2016
12	100000 EXPRESS SCRIPTS	PURCHASED	6/21/2013	3/02/2016
13	100000 HONEYWELL INTERNATIONAL	PURCHASED	6/21/2013	3/15/2016
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MONTANA MENTAL HEALTH TRUST

46-6395023

TOTAL \$ -43,167.

STATEMENT 8 (CONTINUED) FORM 990-PF, PART IV, LINÉ 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

TITEM		,								
14 100000 APPLE INC		TMEM		(N), DB	CONTRACTON					(D) DATE
15			400000 300		SCRIPTION					
16					.= 2					5/03/2016
17					Y					4/29/2016
TEM								IASED 3	/06/2013 -	5/10/2016
(E) (F) (G) (H) (I) (J) (K) (L) (ROSS DEPREC. COST GAIN FMV ADJ. BAS. EXCESS ADJ. BAS. EXCESS GAIN FMV ADJ. BAS. EXCESS ADJ. BAS. EXCESS GAIN FMV ADJ. BAS. EXCESS A										6/22/2016
TITEM SALES ALLOWED BASIS (LOSS) 12/31/69 12/31/69 (I) - (J) (LOSS) (I) - (J) (LOSS) 12/31/69 (I) - (J) (LOSS) (I) - (J) (I) (LOSS) (I) - (J) (I) (LOSS) (I) - (J) (I)		18	100000 WAL	-MART STOR	ES INC		PURCH	IASED 6,	/21/2013	4/15/2016
TITEM SALES ALLOWED BASIS (LOSS) 12/31/69 12/31/69 (I) - (J) (LOSS) (I) - (J) (LOSS) 12/31/69 (I) - (J) (LOSS) (I) - (J) (I) (LOSS) (I) - (J) (I) (LOSS) (I) - (J) (I)										
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ITEM SALES ALLOWED BASIS (LOSS) 12/31/69 12/31/69 (I) - (J) (LOSS) 1 299,319. 300,000. -681. \$ 2 300,000. 302,837. -2,837. -2,837. 3 5,017. 5,000. 17. 4 104,064. 110,401. -6,337. -6, 5 99,330. 100,115. -785. -785. 6 88,570. 85,359. 3,211. 3, 7 100,000. 100,445. -445. -4 8 99,088. 100,562. -1,474. -1, 9 5,000. 5,053. -53. -1, 10 10,000. 10,000. 0. -4, 12 100,518. 104,523. -4,005. -4, 13 100,000. 111,619. -11,619. -11, 14 100,000. 106,295. -6,295. -6, 16 100,000. 105,461.										
1 299,319. 300,000. -681. \$ 2 300,000. 302,837. -2,837. -2, 3 5,017. 5,000. 17. 4 104,064. 110,401. -6,337. -6, 5 99,330. 100,115. -785. -6, 6 88,570. 85,359. 3,211. 3, 7 100,000. 100,445. -445. -4 8 99,088. 100,562. -1,474. -1, 9 5,000. 5,053. -53. -1, 10 10,000. 10,000. 0. -4, 11 95,270. 99,554. -4,284. -4, 12 100,518. 104,523. -4,005. -4, 13 100,000. 111,619. -11,619. -11, 14 100,000. 100,000. 0. 15 100,000. 106,295. -6,295. -6, 16 100,000. 105,461. -5,461. -5, 17 106,972. 103,913. 3,059.		ITEM								(LOSS)
2 300,000. 302,837. -2,837. -2, 3 5,017. 5,000. 17. 4 104,064. 110,401. -6,337. -6, 5 99,330. 100,115. -785. - 6 88,570. 85,359. 3,211. 3, 7 100,000. 100,445. -445. - 8 99,088. 100,562. -1,474. -1, 9 5,000. 5,053. -53. -53. 10 10,000. 10,000. 0. 11 95,270. 99,554. -4,284. -4, 12 100,518. 104,523. -4,005. -4, 13 100,000. 111,619. -11,619. -11, 14 100,000. 100,000. 0. -11,000. 0. 15 100,000. 106,295. -6,295. -6, 16 100,000. 105,461. -5,461. -5, 17 106,972. 103,913. 3,059. 3,059.		1								
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STATEMENT 9 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/OTHER
AMBER SPRING PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	\$ 0.	\$ 0.	\$ 0.
DR GARY MIHELISH PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.75	0.	0.	0.
REBECCA DE CAMARA PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	· 0.	0.	0.

2015

FEDERAL STATEMENTS

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MONTANA MENTAL HEALTH TRUST.

46-6395023

STATEMENT 9 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
	ZOE BARNARD PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	\$ 0.		\$ 0.
•	SHERIFF DAN TRONRUD PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	0.	0.	0.
	HONOR PATRICIA O'BRIEN COTTER PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	0.	0.	0.
١	DR. IAN MCGRANE PO BOX 8666 MISSOULA, MT 59807	TRUSTEE 0.50	0.	0.	.0.
•	HON. DAVID G. RICE PO BOX 8666 MISSOULA, MT 59807	TRUST DIRECTOR 4.50	13,195.	0.	. 0.
•		TOTAL	\$ 13,195.	\$ 0.	<u>\$ 0.</u>

STATEMENT 10 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

GRANTS

NAME:

MONTANA MENTAL HEALTH TRUST

CARE OF:

HON. DAVID G. RICE

STREET ADDRESS:

PO BOX 8666

CITY, STATE, ZIP CODE: TELEPHONE:

MISSOULA, MT 59807 (406) 243-6534

E-MAIL ADDRESS:

MONTANAMHT@GMAIL.COM

FORM AND CONTENT:

THE FOUNDATION REQUIRES A WRITTEN GRANT REQUEST DESCRIBING THE CHARITABLE PROGRAM TO BE SUPPORTED BY THE REQUESTED GRANT. SECTION 501(C)(3) ORGANIZATIONS, OTHER THAN A RECOGNIZED CHURCH, MUST PROVIDE A COPY OF THEIR IRS

DETERMINATION LETTER WITH THE GRANT REQUEST. APPLICATION FORM AND ALL REQUIREMENTS OF GRANTEES IS PROVIDED ON THE FOUNDATION'S WEBSITE WWW.MMHT.ORG.

SUBMISSION DEADLINES:

SEPTEMBER 30TH

RESTRICTIONS ON AWARDS:

THE "GRANT APPLICATION GUIDLINES" OF THE TRUST, PROVIDED AT IT WEBSITE, IDENTIFY FIVE PROJECT TYPES THAT ARE

PROVIDED PREFERENTIAL CONSIDERATION PURSUANT TO THE TRUST'S GRANTMAKING POLICIES. DETAILED DESCRIPTIONS OF

THESE PROJECT TYPES ARE PROVIDED AT WWW.MMHT.ORG.

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MONTANA MENTAL HEALTH TRUST

46-6395023

STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

	NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
	DEPT OF PUBLIC HEALTH & HUMAN SERVICES STATE OF MONTANA PO BOX 4210 HELENA MT 59601	NONE	GOV	YOUTH COMMUNITY PROGRAMS GRANT 236	\$ 593,683.
	WESTERN MONTANA MENTAL HEALTH CENTER 106 W BROADWAY ST BUTTE MT 59701	NONE	PC	PROVIDE CRISIS INTERVENTION TRAINING.	68,515.
	PROVIDENCE ST JOSEPH MEDICAL CENTER 6 13TH AVE E POLSON MT 59860	NONE	PC	INTEGRATE BEHAVIORAL HEALTH SERVICES	20,000.
¥	BIG SKY REGIONAL COUNCIL 2620 COLONIAL DR, STE B HELENA MT 59601	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	10,000.
	GALLATIN COUNTY SHERIFF CIT MT .615 SO 16TH AVE BOZEMAN MT 59715	NONE	GOV	CIT FOR EMERGENCY RESPONDERS	83,148.
	RIVERFRONT MENTAL HEALTH CENTER 209 N 10TH ST HAMILTON MT 59840	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	85,025.
	BILLINGS CLINIC FOUNDATION PO BOX 3101 BILLINGS MT 59107	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	33,387.
	EASTERN MONTANA MENTAL HEALTH 2508 WILSON MILES CITY MT 59301	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	12,000.
		·		TOTAL	\$ 905,758.

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MONTANA MENTAL HEALTH TRUST

46-6395023

STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
DEPT OF PUBLIC HEALTH & HUMAN SERVICES STATE OF MONTANA PO BOX 4210 HELENA MT 59601	NONE	GOV	YOUTH COMMUNITY PROGRAMS GRANT 236	\$ 593,683.
WESTERN MONTANA MENTAL HEALTH CENTER 106 W BROADWAY ST BUTTE MT 59701	NONE	PC	PROVIDE CRISIS INTERVENTION TRAINING.	68,515.
PROVIDENCE ST JOSEPH MEDICAL CENTER 6 13TH AVE E POLSON MT 59860	NONE	PC	INTEGRATE BEHAVIORAL HEALTH SERVICES	20,000
BIG SKY REGIONAL COUNCIL 2620 COLONIAL DR, STE B HELENA MT 59601	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	10,000.
GALLATIN COUNTY SHERIFF CIT MT 615 SO 16TH AVE BOZEMAN MT 59715	NONE	GOÑ	CIT FOR EMERGENCY RESPONDERS	83,148.
RIVERFRONT MENTAL HEALTH CENTER 209 N 10TH ST HAMILTON MT 59840	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	85,025.
BILLINGS CLINIC FOUNDATION PO BOX 3101 BILLINGS MT 59107	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	33, 387.
EASTERN MONTANA MENTAL HEALTH 2508 WILSON MILES CITY MT 59301	NONE	PC	SUPPORT MENTAL HEALTH SERVICES	12,000.
			TOTAL	\$ 905,758.