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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	46,190	66,790	66,790
	2 Savings and temporary cash investments	9,408,650	28,205,474	28,205,474
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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	4,000	10,273	10,273
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	47,544,400	51,310,942	51,310,942
	c Investments—corporate bonds (attach schedule)	19,960,013	20,258,898	20,258,898
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	25,306,735	36,652,258	36,652,258
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	0	83,447	83,447	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	102,269,988	136,588,082	136,588,082	
Liabilities	17 Accounts payable and accrued expenses	50,159	37,465	
	18 Grants payable	829,740	964,711	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	879,899	1,002,176	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	101,390,089	132,585,906	
	25 Temporarily restricted	0	3,000,000	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	101,390,089	135,585,906	
31 Total liabilities and net assets/fund balances (see instructions) .	102,269,988	136,588,082		

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	101,390,089
2 Enter amount from Part I, line 27a	2	30,096,128
3 Other increases not included in line 2 (itemize) ▶ _____	3	4,099,689
4 Add lines 1, 2, and 3	4	135,585,906
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	135,585,906

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a WTC CTF RESEARCH EQUITY PORTFOLIO	P	2016-01-01	2016-12-31
b MARSHALL WACE FD PLC	P	2016-04-01	2016-10-01
c CAPITAL GAINS FROM SCHEDULES K-1		2016-01-01	2016-12-31
d CAPITAL GAINS DIVIDENDS	P		
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 66,175		69,518	-3,343
b 16,942		16,137	805
c 279,130			279,130
d 447,837			447,837
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-3,343
b			805
c			279,130
d			447,837
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	724,429
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))
2015	2,050,246	92,224,461	0 022231
2014	1,379,543	44,399,808	0 031071
2013	0	39,185,715	0 000000
2012			
2011			

2 Total of line 1, column (d)	2	0 053302
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 017767
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	119,846,523
5 Multiply line 4 by line 3	5	2,129,313
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18,316
7 Add lines 5 and 6	7	2,147,629
8 Enter qualifying distributions from Part XII, line 4	8	4,164,679

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	18,316
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	18,316
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	18,316
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	10,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	17,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	27,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> 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	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	8,684
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 8,684 Refunded ▶	11	0

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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
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 2016 or the taxable year beginning in 2016 (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 WWW MTHCF ORG	13	Yes	
14	The books are in care of TED MADDEN Telephone no (406) 451-7060			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
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 2016? <input type="checkbox"/>	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 2015 , 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). <input type="checkbox"/>	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 2015 , 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 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?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	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 2016?	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))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
THEODORE MADDEN 777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	COO 40 00	86,587	12,893	0
SCOTT MALLOY 777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	SNR PROGRAM OFFICER 40 00	85,708	9,246	0
Total number of other employees paid over \$50,000. ▶				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MANATT PHELPS & PHILLIPS LLP 11355 W OLYMPIC BLVD LOS ANGELES, CA 90064	HEALTHCARE CONSULTANT	250,000
MONTICELLO ASSOCIATES 1800 LARMIER ST DENVER, CO 80202	INVESTMENT ADVISOR	200,000
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH 1400 K STREET STE 400 WASHINGTON, DC 20005	HEALTHCARE CONSULTANT	68,149
WELLINGTON TRUST CO NA 2 EMBARCADERO CENTER STE 1645 SAN FRANCISCO, CA 94111	INVESTMENT MANAGEMENT	65,726
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 AMERICAN INDIAN HEALTH SEE STATEMENT 13	80,000
2 BEHAVIORAL HEALTH SEE STATEMENT 13	130,000
3 PARTNERSHIPS FOR BETTER HEALTH SEE STATEMENT 13	50,000
4 STRENGTHENING MONTANA'S SUBSTANCE USE DISORDER (SUD) PREVENTION AND TREATMENT SYSTEM SEE STATEMENT 13	200,000

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	68,779,015
b	Average of monthly cash balances.	1b	20,099,508
c	Fair market value of all other assets (see instructions).	1c	32,793,074
d	Total (add lines 1a, b, and c).	1d	121,671,597
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	121,671,597
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,825,074
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	119,846,523
6	Minimum investment return. Enter 5% of line 5.	6	5,992,326

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

1	Minimum investment return from Part X, line 6.	1	5,992,326
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	18,316
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	18,316
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,974,010
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	5,974,010
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	5,974,010

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	4,164,679
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	4,164,679
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	18,316
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,146,363

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				5,974,010
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			4,356,594	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 4,164,679				
a Applied to 2015, but not more than line 2a			4,164,679	
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 2016 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			191,915	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				5,974,010
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 2011 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> 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 e-mail address of the person to whom applications should be addressed MONTANA HEALTHCARE FOUNDATION 777 E MAIN SUITE 206 BOZEMAN, MT 59715 (406) 451-7060	
b The form in which applications should be submitted and information and materials they should include THE GRANT APPLICATION FORM IS AVAILABLE ONLINE AT WWW.MTHCF.ORG	
c Any submission deadlines VARIES	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS RESTRICTED TO MONTANA BASED ORGANIZATIONS WHICH ARE EITHER TAX EXEMPT AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (EXCLUDING PRIVATE FOUNDATIONS), TAX EXEMPT EDUCATION INSTITUTIONS, STATE, TRIBAL, OR LOCAL GOVERNMENT AGENCIES	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	2,915,373
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	933,976

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2016)

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[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.

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

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER BECKER HARRIS		2017-10-03		P00183358
	Firm's name ▶ CLARK NUBER PS				Firm's EIN ▶ 91-1194016
	Firm's address ▶ 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004				Phone no (425) 454-4919

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WILLIAM UNDERRINER	TREASURER 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
MICHAEL HARRINGTON	TRUSTEE 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
DENIS PRAGER	CHAIRMAN 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
MIGNON WATERMAN	SECRETARY 8 00	0	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
JUDITH LAPAN	TRUSTEE 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
JOANNE PIEPER	VICE-CHAIRMAN 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
PAUL COOK	TRUSTEE 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
AARON WERNHAM	CEO 40 00	220,805	17,414	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				

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

<div>Recipient</div> <div>Name and address (home or business)</div>	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
a <i>Paid during the year</i>				
BARRETT HOSPITAL FOUNDATION 600 HWY 91 SOUTH DILLON, MT 59725		SO-III FI	SOUTHWESTERN MONTANA RURAL ACCOUNTABLE CARE	25,000
BEAVERHEAD COUNTY PUBLIC HEALTH 41 BARRETT ST DILLON, MT 59725		GOV	INTEGRATING BEHAVIORAL AND PHYSICAL HEALTH IN RURAL SOUTHWEST MONTANA	10,000
BIGHORN VALLEY HEALTH CENTER INC 10 4TH ST WEST HARDIN, MT 59034		PC	BVHC AT ST LABRE SCHOOL A SCHOOL-BASED HEALTH CENTER TO IMPROVE SCREENING AND TREATMENT OF DEPRESSION	50,000
BILLINGS CLINIC 2917 TENTH AVE N BILLINGS, MT 59107		PC	TRAIN AND RETAIN ESTABLISHING A MONTANA PSYCHIATRIC RESIDENCY TRAINING TRACK	25,000
BLACKFEET TRIBAL HEALTH PO BOX 866 BROWNING, MT 59417		GOV	COMMUNITY BASED HEALTH SERVICES FOR BLACKFEET YOUTH	10,000
Total ► 3a				2,915,373

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>				
BROWNING ALTERNATIVE SCHOOL PO BOX 2021 BROWNING, MT 59417		PC	USING BLACKFEET CULTURAL VALUES TO CREATE A TRAUMA INFORMED SCHOOL SETTING	7,500
COMMUNITY HEALTH PARTNERS 214 EAST MENDENHALL BOZEMAN, MT 59715		PC	CHP PARK COUNTY CONNECT PROGRAM A COMMUNITY-BASED MODEL TO REDUCE ER HIGH-UTILIZATION	46,500
COMMUNITY HEALTH PARTNERS 214 EAST MENDENHALL BOZEMAN, MT 59715		PC	PROMOTORAS DE SALUD BRIDGING LATINO HEALTH DISPARITIES IN WEST YELLOWSTONE AND BELGRADE	10,000
CSKT TRIBAL HEALTH DEPARTMENT PO BOX 880 ST IGNATIUS, MT 59865		GOV	UNDERSTANDING AND UTILIZATION OF HEALTH CARE RESOURCES ON THE FLATHEAD INDIAN RESERVATION, MONTANA	50,000
FORT PECK TRIBAL HEALTH DEPARTMENT PO BOX 1027 POPLAR, MT 59255		GOV	FORT PECK NEEDLE EXCHANGE PROGRAM	25,000
Total 3a				2,915,373

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>				
FORT PECK TRIBES HEALTH PROMOTION DISEASE PREVENTION PROGRAM PO BOX 1027 POPLAR, MT 59255		GOV	FORT PECK TRIBES HPDP STAFF RECRUITMENT AND TELEMEDICINE SYSTEMS PROJECT	12,500
GLACIER COUNTY EMERGENCY MEDICAL SERVICES 512 E MAIN CUT BANK, MT 59427		GOV	GLACIER COUNTY, MONTANA INTEGRATED MOBILE HEALTH	25,000
HELENA INDIAN ALLIANCE 501 EUCLID AVE HELENA, MT 59601		PC	DEVELOPMENT OF BEST PRACTICES FOR EXCELLENCE IN OPIATE DEPENDENCE TREATMENT	5,000
INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES 3240 DREDGE DR HELENA, MT 59602		PC	ONSITE AND ON-CALL BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR AT-RISK HELENA YOUTH IN ALTERNATIVE HIGH SCHOOLS	20,000
KALISPELL REGIONAL HEALTHCARE 310 SUNNYVIEW LN KALISPELL, MT 59901		PC	POST-DELIVERY SUPPORT FOR NEONATAL ABSTINENCE SYNDROME (NAS) INFANTS AND THEIR PARENTS IN RURAL MONTANA	25,000
Total 3a				2,915,373

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>				
LEWIS AND CLARK COUNTY 316 NORTH PARK AVE HELENA, MT 59623		GOV	LEWIS AND CLARK COUNTY MENTAL HEALTH STRATEGIC PLAN	10,000
MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY, MT 59022		PC	TRADITIONAL RELATIONSHIPS IMPROVE CONTEMPORARY HEALTH	37,500
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 100 N PARK AVE HELENA, MT 59620		GOV	IMPROVING THE HEALTH OF MONTANANS THROUGH LOCAL AND TRIBAL PUBLIC HEALTH	150,000
MONTANA LEGAL SERVICES ASSOCIATION 616 HELENA AVE SUITE 100 HELENA, MT 59601		PC	MONTANA HEALTH JUSTICE PARTNERSHIP	50,000
MONTANA PUBLIC RADIO-UNIVERSITY OF MONTANA FOUNDATION UNIVERSITY OF MONTANA MISSOULA, MT 59812		PC	MONTANA CARE ISSUE REPORTING	10,000
Total ▶ 3a				2,915,373


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				
NEIGHBORWORKS MONTANA 509 1ST AVE SOUTH GREAT FALLS, MT 59401		PC	MANUFACTURED HOUSING REHAB AND REPLACEMENT COLLABORATION	10,000
NORTH VALLEY HOSPITAL FOUNDATION 1600 HOSPITAL WAY WHITEFISH, MT 59937		PC	VIRTUAL ACCESS FOR BEHAVIORAL HEALTHCARE SERVICES (VABHS)	25,000
NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH PO BOX 67 LAME DEER, MT 59043		GOV	NORTHERN CHEYENNE INJURY PREVENTION PROJECT	50,000
PROVIDENCE MONTANA HEALTH FOUNDATION 500 WEST BROADWAY MISSOULA, MT 59806		PC	THE HOPE PROJECT OF LAKE COUNTY AND FLATHEAD RESERVATION IMPROVING HEALTH OUTCOMES FOR MOM AND BABY IMPACTED BY SUBSTANCE ABUSE DURING PREGNANCY	50,000
ROCKY BOY HEALTH BOARD 96 CLINIC RD BOX ELDER, MT 59521		GOV	ROCKY BOY HEALTH BOARD CENTRALIZED CODING, BILLING, AND REVENUE MAXIMIZATION PROJECT	50,000
Total ► 3a				2,915,373

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>				
SIDNEY HEALTH CENTER 216 14TH AVE SW SIDNEY, MT 59270		PC	BAKKEN BEHAVIORAL HEALTH PROJECT	10,000
BENEFITS HEALTH SYSTEM FOUNDATION PO BOX 7008 GREAT FALLS, MT 59406		PC	INTEGRATED BEHAVIORAL HEALTH FOR PRIMARY CARE PATIENTS IN GREAT FALLS AND NORTH CENTRAL MONTANA	35,000
BILLINGS CLINIC 2917 TENTH AVE N BILLINGS, MT 59107		PC	AMERICAN INDIAN HEALTHCARE ADVOCATE (AHEAD) PROGRAM	46,820
BILLINGS CLINIC 2917 TENTH AVE N BILLINGS, MT 59107		PC	TRANSFORMING PRIMARY CARE TO MEET THE NEEDS OF ALZHEIMER'S PATIENTS AND CAREGIVERS	75,000
BLACKFEET TRIBE 640 ALL CHIEFS RD BROWNING, MT 59417		GOV	BLACKFEET CENTRALIZED THIRD PARTY BILLING SYSTEM	50,000
Total ▶ 3a				2,915,373

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>				
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD SUITE 3200 BOZEMAN, MT 59715		PC	INTEGRATING BEHAVIORAL HEALTH INTO AN INTERNAL MEDICINE TEAM	32,700
CASCADE COUNTY COMMUNITY HEALTH CARE CENTER 115 4TH ST S GREAT FALLS, MT 59401		GOV	COMMUNITY HEALTH CARE CENTER INTEGRATED BEHAVIORAL HEALTH PROGRAM DEVELOPMENT PROJECT	35,000
CENTER POLE PO BOX 71 GARRYOWEN, MT 59031		PC	OOSHA ITCHIK/HEALTHY FOOD SYSTEMS	25,000
CONFEDERATED SALISH AND KOOTENAI TRIBES TRIBAL HEALTH DEPARTMENT PO BOX 427 ST IGNATIUS, MT 59865		GOV	THE CONFEDERATED SALISH AND KOOTENAI TRIBAL HEALTH INTEGRATED BEHAVIORAL HEALTH PROGRAM (IBH)	35,000
DANIELS COUNTY HEALTH DEPARTMENT 213 MAIN ST SCOBAY, MT 59263		GOV	IMPROVING BEHAVIORAL HEALTH AWARENESS IN DANIELS COUNTY	35,000
Total 				2,915,373
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVE WEST KALISPELL, MT 59901		GOV	FCHC/INTERMOUNTAIN INTEGRATED BEHAVIORAL HEALTH COLLABORATION	35,000
FORT PECK TRIBAL HEALTH DEPARTMENT PO BOX 1027 POPLAR, MT 59255		GOV	FORT PECK TRIBAL HEALTH DEPARTMENT RAPID HIV AND HCV TESTING SERVICES	25,000
FORT PECK TRIBES - SPOTTED BULL RECOVERY RESOURCE CENTER 603 1/2 COURT AVE POPLAR, MT 59255		GOV	FORT PECK SUBSTANCE ABUSE INPATIENT TREATMENT CENTER DEVELOPMENT PROJECT	50,000
HELENA INDIAN ALLIANCE 501 EUCLID AVE HELENA, MT 59601		PC	HELENA INDIAN ALLIANCE MASTER PLAN	25,000
HORSES SPIRITS HEALING INC 7256 HWY 3 BILLINGS, MT 59106		PC	EQUINE ASSISTED ACTIVITIES AND THERAPY (EAAT) FOR VETERANS AND RETURNING MILITARY - SE MONTANA	20,000
Total ► 3a				2,915,373

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>				
INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES 3240 DREDGE DR HELENA, MT 59602		PC	INTERMOUNTAIN/PUREVIEW INTEGRATED BEHAVIORAL HEALTH COLLABORATION	35,000
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LN LIVINGSTON, MT 59047		PC	INTEGRATING BEHAVIORAL HEALTH INTO PRIMARY CARE SERVICES IN PARK COUNTY	63,359
MADISON COUNTY PO BOX 278 VIRGINIA CITY, MT 59755		GOV	INTEGRATING BEHAVIORAL AND PHYSICAL HEALTH IN MADISON COUNTY	28,398
MISSOULA AGING SERVICES 337 STEPHENS AVE MISSOULA, MT 59808		PC	CARE TRANSITIONS ACHIEVING BETTER HEALTH OUTCOMES	67,625
MISSOULA CITY-COUNTY DEPARTMENT OF GRANTS AND COMMUNITY PROGRAMS 200 W BROADWAY MISSOULA, MT 59802		GOV	MISSOULA COUNTY COLLABORATIVE CARE PLANNING SUMMIT	20,000
Total ► 3a				2,915,373

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>				
MISSOULA URBAN INDIAN HEALTH CENTER 830 WEST CENTRAL AVE MISSOULA, MT 59801		PC	WALKING WELL WITH TRADITIONAL HEALING - WESTERN MONTANA, MISSOULA COUNTY AND SURROUNDING COUNTIES	25,000
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC 32 SOUTH TRACY BOZEMAN, MT 59715		PC	ASSESSMENT OF COMMUNITY COSTS OF CHRONIC HOMELESSNESS	20,000
MONTANA AMATEUR SPORTS INC DBA BIG SKY STATE GAMES BOX 7136 BILLINGS, MT 59103		PC	STATEWIDE FIT KIDS CLUBS	195,000
MONTANA BUDGET AND POLICY CENTER 101 NORTH LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	REPORT ON THE IMPACT OF MEDICAID REPEAL ON MONTANA'S BUDGET, HEALTHCARE PROVIDER, AND INDIVIDUALS	8,000
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624		PC	DOCUMENTING PATIENT EXPERIENCES WITH MONTANA'S MEDICAID EXPANSION	20,000
Total ► 3a				2,915,373


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>				
MONTANA MEDICAL ASSOCIATION FOUNDATION 2021 11TH AVENUE SUITE 1 HELENA, MT 59601		PC	MONTANA HEALTH INFORMATION EXCHANGE FEASIBILITY DEVELOPMENT PLAN	35,000
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVE HELENA, MT 59601		PC	DOCUMENTING PATIENT EXPERIENCES WITH MONTANA'S MEDICAL EXPANSION	16,400
MONTANA STATE UNIVERSITY - OFFICE OF RURAL HEALTH PO BOX 172470 BOZEMAN, MT 59717		GOV	MONTANA COMMUNITY HEALTH WORKER STAKEHOLDER PROJECT	70,386
MONTANA STATE UNIVERSITY-CENTER FOR AMERICAN INDIAN AND RURAL HEALTH EQUITY PO BOX 172380 BOZEMAN, MT 59718		GOV	RESPONDING TO SECONDARY TRAUMA AMONG BLACKFEET VICTIM SERVICE PROVIDERS	12,500
NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY 3040 CONTINENTAL DR BUTTE, MT 59702		PC	MONTANA HEALTHY FOODS AND COMMUNITIES INITIATIVE (MHFCI)	326,837
Total ► 3a				2,915,373


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>				
NEIGHBORWORKS MONTANA 509 1ST AVE SOUTH GREAT FALLS, MT 59401		PC	HOME MATTERS - LINKING HOMES AND HEALTH OUTCOMES	10,000
NORTH AMERICAN INDIAN ALLIANCE 55 E GALENA ST BUTTE, MT 59701		PC	NORTH AMERICAN INDIAN ALLIANCE EHR AND REVENUE CYCLE OPTIMIZATION PROJECT	7,500
NORTH VALLEY HOSPITAL FOUNDATION 1600 HOSPITAL WAY WHITEFISH, MT 59937		PC	SCHOOL BASED INTEGRATED BEHAVIORAL HEALTHCARE FOR STUDENTS (SIBHS)	75,000
PARTNERSHIP HEALTH CENTER 323 WEST ALDER ST MISSOULA, MT 59802		PC	PARTNERSHIP HEALTH CENTER'S CARE MANAGEMENT FOR SUPER-UTILIZERS PROGRAM	76,061
POVERELLO CENTER 1110 WEST BROADWAY MISSOULA, MT 59801		PC	MEDICAL RESPITE SHELTER FOR HOMELESS PATIENTS IN MISSOULA, MONTANA	25,000
Total ► 3a				2,915,373


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>				
PROVIDENCE MONTANA HEALTH FOUNDATION 500 WEST BROADWAY MISSOULA, MT 59806		PC	PROVIDENCE MEDICAL GROUP INTEGRATED BEHAVIORAL HEALTH INITIATIVE	75,000
RIVERSTONE HEALTH 123 SOUTH 27TH ST BILLINGS, MT 59101		PC	EXPANDING INTEGRATED BEHAVIORAL HEALTH CARE AND TRAINING IN PRIMARY CARE	50,000
RIVERSTONE HEALTH 123 SOUTH 27TH ST BILLINGS, MT 59101		PC	INTEGRATED CLINICAL PHARMACY SERVICES BEST PRACTICES	25,000
ROCKY MOUNTAIN TRIBAL EPIDEMIOLOGY CENTER 711 CENTRAL AVE SUITE 220 BILLINGS, MT 59102		PC	FEASIBILITY OF MAINTENANCE THERAPY IN PREGNANCY AMONG OPIOID USERS IN TRIBAL COMMUNITIES	25,000
SPECIAL OLYMPICS MONTANA 710 1ST AVE NORTH GREAT FALLS, MT 59401		PC	INSURANCE ENROLLMENT, HEALTH SCREENINGS, AND FOLLOW-UP CARE FOR CSKT SPECIAL OLYMPICS ATHLETES	10,000
Total ▶ 3a				2,915,373

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>				
SPROUT ORAL HEALTH PO BOX 1028 BOZEMAN, MT 59771		PC	SCHOOL NURSE FLUORIDE VARNISH PROGRAMS IN MONTANA ELEMENTARY SCHOOLS	25,000
ST VINCENT HEALTHCARE FOUNDATION 1105 NORTH 30TH ST BILLINGS, MT 59101		PC	INTEGRATED PRENATAL CARE MODEL FOR NATIVE AMERICAN WOMEN REDUCING SUBSTANCE ABUSE DURING PREGNANCY	75,000
THE UNIVERSITY OF MONTANA- DEPARTMENT OF PSYCHOLOGY C/O DEPARTMENT OF PSYCHOLOGY MISSOULA, MT 59812		GOV	INTEGRATED BEHAVIORAL HEALTHCARE WORKFORCE DEVELOPMENT FIELD TRAINING EXPERIENCE IN A MISSOULA FQHC	22,414
UNIVERSITY OF MONTANA-ORSP UNIVERSITY HALL-ROOM 116 MISSOULA, MT 59812		GOV	ASSESSING ACCESS TO ASTHMA EDUCATION SERVICES FOR MONTANA'S AMERICAN INDIAN POPULATION	25,000
WESTERN NATIVE VOICE 220 SOUTH 27TH ST STE C/O BILLINGS, MT 59102		PC	HELP ACT OUTREACH AND ASSISTANCE IN NATIVE AMERICAN COMMUNITIES ACROSS MONTANA	25,000
Total 3a				2,915,373

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>				
YOUTH DYNAMICS 2334 LEWIS AVE BILLINGS, MT 59102		PC	YOUTH DYNAMICS SUBSTANCE ABUSE TREATMENT PROGRAM EXPANSION PILOT PROGRAM	68,073
MONTANA PUBLIC HEALTH ASSOCIATION BOX 511 CHOTEAU, MT 59422		PC	MPHA ANNUAL CONFERENCE SPONSORSHIP	1,000
PHILANTHROPY NORTHWEST 2101 FOURTH ST SUITE 650 SEATTLE, WA 98121		PC	2016 PNW CONF - MISSOULA - SCHOLARSHIP SPONSOR	2,500
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVE HELENA, MT 59601		PC	2016 OUTREACH AND ENROLLMENT SUMMIT	1,500
MONTANA NONPROFIT ASSOCIATION 7 W 6TH SUITE 504 HELENA, MT 59624		PC	MNA CONFERENCE SPONSORSHIP 2016	2,000
Total 				2,915,373
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALASKA SAFETY AVIATION FOUNDATION 2811 MERRILL FIELD DR ANCHORAGE, AK 99501		PC	DISCRETIONARY GRANT PER BOARD	1,000
NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY PO BOX 3838 BUTTE, MT 59702		PC	SCHOLARSHIP FUND FOR CONFERENCE	1,000
WESTERN NATIVE VOICE 220 SOUTH 27TH ST STE C BILLINGS, MT 59102		PC	NATIVE WELLNESS SYMPOSIUM	6,000
MONTANA CHAMBER FOUNDATION PO BOX 1162 HELENA, MT 59601		PC	SILVER SPONSORSHIP GRANT 2016 MONTANA HEALTHCARE FORUM	2,500
MONTANA BUDGET AND POLICY CENTER 101 NORTH LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	LEGISLATIVE SUMMIT CONFERENCE SUPPORT	2,500
Total 				2,915,373
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROVIDENCE MONTANA HEALTH FOUNDATION PO BOX 4587 MISSOULA, MT 59806		PC	WRAPPED IN HOPE PROJECT SPONSORSHIP	9,300
Total 				2,915,373
3a				

TY 2016 Accounting Fees Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	12,026	6,013		6,013

TY 2016 General Explanation Attachment

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	FORM 990-PF, PART IX-A	<p>1 AMERICAN INDIAN HEALTH \$80,000 MHCF WORKS WITH THE LEADERSHIP OF THE SEVEN TRIBAL HEALTH DEPARTMENTS AND FIVE URBAN INDIAN HEALTH CENTERS IN MONTANA, ALONG WITH THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS), THE GOVERNOR'S OFFICE, AND OTHER STAKEHOLDERS TO DEVELOP AND IMPLEMENT STRATEGIES TO IMPROVE AMERICAN INDIAN HEALTH THIS INCLUDED PROVIDING FINANCIAL AND STAFF SUPPORT TO THE TRIBAL AND URBAN INDIAN HEALTH DIRECTORS TO FORM THE AMERICAN INDIAN HEALTH LEADERS (AIHL) GROUP WHICH MEETS QUARTERLY WE ALSO COMMISSIONED A REPORT ANALYZING THE AFFORDABLE CARE ACT'S IMPACT ON TRIBES AND THE CONSEQUENCES THAT A REPEAL WOULD HAVE IN TRIBAL COMMUNITIES WE PROVIDED GRANTS THAT RESPONDED DIRECTLY TO HIGH PRIORITY AREAS IDENTIFIED BY THE AIHL GROUP COMMON THEMES IN THE WORK WE HAVE COLLABORATED WITH THE GROUP INCLUDE SUPPORTING RESOURCES FOR NATIVE WOMEN STRUGGLING WITH ADDICTION WHILE PREGNANT, HELPING TRIBES OPEN SCHOOL-BASED CLINICS, PROVIDING RESOURCES FOR TREATING SUBSTANCE USE DISORDERS, AND ASSISTING TRIBAL HEALTH CENTERS WITH ESTABLISHING BILLING AND CODING SYSTEMS</p> <p>2 BEHAVIORAL HEALTH \$130,000 INTEGRATED BEHAVIORAL HEALTH (IBH) MHCF ISSUED 14 GRANTS TO SUPPORT PLANNING AND IMPLEMENTATION OF IBH WE CONTRACTED WITH THE NATIONAL COUNCIL OF BEHAVIORAL HEALTH WHICH PROVIDED INDIVIDUALIZED TRAINING AND TECHNICAL SUPPORT FOR EACH GRANTEE, CONDUCTED WEBINARS ON RELEVANT TOPICS, AND BEGAN DRAFTING RESEARCH PAPERS FOCUSED ON ADVANCING THE PRACTICE OF IBH IN MONTANA CONVENING MHCF LED AND SUPPORTED A SERIES OF DISCUSSIONS AMONG MONTANA'S MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT PROVIDERS THAT CULMINATED IN A DECISION TO DEVELOP A MONTANA BEHAVIORAL HEALTH ASSOCIATION SUICIDE PREVENTION DPHHS AND THE GOVERNOR'S OFFICE INVITED MHCF TO LEAD A COLLABORATIVE, MULTI-STAKEHOLDER EFFORT TO DEVELOP A STRATEGIC FRAMEWORK FOR REDUCING THE STATE'S SUICIDE RATE CAPACITY BUILDING MHCF WORKED TO BUILD HEALTH SYSTEM CAPACITY BY INVESTING ROUGHLY \$86,500 IN GRANTS, CONTRACTS, AND STAFF TIME TO BRING \$2.9 MILLION OF NEW REVENUE INTO MONTANA ORGANIZATIONS TRAUMA-INFORMED PRACTICES (TIP) WITH THE OFFICE OF PUBLIC INSTRUCTION, MHCF CARRIED OUT A LITERATURE REVIEW AND LANDSCAPE ANALYSIS OF TIP IN MONTANA, AND PUBLISHED A REPORT 3 PARTNERSHIPS FOR BETTER HEALTH \$50,000 IN THIS PORTFOLIO, WE ENGAGED IN EFFORTS TO SUPPORT THE DESIGN OF CLINICAL SERVICES AND PAYMENT STRUCTURES THAT WILL CONTRIBUTE TO IMPROVING HEALTH OUTCOMES AND REDUCE HEALTH EXPENDITURES OTHER INITIATIVES LED BY MHCF FOCUSED ON SOCIAL DETERMINANTS OF HEALTH AND INTEGRATION INTO HEALTHCARE SERVICE DELIVERY SYSTEMS MHCF INITIATED DISCUSSIONS WITH CORPORATION FOR SUPPORTIVE HOUSING TO START A PROGRAM ESTABLISHING TECHNICAL ASSISTANCE PROJECTS IN MONTANA THIS INCLUDED RESEARCH AND DEMONSTRATION OF THE POSITIVE IMPACT OF SUPPORTIVE HOUSING PROJECTS ON LOCAL SERVICE DELIVERY NETWORKS MHCF PARTICIPATED IN A STATEWIDE WORKGROUP ON HOUSING AND HEALTHCARE WITH THE MONTANA CONTINUUM OF CARE, THE DEPARTMENT OF COMMERCE, AND OTHER HOUSING AGENCIES REPRESENTING MONTANA COMMUNITIES MHCF PARTNERED WITH THE OFFICE OF PUBLIC INSTRUCTION TO CONDUCT A LITERATURE AND LANDSCAPE REVIEW OF TRAUMA INFORMED PRACTICE IN EDUCATIONAL AND RELATED HEALTH SERVICE DELIVERY SYSTEMS IN MONTANA FINDINGS WERE PRESENTED TO 12 ALTERNATIVE SCHOOL PROGRAMS, A STATEWIDE SUMMIT, AND DISSEMINATED BROADLY MHCF CEO DR. AARON WERNHAM CONTINUED TO PARTICIPATE ON THE GOVERNOR'S COUNCIL ON HEALTHCARE INNOVATION AND REFORM WITH MET FOR THE FIRST TIME IN 2015 THIS COUNCIL OVERSAW THE DEVELOPMENT OF A STATE PLAN TO CONTAIN COSTS AND IMPROVE HEALTH SYSTEM PERFORMANCE THROUGH INNOVATIONS IN THE WAY SERVICES ARE DELIVERED AND PAID FOR BY PUBLIC AND PRIVATE PAYERS DISCUSSIONS AT THE COUNCIL LED MONTANA TO APPLY SUCCESSFULLY TO PARTICIPATE IN THE CMS CPC+ PROGRAM 4 STRENGTHENING MONTANA'S SUBSTANCE USE DISORDER (SUD) PREVENTION AND TREATMENT SYSTEM \$200,000 THROUGH A PARTNERSHIP WITH DPHHS AND MEDICAID LEADERSHIP, THE GOVERNOR'S OFFICE, AND HEALTHCARE SYSTEM STAKEHOLDERS, MHCF CONVENED HIGH-LEVEL DISCUSSIONS TO FIND SOLUTIONS TO THE PROBLEM OF UNMET NEED FOR EFFECTIVE SUD PREVENTION AND TREATMENT WITH SUPPORT FROM THE GOVERNOR'S OFFICE, MHCF DEVELOPED A MEMORANDUM OF UNDERSTANDING WITH DPHHS THROUGH WHICH WE HIRED AN EXPERT CONTRACTOR (MANATT HEALTH) TO COMPLETE A LANDSCAPE ANALYSIS OF MONTANA'S CURRENT SYSTEM, AND A MENU OF PRACTICAL WAYS TO IMPROVE MONTANA'S TREATMENT SYSTEM</p>

General Explanation Attachment

Identifier	Return Reference	Explanation	
2		FORM 990-PF, PART VII-B, LINE 2B	<p>MONTANA HEALTHCARE FOUNDATION HAD UNDISTRIBUTED INCOME FOR 2015 AND IS APPLYING THE PROVISIONS OF IRC SECTION 4942(A)(2) FACTS ON THE 2015 FORM 990-PF, AN INADVERTENT ERROR WAS MADE IN THE CALCULATION FOR PART X, LINE 1B FOR THE AVERAGE OF MONTHLY CASH BALANCES THE FORMULA FOR DETERMINING THE AVERAGE CASH BALANCE WAS INCORRECT ADDITIONALLY, MONTHLY ACCRUED INTEREST INCOME AMOUNTS WERE NOT INCLUDED IN THE ORIGINAL CALCULATION OF THE AVERAGE MONTHLY CASH BALANCE THE ERROR WAS NOT WILLFUL AND WAS DUE TO REASONABLE CAUSE AS THE TAXPAYER RELIED ON OUTSIDE ADVISORS IN DETERMINING THE VALUE OF ITS NON-CHARITABLE USE ASSETS DURING THE YEAR EVEN WITH PROPER REVIEW OF THE TAX RETURN, THESE ITEMS WERE INADVERTENTLY MISSED THE DISCOVERY OF THE UNDER DISTRIBUTION OCCURRED IN 2017 ONCE IT WAS DISCOVERED, BOTH THE TAXPAYER AND THE OUTSIDE ADVISORS TOOK THE NECESSARY STEPS TO REMEDY THE 2015 UNDISTRIBUTED INCOME CORRECTION THE ACTIONS TAKEN (OR PLANNED) TO COMPLY WITH IRC SECTION 4942(A)(2)(B), (C), AND (D) ARE AS FOLLOWS IRC SECTION 4942(A)(2)(B) THE UNDISTRIBUTED INCOME WAS DISTRIBUTED AS A QUALIFYING DISTRIBUTION WITHIN 90 DAYS OF DISCOVERY IRC SECTION 4942(A)(2)(C) THIS DISCLOSURE ON THE TAX RETURN IS CONSIDERED NOTIFICATION TO THE INTERNAL REVENUE SERVICE THAT THE INCOME HAS BEEN DISTRIBUTED TO CORRECT ITS EARLIER FAILURE TO DISTRIBUTE IRC SECTION 4942(A)(2)(D) ON ITS 2017 FORM 990-PF, PART XIII, LINE 4B, THE TAXPAYER INTENDS TO MAKE AN ELECTION UNDER TREAS REG 53-4942(A)-3(D)(2) TO TREAT THE 2015 UNDISTRIBUTED INCOME AS A DISTRIBUTION MADE OUT OF UNDISTRIBUTED INCOME FOR 2017</p>

TY 2016 Investments Corporate Bonds Schedule

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Name of Bond	End of Year Book Value	End of Year Fair Market Value
1,942,367.977 SHS VANGUARD SHORT TERM BOND INDEX FUND	20,258,898	20,258,898

TY 2016 Investments Corporate Stock Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Name of Stock	End of Year Book Value	End of Year Fair Market Value
269,603.466 SHS DODGE & COX INTERNATIONAL STOCK FUND	10,271,892	10,271,892
20,400 SHS I SHARES RUSSELL MID-CAP ETF	3,648,744	3,648,744
317,166.729 SHS DFA EMERGING MARKETS CORE EQUITY	5,506,014	5,506,014
648,550.264 SHS EDGEWOOD GROWTH INSTL	14,404,301	14,404,301
404,294.431 SHS HARBOR SMALL CAP GROWTH OPPORTUNITIES FUND	4,459,368	4,459,368
58,250 SHS SPDR S&P 500 ETF TRUST	13,020,623	13,020,623

TY 2016 Investments - Other Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NEWPORT ASIA INTERNATIONAL FUND LP	FMV	5,451,916	5,451,916
WTC CTF RESEARCH EQUITY	FMV	11,856,156	11,856,156
INDUS SELECT FUND LTD	FMV	9,312,691	9,312,691
ETON PARK OVERSEAS FUND LTD	FMV	2,452,613	2,452,613
FARALLON CAPITAL MANAGEMENT, LLC	FMV	2,612,744	2,612,744
MARSHALL WACE FD PLC	FMV	2,651,521	2,651,521
MAVERICK FUND LTD	FMV	2,314,617	2,314,617

TY 2016 Legal Fees Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	15,899	7,950		22,976

TY 2016 Other Assets Schedule

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	0	83,447	83,447

TY 2016 Other Expenses Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES & EQUIPMENT	2,347	0		2,347
SHIPPING & DELIVERY	337	0		337
DUES & SUBSCRIPTIONS	10,576	0		10,648
INSURANCE	12,547	0		12,547
OFFICE EXPENSE	17,202	0		17,258
WEBSITE EXPENSE	480	0		4,080
GRANT MAKING & RESEARCH	396,347	0		389,363
OTHER ADMINISTRATIVE EXPENSE	7,440	0		7,440
PORTFOLIO DEDUCTIONS FROM SCHEDULE K-1	0	94,070		0

TY 2016 Other Increases Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Description	Amount
UNREALIZED GAINS	4,099,640
PRIOR PERIOD ASSET ADJUSTMENT	49

TY 2016 Other Professional Fees Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	317,116	317,116		0
CONSULTING FEES	17,921	5,126		12,796

TY 2016 Taxes Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	22,760	0		0
FOREIGN INCOME TAXES	0	8,516		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2016
	Name of the organization MONTANA HEALTHCARE FOUNDATION	Employer identification number 46-6854005

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 MONTANA HEALTHCARE FOUNDATION	Employer identification number 46-6854005
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARING FOR MONTANANS INC 560 NORTH PARK AVENUE HELENA, MT 59601	\$ 30,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	MONTANA ATTORNEY GENERAL OFFICE 215 NORTH SANDERS STREET HELENA, MT 59601	\$ 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	HILTON FOUNDATION 30440 AGOURA ROAD AGOURA HILLS, CA 91301	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

46-6854005

Part II	Noncash Property
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[illegible]

Name of organization MONTANA HEALTHCARE FOUNDATION	Employer identification number 46-6854005
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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
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	