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SCANNED NOV 17 2017

EXTENDED TO NOVEMBER 15, 2017

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For c	ilen	dar year 2016 or tax year beginning JAN	11, 2016	, and ending	DEC 31, 2016	
Nam	e of	foundation			A Employer identification	number
H	IAS	DWATERS HEALTH FOUNDATION	ON			
OI	<u>. r</u>	NESTERN MONTANA			81-1099715	
		nd street (or PO box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	• •
		W FRONT STREET			406-926-65	26
		own, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is pe	anding, check here
		SOULA, MT 59802				about hours
G C	ieck	all that apply: X Initial return	_	rmer public charity	D 1. Foreign organizations	, cneck nere
		Final return Address change	X Name change		Foreign organizations med check here and attach cor	oting the 85% test,
H C	neck	type of organization: X Section 501(c)(3) ex			1	
			Other taxable private founda	tion	E If private foundation state under section 507(b)(1)	
I Fai		rket value of all assets at end of year J Accounting		X Accrual	F If the foundation is in a	
		· 1 —	her (specify)	· · ·	under section 507(b)(1)	
_		27,375. (Part I, colu		asis)		· · · · · · · · · · · · · · · · · · ·
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	110,000.		N/A	
	-	Check if the foundation is not required to attach Sch. B.			 	
	3	cash investments			 	
-	4	Dividends and interest from securities Gross rents			 	
		Net rental income or (loss)				
ł		Net gain or (loss) from sale of assets not on line 10				
ile E		Gross sales price for all assets on line 6a				
evenue		Capital gain net income (from Part IV, line 2)		0.	RECEIVE	ח ח
~	8	Net short-term capital gain			-	70
ı	9	Income modifications		<u></u> .	NOV 07 20	
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold			OGDEN I	75
- 1		Gross profit or (loss)			FUDEIV, C	
	11 12	Other income Total. Add lines 1 through 11	110,000.	0.	 	
\dashv	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages	24,181.	0.		24,181.
ł	15	Pension plans, employee benefits	2,553.	0.		2,553.
è	16a	Legal fees		-		
enses	b	Accounting fees STMT 1	1,251.	0.		1,251.
Expe		Other professional fees STMT 2	39,630.	0.	<u> </u>	3,960.
<u>\$</u>		Interest			<u> </u>	
Administrative	18	Taxes			<u> </u>	
inis	19	Depreciation and depletion			 	
틝	20 21	Occupancy Travel, conferences, and meetings		<u> </u>	 	
	22	Printing and publications			 	
g and	23	Other expenses STMT 3	16,503.	0.	 	16,503.
Operating	24	Total operating and administrative		_		
Der		expenses. Add lines 13 through 23	84,118.	0.		48,448.
Ō	25	Contributions, gifts, grants paid	0.		<u> </u>	0.
	26	Total expenses and disbursements.		_		10 110
\rightarrow		Add lines 24 and 25	84,118.	0.	 	48,448.
		Subtract line 26 from line 12:	25 002			
		Excess of revenue over expenses and disbursements Net investment income (if negative enter -0-)	25,882.	0.	 	
		Adjusted net income (if negative enter -0-)			N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

81-1099715 OF WESTERN MONTANA Form 990-PF (2016) Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (b) Book Value (c) Fair Market Value (a) Book Value 27,375 27,375. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 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 7 Other notes and toans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 27,375 27,375. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 1,493. 23 Total liabilities (add lines 17 through 22) ▼ X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 25,882 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 25,882. 0. 30 Total net assets or fund balances 0. 27,375 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶

Form **990-PF** (2016)

25,882.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

OF	WESTERN	MONTANA	٩
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81-1099715 Page 3

	Losses for Tax on I	nvestment	Income			<u> </u>	age rage
	he kınd(s) of property sold (e. use; or common stock, 200 sh			(b) 1	How acquired - Purchase - Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
NONE				1			
		_					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		7	(h) Gain or ((e) plus (f) mii	
	·	1		\neg			
		- i					
		1					
Complete only for assets showing gain	n in column (h) and owned by	the foundation	n on 12/31/69			(I) Gains (Col. (h)	nain miniis
	(j) Adjusted basis	1	xcess of col. (1)			òl. (k), but not less	than -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		r col. (j), if any			Losses (from c	ol. (h))
		ļ					
		+		_			
				_			
						·	
_							
Capital gain net income or (net capital	loss) { If gain, also ent	er in Part I, line -0- in Part I, line	; 7 e 7	}	2		_
Net short-term capital gain or (loss) as	defined in sections 1222(5) a			ĺ			
If gain, also enter in Part I, line 8, colu If (loss), enter -0- in Part I, line 8	mn (c).			-	a		•
Part V Qualification Under	er Section 4940(e) for	r Reduced	Tax on Net	Inve	stment Inc	ome	
is the foundation liable for the section 4 Yes," the foundation does not qualify un Enter the appropriate amount in each	nder section 4940(e). Do not c	complete this pa	art.				Yes I
		mistractions be	Toro making any or				(d)
(a) Base period years Calendar year (or tax year beginning in	Adjusted qualifying d	listributions	Net value of no	(c) oncha	ritable-use asset	ts (col. (b	(d) istribution ratio) divided by col. (c))
2014							
2013			<u> </u>				
2012			 				
2011							
Total of line 1, column (d)						2	
Average distribution ratio for the 5-year	ar base period - divide the tota	I on line 2 by 5	, or by the number	of ye	ars		
the foundation has been in existence in	less than 5 years					3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5				4			
5 Multiply line 4 by line 3					5		
6 Enter 1% of net investment income (1% of Part I, line 27b)				6			
Add lines 5 and 6						7	
Enter qualifying distributions from Pai	t XII, line 4					8	
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, li	ne 1b, and com	plete that part usi	ng a 1	% tax rate.		
3521 11-23-16							Form 990-PF

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4943 - see instructions) 1 sempt operating boundation section description of the section 4940(c), check here	Form	990-PF (2016) OF WESTERN MONTANA		10997		F	age 4
Dates to foundations that meet the section 4940(e) requirements in Part V, check here	Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>948 -</u>	see ins	truc	tions	<u>) </u>
b Domestic foundations that met the section 4947(a) requirements in Part V, chack here ▶ ☐ and enter 1% of Part I, line 127b. All other domestic foundations enter 2% of line 27tb. Exampt 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-) 3 Add lines 1 and 2 4 Subtile A (incrome) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment incrome. Subtract line 4 from line 3. Il zero or less, enter -0- 6 Credets/Payments; 2 2 016 estimated tax payments and 2015 overpayment credited to 2016 8 Exempt foreign organizations - Lax withheld at Source 1 Tax part with application for extension of wine to life (Form 8886) 8 Backup withhelding erroneously withheld 7 Total credits and payments. Add lines 5 tart 04 is source that her 7, entire amount of wed 8 Enter arry penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 04 is more than her 7, entire amount of wed 10 Total credits and payments. Add lines 5 tart 04 is more than her 7, entire amount of wed 10 During the tax year, did the foundation attempt to influence any natural owad 10 During the tax year, did the foundation attempt to influence any natural oxy application or did it participate or intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the foundation has a live and the paymagin that the activities and the substance of the activities in th	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
b Domestic foundations that met the section 4947(a) requirements in Part V, chack here ▶ ☐ and enter 1% of Part I, line 127b. All other domestic foundations enter 2% of line 27tb. Exampt 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-) 3 Add lines 1 and 2 4 Subtile A (incrome) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment incrome. Subtract line 4 from line 3. Il zero or less, enter -0- 6 Credets/Payments; 2 2 016 estimated tax payments and 2015 overpayment credited to 2016 8 Exempt foreign organizations - Lax withheld at Source 1 Tax part with application for extension of wine to life (Form 8886) 8 Backup withhelding erroneously withheld 7 Total credits and payments. Add lines 5 tart 04 is source that her 7, entire amount of wed 8 Enter arry penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 04 is more than her 7, entire amount of wed 10 Total credits and payments. Add lines 5 tart 04 is more than her 7, entire amount of wed 10 During the tax year, did the foundation attempt to influence any natural owad 10 During the tax year, did the foundation attempt to influence any natural oxy application or did it participate or intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the tax year, did the foundation attempt to influence any naturally for political purposes (see instructions for intervene in any political campagin? 10 During the foundation has a live and the paymagin that the activities and the substance of the activities in th		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
e All other domestic foundations eater 2% of two 27th. Exampt foreign organizations entire 4% of Part I, line 12, oct. (b). 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				<u>0.</u>
1 ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3		of Part I, line 27b					
3 Add lines 1 and 2 4 Subulbe A (niconne) tax (domesabc section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment lineome. Subtract line 4 from line 3, it zero or less, enter -0- 5 Tax based on investment lineome. Subtract line 4 from line 3, it zero or less, enter -0- 5 Credist/Payments; 2 016 estimated tax payments and 2015 overpayment credited to 2016 6 Expect or graph organizations - tax withheld at source 6 Tax pand with application for extension of time to file (Form 8868) 6 Expect or graph organizations - tax withheld at source 7 Tax pand with application for extension of time to file (Form 8868) 8 Backup withholding erroneusizely withheld 7 Total credits and payments. Add lines 5 at though 6d 8 Backup withholding erroneusizely withheld 7 Total credits and payments. Add lines 5 at though 6d 8 Backup withholding erroneusizely withheld 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount of weep 10 to expert years. If line 7 is more than 10 to be; Credited tax. Check here I if Form 2220 is attached 8 Backup withholding erroneusizely withheld 9 Tax dee. If the total of lines 5 and 8 is more than 10 to be; Credited tax. Check here I if Form 2220 is attached 8 Backup withholding erroneusizely withheld 10 Tenter the amount of line 10 to be; Credited to 2017 estimated tax. ► Refunded ▶ 11 ■ Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation attempt to influence any returned tax. ► Refunded ▶ 11 ■ Part VII-A Statements Fleggarding Activities 1 During the tax year, did the foundation attempt to influence any returned to any political campaign. 1 During the tax year, did the foundation attempt to influence any returned tax. Flex the activities 1 During the tax year, did the foundation attempt to influence any returned to the activities 2 During the tax year, did the foundation form than 510 during the year (the activities and copies of any maternals published or distributed by the foundation	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		1			
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Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0-6. Credits/Payments: 2 2016 estimated tax payments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 is through 60 e Enter any pently for undergayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Tax Devergayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2017 estimated tax Payment In the 20 to the Credited to 2017 estimated tax Payment In the 20 to the Credited to 2017 estimated tax Payment In the 20 to the Credited to 2017 estimated tax Payment In the 20 to the Credited to 2017 estimated tax Payment In the 20 to the 20 to the 20 to the 10 to the 20 to th	3	Add lines 1 and 2	3				0.
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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? If "No," attach explanation 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)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	7		4/				_
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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? If "No," attach explanation 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)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	Q.	Enter the states to which the foundation reports or with which it is registered (see instructions)					
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of each state as required by General Instruction G? If "No," attach explanation 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)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes a statech a schedule listing their names and addresses 10 X							
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year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes attach a schedule listing their names and addresses 10 X	۵		lendar		- 55		t —
10 Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses 10 X	3		wiiuai		۱ ۵		x
The District of the Control of the C	10						
FNrm 33U-F (1/010		Side with personal popularity contributors during the tax year. It is attached schedule listing their names and addresses		For		0-PF	

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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		X
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		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.HEADWATERSHEALTHMT.ORG			
14	The books are in care of ► MYNOR VELIZ Telephone no. ► 406-92	6-6	526	
	Located at ≥ 283 W FRONT STREET, MISSOULA, MT ZIP+4 ≥59			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	$\overline{\Box}$
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
40			Yes	No
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	16		X
	securities, or other financial account in a foreign country?	10		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
P:	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
<u></u>		1	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	163	140
18	1 During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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?	1		
	(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)?			
	(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.)		ļ	
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			!
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ļ	,,
	before the first day of the tax year beginning in 2016?	10	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ļ
	defined in section 4942(j)(3) or 4942(j)(5)):			
1	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? Yes X No			
	If "Yes," list the years ▶,,,,,			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		Ì	
	statement - see instructions.) N/A	2b	-	
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)		ļ	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1]
	during the year? $oxed{X}$ No	1		
١	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	1	1	1
	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) N/A	3b	└ ─	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
١	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1	1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	<u> </u>
	Fo	_{rm} 99	0-PF	(2016)

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Part VII-B Statem	ents Regarding Activities for	Which Form 4720 May Be	e Required _{(contin}	ued)		
5a During the year did the	foundation pay or incur any amount to:		<u> </u>			
(1) Carry on propagane	da, or otherwise attempt to influence legisla	ation (section 4945(e))?	Ye	s X No		
	ome of any specific public election (see sec		ndırectly,			
any voter registrati	on drive?		Ye	s X No		
(3) Provide a grant to a	an individual for travel, study, or other simi	lar purposes?	Ye	s X No		
(4) Provide a grant to a	an organization other than a charitable, etc.	, organization described in section				
4945(d)(4)(A)? (se	e instructions)		Ye	s X No		
(5) Provide for any pur	rpose other than religious, charitable, scien	tific, literary, or educational purposes,	, or for			
the prevention of c	ruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to	5a(1)-(5), did any of the transactions fail	to qualify under the exceptions descri	bed in Regulations			
section 53.4945 or in a	current notice regarding disaster assistance	e (see instructions)?		N/A	5b	
Organizations relying or	n a current notice regarding disaster assista	ance check here				
c If the answer is "Yes" to	question 5a(4), does the foundation claim	exemption from the tax because it ma	untained			
expenditure responsibil	ity for the grant?		N/A Y	s 🔲 No		
	tatement required by Regulations secti	on 53 4945-5(d)	,			
	ing the year, receive any funds, directly or i					
a personal benefit contr			Ye	es X No		
b Did the foundation, duri	ing the year, pay premiums, directly or indi	rectly, on a personal benefit contract?			6b	<u>X</u> _
If "Yes" to 6b, file For		·		Γ		
·	ax year, was the foundation a party to a pro	ohibited tax shelter transaction?		s X No		
b If "Yes," did the foundat	ion receive any proceeds or have any net in	come attributable to the transaction?		N/A	7b	
	ation About Officers, Director nployees, and Contractors	rs, Trustees, Foundation I	Managers, Highly	·		
1 List all officers, direct	tors, trustees, foundation managers	and their compensation.				
		(b) Title, and averag		(d) Contributions to employee benefit plans	(e) Expe account,	ense
	(a) Name and address	hours per week devot to position	ed (If not paid, enter -0-)	and deferred compensation	account, allowan	ices
SEE STATEMENT	Γ 4		0.	0.		0.
]		
2 Compensation of five	highest-paid employees (other tha		···'·	1.40		
(a) Name and addre	ess of each employee paid more than \$50,0	(b) Title, and average hours per week devoted to position	L(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account, allowar	other
NONE		autotaa ta pooliioi		55		
				1		
				1		
					_	
	 -					
Total number of other emol	overs paid over \$50,000	1	i			0

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Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors (continued)	es, Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services	s. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclu	ude relevant statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, rese	earch papers produced, etc.	Lapenses
N/A		
		-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	ng the tax year on lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
An other program-related investments. See instructions.		
	······································	
otal. Add lines 1 through 3		0.
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<u> </u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	17,482.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	17,482.
е	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	1 2	0.
3	Subtract line 2 from line 1d	3	17,482.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	262.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,220.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	837.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations ar	d certain	· · ·
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	837.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	1 2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	837.
4	Recoveries of amounts treated as qualifying distributions	4	· 0.
5	Add lines 3 and 4	5	837.
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	837.
P	art 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	48,448.
Ь	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:		
а	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	48,448.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,448.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for th	

Part XIII Undistributed Income (see instructions)

				
	(a) Corous	(b) Vegre prior to 2015	(c)	(d) 2016
1. Distributable amount for 2010 from Dad VI	Corpus	Years prior to 2015	2015	2010
1 Distributable amount for 2016 from Part XI,				837.
III 7 2 Undistributed income, if any, as of the end of 2016				037.
a Enter amount for 2015 only			0.	
b Total for prior years:			0.	
b Total for prior yours.		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: ►\$ 48,448.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				837.
e Remaining amount distributed out of corpus	47,611.			
5 Excess distributions carryover applied to 2016	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	47,611.			
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 instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	2			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	•			
not applied on line 5 or line 7	0.			<u></u>
9 Excess distributions carryover to 2017.	A7 C11			
Subtract lines 7 and 8 from line 6a	47,611.			
Analysis of line 9:				
a Excess from 2012				
b Excess from 2013 c Excess from 2014				
d Excess from 2015				
e Excess from 2016 47,611.				
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Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the foun	d <u>ation is a private operati</u>	ng foundation described	ın section	4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				1	
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		<u> </u>			_
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 Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	on Managers:		-		
a List any managers of the foundation wh	•	than 2% of the total conf	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)	•		•
NONE					
b List any managers of the foundation wh	no own 10% or more of th	ne stock of a corporation	(or an equally large portion	on of the ownership of a g	partnership or
other entity) of which the foundation ha	is a 10% or greater intere	st.	(g - p		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ► X if the foundation				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi-	viduals or organizations	under other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num					
,		and person to mion appr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
- my submission deadilles.					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	, kınds of ınstıtutıons, or	other factors:	

Grants and Contributions Paid During the	e Year or Approved for Future Pa	ayment	· ···	.
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
			İ	
NONE				
		=		
		•		
			:	
	, '			
<u> </u>				_
Total	1		▶ 3a	_
Approved for future payment				
NONE				
<u> </u>				
Tabel			<u> </u>	<u> </u>
Total			▶ 3b	orm 990-PF

FORM 990-PF (2016	OF MESIERN MONIANA
Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless atherwise indicated	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(c)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		COUB		
L	 		\vdash		 -
C		· · · · · · · · · · · · · · · · · · ·			-
d					
e	1 1				
1		·	i i		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		-
investments			l i		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		<u> </u>			
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Accom	plishment of Ex	empt l	Purposes	
Explain below how each activity for which income the foundation's exempt purposes (other than			A CONTRIDI	uted importantly to the accon	ipiisnment of
the foundation's exempt purposes (other than	by providing fund	5 for such purposes).			·
					· · · <u>-</u>
					
				 -	
				 	
			-		
			-		
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			-		
				··· · ····	
					
					
					
-					
					<u> </u>
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81-1099715 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or Indirectly engage in any of the following with any other organization described in section 501(c) of Yes the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash . 1a(1) (2) Other assets 1a(2) **b** Other transactions: Х 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3)

	vennoursement arrangements					1b(4)	X_
(5) L	oans or loan guarantees 🚬					1b(5)	X
(6) P	erformance of services or me	embership or fundraising solicita	atla			1b(6)	Х
		alling lists, other assets, or pald				10	Х
		"Yes," complete the following s		wavs show the fair m	arket value of the goods		
or ser	vices given by the reporting f	oundation. If the foundation rec	selved less than fair market valu	naja anov trancaction	or charles arrangement	oliiti asstis,	1
		other assets, or services receive		ie in any transaction i	or snaring arrangement, s	PITOM III	
(a) Line no	(b) Amount involved		able exempt organization	/d) =			
(u) cirio no	(b) / illiount involved			(u) Description	of transfers, transactions, and	sharing arrange	ments
		N/A	4				
							
			· · · · · · · · · · · · · · · · · · ·				
		<u> </u>					
							
		1					
			-				
							
		 		+			
							
							
							
	<u> </u>	<u></u>		 			
		ctly affiliated with, or related to,		zations described			
		r than section 501(c)(3)) or in s	section 527?			Yes	X No
<u>b If "Yes</u>	s," complete the following sch		·				
	(a) Name of or	ganization	(b) Type of organization	((c) Description of relation	ship	
	N/A	 					
						Z R	
		that I have examined this return, inclu-				lay the IRS discu	una thia
Sign	ind bellef, it is true, correct, and con	mplete Declaration of preparer (other t	than taxpayer) is based on all Informa	tion of which preparer ha	re	sturn with the pre	eparer
Here			116/21/12	TREASU		hown below (see	е паст.)7 No
	Signature of officer or trustee		Date	Title		<u> </u>	NO
L-	Print/Type preparer's na		's signature	T Date	Check if PTIN		
	Tritio Typo proparor a m	in ppuror	Λ.Ω -	Date	self- employed		
Paid	MENDY CAMP		Juli Smarge	10/02/17	' '		0.0
Prepar	WENDY CAMP		1000	10/23/17	1 20	044810	<u> </u>
Use Or		is adams the $^{\nu}$	' I U		Firm's EIN ► 91-0	TRARIT	3
ose Or	·				 		
	I	5 SW BROADWAY	STE 1200				
	PC	RTLAND, OR 972	205		Phone no 503-2	:42-144	<u> 17 </u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Name of the organization

HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA

Employer identification number

81-1099715

Organization type (check or	ne)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
• •	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					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1 Complete Parts I and II				
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively except and etc., contributions totaling \$5,000 or more during the year.				
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Name of organization HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA

Employer identification number

81-1099715

Part I	Contributors	(See instructions)	Use duplicate co	pies of Part I if add	ditional space is needed
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	Continuation (Sectional distributions) Case deprivate copies on tart in desirante		,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA RD MISSOULA, MT 59804	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
500450 40 4		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization HEADWATERS HEALTH FOUNDATION

Employer identification number

(c) FMV (or estimate) (See instructions)	(d) Date received
FMV (or estimate) (See instructions)	
\$	
(c) FMV (or estimate) (See instructions)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions)	(d) Date received
s	
(c) FMV (or estimate) (See instructions)	(d) Date received
(c) FMV (or estimate) (See instructions)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions)	(d) Date received
	FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions)

623453 10-18-16

623454 10-18-16

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	1,251.	0.		1,251.	
TO FORM 990-PF, PG 1, LN 16B	1,251.	0.		1,251.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	39,630.	0.		3,960.	
TO FORM 990-PF, PG 1, LN 16C	39,630.	0.		3,960.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING DUES & MEMBERSHIPS PARKING EXPENSE POSTAGE & SHIPPING PRINTING & PHOTOCOPIES PROFESSIONAL DEVELOPMENT OFFICE SUPPLIES TELEPHONE & INTERNET EXPENSE MEALS & ENTERTAINMENT INSURANCE EXPENSE	6,213. 4,200. 24. 91. 566. 1,695. 750. 249. 1,968. 747.	0. 0. 0. 0. 0.		6,213. 4,200. 24. 91. 566. 1,695. 750. 249. 1,968. 747.	
TO FORM 990-PF, PG 1, LN 23	16,503.	0.		16,503.	

		OF OFFICERS, D		STAT	EMENT 4
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ROBERT PHILLIPS 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0.
MACK CLAPP 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0.
JODI DALY 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	- 0 .
JAY LOWDER 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0.
ALYSSA SCHOCK 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0.
ROSALIE SHEEHY CATES 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0.
MICHAEL A. STEWART 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0 .
RYAN TOLLESON KNEE 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0 .
CHRISTINA TWOHIG 283 W FRONT STREET MISSOULA, MT 59802		TRUSTEE 1.15	0.	0.	0
TOTALS INCLUDED ON 99	0-PF, PAGE 6,	PART VIII	0.	0.	0