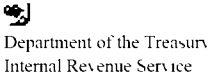








eFile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491318038989			
<div>Form 990-PF</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Return of Private Foundation</div> <div>or Section 4947(a)(1) Trust Treated as Private Foundation</div> <div>▶ Do not enter social security numbers on this form as it may be made public.</div> <div>▶ Go to www.irs.gov/Form990PF for instructions and the latest information.</div>			<div>OMB No 1545-0052</div> <div>2018</div> <div>Open to Public Inspection</div>		
For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018							
Name of foundation MONTANA HEALTHCARE FOUNDATION				A Employer identification number 46-6854005			
Number and street (or P O box number if mail is not delivered to street address) 777 EAST MAIN NO 206		Room/suite		B Telephone number (see instructions) (406) 451-7060			
City or town, state or province, country, and ZIP or foreign postal code BOZEMAN, MT 59715				C If exemption application is pending, check here ▶ <input type="checkbox"/>			
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>				D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>			
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 163,082,340		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))				(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	15,409,217				
	2	Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	90,199	90,199			
	4	Dividends and interest from securities	1,816,346	2,261,935			
	5a	Gross rents		4,395			
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	4,454,508				
	b	Gross sales price for all assets on line 6a 11,286,414					
	7	Capital gain net income (from Part IV, line 2)		5,673,711			
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
Operating and Administrative Expenses	b	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	 43,090	234,251			
	12	Total. Add lines 1 through 11	21,813,360	8,264,491			
	13	Compensation of officers, directors, trustees, etc	448,887	70,089		378,798	
	14	Other employee salaries and wages	731,932	45,674		683,902	
	15	Pension plans, employee benefits	203,683	9,730		183,006	
	16a	Legal fees (attach schedule)	 12,795	0		13,291	
	b	Accounting fees (attach schedule)	 40,905	0		37,505	
	c	Other professional fees (attach schedule)	 301,662	289,409		12,253	
	17	Interest	1,585	1,585		0	
	18	Taxes (attach schedule) (see instructions)	 92,311	12,554		0	
	19	Depreciation (attach schedule) and depletion	31,736	0			
	20	Occupancy	110,537	0		110,537	
	21	Travel, conferences, and meetings	135,574	0		132,031	
	22	Printing and publications	9,840	0		9,840	
23	Other expenses (attach schedule)	 1,214,357	327,049		1,156,634		
24	Total operating and administrative expenses. Add lines 13 through 23	3,335,804	756,090		2,717,797		
25	Contributions, gifts, grants paid	4,705,801			4,522,805		
26	Total expenses and disbursements. Add lines 24 and 25	8,041,605	756,090		7,240,602		
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	13,771,755				
	b	Net investment income (if negative, enter -0-)		7,508,401			
	c	Adjusted net income (if negative, enter -0-)					
For Paperwork Reduction Act Notice, see instructions.				Cat No 11289X		Form 990-PF (2018)	

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	149,652	83,964	83,964
	2 Savings and temporary cash investments	17,140,835	20,845,998	20,845,998
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ 215,000 Less allowance for doubtful accounts ▶ _____		215,000	215,000
	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	4,550		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	72,816,185	63,606,406	63,606,406
	c Investments—corporate bonds (attach schedule)	20,528,260	24,329,275	24,329,275
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	54,913,254	53,730,678	53,730,678
	14 Land, buildings, and equipment basis ▶ _____ 115,535 Less accumulated depreciation (attach schedule) ▶ 31,736	115,535	83,799	83,799
15 Other assets (describe ▶ _____)	101,938	187,220	187,220	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	165,770,209	163,082,340	163,082,340	
Liabilities	17 Accounts payable and accrued expenses	39,904	104,920	
	18 Grants payable	1,238,209	1,421,205	
	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)	1,278,113	1,526,125	
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	162,088,455	159,515,576	
	25 Temporarily restricted	2,403,641	2,040,639	
	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)	164,492,096	161,556,215	
	31 Total liabilities and net assets/fund balances (see instructions) .	165,770,209	163,082,340	

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	164,492,096
2 Enter amount from Part I, line 27a	2	13,771,755
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	178,263,851
5 Decreases not included in line 2 (itemize) ▶ _____	5	16,707,636
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	161,556,215

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)
1a See Additional Data Table			
b			
c			
d			
e			

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	5,673,711
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))
2017	6,422,514	142,599,137	0 045039
2016	4,146,363	119,846,523	0 034597
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

2 Total of line 1, column (d) { }	2	0 132938
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years { }	3	0 026588
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 { }	4	166,083,356
5 Multiply line 4 by line 3 { }	5	4,415,824
6 Enter 1% of net investment income (1% of Part I, line 27b) { }	6	75,084
7 Add lines 5 and 6 { }	7	4,490,908
8 Enter qualifying distributions from Part XII, line 4 { }	8	7,240,602

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	75,084
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	75,084
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	75,084
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	75,701
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	30,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	105,701
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	30,617
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input checked="" type="checkbox"/> 30,617 Refunded <input type="checkbox"/>	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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes
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) <input type="checkbox"/> 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 2018 or the taxable year beginning in 2018? See the 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			
Located at ► 777 EAST MAIN NO 206 BOZEMAN MT ZIP+4 ► 59715				
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 2018, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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.	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ► 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 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 2018).	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 2018?	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		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	Yes
	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THEODORE MADDEN	COO	152,246	19,278	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	40 00			
SCOTT MALLOY	SNR PROGRAM OFFICER	137,940	18,633	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	40 00			
TRESSIE WHITE	SNR PROGRAM OFFICER	115,114	17,799	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	40 00			
MELINDA BUCHHEIT	EXEC ASST/COMM	71,319	16,815	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	COOR 40 00			
PRICE KLAAS	OPERATIONS MANAGER	70,607	15,908	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715	40 00			
Total number of other employees paid over \$50,000.				2

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
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	160,328
WELLINGTON TRUST CO NA 2 EMBARCADERO CENTER STE 1645 SAN FRANCISCO, CA 94111	INVESTMENT MANAGEMENT	89,168
WAKELY CONSULTING GROUP 7650 W COURTNEY CAMPBELL CAUSEWAY STE 1250 TAMPA, FL 33607	HEALTHCARE CONSULTANT	75,000
CHRISTINA L GOE ATTORNEY PLLC 446 W LAWRENCE ST HELENA, MT 59601	HEALTHCARE CONSULTANT	57,500

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 15	850,000
2 BEHAVIORAL HEALTH SEE STATEMENT 15	1,800,000
3 PARTNERSHIPS FOR BETTER HEALTH SEE STATEMENT 15	300,000
4 MEDICAID AND HEALTH POLICY SEE STATEMENT 15	950,000

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	95,139,586
b	Average of monthly cash balances.	1b	16,490,282
c	Fair market value of all other assets (see instructions).	1c	56,982,676
d	Total (add lines 1a, b, and c).	1d	168,612,544
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	168,612,544
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,529,188
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	166,083,356
6	Minimum investment return. Enter 5% of line 5.	6	8,304,168

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	8,304,168
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	75,084
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	8,774
c	Add lines 2a and 2b.	2c	83,858
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	8,220,310
4	Recoveries of amounts treated as qualifying distributions.	4	42,374
5	Add lines 3 and 4.	5	8,262,684
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	8,262,684

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	7,240,602
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	7,240,602
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	75,084
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	7,165,518

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				8,262,684
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			6,861,086	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>7,240,602</u>				
a Applied to 2017, but not more than line 2a			6,861,086	
b Applied to undistributed income of prior years (Election required—see instructions).		 0		
c Treated as distributions out of corpus (Election required—see instructions).	 185,000			
d Applied to 2018 distributable amount.				194,516
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018 (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	185,000			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				8,068,168
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).	185,000			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

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 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or 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

VISIT WWW MTHCF.ORG FOR APPLICATION INFORMATION

c Any submission deadlines

VISIT WWW MTHCF.ORG FOR SUBMISSION DEADLINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

VISIT WWW MTHCF.ORG FOR FUNDING RESTRICTIONS

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	
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
2 Membership dues and assessments. . . .				
3 Interest on savings and temporary cash investments				
		14	90,199	
4 Dividends and interest from securities. . . .				
		14	1,816,346	
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.				
8 Gain or (loss) from sales of assets other than inventory				
		18	4,454,508	
9 Net income or (loss) from special events				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue				
a RETURNED GRANT				38,212
b REIMBURSEMENTS		01	716	4,162
c _____				
d _____				
e _____				
12 Subtotal Add columns (b), (d), and (e). .				
	0		6,361,769	42,374
13 Total. Add line 12, columns (b), (d), and (e).				
				6,404,143

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
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12(1)	Yes	
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1a(1)	Yes
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1a(2)	No
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1b(1)	No
--------------	-----------

1b(2)		No
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1b(3)		No
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1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
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value
ue

[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Title

(see instr)? ☒ Yes ☐ No

Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's Signature	Date 2019-11-07	Check if self-employed <input type="checkbox"/>	PTIN P00183358
Firm's name ▶ CLARK NUBER PS				Firm's EIN ▶ 91-1194016
Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004				Phone no (425) 454-4919

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1	WTC CTF RESEARCH EQUITY	P	2014-10-01	2018-02-01
1	ETON PARK	P	2016-04-01	2018-04-30
	INDUS SELECT FUND LTD	P	2015-10-01	2018-10-31
	LANDMARK RE PTNRS VIII LP	P	2017-08-08	2018-05-14
	MIDOCEAN PARTNERS V L P	P	2018-05-23	2018-05-25
	MARKETABLE SECURITIES	P		
	CAPITAL GAIN DISTRIBUTIONS	P		
	CAPITAL GAIN FROM SCHEDULE K-1	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
89,168		63,537	25,631
136,921		125,543	11,378
2,000,000		1,566,893	433,107
342,978		342,978	0
45,183		45,183	0
5,508,745		3,468,569	2,040,176
1,944,216			1,944,216
1,219,203			1,219,203

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			25,631
			11,378
			433,107
			0
			0
			2,040,176
			1,944,216
			1,219,203

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	VICE-CHAIRMAN 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
DENIS PRAGER	TRUSTEE 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
GERALD GRAY	TRUSTEE 8 00	24,000	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	CHAIRMAN 15 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
PAUL COOK	SECRETARY 8 00	24,000	0	0
777 EAST MAIN SUITE 206 BOZEMAN, MT 59715				
AARON WERNHAM	CEO 40 00	280,887	20,191	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				
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>				
ADDICTIVE AND MENTAL DISORDERS DIVISION 100 NORTH PARK SUITE 300 HELENA, MT 596202905		GOV	IMPROVING HEALTH THROUGH COLLABORATIONS - AMDD	81,294
ARLEE COMMUNITY DEVELOPMENT CORPORATION PO BOX 452 ARLEE, MT 59821		GOV	THE COMMUNITY DINING PROJECT	26,090
BEHAVIORAL HEALTH ALLIANCE OF MONTANA PO BOX 1672 HELENA, MT 59624		PC	BHAM ADVOCACY FOR BEHAVIORAL HEALTH PREVENTION, TREATMENT, & RECOVERY, AVAILABLE & ACCESSIBLE IN MT	100,000
Total ► 3a				4,522,806

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>				
BENEFIS HEALTH SYSTEM FOUNDATION PO BOX 7008 GREAT FALLS, MT 59406		PC	ADDRESSING PERINATAL SUD AND PREVENTION OF NAS IN CASCADE COUNTY AND MONTANA'S NORTHERN TRIBES	75,000
BIG SKY AACAP 2620 COLONIAL DR STE B HELENA, MT 59601		PC	2018 MONTANA PSYCHIATRY CONFERENCE	5,000
BIGHORN VALLEY HEALTH CENTER INC PO BOX 408 HARDIN, MT 59034		PC	A STRUCTURED FRAMEWORK IS ESSENTIAL TO IMPROVING SUSTAINED HEALTH AND WELLBEING	25,000
Total ▶ 3a				4,522,806

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>				
BIGHORN VALLEY HEALTH CENTER INC PO BOX 409 HARDIN, MT 59034		PC	FEASIBILITY STUDY FOR ITCHIK DIIAWAKAAM FAMILY HEALING CENTER IN THE APSAALOOKE NATION	49,350
BIGHORN VALLEY HEALTH CENTER INC PO BOX 410 HARDIN, MT 59034		PC	INTEGRATED HEALTHCARE DELIVERY THROUGH A HUB AND SPOKE MODEL IN SOUTHEASTERN MONTANA	37,500
BILLINGS CLINIC2917 TENTH AVE N BILLINGS, MT 591071031		PC	INTEGRATED BEHAVIORAL HEALTH (IBH) EXPANSION PROJECT	75,000
Total ▶ 3a				4,522,806

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>				
BILLINGS CLINIC2917 TENTH AVE N BILLINGS, MT 591071031		PC	REGIONAL INTEGRATED BEHAVIORAL HEALTH (IBH) EXPANSION PROGRAM	131,369
BLACKFEET COMMUNITY COLLEGE PO BOX 819 BROWNING, MT 594170819		GOV	BLACKFEET COMMUNITY COLLEGE TRAUMA INFORMED PLANNING GRANT	25,000
BLACKFEET TRIBAL HEALTHPO BOX 866 BROWNING, MT 59417		GOV	BLACKFEET EMS PROGRAM	25,000
Total ► 3a				4,522,806

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>				
BLACKFEET TRIBAL HEALTHPO BOX 866 BROWNING, MT 59417		GOV	T-HIP TIER 1 DAPHNE SOFTWARE SUPPORT	12,000
BLACKFEET TRIBE640 ALL CHIEFS RD BROWNING, MT 59417		GOV	BLACKFEET PARTNERSHIP FOR FOOD SOVEREIGNTY STRATEGIC PLAN	50,000
BOYS & GIRLS CLUBS OF YELLOWSTONE COUNTY 505 ORCHARD LN BILLINGS, MT 591015027		PC	JOINT-SERVICE BEHAVIORAL HEALTH MODEL PILOT FOR THE LOCKWOOD CLUBHOUSE	50,000
Total ► 3a				4,522,806

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK STREET LEWISTOWN, MT 59457		PC	CENTRAL MONTANA MENTAL HEALTH ALLIANCE	15,000
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD STE 3200 BOZEMAN, MT 59715		PC	IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH	150,000
CABINET PEAKS MEDICAL CENTER FOUNDATION 209 HEALTH PARK DRIVE LIBBY, MT 59923		PC	LINCOLN COUNTY COMMUNITY CARE COORDINATION	75,000
Total ▶ 3a				4,522,806

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>				
CASCADE COUNTY COMMUNITY HEALTH CARE CENTER 115 4TH ST SO GREAT FALLS, MT 59401		GOV	HEALTH WEALTH SERVICE PARTNERSHIP PILOT PROGRAM	50,000
CHILD BRIDGE INCPO BOX 310 BIGFORK, MT 59911		PC	FINDING A WAY HOME IMPROVING BEHAVIORAL HEALTH IN FOSTER CHILDREN BY ACHIEVING PERMANENCY	37,500
COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA ROAD MISSOULA, MT 59804		NC	A COLLABORATIVE APPROACH TO IMPROVING SCREENING AND TREATMENT FOR PERINATAL DRUG USE IN MISSOULA	75,000
Total ► 3a				4,522,806

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>				
DEPARTMENT OF HEALTH AND HUMAN DEVELOPMENT MONTANA STATE UNIVERSITY PO BOX 172750 BOZEMAN, MT 597173540		GOV	INCREASING MENTAL HEALTH ACCESS IN GALLATIN COUNTY	62,270
EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER 2508 WILSON STREET MILES CITY, MT 59301		PC	PEER SUPPORT ADDRESSING BEHAVIORAL HEALTH CRISIS AND JAIL DIVERSION NEEDS IN EASTERN MONTANA	49,944
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 FIRST AVENUE WEST KALISPELL, MT 59901		GOV	DEVELOPING A COMPREHENSIVE PLAN TO TRANSFORM BEHAVIORAL HEALTH AND THE CRIMINAL JUSTICE SYSTEM	23,781
Total ▶ 3a				4,522,806

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>				
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS HELENA, MT 59601		PC	SUBSTANCE USE TREATMENT FOR PREGNANT & PARENTING WOMEN	37,500
FORT BELKNAP INDIAN COMMUNITY - TRIBAL HEALTH 656 AGENCY MAIN STREET HARLEM, MT 59526		GOV	FORT BELKNAP CENTRALIZED BILLING CAPACITY BUILDING PROJECT	30,000
FORT BELKNAP INDIAN COMMUNITY - TRIBAL HEALTH 656 AGENCY MAIN STREET HARLEM, MT 59526		GOV	FORT BELKNAP DIABETES CARE CLINIC	45,000
Total			3a	4,522,806

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 TRIBAL HEALTH DEPARTMENT PO BOX 1027 POPLAR, MT 59255		GOV	FPTH 3RD PARTY BILLING PROJECT	112,286
FORT PECK TRIBES - SPOTTED BULL RECOVERY RESOURCE CENTER 603 1/2 COURT AVENUE POPLAR, MT 59255		GOV	FORT PECK TATANKA GDESKA CAPACITY BUILDING PROJECT	75,000
FRIENDSHIP HOUSE OF CHRISTIAN SERVICE 3123 8TH AVE S BILLINGS, MT 59101		PC	TRANSFORMING SOUTH BILLINGS YOUTH AND FAMILIES BY ADDRESSING COMMUNITY COUNSELING NEEDS	40,000
Total ▶ 3a				4,522,806

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>				
GATEWAY RECOVERY SERVICES 26 4TH STREET NORTH GREAT FALLS, MT 59401		PC	PEER SUPPORT FOR CASCADE COUNTY	37,500
GLACIER COMMUNITY HEALTH CENTER 519 E MAIN ST CUT BANK, MT 59427		PC	DENTAL/BEHAVIORAL HEALTH INTEGRATION	49,729
HEALTHY MOTHERS HEALTHY BABIES - THE MONTANA COALITION 318-320 N LAST CHANCE GULCH STE 2C HELENA, MT 59601		PC	BUILDING BRIDGES FOR BETTER BIRTHS	34,000
Total ▶ 3a				4,522,806

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>				
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	HELENA INDIAN ALLIANCE - SHERIDAN HALL, STRUCTURAL ASSESSMENT	26,000
HELENA OBGYN & ASSOCIATES PC 45 MEDICAL PARK DRIVE HELENA, MT 59601		NC	GO MOM GO INTEGRATED BEHAVIOR HEALTH SUPPORT WOMEN DURING PRENATAL, POSTNATAL AND POSTPARTUM HELENA	75,000
HELP CENTER INC 421 EAST PEACH STREET BOZEMAN, MT 59715		PC	INITIATIVE TO BUILD BILLING CAPACITY FOR BEHAVIORAL HEALTH SERVICES	15,000
Total ▶ 3a				4,522,806

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>				
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX INC 32 SOUTH TRACY BOZEMAN, MT 59715		PC	PARTNERSHIPS FOR PERMANENTLY SUPPORTIVE HOUSING	60,000
INSTITUTE FOR NONPROFIT NEWS 714 W OLYMPIC BLVD STE 931 LOS ANGELES, CA 900151353		PC	IN-DEPTH HEALTH CARE REPORTING IN MONTANA	10,000
KALISPELL REGIONAL MEDICAL CENTER INC DBA PATHWAYS TREATMENT CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE	112,500
Total ▶ 3a				4,522,806

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>				
KALISPELL REGIONAL MEDICAL CENTER INC DBA PATHWAYS TREATMENT CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	INTEGRATED BEHAVIORAL HEALTHCARE FOR HIGH RISK PREGNANT WOMEN IN WESTERN AND NORTH CENTRAL MONTANA	37,500
LEWIS AND CLARK COUNTY 316 NORTH PARK AVENUE HELENA, MT 59623		GOV	CREATING A COMPREHENSIVE COMMUNITY JUSTICE AND MENTAL HEALTH SYSTEM WITH RISK REDUCTION SERVICES	48,675
LINCOLN COUNTY HEALTH DEPARTMENT 418 MINERAL AVENUE LIBBY, MT 59923		GOV	LINCOLN COUNTY SUD FOLLOW-UP AND REFERRAL	19,955
Total ► 3a				4,522,806

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>				
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		PC	MONTANA NATIVE AMERICAN GIRL CENTERED EMPOWERMENT PROJECT	15,000
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LANE LIVINGSTON, MT 59047		PC	RAPID RESPONSE BEHAVIORAL HEALTH CRISES MANAGEMENT	37,500
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LANE LIVINGSTON, MT 59047		PC	SWEET PARK SMILES	20,803
Total ▶ 3a				4,522,806

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>				
MADISON VALLEY HOSPITAL ASSOCIATION 305 N MAIN ENNIS, MT 59729		PC	MADISON VALLEY MEDICAL CENTER INTEGRATED BEHAVIORAL HEALTH	46,950
MISSOULA CITY-COUNTY HEALTH DEPARTMENT 301 WEST ALDER STREET MISSOULA, MT 598024123		GOV	MISSOULA FOSTER CHILD HEALTH PARTNERSHIP MODEL PRACTICE FOR MONTANA REPLICATION	34,825
MISSOULA FOOD BANK AND COMMUNITY CENTER 1720 WYOMING ST MISSOULA, MT 598011526		PC	PLACE-BASED HEALTH CARE INCREASING ACCESS THROUGH PARTNERSHIP	33,175
Total ▶ 3a				4,522,806

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	QUA QUI CONNECTION THE CIRCLE OF GOOD MEDICINE & HOLISTIC CARE	75,000
MONTANA BUDGET AND POLICY CENTER 101 NORTH LAST CHANCE GULCH SUITE 220 HELENA, MT 59601		PC	STATE-TRIBAL POLICY SYMPOSIUM ADVANCING INVESTMENTS IN INDIAN COUNTRY	2,500
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 100 N PARK AVE HELENA, MT 59620		GOV	ANALYZING AND UNDERSTANDING THE IMPACT OF MEDICAID EXPANSION ON MONTANANS	90,500
Total ► 3a				4,522,806

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 GENERATIONAL JUSTICE FOUNDATION PO BOX 4462 HELENA, MT 596044462		PC	CONNECT PEOPLE WITH ESTATE PLANNING TO PREVENT HEALTH CARE, MEDICAL ISSUES, EXPLOITATION, AND FRAUD	30,000
MONTANA HEALTH NETWORK HEALTH INC 519 PLEASANT STREET MILES CITY, MT 59301		NC	EASTERN MONTANA INTEGRATED BEHAVIORAL HEALTH PROGRAM	140,000
MONTANA HEALTH RESEARCH AND EDUCATION FOUNDATION (MHREF) - SC MT AHEC 2625 WINNE AVENUE HELENA, MT 59601		PC	MONTANA MEDICAID EXPANSION IMPACT STUDY	27,050
Total ► 3a				4,522,806

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 HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624		PC	GENERAL SUPPORT GRANT	45,000
MONTANA LEGAL SERVICES ASSOCIATION 616 HELENA AVE SUITE 100 HELENA, MT 59601		PC	MONTANA HEALTH JUSTICE PARTNERSHIP (2017)	25,000
MONTANA MEDICAL ASSOCIATION FOUNDATION 2021 11TH AVENUE SUITE 1 HELENA, MT 59601		PC	OPTIMIZATION OF PATIENT CARE THROUGH HEALTH INFORMATION EXCHANGE IN MONTANA	50,000
Total ▶ 3a				4,522,806

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 NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624		PC	2018 ANNUAL MONTANA NONPROFIT ASSOCIATION CONFERENCE	3,000
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	2018 COVER MONTANA OUTREACH & E3 SUMMIT	2,500
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	2018 MPCA ANNUAL TRAINING	1,000
Total ▶ 3a				4,522,806

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 PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTEGRATION INTO PRIMARY CARE	100,000
MONTANA PUBLIC HEALTH ASSOCIATION PO BOX 511 CHOTEAU, MT 594220511		PC	MONTANA PUBLIC HEALTH 101 IMPROVING THE HEALTH OF CITIZENS BY TRAINING THE PUBLIC HEALTH WORKFORCE	37,500
MONTANA PUBLIC HEALTH ASSOCIATION PO BOX 511 CHOTEAU, MT 594220511		PC	MPHA ANNUAL CONFERENCE AN MEETING PUBLIC AND ENVIRONMENTAL HEALTH OUR STORY- OUR TIME- OUR FUTURE	10,000
Total ► 3a				4,522,806

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 STATE UNIVERSITY - OFFICE OF RURAL HEALTH PO BOX 172470 BOZEMAN, MT 597172470		GOV	MONTANA - REGIONAL INITIATIVES IN DENTAL EDUCATION	46,660
MONTANA STATE UNIVERSITY - OFFICE OF SPONSORED PROGRAMS 309 MONTANA HALL BOZEMAN, MT 597172470		GOV	PARTNERSHIPS TO SUPPORT PALLIATIVE CARE IN MONTANA CRITICAL ACCESS HOSPITALS	59,839
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 597172750		PC	PROMOTION AND DELIVERY OF THRIVE-MONTANA, AN INTERNET-DELIVERED COGNITIVE BEHAVIOR THERAPY PROGRAM	26,904
Total ► 3a				4,522,806

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA SUPREME COURT 215 N SANDERS HELENA, MT 596203003		GOV	2018 MONTANA STATEWIDE DRUG COURT CONFERENCE	12,988
MONTANA SUPREME COURT 215 N SANDERS HELENA, MT 596203003		GOV	2018 MONTANA STATEWIDE DRUG COURT CONFERENCE (ADDITIONAL SUPPORT)	4,380
MONTANA'S PEER NETWORK 109 EAST LEWIS STREET LIVINGSTON, MT 59047		PC	STATEWIDE PEER SUPPORT OUTCOMES COLLECTION PROJECT	43,774
Total ▶ 3a				4,522,806

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Name and address (home or business)				
a <i>Paid during the year</i>				
MONTANA'S PEER NETWORK 109 EAST LEWIS STREET LIVINGSTON, MT 59047		GOV	TO RECOGNIZE OUTSTANDING CONTRIBUTIONS TO INNOVATION, PROGRESS, AND LEADERSHIP IN BEHAVIORAL HEALTH	10,000
MOUNTAIN-PACIFIC QUALITY HEALTH FOUNDATION 3404 COONEY DR HELENA, MT 59602		PC	COMPREHENSIVE MEDICATION MANAGEMENT PHARMACIST TRAINING AND PILOT PROGRAM FOR PRIMARY CARE	21,912
MOUNTAIN-PACIFIC QUALITY HEALTH FOUNDATION 3404 COONEY DR HELENA, MT 59602		PC	IMPLEMENTING TRAUMA-INFORMED CARE AND APPROACHES WITH MONTANA INDIAN HEALTH CARE ORGANIZATIONS	49,142
Total ▶ 3a				4,522,806

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAMIMT555 FULLER AVE SUITE 3 HELENA, MT 59601		PC	INDIAN EDUCATION YOUTH CONFERENCES 2018	9,950
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	BILLINGS URBAN INDIAN HEALTH AND WELLNESS CENTER	75,000
NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH PO BOX 67 LAME DEER, MT 59043		GOV	NORTHERN CHEYENNE REVENUE ENHANCEMENT	25,000
Total ► 3a				4,522,806

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>				
POVERELLO CENTER 1110 WEST BROADWAY MISSOULA, MT 59801		PC	MEDICAL RESPITE PROGRAM EVALUATION AND CAPACITY BUILDING	25,470
POWDER RIVER FIRST RESPONDERS BOX 125 BOYES, MT 59316		PC	REGIONAL TRAINING OPPORTUNITIES	13,500
PROVIDENCE MONTANA HEALTH FOUNDATION 502 W SPRUCE MISSOULA, MT 59802		PC	A COLLABORATIVE APPROACH TO SCREEN AND TREAT PERINATAL DRUG USE AT PROVIDENCE ST PATRICK HOSPITAL	112,500
Total ▶ 3a				4,522,806

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PUBLIC HEALTH SYSTEM IMPROVEMENT OFFICE PUBLIC HEALTH AND SAFETY DIVISION 1400 BROADWAY STREET HELENA, MT 59620		GOV	IMPROVING HEALTH THROUGH COLLABORATIONS - PHSD	50,000
PUBLIC HEALTH SYSTEM IMPROVEMENT OFFICE PUBLIC HEALTH AND SAFETY DIVISION 1400 BROADWAY STREET HELENA, MT 59620		GOV	MONTANA PUBLIC HEALTH WORKFORCE ASSESSMENT	11,000
PUREVIEW HEALTH CENTER 1930 9TH AVE HELENA, MT 59601		PC	DEVELOPMENT OF EAST HELENA SCHOOL BASED HEALTH CENTER	48,527
Total ▶ 3a				4,522,806

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIMROCK FOUNDATION1231 N 29TH ST BILLINGS, MT 59101		PC	ELM HOUSE, RESIDENTIAL TREATMENT FOR PREGNANT AMERICAN INDIAN WOMEN, PREGNANT/NON-PREGNANT WOMEN	42,090
RIVERSTONE HEALTH 123 SOUTH 27TH STREET BILLINGS, MT 59101		PC	PAX GOOD BEHAVIOR GAME AND TRAUMA-INFORMED SCHOOLS ON THE SOUTHSIDE OF BILLINGS	37,500
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL 711 CENTRAL AVENUE BILLINGS, MT 59102		GOV	ROOTS OF A SOVEREIGN NATION FOOD SOVEREIGNTY SUMMIT	2,500
Total			3a	4,522,806

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALISH KOOTENAI COLLEGEPO BOX 70 PABLO, MT 59855		GOV	TYPE 2 DIABETES INTERVENTION AT RISK CHILDREN OF THE PEND ORIELLE, SALISH, AND KOOTENAI TRIBES	37,500
ST JAMES HEALTHCARE FOUNDATION 400 S CLARK ST BUTTE, MT 59701		PC	A RELATIONAL MODEL FOR REDUCING PERINATAL SUBSTANCE USE DISORDERS IN SOUTHWEST MONTANA	112,500
ST JAMES HEALTHCARE FOUNDATION 400 S CLARK ST BUTTE, MT 59701		PC	INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN SILVER BOW COUNTY	65,000
Total ► 3a				4,522,806

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JAMES HEALTHCARE FOUNDATION 400 S CLARK ST BUTTE, MT 59701		PC	INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN SILVER BOW COUNTY	32,500
ST PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	HELENA REGIONAL HOUSING IS HEALTHCARE INITIATIVE	60,000
ST PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	INTEGRATING BEHAVIORAL HEALTH INTO ST PETER'S HEALTH MEDICAL GROUP	37,500
Total ► 3a				4,522,806

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101		PC	BUILDING OUT THE CONTINUUM OF CARE FOR INTEGRATED BEHAVIORAL HEALTH	75,000
TETON COUNTY HEALTH DEPARTMENT 905 4TH ST NW CHOTEAU, MT 59422		GOV	ADDRESSING SUBSTANCE USE DISORDERS IN TETON COUNTY THROUGH COMMUNITY PARTNERSHIPS	25,244
THE UNIVERSITY OF MONTANA- DEPARTMENT OF PSYCHOLOGY C/O DEPARTMENT OF PSYCHOLOGY MISSOULA, MT 59812		GOV	IBH WORKFORCE DEVELOPMENT INITIATIVE EXPANDING UMS INTEGRATED BEHAVIORAL HEALTH TRAINING PROGRAMS	35,000
Total ▶ 3a				4,522,806

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>				
TOWNSEND HEALTH SYSTEMS INC DBA BROADWATER HEALTH CENTER 110 NORTH OAK TOWNSEND, MT 59644		PC	ENHANCING RURAL HEALTH THROUGH THE EXPANSION OF INTEGRATED BEHAVIORAL HEALTH SERVICES	25,000
TOWNSEND HEALTH SYSTEMS INC DBA BROADWATER HEALTH CENTER 110 NORTH OAK TOWNSEND, MT 59644		PC	INITIATION OF A LICENSED ADDICTION COUNSELOR INTO THE BROADWATER HEALTH CENTER INTEGRATED CARE TEAM	40,000
TWO EAGLE RIVER SCHOOL 58020 OLD US HWY 93 PABLO, MT 59855		GOV	TWO EAGLE RIVER SCHOOL WELLNESS PROJECT	50,000
Total ▶ 3a				4,522,806

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>				
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVENUE BILLINGS, MT 59106		PC	COLLABORATING TO END HOMELESSNESS AND ADDICTION IN YELLOWSTONE COUNTY	50,000
WATSON CHILDREN'S SHELTER 4978 BUCKHOUSE LANE MISSOULA, MT 59804		PC	HEALTHY FOUNDATIONS - ACCESS TO PRIMARY CARE AND MENTAL HEALTH ASSESSMENT AND TREATMENT	15,000
WMMHC RECOVERY CENTER MISSOULA 1201 WYOMING ST MISSOULA, MT 59801		PC	RCM PREGNANT AND PARENTING WOMEN	75,000
Total ▶ 3a				4,522,806

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>				
WOMEN IN ACTION INCPO BOX 161143 BIG SKY, MT 597161143		PC	IDENTIFYING AND ADDRESSING GAPS IN BIG SKY'S MENTAL HEALTH SERVICES	7,380
YELLOWSTONE BOYS AND GIRLS RANCH (YBGR) 1732 SOUTH 72ND ST WEST BILLINGS, MT 59106		PC	YBGR SUBSTANCE USE DISORDER TREATMENT PROGRAM	37,500
YWCA OF HELENAPO BOX 518 HELENA, MT 596240518		PC	YWCA BEHAVIORAL SERVICES	15,000
Total ► 3a				4,522,806

TY 2018 Accounting Fees Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	40,905	0		37,505

TY 2018 Applied to Prior Year Election

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Election: SECTION 4942(H)(2) ELECTIONTREATMENT OF QUALIFYING
DISTRIBUTIONSMONTANA HEALTHCARE FOUNDATIONEIN: 46-
6854005777 EAST MAIN, #206, BOZEMAN, MT 59715FOR THE
TAX YEAR ENDED DECEMBER 31, 2018PURSUANT TO IRC SEC.
4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE ABOVE
REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT
YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE
IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME
AS BEING MADE OUT OF UNDISTRIBUTED INCOME FROM THE
TAX YEAR ENDED DECEMBER 31, 2015 IN THE AMOUNT OF
\$191,915.-----
NAME AND TITLE DATE

TY 2018 Distribution from Corpus Election

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Election: SECTION 4942(H)(2) ELECTIONTREATMENT OF QUALIFYING
DISTRIBUTIONSMONTANA HEALTHCARE FOUNDATIONEIN: 46-
6854005777 EAST MAIN, #206, BOZEMAN, MT 59715FOR THE
TAX YEAR ENDED DECEMBER 31, 2018PURSUANT TO IRC SEC.
4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE ABOVE
REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT
YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE
IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME
AS BEING MADE OUT OF CORPUS IN THE AMOUNT OF \$185,000
DUE TO THE REQUIREMENTS OF IRC SEC. 4942(G)(3). -----

-----NAME AND TITLE DATE

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

TY 2018 Expenditure Responsibility Statement

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
COMMUNITY MEDICAL CENTER	2827 FORT MISSOULA RD MISSOULA, MT 59804	2018-08-01	75,000	A COLLABORATIVE APPROACH TO IMPROVING SCREENING AND TREATMENT FOR PERINATAL DRUG USE IN MISSOULA	74,753	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	12/31/2018		
HELENA OBGYN & ASSOCIATES PC	45 MEDICAL PARK DR HELENA, MT 59601	2018-11-16	75,000	GO MOM GO INTEGRATED BEHAVIOR HEALTH SUPPORT WOMEN DURING PRENATAL, POSTNATAL AND POSTPARTUM HELENA	57,658	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	12/31/2018		
MONTANA HEALTH NETWORK HEALTH INC	519 PLEASANT ST MILES CITY, MT 59301	2018-12-14	140,000	EASTERN MONTANA INTEGRATED BEHAVIORAL HEALTH PROGRAM	136,694	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	12/31/2018		
MONTANA PRIMARY CARE ASSOCIATION	1805 EUCLID AVE HELENA, MT 59601	2018-08-31	2,500	2018 COVER MONTANA OUTREACH & E3 SUMMIT	2,500	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	8/31/2018		
MONTANA PRIMARY CARE ASSOCIATION	1805 EUCLID AVE HELENA, MT 59601	2018-04-11	1,000	2018 MPCA ANNUAL TRAINING	1,000	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	4/11/2018		
MONTANA PRIMARY CARE ASSOCIATION	1805 EUCLID AVE HELENA, MT 59601	2018-11-16	100,000	BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTEGRATION INTO PRIMARY CARE	92,034	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED	12/31/2018		

TY 2018 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 \$850,000 MHCF WORKS WITH THE LEADERSHIP OF THE SEVEN TRIBAL HEALTH DEPARTMENTS AND FIVE URBAN INDIAN HEALTH CENTERS IN MONTANA, ALONG WITH STATE LEADERSHIP AND OTHER STAKEHOLDERS TO DEVELOP AND IMPLEMENT STRATEGIES TO IMPROVE AMERICAN INDIAN HEALTH THIS INCLUDED GRANTS, TECHNICAL ASSISTANCE BY MHCF STAFF AND CONTRACTORS, AND CONTINUED FINANCIAL AND STAFF SUPPORT TO THE AMERICAN INDIAN HEALTH LEADERS (AIHL) GROUP WHICH MEETS QUARTERLY THIS YEAR MHCF SUPPORTED A SITE VISIT TO THE NATIONALLY-RECOGNIZED, TRIBALLY-LED ALASKA TRIBAL HEALTH SYSTEM, MEETINGS WITH MONTANA MEDICAID AND PROGRESS IMPLEMENTING THE STATE'S NEW TRIBAL HEALTH IMPROVEMENT (T-HIP) PROGRAM MHCF ENHANCED ITS AMERICAN INDIAN HEALTH FOCUS AREA BY HIRING A FULL-TIME SENIOR PROGRAM OFFICER DEDICATED TO THIS CHARITABLE ACTIVITY</p> <p>2 BEHAVIORAL HEALTH INTEGRATED BEHAVIORAL HEALTH (IBH) \$1,800,000 MHCF ISSUED 15 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 FINANCIALLY SUPPORTED THE FORMATION AND STAFFING OF BEHAVIORAL HEALTH ASSOCIATION WHICH RESULTED FROM MEETINGS FACILITATED BY MHCF</p> <p>SUBSTANCE USE DISORDER (SUD) PREVENTION AND TREATMENT SYSTEM FUNDED IMPLEMENTATION OF RECOMMENDATIONS IN OUR PREVIOUS SUD TREATMENT SYSTEM REPORT BY ORGANIZATIONS AROUND THE STATE SOLVING PERINATAL DRUG AND ALCOHOL USE ADDED SEVEN GRANTEES PILOTING INNOVATIVE SUD TREATMENT SERVICES CAPACITY BUILDING MHCF WORKED TO BUILD HEALTH SYSTEM CAPACITY BY INVESTING ROUGHLY \$170,000 IN GRANTS, CONTRACTS, AND STAFF TIME TO BRING \$13 MILLION OF NEW REVENUE INTO MONTANA ORGANIZATIONS</p> <p>3 PARTNERSHIPS FOR BETTER HEALTH HOUSING AND HEALTH CARE \$300,000CONDUCTED FOUR COMMUNITY MEETINGS WITH HOUSING AND HEALTH CARE PROVIDERS TO PROMOTE THE DEVELOPMENT OF SUPPORTIVE HOUSING PRACTICES AWARDED THREE PLANNING GRANTS AND PROVIDED TECHNICAL ASSISTANCE VIA A CONTRACT WITH THE CORPORATION FOR SUPPORTIVE HOUSING TO ADDRESS FREQUENT USERS OF COMMUNITY SYSTEMS AND EXPLORE SUPPORTIVE HOUSING INTERVENTIONS TO IMPROVE OUTCOMES AND REDUCE ASSOCIATED COSTS</p> <p>VALUE BASED PAYMENT MODELS WORKED WITH FIVE PILOT PROJECTS TO PROMOTE VALUE-BASED DELIVERY SYSTEMS FOCUSED ON UTILIZATION OF CARE COORDINATION ACROSS HEALTH CARE PROVIDERS AND COMMUNITY-BASED SERVICE PROVIDERS FORMED AN INFORMAL HEALTH EDUCATION PARTNERS GROUP WHICH CONVENES WORK FORCE DEVELOPMENT AGENCIES FOCUSED ON COMMUNITY HEALTH WORKERS, PEER SUPPORT AND BEHAVIORAL HEALTH TECHNICIANS TO EXPLORE THE ESTABLISHMENT OF CURRICULUM FOR THESE ROLES AND HOW THEY MAY BE INTEGRATED IN HEALTH CARE DELIVERY SYSTEMS</p> <p>SOCIAL SERVICE NON-PROFIT CAPACITY BUILDING PROVIDED FINANCIAL AND TECHNICAL ASSISTANCE SUPPORT TO ALLOW COMMUNITY-BASED PROGRAMS TO DEVELOP SELF-SUSTAINING HEALTH-RELATED SERVICES, STRENGTHEN OPERATIONS, AND STABILIZE REVENUES</p> <p>4 MEDICAID AND HEALTH POLICY \$950,000 TO SUPPORT A STRONG HEALTH SYSTEM THAT PROVIDES FOR THE NEEDS OF ALL MONTANANS, MHCF COMMISSIONED AND BROADLY DISSEMINATED SEVERAL ECONOMIC, HEALTH, AND FISCAL IMPACT REPORTS ON KEY HEALTH POLICY QUESTIONS, SUCH AS THE COSTS, ECONOMIC BENEFITS, AND HEALTH IMPLICATIONS OF MONTANA'S MEDICAID EXPANSION, AND THE POTENTIAL FOR MONTANA TO ESTABLISH A REINSURANCE PROGRAM THROUGH A 1332 WAIVER IN ORDER TO REDUCE THE COST OF HEALTH INSURANCE ON THE INDIVIDUAL MARKET</p>

TY 2018 Investments Corporate Bonds Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
2,195,717.991 SHS VANGUARD SHORT TERM BOND INDEX FUND	22,637,852	22,637,852
550,000 SHS CAPITAL ONE BANK USA NA CORPORATE BOND	565,065	565,065
300,000 SHS CISCO SYSTEMS INC BOND	300,636	300,636
300,000 SHS MOODY'S CORPORATION BOND	311,112	311,112
500,000 SHS VALERO ENERGY CORP BOND	514,610	514,610

TY 2018 Investments Corporate Stock Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
333,503.758 SHS DODGE & COX INTERNATIONAL STOCK FUND	12,309,624	12,309,624
121,120 SHS I SHARES RUSSELL MID-CAP ETF	5,629,658	5,629,658
436,340.458 SHS DFA EMERGING MARKETS CORE EQUITY	8,399,554	8,399,554
543,594.370 SHS EDGEWOOD GROWTH INSTL	15,650,082	15,650,082
557,052 SHS HARBOR SMALL CAP GROWTH OPPORTUNITIES FUND	4,885,344	4,885,344
66,950 SHS SPDR S&P 500 ETF TRUST	16,732,144	16,732,144

TY 2018 Investments - Other Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NEWPORT ASIA INTERNATIONAL FUND LP	FMV	7,411,646	7,411,646
WTC CTF RESEARCH EQUITY	FMV	13,543,638	13,543,638
INDUS SELECT FUND LTD	FMV	10,292,531	10,292,531
ETON PARK OVERSEAS FUND LTD	FMV	4,392	4,392
FARALLON CAPITAL MANAGEMENT, LLC	FMV	3,682,100	3,682,100
MARSHALL WACE FD PLC	FMV	2,965,759	2,965,759
MAVERICK FUND LTD	FMV	2,824,246	2,824,246
CANYON DISTRESSED OPPORTUNITY FUND II (CAYMAN), LP	FMV	2,291,911	2,291,911
CANYON VALUE REALIZATION FUND (CAYMAN), LTD	FMV	3,150,508	3,150,508
GOLUB CAPITAL PARTNERS INTERNATIONAL, LP	FMV	1,425,659	1,425,659
LANDMARK REAL ESTATE PARTNERS VIII LP	FMV	674,150	674,150
RENAISSANCE INSTITUTIONAL DIVERSIFIED ALPHA FUND LLC (SERIES A)	FMV	3,302,585	3,302,585
AXIOM ASIA V LP	FMV	121,526	121,526
LEGACY VENTURE IX LLC	FMV	150,000	150,000
MIDOCEAN PARTNERS V LP	FMV	1,665,691	1,665,691
THE VARDE FUND XIII LP	FMV	224,336	224,336

**TY 2018 Land, Etc.
Schedule****Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LEASEHOLD IMPROVEMENTS	64,715	21,572	43,143	43,143
SOFTWARE	50,820	10,164	40,656	40,656

TY 2018 Legal Fees Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	12,795	0		13,291

TY 2018 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	101,938	187,220	187,220

TY 2018 Other Decreases Schedule

Name: MONTANA HEALTHCARE FOUNDATION

EIN: 46-6854005

Description	Amount
UNREALIZED LOSSES	16,707,636

TY 2018 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	10,652	0		9,542
COMMUNICATIONS	14,365	0		14,365
DUES & SUBSCRIPTIONS	20,077	0		20,044
INSURANCE	14,572	0		14,572
OFFICE EXPENSE	28,616	0		28,616
TA, RESEARCH AND CONVENING	1,054,937	0		999,405
OTHER ADMINISTRATIVE EXPENSE	71,138	0		70,090
PORTFOLIO DEDUCTIONS FROM SCHEDULE K-1	0	327,049		0

TY 2018 Other Income Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INVESTMENT INCOME/LOSS		233,535	
RETURNED GRANT	38,212		38,212
REIMBURSEMENTS	4,878	716	4,878

TY 2018 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	289,409	289,409		0
CONSULTING FEES	12,253	0		12,253

TY 2018 Taxes Schedule**Name:** MONTANA HEALTHCARE FOUNDATION**EIN:** 46-6854005

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	88,000	0		0
FOREIGN INCOME TAXES	0	12,554		0
UBI TAXES	4,311	0		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 ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
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Name of the organization MONTANA HEALTHCARE FOUNDATION	Employer identification number 46-6854005
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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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	CONRAD N HILTON FOUNDATION 1 DOLE DR WESTLAKE VILLAGEELENA, CA 91362	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	CARING FOR MONTANANS INC 560 NORTH PARK AVENUE HELENA, MT 59601	\$ 15,009,217	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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)
.		\$	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)

Name of organization MONTANA HEALTHCARE FOUNDATION	Employer identification number 46-6854005
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	CORPORATE BONDS	\$ 2,219,454	2018-09-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

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	