CBE 326

29491219001171

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

1912

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation	A Employer identification number
MONTANA HEALTHCARE FOUNDATION	46-6854005
Number and street (or P O box number if mail is not delivered to street address) / Room/suite: 777 EAST MAIN / 206	B Telephone number: 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 ▶ ☐

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G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1 Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 188,719,197.

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(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	5,014,010.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	253,746.	253,746.		
	4 Dividends and interest from securities	1,884,409.	2,890,807.		
	5a Gross rents 8A				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,348,216.			
	b Gross sales price for all assets on line 6a 25,833,875.				
	7 Capital gain net income (from Part IV line 2)		3,160,148.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	43,744.	31,099.		STATEMENT 1
	12 Total Add lines 1 through 11	10,544,125.	6,335,800.	Internal Revenue Service	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	435,733.	79,500.	Received US Bank • USB 315	356,233.
	14 Other employee salaries and wages	888,888.	72,800.		818,444.
	15 Pension plans, employee benefits	237,011.	21,331.		210,911.
	16a Legal fees STMT 2	17,590.	0.	NOV 12 2020	16,859.
	b Accounting fees STMT 3	53,615.	7,675.		38,265.
	c Other professional fees STMT 4	347,434.	342,247.	Ogden, UT	5,187.
	17 Interest				
	18 Taxes STMT 5	126,764.	19,486.		0.
	19 Depreciation and depletion	31,736.	0.		
	20 Occupancy	132,235.	0.		132,235.
	21 Travel, conferences, and meetings	123,213.	6,739.		120,017.
	22 Printing and publications	11,286.	0.		11,286.
	23 Other expenses STMT 6	1,391,093.	513,674.		1,444,293.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	3,796,598.	1,063,452.		3,153,730.
	25 Contributions, gifts, grants paid	5,987,317.			5,360,098.
	26 **Total expenses and disbursements** Add lines 24 and 25	9,783,915.	1,063,452.		8,513,828.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	760,210.			
	b **Net investment income** (if negative, enter -0-)		5,272,348.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	83,964.	244,455.	244,455.
	2 Savings and temporary cash investments	20,845,998.	12,051,078.	12,051,078.
	3 Accounts receivable ▶ 1,954.			
	Less allowance for doubtful accounts ▶		1,954.	1,954.
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶	215,000.		
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans 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 STMT 7	63,606,406.	68,359,994.	68,359,994.
	c Investments - corporate bonds STMT 8	24,329,275.	16,721,924.	16,721,924.
	11 Investments - land buildings and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	53,730,678.	91,107,324.	91,107,324.
	14 Land, buildings, and equipment: basis ▶ 115,535.			
	Less accumulated depreciation STMT 10 ▶ 63,471.	83,799.	52,064.	52,064.
	15 Other assets (describe ▶ INTEREST RECEIVABLE)	187,220.	180,404.	180,404.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	163,082,340.	188,719,197.	188,719,197.
Liabilities	17 Accounts payable and accrued expenses	104,920.	64,364.	
	18 Grants payable	1,421,205.	2,048,424.	
	19 Deferred revenue			
	20 Loans from officers directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	1,526,125.	2,112,788.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** ▶ [X] **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	159,515,576.	185,479,215.	
	25 Net assets with donor restrictions	2,040,639.	1,127,194.	
	Foundations that do not follow FASB ASC 958, check here ▶ [ ] **and complete lines 26 through 30**			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg , and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances**	161,556,215.	186,606,409.	
	30 **Total liabilities and net assets/fund balances**	163,082,340.	188,719,197.	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	161,556,215.
2	Enter amount from Part I, line 27a	2	760,210.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS	3	24,289,984.
4	Add lines 1, 2, and 3	4	186,606,409.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	186,606,409.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

	(a) List and describe the kind(s) of property sold (for example, 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				
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				
b				
c				
d				
e	25,833,875.		22,673,727.	3,160,148.

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

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				3,160,148.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	3,160,148.
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) If (loss), enter -0- in Part I, line 8	3	N/A

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 doesn't qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the 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))
2018	7,165,518.	166,083,356.	.043144
2017	6,422,514.	142,599,137.	.045039
2016	4,146,363.	119,846,523.	.034597
2015	2,050,246.	92,224,461.	.022231
2014	1,379,543.	44,399,808.	.031071

2	**Total** of line 1, column (d)	2	.176082
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	.035216
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	169,766,700.
5	Multiply line 4 by line 3	5	5,978,504.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	52,723.
7	Add lines 5 and 6	7	6,031,227.
8	Enter qualifying distributions from Part XII, line 4	8	8,513,828.

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 ▶ ☐ 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 ▶ [X] and enter 1% of Part I, line 27b		1	52,723.
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	52,723.
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	52,723.
6	Credits/Payments			
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a 110,517.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments Add lines 6a through 6d		7	110,517.
8	Enter any **penalty** for underpayment of estimated tax. Check here [X] 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	57,794.
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 57,794. **Refunded** ▶		11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
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? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
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	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
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	8b	X	
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.MTHCF.ORG

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 ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		X

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		X
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
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) 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 ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2019?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☒ Yes ☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	5b		X
	Organizations relying on a current notice regarding disaster assistance, check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? SEE STATEMENT 12	☒ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
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(s) during the year?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(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 STATEMENT 11		435,733.	23,909.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 - 777 EAST MAIN, SUITE 206, BOZEMAN, MT 59715	COO 40.00	149,578.	19,183.	0.
SCOTT MALLOY - 777 EAST MAIN, SUITE 206, BOZEMAN, MT 59715	SNR PROGRAM OFFICER 40.00	142,068.	18,882.	0.
TRESSIE WHITE - 777 EAST MAIN, SUITE 206, BOZEMAN, MT 59715	SNR PROGRAM OFFICER 40.00	132,078.	18,483.	0.
MELINDA BUCHHEIT - 777 EAST MAIN, SUITE 206, BOZEMAN, MT 59715	EXEC ASST/COMM. COORDINATOR 40.00	76,441.	16,257.	0.
PRICE KLAAS - 777 EAST MAIN, SUITE 206, BOZEMAN, MT 59715	OPERATIONS MANAGER 40.00	70,174.	16,006.	0.

Total number of other employees paid over $50,000 ▶ 3

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
SOUTHCENTRAL FOUNDATION 4085 TUDOR CENTRE DRIVE, ANCHORAGE, AK 99508	TECHNICAL ASSISTANCE	169,607.
NEPC, LLC - DEPARTMENT 3570 BOX 4110, WOBURN, MA 01888-4110	INVESTMENT CONSULTING	165,000.
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH 1400K STREET STE 400, WASHINGTON DC, DC 20005	CONSULTANT/TECHNICAL ASSISTANCE	148,924.
WELLINGTON TRUST CO. NA - 2 EMBARCADERO CENTER, STE 1645, SAN FRANCISCO, CA 94111	INVESTMENT MANAGEMENT	93,601.
RJS & ASSOCIATES, INC. 435 OATS ROAD, BOX ELDER, MT 59521	GRANT WRITING	87,280.
Total number of others receiving over $50,000 for professional services ▶		1

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	1,200,000.
2 BEHAVIORAL HEALTH SEE STATEMENT 15	2,500,000.
3 PARTNERSHIPS FOR BETTER HEALTH SEE STATEMENT 15	1,000,000.
4 PUBLIC HEALTH SEE STATEMENT 15	300,000.

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
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	90,013,122.
b	Average of monthly cash balances		1b	19,219,378.
c	Fair market value of all other assets		1c	63,119,480.
d	**Total** (add lines 1a, b, and c)		1d	172,351,980.
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	172,351,980.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	2,585,280.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	169,766,700.
6	**Minimum investment return.** Enter 5% of line 5		6	8,488,335.

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	8,488,335.
2a	Tax on investment income for 2019 from Part VI, line 5	2a 52,723.		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b 66.		
c	Add lines 2a and 2b		2c	52,789.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	8,435,546.
4	Recoveries of amounts treated as qualifying distributions		4	43,744.
5	Add lines 3 and 4		5	8,479,290.
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	8,479,290.

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	8,513,828.
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	8,513,828.
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	52,723.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4		6	8,461,105.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				8,479,290.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			7,883,168.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 8,513,828.				
a Applied to 2018, but not more than line 2a			7,883,168.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions) **	400,000.			
d Applied to 2019 distributable amount				230,660.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (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	400,000.			
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 2018 Subtract line 4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				8,248,630.
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)	400,000.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2020** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

** SEE STATEMENT 13

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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).)

NONE

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.

NONE

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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

MONTANA HEALTHCARE FOUNDATION, 406-451-7060

777 E MAIN, SUITE 206, BOZEMAN, MT 59715

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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Total SEE CONTINUATION SHEET(S)			▶ 3a	5,360,098.
b *Approved for future payment*				
Total SEE CONTINUATION SHEET(S)			▶ 3b	2,048,424.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
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	253,746.	
4 Dividends and interest from securities			14	1,884,409.	
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	3,348,216.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a RETURNED GRANT					43,744.
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		5,486,371.	43,744.
13 **Total** Add line 12, columns (b), (d), and (e)				13	5,530,115.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
11A	REFUND OF CHARITABLE GRANT EXPENDITURES PAID IN A PRIOR YEAR.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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)	X	
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
A1	108,000.	MONTANA PRIMARY CARE ASSOCIATION	SEE STATEMENT 14

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

Michael V. Harrison — 10-5-2020 — CHAIR

Signature of officer or trustee — Date — Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	10/20/2020		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

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	MARKETABLE SECURITIES	P	01/01/18	12/31/19
b	CAPITAL GAIN DIVIDEND	P		
c	AXIOM INTERNATIONAL SMALL-CAP EQUITY FUND	P	01/01/18	12/31/19
d	ETON PARK OVERSEAS FUND LTD	P	01/01/18	12/31/19
e	CANYON DISTRESSED OPPORTUNITY FUND II (CAYMAN), LP	P	01/01/18	12/31/19
f	GOLUB CAPITAL PARTNERS INTERNATIONAL, LP	P	01/01/18	12/31/19
g	CAPITAL GAIN FROM SCHEDULE K-1	P		
h				
i				
j				
k				
l				
m				
n				
o				

	(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	23,376,996.		21,625,354.	1,751,642.
b	432,234.			432,234.
c	14,732.		13,751.	981.
d	76,916.		76,050.	866.
e	958,572.		958,572.	0.
f	51,478.			51,478.
g	922,947.			922,947.
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col (h)) Gains (excess of col. (h) gain over col (k), but not less than "-0-")
	(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				1,751,642.
b				432,234.
c				981.
d				866.
e				0.
f				51,478.
g				922,947.
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	3,160,148.
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) If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
DPHHS - ADDICTIVE AND MENTAL DISORDERS DIVISION 100 NORTH PARK, SUITE 300 HELENA, MT 59620		GOV	IMPROVING HEALTH THROUGH COLLABORATIONS - AMDD	81,294.
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	CRISIS INTERVENTION SYSTEM	50,243.
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	IMPLEMENTATION OF AN INNOVATIVE ALTERNATIVE PAYMENT MODEL FOR DIRECT PRIMARY CARE	16,375.
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	PARTNERING FOR THE HEALTH OF OUR COMMUNITY	62,500.
ARLEE COMMUNITY DEVELOPMENT CORPORATION PO BOX 452 ARLEE, MT 59821		PC	THE COMMUNITY DINING PROJECT	25,000.
BARRETT HOSPITAL FOUNDATION 600 HWY 91 SOUTH DILLON, MT 59725		PC	BARRETT HOSPITAL & HEALTHCARE INTEGRATED BEHAVIORAL HEALTH COLLABORATIVE	75,000.
BEAVERHEAD COUNTY LOCAL ADVISORY COUNCIL 2 S PACIFIC DILLON, MT 59725		PC	BIG SKY BEHAVIORAL HEALTH SUMMIT	1,000.
Total from continuation sheets				5,360,098.

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
BENEFIS HEALTH SYSTEM FOUNDATION P.O. 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	2019 CONFERENCE PSYCHIATRY CONF	5,000.
BIG SKY AACAP 2620 COLONIAL DR., STE B HELENA, MT 59601		PC	7TH ANNUAL MONTANA CONFERENCE ON SUICIDE PREVENTION	1,500.
BIGHORN VALLEY HEALTH CENTER, INC. PO BOX 408 HARDIN, MT 59034		PC	MIGNON WATERMAN AWARD	10,000.
BILLINGS CLINIC 2917 TENTH AVE N BILLINGS, MT 59107		PC	MIST MONTANA INTEGRATED SBIRT TRAINING FOR HEALTHCARE PROFESSIONALS	15,000.
BILLINGS CLINIC 2917 TENTH AVE N BILLINGS, MT 59107		PC	REGIONAL INTEGRATED BEHAVIORAL HEALTH (IBH) EXPANSION PROGRAM	131,370.
BLACKFEET TRIBAL HEALTH P.O. BOX 866 BROWNING, MT 59417		PC	ADDRESSING PERINATAL BEHAVIORAL HEALTH ON THE BLACKFEET RESERVATION	75,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD., STE. 3200 BOZEMAN, MT 59715		PC	COMMUNITY CRISIS RESPONSE	50,000.
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD., STE. 3200 BOZEMAN, MT 59715		PC	PERINATAL SUBSTANCE ABUSE IN SOUTHWEST MONTANA. AN INTEGRATED MODEL	55,000.
BUTTE SPIRIT CENTER 1053 POINT OF ROCKS RD WHITEHALL, MT 59759		PC	BUTTE SPIRIT CENTER, TRANSITIONAL HOUSING FOR RECOVERY FROM SUBSTANCE USE DISORDER	15,000.
CABINET PEAKS MEDICAL CENTER FOUNDATION 209 HEALTH PARK DRIVE LIBBY, MT 59923		PC	LINCOLN COUNTY COMMUNITY CARE COORDINATION	25,000.
CENTER POLE PO BOX 71 GARRYOWEN, MT 59031		PC	USING ALL PARTS OF THE BUFFALO BETTER RESERVATION HEALTH THROUGH FOOD RESCUE AND RECOVERY	50,000.
COMMUNITY ACTION PARTNERSHIP OF NORTHWEST MONTANA 214 MAIN STREET KALISPELL, MT 59901		PC	KALISPELL COLLABORATIVE HOUSING INITIATIVE	40,000.
COMMUNITY HEALTH PARTNERS 112 W. LEWIS ST. LIVINGSTON, MT 59047		PC	IBH SBHC	56,250.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
COMMUNITY HEALTH PARTNERS 112 W. LEWIS ST. LIVINGSTON, MT 59047		PC	SCHOOL WELLNESS WITH COMMUNITY HEALTH PARTNERS AND BELGRADE SCHOOL DISTRICT	25,000.
COMMUNITY HOSPITAL OF ANACONDA 401 WEST PENNSYLVANIA AVE ANACONDA, MT 59711		PC	INTEGRATING BEHAVIORAL HEALTH FOR ADLC	75,000.
COMMUNITY HOSPITAL OF ANACONDA 401 WEST PENNSYLVANIA AVE ANACONDA, MT 59711		PC	SEEK TO UNDERSTAND SEEK TO CHANGE - REDUCING ADVERSE OUTCOMES OF PERINATAL SUD	112,500.
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.
COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA ROAD MISSOULA, MT 59804		NC	COMMUNITY MEDICAL CENTER INTEGRATED BEHAVIORAL HEALTH IMPLEMENTATION	100,000.
DEPARTMENT OF HEALTH AND HUMAN DEVELOPMENT, MONTANA STATE UNIVERSITY P.O. BOX 172750 BOZEMAN, MT 59717		GOV	INCREASING MENTAL HEALTH ACCESS IN GALLATIN COUNTY	10,000.
EMMAS HOUSE - BITTERROOT VALLEY CHILDRENS ADVOCACY CENTER INC PO BOX 2034 HAMILTON, MT 59840		PC	EMMA'S HOUSE TRAUMA TREATMENT CENTER -EXPANSION OF BILLABLE SERVICES	15,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
EMPOWERMT 2300 REGENT ST MISSOULA, MT 59801		PC	EMPOWERMT STRATEGIC PLANNING TO EXPAND YOUTH DEVELOPMENT TO RURAL & TRIBAL COMMUNITIES IN MONTANA	25,000.
FAMILIES FIRST LEARNING LAB PO BOX 5626 MISSOULA, MT 59806		PC	CONFEDERATED SALISH KOOTENAI TRIBE (CSKT) FAMILY EDUCATION SERVICES	26,118.
FAMILY MEDICINE RESIDENCY OF WESTERN MONTANA 401 W. RAILROAD MISSOULA, MT 59802		PC	TRAINING FAMILY MEDICINE RESIDENTS AND HEALTH CARE TRAINEES TO ADDRESS SUBSTANCE MISUSE IN MONTANA	14,961.
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	23,784.
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 FIRST AVENUE WEST KALISPELL, MT 59901		GOV	ENHANCING A COMMUNITY-WIDE SYSTEM FOR SBIRT IN THE EDUCATIONAL SETTING IN FLATHEAD COUNTY	50,000.
FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVE WEST KALISPELL, MT 59901		PC	SCHOOL BASED HEALTH CENTERS - INTEGRATED BEHAVIORAL HEALTH	50,000.
FORT BELKNAP INDIAN COMMUNITY 656 AGENCY MAIN ST. HARLEM, MT 59526		GOV	FORT BELKNAP INDIAN COMMUNITY DIALYSIS CENTER FEASIBILITY STUDY AND BUSINESS PLAN	29,425.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
FORT PECK TRIBAL HEALTH DEPARTMENT 656 AGENCY MAIN ST. HARLEM, MT 59526		GOV	FPTH 3RD PARTY BILLING PROJECT	37,286.
FORT PECK TRIBES HEALTH PROMOTION DISEASE PREVENTION PROGRAM PO BOX 1027 POPLAR, MT 59255		GOV	FORT PECK TRIBES T-HIP VISITS WITH INDIGENOUS HEALTH PROMOTION LEADERS IN NEW ZEALAND	15,500.
HAVEN PO BOX 752 BOZEMAN, MT 59771		PC	GALLATIN COUNTY DOMESTIC VIOLENCE SYMPOSIUM	1,000.
HEAD START INC 615 N 19TH ST BILLINGS, MT 59101		PC	TRAUMA-RESPONSIVE PRESCHOOL DEMONSTRATION	15,000.
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.
HEALTHY MOTHERS, HEALTHY BABIES - THE MONTANA COALITION 318-320 N. LAST CHANCE GULCH, STE. 2C HELENA, MT 59601		PC	HMHB DOCUMENTARY SHORT - MATERNAL MENTAL HEALTH	3,200.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	INTEGRATED BEHAVIORAL HEALTH FOR URBAN INDIAN CENTER	75,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
HELENA OB/GYN & 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.
HOLY ROSARY HEALTHCARE FOUNDATION 2600 WILSON STREET MILES CITY, MT 59301		PC	INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN EASTERN MONTANA	75,000.
INDIAN FAMILY HEALTH CLINIC 1220 CENTRAL AVE GREAT FALLS, MT 59401		PC	IFHC IBH HOPE, HEALING, & HEALTH IN AN URBAN INDIAN COMMUNITY	75,000.
JEFFERSON COUNTY MENTAL HEALTH LOCAL ADVISORY COUNCIL PO BOX 284 BOULDER, MT 59632		PC	SUPPORT OUR YOUTH THROUGH POSITIVE PARENTING	11,642.
KALISPELL REGIONAL MEDICAL CENTER, INC. DBA PATHWAYS TREATMENT CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE	37,500.
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		GOV	TRAINING TO TEACH COMMUNITY RESILIENCE MODEL	7,000.
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LANE LIVINGSTON, MT 59047		PC	LIVINGSTON HEALTHCARES PERINATAL BEHAVIORAL HEALTH AND SUBSTANCE USE TREATMENT PATHWAY	40,633.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
MADISON VALLEY HOSPITAL ASSOCIATION 305 N. MAIN ENNIS, MT 59729		PC	MADISON VALLEY MEDICAL CENTER INTEGRATED BEHAVIORAL HEALTH	46,950.
MESSENGERS FOR HEALTH PO BOX 940 CROW AGENCY, MT 59022		PC	SUSTAINING THE BA NNILAH PROGRAM FOR IMPROVED HOLISTIC HEALTH FOR APSALOOKE PEOPLE	14,857.
MISSOULA AGING SERVICES 337 STEPHENS AVENUE MISSOULA, MT 59808		PC	MISSOULA AGING SERVICES CO-LOCATED RESOURCE SPECIALIST	10,000.
MISSOULA CITY-COUNTY HEALTH DEPARTMENT 301 WEST ALDER STREET MISSOULA, MT 59802		GOV	MISSOULA FOSTER CHILD HEALTH PARTNERSHIP: MODEL PRACTICE FOR MONTANA REPLICATION	34,828.
MISSOULA COUNTY 200 W. BROADWAY MISSOULA, MT 59802		GOV	MISSOULA BENEFITS EXPLORING OPTIONS FOR UNINSURED RESIDENTS	25,000.
MISSOULA FOOD BANK AND COMMUNITY CENTER 1720 WYOMING ST MISSOULA, MT 59801		PC	PLACE-BASED HEALTH CARE INCREASING ACCESS THROUGH PARTNERSHIP	33,175.
MISSOULA URBAN INDIAN HEALTH CENTER 830 WEST CENTRAL AVE MISSOULA, MT 59801		PC	STRENGTHENING THE CIRCLE INCREASED CAPACITY FOR INCREASED HEALTH	74,975.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
MONTANA CONTINUUM CARE COALITION 321 EAST MAIN STREET SUITE 316 BOZEMAN, MT 59715		PC	MONTANA HOMELESS CONFERENCE	5,000.
MONTANA CONTINUUM CARE COALITION 321 EAST MAIN STREET SUITE 316 BOZEMAN, MT 59715		PC	SUPPORTIVE HOUSING CAPACITY BUILDING IN MONTANA	30,783.
MONTANA DENTAL ASSOCIATION 38 N LAST CHANCE GULCH #205 HELENA, MT 59601		PC	2ND MONTANA DENTAL MEDICAID SYMPOSIUM	5,000.
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 100 N. PARK AVE. HELENA, MT 59620		GOV	BEHAVIORAL HEALTH WORKSHOP FOR PUBLIC HEALTH	10,000.
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 100 N. PARK AVE. HELENA, MT 59620		GOV	COMMUNITY INTEGRATED HEALTHCARE EMS	120,000.
MONTANA HEALTH NETWORK HEALTH INC. 519 PLEASANT STREET MILES CITY, MT 59301		NC	EASTERN MONTANA INTEGRATED BEHAVIORAL HEALTH PROGRAM	140,000.
MONTANA HEALTH PLUS 1805 EUCLID AVE HELENA, MT 59601		PC	INTEGRATED SCHOOL BASED HEALTHCARE	130,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
MONTANA HEALTH RESEARCH AND EDUCATION FOUNDATION (MHREF) - SC MT AHEC 2625 WINNE AVENUE HELENA, MT 59601		PC	MONTANA MEDICAID EXPANSION IMPACT STUDY	27,050.
MONTANA HEALTH RESEARCH AND EDUCATION FOUNDATION (MHREF) - SC MT AHEC 2625 WINNE AVENUE HELENA, MT 59601		PC	SURVEY OF STATEWIDE EMS CAPACITY AND THREAT IN MONTANA	24,000.
MONTANA HUMAN RIGHTS NETWORK PO BOX 1509 HELENA, MT 59624		PC	GENERAL SUPPORT GRANT	45,000.
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624		PC	2019 MNA CONFERENCE	2,000.
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624		PC	ANNUAL CONF SUPPORT FOR ATTENDEES	2,000.
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA, MT 59624		PC	MONTANA 2020 CENSUS OUTREACH	50,000.
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTEGRATION INTO PRIMARY CARE	100,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	MPCA ANNUAL TRAINING SPONSORSHIP	5,000.
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		NC	POPULATION HEALTH AND ENABLING SERVICES SUMMIT	3,000.
MONTANA PUBLIC HEALTH ASSOCIATION 1805 EUCLID AVENUE HELENA, MT 59601		PC	2019 ANNUAL MONTANA PUBLIC HEALTH ASSOCIATION EDUCATIONAL CONFERENCE	10,000.
MONTANA PUBLIC HEALTH ASSOCIATION PO BOX 511 CHOTEAU, MT 59422		PC	MONTANA PUBLIC HEALTH 101 IMPROVING THE HEALTH OF CITIZENS BY TRAINING THE PUBLIC HEALTH WORKFORCE	37,500.
MONTANA RESCUE MISSION 2902 MINNESOTA AVENUE BILLINGS, MT 59101		PC	CAPACITY BUILDING ASSESSMENT TO ADDRESS THE MENTAL HEALTH NEEDS OF THE HOMELESS IN BILLINGS, MT.	15,000.
MONTANA STATE UNIVERSITY 309 MONTANA HALL BOZEMAN, MT 59715		GOV	DISSEMINATION OF RURAL PERIOPERATIVE SURGICAL HOME (PSH) MODEL AND LOCAL COMMUNITY CAPACITY BUILDING	27,130.
MONTANA STATE UNIVERSITY - COLLEGE OF NURSING P.O. BOX 173560 BOZEMAN, MT 59717		GOV	SBIRT AT MSU CON	15,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
MONTANA STATE UNIVERSITY - OFFICE OF SPONSORED PROGRAMS 309 MONTANA HALL BOZEMAN, MT 59717		GOV	PARTNERSHIPS TO SUPPORT PALLIATIVE CARE IN MONTANA CRITICAL ACCESS HOSPITALS	19,946.
MONTANA STATE UNIVERSITY BILLINGS 1500 UNIVERSITY DRIVE BILLINGS, MT 59102		GOV	MSUB SBRIT EDUCATION FOR NURSES IN MONTANA	15,000.
MONTANA STATE UNIVERSITY BILLINGS 1500 UNIVERSITY DRIVE BILLINGS, MT 59102		GOV	PLANNING HEALTHCARE EXPANSION TO ADDRESS HEALTHCARE NEEDS IN EASTERN MONTANA	25,000.
MONTANA STATE UNIVERSITY FOUNDATION 1500 UNIVERSITY DRIVE BILLINGS, MT 59102		PC	DEVELOPING AN ASSESSMENT OF CLIMATE CHANGE AND HUMAN HEALTH FOR MONTANA	70,875.
MONTANA STATE UNIVERSITY FOUNDATION 1500 UNIVERSITY DRIVE BILLINGS, MT 59102		PC	WORKING TOGETHER TO RESPOND TO FARMERS & RANCHERS UNDER STRESS IN RURAL MONTANA	32,737.
MONTANA SUPREME COURT 215 N. SANDERS HELENA, MT 59620		GOV	VETERANS TREATMENT COURT OPERATIONAL TUNE-UP	6,580.
MOUNTAIN SHADOW ASSOCIATION 444 CIRCLE F TRAIL BOZEMAN, MT 59718		PC	KAALA'S VILLAGE DEVELOPMENT PROJECT	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
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.
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	IMPLEMENTING IBH & BILLING TO ACHIEVE SUSTAINABILITY OF HEALTH SERVICES FOR AIS IN BILLINGS	112,500.
NEIGHBORWORKS MONTANA 509 1ST AVENUE SOUTH GREAT FALLS, MT 59401		PC	2019 MONTANA HOUSING PARTNERSHIP CONFERENCE WITH MOUNTAIN PLAINS NAHRO	1,000.
NORTHCENTRAL MONTANA HOSPITAL ALLIANCE PO BOX 6762 GREAT FALLS, MT 59405		NC	PROVIDING RURAL ACCESS TO CARE THROUGH AN INTEGRATED CLINICAL ENVIRONMENT (PRACTICE)	150,000.
NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH PO BOX 67 LAME DEER, MT 59043		GOV	NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH T-HIP PLANNING AND IMPLEMENTATION	50,000.
NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH PO BOX 67 LAME DEER, MT 59043		GOV	NORTHERN CHEYENNE TRIBAL HEALING TO WELLNESS COURT DEVELOPMENT	50,000.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	MISSOULA STRATEGIC ALLIANCE FOR IMPROVED BEHAVIORAL HEALTH AND WELL-BEING	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	REDESIGNING SCHOOL BASED BEHAVIORAL HEALTH AT WILLARD ALTERNATIVE HIGH SCHOOL IN MISSOULA, MONTANA	56,250.
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	37,500.
PROVIDENCE MONTANA HEALTH FOUNDATION 502 W. SPRUCE MISSOULA, MT 59802		PC	MEDICAL LEGAL PARTNERSHIP AT PROVIDENCE ST. PATRICK HOSPITAL	50,000.
PROVIDENCE MONTANA HEALTH FOUNDATION 502 W. SPRUCE MISSOULA, MT 59802		PC	PROVIDENCE MEDICAL GROUP IBH NETWORK GRANT	100,000.
PUBLIC HEALTH SYSTEM IMPROVEMENT OFFICE, PUBLIC HEALTH AND SAFETY DIVISION 1400 BROADWAY STREET HELENA, MT 59620		GOV	IMPROVING HEALTH THROUGH COLLABORATIONS - PHSD	50,000.
PUREVIEW HEALTH CENTER 1930 9TH AVE. HELENA, MT 59601		PC	IMPLEMENTATION OF EAST HELENA SBHC	35,000.
RIMROCK FOUNDATION 1231 N 29TH ST BILLINGS, MT 59101		PC	STRENGTHENING CRISIS RESPONSE AND DIVERSION IN FRONTIER COUNTIES IN EASTERN MONTANA	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
RIVERSTONE HEALTH 123 SOUTH 27TH STREET BILLINGS, MT 59101		PC	SBIRT SCREENING AND TREATMENT AT SCHOOL BASED HEALTH CENTER	15,000.
ROCKY MOUNTAIN COLLEGE 1511 POLY DRIVE BILLINGS, MT 59102		PC	SBIRT CURRICULUM AND TRAINING DEVELOPMENT GRANT	4,138.
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL 711 CENTRAL AVENUE BILLINGS, MT 59102		GOV	FOOD SOVEREIGNTY CONFERENCE, ROOTS 2 A SOVEREIGN NATION	2,500.
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL 711 CENTRAL AVENUE BILLINGS, MT 59102		GOV	SUPPORTING THE RMTLC HEALTH SUB-COMMITTEE WITH A HEALTH POLICY ANALYST / INDIAN HEALTH CARE ADVISOR	75,000.
SALISH KOOTENAI COLLEGE PO BOX 70 PABLO, MT 59855		GOV	FOUR-YEAR BACHELOR OF SCIENCE IN NURSING DEGREE TO INCREASE NATIVE AMERICAN NURSES IN MONTANA	50,000.
SMILES ACROSS MONTANA 124 SOUTH 27TH STREET BILLINGS, MT 59855		PC	EXPANDING SMILES ACROSS MONTANA SERVICES	75,000.
ST. FRANCIS XAVIER CHURCH 420 W PINE ST MISSOULA, MT 59802		PC	IN MEMORIUM	1,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
ST. JAMES HEALTHCARE FOUNDATION 400 S. CLARK ST. BUTTE, MT 59701		PC	A RELATIONAL MODEL FOR REDUCING PERINATAL SUBSTANCE USE DISORDERS IN SOUTHWEST MONTANA	37,500.
ST. JAMES HEALTHCARE FOUNDATION 401 S. CLARK ST. BUTTE, MT 59702		PC	BSB FUSE BUTTE-SILVER BOW SUPPORTIVE HOUSING DEVELOPMENT PROJECT	50,000.
ST. JAMES HEALTHCARE FOUNDATION 402 S. CLARK ST. BUTTE, MT 59703		PC	BUTTE-SILVER BOW STRATEGIC ALLIANCE FOR IMPROVED MENTAL HEALTH AND WELLBEING	34,200.
ST. JAMES HEALTHCARE FOUNDATION 403 S. CLARK ST. BUTTE, MT 59704		PC	INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN SILVER BOW COUNTY	32,500.
ST. LUKE COMMUNITY HEALTHCARE FOUNDATION 107 6TH AVE. S.W. RONAN, MT 59864		PC	IBH CONSOLIDATION GRANT	37,500.
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	INTEGRATING BEHAVIORAL HEALTH INTO ST. PETER'S HEALTH MEDICAL GROUP	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	32,500.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	REDUCING ADVERSE OUTCOMES OF PERINATAL MENTAL ILLNESS & SUDS IN THE GREATER LEWIS & CLARK CO. AREA	112,500.
ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101		PC	LOCKWOOD INTEGRATED SCHOOL-BASED HEALTH CENTER	36,125.
ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101		PC	LOOK CLOSER ADDRESSING PERINATAL BEHAVIORAL HEALTH IN EASTERN MONTANA	112,500.
THE CITY OF MISSOULA, OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT 435 RYMAN MISSOULA, MT 59801		PC	MISSOULA FUSE SUPPORTIVE HOUSING	75,000.
THE MONTANA RACIAL EQUITY PROJECT PO BOX 11885 BOZEMAN, MT 59719		PC	THE ALLOSTATIC LOAD PROJECT	25,000.
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVENUE BILLINGS, MT 59106		PC	BILLINGS HOMELESSNESS PLANNING	58,898.
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812		PC	IMPROVING ACCESS, TRAINING, AND RECRUITMENT FOR AMERICAN INDIAN HEALTHCARE	48,680.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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 recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812		PC	MONTANA INTERPROFESSIONAL STUDENT HOTSPOTTING	71,976.
UNIVERSITY OF MONTANA - MASTER OF PUBLIC ADMINISTRATION PROGRAM 32 CAMPUS DRIVE MISSOULA, MT 59812		GOV	AID IN DYING IN MONTANA - SYMPOSIUM	2,000.
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807		PC	CAPACITY BUILDING FOR THE UNIVERSITY OF MONTANA PUBLIC HEALTH TRAINING INSTITUTE	48,342.
WESTERN MONTANA MENTAL HEALTH CENTER 140 N. RUSSELL MISSOULA, MT 59801		PC	RAVALLI COUNTY STRATEGIC ALLIANCE FOR IMPROVED MENTAL HEALTH AND WELL-BEING	35,000.
WOMEN IN ACTION INC PO BOX 161143 BIG SKY, MT 59716		PC	IDENTIFYING AND ADDRESSING GAPS IN BIG SKY'S MENTAL HEALTH SERVICES	7,380.
WOMEN'S RESOURCE/COMMUNITY SUPPORT CENTER 2405 MCINTOSH LOOP MISSOULA, MT 59801		PC	SUSTAINABILITY THROUGH BILLING FOR MENTAL HEALTH SERVICES IN SOUTHWEST MONTANA	15,000.
YWCA GREAT FALLS 220 2ND STREET NORTH GREAT FALLS, MT 59401		PC	GREAT FALLS HEALTHY HOUSING PROJECT	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	CRISIS INTERVENTION SYSTEM	50,243.
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	IMPLEMENTATION OF AN INNOVATIVE ALTERNATIVE PAYMENT MODEL FOR DIRECT PRIMARY CARE	16,375.
ALLUVION HEALTH 601 1ST AVE N GREAT FALLS, MT 59401		GOV	PARTNERING FOR THE HEALTH OF OUR COMMUNITY	62,500.
BARRETT HOSPITAL FOUNDATION 600 HWY 91 SOUTH DILLON, MT 59725		PC	BARRETT HOSPITAL & HEALTHCARE INTEGRATED BEHAVIORAL HEALTH COLLABORATIVE	25,000.
BEHAVIORAL HEALTH ALLIANCE OF MONTANA P.O BOX 7635 MISSOULA, MT 59807		PC	PEER SUPPORT SUMMIT	10,000.
BLACKFEET TRIBAL HEALTH P.O. BOX 866 BROWNING, MT 59417		GOV	ADDRESSING PERINATAL BEHAVIORAL HEALTH ON THE BLACKFEET RESERVATION	75,000.
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD., STE. 3200 BOZEMAN, MT 59715		PC	COMMUNITY CRISIS RESPONSE	50,000.
Total from continuation sheets				2,048,424.

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
BOZEMAN HEALTH FOUNDATION 931 HIGHLAND BLVD., STE. 3200 BOZEMAN, MT 59715		PC	PERINATAL SUBSTANCE ABUSE IN SOUTHWEST MONTANA: AN INTEGRATED MODEL	55,000.
CENTER POLE PO BOX 71 GARRYOWEN, MT 59031		PC	USING ALL PARTS OF THE BUFFALO· BETTER RESERVATION HEALTH THROUGH FOOD RESCUE AND RECOVERY	50,000.
COMMUNITY HEALTH PARTNERS PO BOX 71 GARRYOWEN, MT 59031		PC	IBH SBHC	18,750.
COMMUNITY HEALTH PARTNERS PO BOX 71 GARRYOWEN, MT 59031		PC	SCHOOL WELLNESS WITH COMMUNITY HEALTH PARTNERS AND BELGRADE SCHOOL DISTRICT	25,000.
COMMUNITY HOSPITAL OF ANACONDA 401 WEST PENNSYLVANIA AVE ANACONDA, MT 59711		PC	INTEGRATING BEHAVIORAL HEALTH FOR ADLC	75,000.
COMMUNITY HOSPITAL OF ANACONDA 401 WEST PENNSYLVANIA AVE ANACONDA, MT 59711		PC	SEEK TO UNDERSTAND SEEK TO CHANGE - REDUCING ADVERSE OUTCOMES OF PERINATAL SUD	37,500.
COMMUNITY MEDICAL CENTER 401 WEST PENNSYLVANIA AVE ANACONDA, MT 59711		GOV	COMMUNITY MEDICAL CENTER INTEGRATED BEHAVIORAL HEALTH IMPLEMENTATION	100,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVE WEST KALISPELL, MT 59901		PC	SCHOOL BASED HEALTH CENTERS - INTEGRATED BEHAVIORAL HEALTH	50,000.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	INTEGRATED BEHAVIORAL HEALTH FOR URBAN INDIAN CENTER	75,000.
HOLY ROSARY HEALTHCARE FOUNDATION 2600 WILSON STREET MILES CITY, MT 59301		PC	INCREASING ACCESS TO INTEGRATED BEHAVIORAL HEALTH IN EASTERN MONTANA	25,000.
INDIAN FAMILY HEALTH CLINIC 1220 CENTRAL AVE GREAT FALLS, MT 59401		PC	IFHC IBH HOPE, HEALING, & HEALTH IN AN URBAN INDIAN COMMUNITY	75,000.
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLOW LANE LIVINGSTON, MT 59047		PC	LIVINGSTON HEALTHCARES PERINATAL BEHAVIORAL HEALTH AND SUBSTANCE USE TREATMENT PATHWAY	40,632.
MONTANA CONTINUUM CARE COALITION 321 EAST MAIN STREET SUITE 316 BOZEMAN, MT 59715		PC	SUPPORTIVE HOUSING CAPACITY BUILDING IN MONTANA	30,783.
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES 100 N. PARK AVE. HELENA, MT 59620		GOV	COMMUNITY INTEGRATED HEALTHCARE EMS	40,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
MONTANA STATE UNIVERSITY 309 MONTANA HALL BOZEMAN, MT 59715		GOV	DISSEMINATION OF RURAL PERIOPERATIVE SURGICAL HOME (PSH) MODEL AND LOCAL COMMUNITY CAPACITY BUILDING	27,130.
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 59717		PC	DEVELOPING AN ASSESSMENT OF CLIMATE CHANGE AND HUMAN HEALTH FOR MONTANA	23,625.
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	IMPLEMENTING IBH & BILLING TO ACHIEVE SUSTAINABILITY OF HEALTH SERVICES FOR AIS IN BILLINGS	37,500.
NORTHCENTRAL MONTANA HOSPITAL ALLIANCE PO BOX 6762 GREAT FALLS, MT 59405		NC	PROVIDING RURAL ACCESS TO CARE THROUGH AN INTEGRATED CLINICAL ENVIRONMENT (PRACTICE)	150,000.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	MISSOULA STRATEGIC ALLIANCE FOR IMPROVED BEHAVIORAL HEALTH AND WELL-BEING	50,000.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	REDESIGNING SCHOOL BASED BEHAVIORAL HEALTH AT WILLARD ALTERNATIVE HIGH SCHOOL IN MISSOULA, MONTANA	18,750.
PROVIDENCE MONTANA HEALTH FOUNDATION 502 W. SPRUCE MISSOULA, MT 59802		PC	MEDICAL LEGAL PARTNERSHIP AT PROVIDENCE ST. PATRICK HOSPITAL	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
PROVIDENCE MONTANA HEALTH FOUNDATION 502 W. SPRUCE MISSOULA, MT 59802		PC	PROVIDENCE MEDICAL GROUP IBH NETWORK GRANT	100,000.
PUREVIEW HEALTH CENTER 1930 9TH AVE. HELENA, MT 59601		PC	IMPLEMENTATION OF EAST HELENA SBHC	35,000.
RIMROCK FOUNDATION 1231 N 29TH ST BILLINGS, MT 59101		PC	STRENGTHENING CRISIS RESPONSE AND DIVERSION IN FRONTIER COUNTIES IN EASTERN MONTANA	50,000.
SALISH KOOTENAI COLLEGE PO BOX 70 PABLO, MT 59855		GOV	FOUR-YEAR BACHELOR OF SCIENCE IN NURSING DEGREE TO INCREASE NATIVE AMERICAN NURSES IN MONTANA	50,000.
SMILES ACROSS MONTANA 124 SOUTH 27TH STREET BILLINGS, MT 59855		PC	EXPANDING SMILES ACROSS MONTANA SERVICES	25,000.
ST. JAMES HEALTHCARE FOUNDATION 400 S. CLARK ST. BUTTE, MT 59701		PC	BSB FUSE. BUTTE-SILVER BOW SUPPORTIVE HOUSING DEVELOPMENT PROJECT	50,000.
ST. LUKE COMMUNITY HEALTHCARE FOUNDATION 107 6TH AVE. S.W. RONAN, MT 59864		PC	IBH CONSOLIDATION GRANT	37,500.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	REDUCING ADVERSE OUTCOMES OF PERINATAL MENTAL ILLNESS & SUDS IN THE GREATER LEWIS & CLARK CO. AREA	37,500.
ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101		PC	LOCKWOOD INTEGRATED SCHOOL-BASED HEALTH CENTER	36,125.
ST. VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101		PC	LOOK CLOSER ADDRESSING PERINATAL BEHAVIORAL HEALTH IN EASTERN MONTANA	37,500.
THE CITY OF MISSOULA, OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT 435 RYMAN MISSOULA, MT 59801		GOV	MISSOULA FUSE SUPPORTIVE HOUSING	75,000.
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812		GOV	IMPROVING ACCESS, TRAINING, AND RECRUITMENT FOR AMERICAN INDIAN HEALTHCARE	48,679.
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812		GOV	MONTANA INTERPROFESSIONAL STUDENT HOTSPOTTING	23,991.
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807		PC	CAPACITY BUILDING FOR THE UNIVERSITY OF MONTANA PUBLIC HEALTH TRAINING INSTITUTE	48,341.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

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 recipient	Purpose of grant or contribution	Amount
YWCA GREAT FALLS 220 2ND STREET NORTH GREAT FALLS, MT 59401		PC	GREAT FALLS HEALTHY HOUSING PROJECT	50,000.
Total from continuation sheets				

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization

MONTANA HEALTHCARE FOUNDATION

Employer identification number

46-6854005

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or 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 33 1/3% 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 990-PF, 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	Employer identification number
MONTANA HEALTHCARE FOUNDATION	46-6854005

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARING FOR MONTANANS INC. 560 NORTH PARK AVENUE HELENA, MT 59601	$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
MONTANA HEALTHCARE FOUNDATION	46-6854005

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(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
		$	

(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

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 info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF OTHER INCOME STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP INVESTMENT INCOME/LOSS	0.	31,099.	
RETURNED GRANT	43,744.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	43,744.	31,099.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	17,590.	0.		16,859.
TO FM 990-PF, PG 1, LN 16A	17,590.	0.		16,859.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	53,615.	7,675.		38,265.
TO FORM 990-PF, PG 1, LN 16B	53,615.	7,675.		38,265.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	342,247.	342,247.		0.
CONSULTING FEES	5,187.	0.		5,187.
TO FORM 990-PF, PG 1, LN 16C	347,434.	342,247.		5,187.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	109,900.	0.		0.
FOREIGN INCOME TAXES	0.	19,486.		0.
UBI TAXES	12,659.	0.		0.
STATE INCOME TAX	4,205.	0.		0.
TO FORM 990-PF, PG 1, LN 18	126,764.	19,486.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SUPPLIES	10,790.	0.		11,351.
COMMUNICATION AND OUTREACH	38,466.	0.		35,466.
DUES AND SUBSCRIPTIONS	25,019.	0.		25,166.
GRANT MAKING SOFTWARE EXPENSE	17,701.	0.		17,701.
INSURANCE	17,509.	0.		17,509.
OFFICE EXPENSES, TELECOM AND OPERATION SUPPORT	39,356.	0.		39,456.
GRANTEE SUPPORT, CONTRACTS, AND TECHINCAL ASSISTANCE	1,200,450.	0.		1,255,825.
OFFICE FURNITURE, COMPUTER AND TELECOM EQUIPTMENT	41,802.	0.		41,819.
PORTFOLIO DEDUCTIONS FROM SCHEDULE K-1	0.	513,674.		0.
TO FORM 990-PF, PG 1, LN 23	1,391,093.	513,674.		1,444,293.

FORM 990-PF CORPORATE STOCK STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
266,644.700 SHS DODGE & COX INTERNATIONAL STOCK FUND	11,625,709.	11,625,709.
121,120.000 SHS I SHARES RUSSELL MID-CAP ETF	7,221,174.	7,221,174.
342,061.263 SHS DFA EMERGING MARKETS CORE EQUITY	7,446,674.	7,446,674.
460,634.837 SHS EDGEWOOD GROWTH INSTL	17,743,654.	17,743,654.
574,767.901 SHS HARBOR SMALL CAP GROWTH OPPORTUNITIES FUND	6,121,278.	6,121,278.
56,551.000 SHS SPDR S&P 500 ETF TRUST	18,201,505.	18,201,505.
TOTAL TO FORM 990-PF, PART II, LINE 10B	68,359,994.	68,359,994.

FORM 990-PF CORPORATE BONDS STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1,582,017.370 SHS VANGUARD SHORT TERM BOND INDEX FUND	16,721,924.	16,721,924.
TOTAL TO FORM 990-PF, PART II, LINE 10C	16,721,924.	16,721,924.

FORM 990-PF OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NEWPORT ASIA INTERNATIONAL FUND LP	FMV	9,161,397.	9,161,397.
WTC CTF RESEARCH EQUITY	FMV	14,589,030.	14,589,030.
INDUS SELECT FUND LTD	FMV	12,404,920.	12,404,920.
ETON PARK OVERSEAS FUND LTD	FMV	3,593.	3,593.
FARALLON CAPITAL MANAGEMENT, LLC	FMV	4,205,429.	4,205,429.
MARSHALL WACE FD PLC	FMV	3,339,803.	3,339,803.
MAVERICK FUND LTD	FMV	3,251,309.	3,251,309.
CANYON DISTRESSED OPPORTUNITY FUND II (CAYMAN), LP	FMV	1,937,280.	1,937,280.
CANYON VALUE REALIZATION FUND (CAYMAN), LTD	FMV	3,454,561.	3,454,561.
GOLUB CAPITAL PARTNERS INTERNATIONAL, LP	FMV	3,500,000.	3,500,000.
LANDMARK REAL ESTATE PARTNERS VIII LP	FMV	1,294,405.	1,294,405.
RENAISSANCE INSTITUTIONAL DIVERSIFIED ALPHA FUND LLC (SERIES A)	FMV	3,456,281.	3,456,281.
AXIOM ASIA V LP	FMV	1,135,417.	1,135,417.
LEGACY VENTURE IX LLC	FMV	664,766.	664,766.
MIDOCEAN PARTNERS V LP	FMV	2,276,762.	2,276,762.
THE VARDE FUND XIII LP	FMV	501,436.	501,436.
AXIOM INTL SMALL CAP	FMV	5,695,023.	5,695,023.
ARENA SHORT DURATION, HIGH YIELD FUND	FMV	9,181,091.	9,181,091.
FARALLON SPECIAL	FMV	1,545,832.	1,545,832.
KAYNE MIDSTREAM	FMV	9,275,268.	9,275,268.
PONTIFAX	FMV	233,721.	233,721.
TOTAL TO FORM 990-PF, PART II, LINE 13		91,107,324.	91,107,324.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	64,715.	43,143.	21,572.
SOFTWARE	50,820.	20,328.	30,492.
TOTAL TO FM 990-PF, PART II, LN 14	115,535.	63,471.	52,064.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM UNDERRINER 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	TREASURER 8.00	24,000.	0.	0.
MICHAEL HARRINGTON 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	VICE-CHAIRMAN 8.00	24,000.	0.	0.
DENIS PRAGER 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	TRUSTEE 8.00	24,000.	0.	0.
GERALD GRAY 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	TRUSTEE 8.00	24,000.	0.	0.
JUDITH LAPAN 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	TRUSTEE 8.00	24,000.	0.	0.
JOANNE PIEPER 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	CHAIR 15.00	24,000.	0.	0.
PAUL COOK 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	SECRETARY 8.00	24,000.	0.	0.
AARON WERNHAM 777 EAST MAIN, SUITE 206 BOZEMAN, MT 59715	CEO 40.00	267,733.	23,909.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		435,733.	23,909.	0.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT STATEMENT 12
PART VII-B, LINE 5C

GRANTEE'S NAME

COMMUNITY MEDICAL CENTER

GRANTEE'S ADDRESS

2827 FORT MISSOULA RD
MISSOULA, MT 59804

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
150,000.	08/01/18	73,078.

PURPOSE OF GRANT

A COLLABORATIVE APPROACH TO IMPROVING SCREENING AND TREATMENT FOR PERINATAL DRUG USE IN MISSOULA.

DATES OF REPORTS BY GRANTEE

12/31/2018, 02/28/2019, 07/31/2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

COMMUNITY MEDICAL CENTER

GRANTEE'S ADDRESS

2827 FORT MISSOULA RD
MISSOULA, MT 59804

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
100,000.	04/18/19	43,618.

PURPOSE OF GRANT

TO INTEGRATE BEHAVIORAL HEALTH SERVICES INTO COMMUNITY PHYSICIAN'S GROUP PRIMARY CARE CLINICS

DATES OF REPORTS BY GRANTEE

11/30/2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

HELENA OB/GYN & ASSOCIATES, PC

GRANTEE'S ADDRESS

45 MEDICAL PARK DR.
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
150,000.	11/16/18	110,841.

PURPOSE OF GRANT

GO MOM GO. INTEGRATED BEHAVIOR HEALTH SUPPORT WOMEN DURING PRENATAL, POSTNATAL AND POSTPARTUM HELENA.

DATES OF REPORTS BY GRANTEE

12/31/18, 5/31/2019, 11/30/2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

MONTANA HEALTH NETWORK HEALTH INC.

GRANTEE'S ADDRESS

519 PLEASENT ST.
MILES CITY, MT 59301

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
280,000.	12/14/18	111,870.

PURPOSE OF GRANT

EASTERN MONTANA INTEGRATED BEHAVIORAL HEALTH PROGRAM.

DATES OF REPORTS BY GRANTEE

12/31/2018, 06/30/2019, 12/31/2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVE.
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
200,000.	11/16/18	102,174.

PURPOSE OF GRANT

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTEGRATION INTO PRIMARY CARE.

DATES OF REPORTS BY GRANTEE

12/31/2018, 05/31/2019, 11/30/2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

NORTHCENTRAL MONTANA HOSPITAL ALLIANCE

GRANTEE'S ADDRESS

PO BOX 6762
GREAT FALLS, MT 59406

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
150,000.	12/13/19	0.

PURPOSE OF GRANT

TO INCREASE ACCESS TO LICENSED BEHAVIORAL HEALTH PRACTICIONERS.

DATES OF REPORTS BY GRANTEE

NOT YET DUE

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVE.
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
5,000.	04/01/19	5,000.

PURPOSE OF GRANT

MPCA ANNUAL TRAINING SPONSORSHIP

DATES OF REPORTS BY GRANTEE

4/01/19 (FINAL REPORT)

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

MONTANA HEALTHCARE FOUNDATION 46-6854005

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVE.
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
3,000.	08/01/19	3,000.

PURPOSE OF GRANT

POPULATION HEALTH AND ENABLING SERVICES SUMMIT

DATES OF REPORTS BY GRANTEE

08/01/2019 (FINAL REPORT)

ANY DIVERSION BY GRANTEE

TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

FORM 990-PF ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS STATEMENT 13

SECTION 4942(H)(2) ELECTION
TREATMENT OF QUALIFYING DISTRIBUTIONS

MONTANA HEALTHCARE FOUNDATION
EIN: 46-6854005
777 EAST MAIN, #206, BOZEMAN, MT 59715
FOR THE TAX YEAR ENDED DECEMBER 31, 2019

PURSUANT 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 $400,000 DUE TO THE REQUIREMENTS OF IRC SEC. 4942(G)(3).

Michael V. Harrison, Chair — NAME AND TITLE

10-5-2020 — DATE

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 14
PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MONTANA PRIMARY CARE ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER INTEGRATION INTO PRIMARY CARE

GENERAL EXPLANATION STATEMENT 15

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART IX-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES

EXPLANATION:

1. AMERICAN INDIAN HEALTH: $1,200,000

MHCF WORKS WITH THE LEADERSHIP OF THE EIGHT TRIBAL HEALTH DEPARTMENTS AND FIVE URBAN INDIAN HEALTH CENTERS IN MONTANA, ALONG WITH STATE LEADERS AND OTHER STAKEHOLDERS, TO DEVELOP AND IMPLEMENT STRATEGIES TO IMPROVE AMERICAN INDIAN HEALTH. THIS SUPPORT INCLUDES PROVIDING STRATEGIC GRANTS DEVELOPED BY MHCF STAFF IN CLOSE COLLABORATION WITH TRIBAL PARTNERS; TECHNICAL ASSISTANCE BY MHCF STAFF AND CONTRACTORS; AND PROVIDING FINANCIAL AND STAFF SUPPORT TO PLAN AND CONVENE MEETINGS OF THE AMERICAN INDIAN HEALTH LEADERS (AIHL) GROUP, WHICH MEETS QUARTERLY, AND TO CARRY OUT FOLLOW-UP ACTIVITIES TO IMPLEMENT PRIORITIES IDENTIFIED DURING THE MEETINGS. THIS YEAR, MHCF ALSO SUPPORTED MEETINGS WITH TRIBAL STAFF WHO ARE LEADING THE IMPLEMENTATION OF THE STATE'S NEW TRIBAL HEALTH IMPROVEMENT (T-HIP) PROGRAM. MHCF HAS THREE FULL-TIME STAFF DEDICATED TO THIS CHARITABLE ACTIVITY.

2. BEHAVIORAL HEALTH: $2,500,000

INTEGRATED BEHAVIORAL HEALTH: MHCF ISSUED NINE GRANTS TO SUPPORT THE PLANNING AND IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH IN MONTANA. MHCF CONTINUES TO CONTRACT WITH THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, WHICH WORKS CLOSELY WITH MHCF PROGRAM STAFF TO PROVIDE INDIVIDUALIZED TRAINING AND TECHNICAL SUPPORT FOR EACH GRANTEE, AND CONDUCT WEBINARS ON RELEVANT TOPICS. MHCF WORKED WITH THE STATE OF

MONTANA AND THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH TO PLAN AND BEGIN RESEARCHING PAPERS FOCUSED ON ADVANCING THE PRACTICE OF INTEGRATED BEHAVIORAL HEALTH IN MONTANA. THIS YEAR, MHCF ALSO BEGAN WORK TO DEVELOP AN IN-STATE TECHNICAL ASSISTANCE RESOURCE TO ADVANCE IBH PRACTICE, IN COLLABORATION WITH THE MONTANA PRIMARY CARE ASSOCIATION. THESE PLANNING EFFORTS OVER MANY MONTHS CULMINATED IN A CONTRACT WITH THE ASSOCIATION TO BEGIN PROVIDING (IN COLLABORATION WITH MHCF) TECHNICAL ASSISTANCE AND TRAINING TO GRANTEES TO IMPLEMENT INTEGRATED BEHAVIORAL HEALTH.

CONVENING: MHCF PLANNED AND HOSTED A SECOND STATEWIDE INTEGRATED BEHAVIORAL HEALTH CONFERENCE, AND VARIOUS OTHER MEETINGS TO ADVANCE OUR BEHAVIORAL HEALTH WORK.

SUBSTANCE USE DISORDER PREVENTION AND TREATMENT: MHCF CONTINUED TO LEAD A GROUP OF STATE AGENCIES AND HEALTH CARE PARTNERS TO DEVELOP AND IMPLEMENT STRATEGIES TO EXPAND SUBSTANCE USE DISORDER PREVENTION AND TREATMENT IN MONTANA, AND PROVIDED GRANTS AS NEEDED TO HELP IMPLEMENT THESE STRATEGIES.

THE MEADOWLARK INITIATIVE: MHCF STAFF WORKED CLOSELY WITH HOSPITALS AROUND THE STATE TO PREPARE THEM TO PARTICIPATE IN THIS INITIATIVE. FOR SIX HOSPITALS THAT WERE ABLE TO MEET FUNDING CRITERIA AFTER WORKING WITH MHCF STAFF, WE PROVIDED GRANTS AND TECHNICAL ASSISTANCE TO ALLOW THEM TO IMPLEMENT A TEAM-BASED, INTEGRATED APPROACH TO PROVIDING PREGNANT WOMEN PROMPT, EFFECTIVE CARE FOR MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

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 THE STATE.

3. PARTNERSHIPS FOR BETTER HEALTH: $1,000,000

HOUSING IS HEALTH CARE: MHCF CONDUCTED TWO DEMONSTRATION AND LEARNING SESSIONS WITH HOUSING AND HEALTH CARE PROVIDERS AND THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PROMOTE THE DEVELOPMENT OF SUPPORTIVE HOUSING PRACTICES. MHCF ALSO AWARDED TWO PLANNING GRANTS AND THREE DEVELOPMENT GRANTS ALONG WITH PROVIDING 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.

MEDICAID AND HEALTH POLICY: TO SUPPORT A STRONG HEALTH SYSTEM THAT PROVIDES FOR THE NEEDS OF ALL MONTANANS, EACH YEAR MHCF COMMISSIONS, CONTRIBUTES TO, AND BROADLY DISSEMINATES ECONOMIC, HEALTH, AND FISCAL IMPACT REPORTS ON KEY HEALTH POLICY QUESTIONS. IN 2019 THESE INCLUDED, FOR EXAMPLE, "2019 REPORT ON HEALTH COVERAGE AND MONTANA'S UNINSURED," "THE ECONOMIC IMPACT OF MEDICAID EXPANSION IN MONTANA: UPDATED FINDINGS," AND TWO ANALYSES OF THE POTENTIAL IMPACTS OF PROPOSED WORK REQUIREMENTS ON MEDICAID RECIPIENTS. MHCF SUPPORTED POLICY AND ACTUARIAL ANALYSIS AND SUBSEQUENT POLICY AND CONVENING WORK THAT CULMINATED IN 2019 IN MONTANA ESTABLISHING A NEW REINSURANCE PROGRAM THROUGH A 1332 WAIVER, WHICH ACHIEVED A PREMIUM REDUCTION OF 12% TO 15% ON INDIVIDUAL MARKET PREMIUMS IN THE FIRST YEAR OF OPERATIONS.

4. PUBLIC HEALTH: $300,000

MHCF WORKS TO STRENGTHEN MONTANA'S PUBLIC HEALTH SYSTEM BY SUPPORTING

. LOCAL AND TRIBAL PUBLIC HEALTH DEPARTMENTS. IN 2019, MHCF PROVIDED ONGOING FUNDING FOR A MULTI-YEAR INITIATIVE THAT HAS SUPPORTED 50 COUNTIES AND FOUR TRIBES TO DATE. THE FUNDING WAS USED TO SUPPORT MONTANA DPHHS TO CONDUCT BOARD OF HEALTH TRAININGS AND PROVIDE GRANTS AND TECHNICAL ASSISTANCE TO HELP LOCAL AND TRIBAL HEALTH DEPARTMENTS COMPLETE COMMUNITY HEALTH ASSESSMENTS AND HEALTH IMPROVEMENT PLANS AND IMPLEMENT NEW PROGRAMS TO ADDRESS HIGH-PRIORITY HEALTH ISSUES.

IN 2019, MHCF RELEASED "CREATING A VISION FOR A HEALTHIER MONTANA: STRENGTHENING THE MONTANA PUBLIC HEALTH SYSTEM," A STUDY THAT TAKES AN IN-DEPTH LOOK AT MONTANA'S PUBLIC HEALTH SYSTEM AND GIVES RECOMMENDATIONS FOR STRENGTHENING IT THROUGH CREATING A PUBLIC HEALTH INSTITUTE.