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.

OMB No. 1545-0047

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning , and ending

Name of foundation

MONTANA HEALTHCARE FOUNDATION

A Employer identification number

46-6854005

Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite

777 EAST MAIN ST. | 201

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 ... ☐

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

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) $ 287,235,786.

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	21,695,014.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,176,263.	1,176,263.		
	4 Dividends and interest from securities	2,657,663.	4,071,142.		
	5a Gross rents	403,046.	403,046.		STATEMENT 1
	b Net rental income or (loss) 305,935.				
	6a Net gain or (loss) from sale of assets not on line 10	4,168,166.			
	b Gross sales price for all assets on line 6a 48,486,159.				
	7 Capital gain net income (from Part IV, line 2)		3,891,165.		
	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	50,782.	1,716,783.	1,143.	STATEMENT 2
	12 **Total.** Add lines 1 through 11	30,150,934.	11,258,399.	1,143.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	558,498.	65,368.	0.	493,130.
	14 Other employee salaries and wages	2,021,110.	57,588.	1,143.	1,943,930.
	15 Pension plans, employee benefits	498,469.	15,144.	0.	492,292.
	16a Legal fees STMT 3	27,190.	0.	0.	27,190.
	b Accounting fees STMT 4	114,712.	28,630.	0.	86,082.
	c Other professional fees STMT 5	352,570.	352,570.	0.	0.
	17 Interest	10,348.	0.	0.	10,348.
	18 Taxes STMT 6	138,914.	137,196.	0.	0.
	19 Depreciation and depletion	113,520.	380.	0.	
	20 Occupancy	363,340.	21,800.	0.	341,540.
	21 Travel, conferences, and meetings	133,451.	7,053.	0.	126,398.
	22 Printing and publications				
	23 Other expenses STMT 7	2,535,034.	1,381,243.	0.	2,398,269.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	6,867,156.	2,066,972.	1,143.	5,919,179.
	25 Contributions, gifts, grants paid	3,458,767.			5,168,456.
	26 **Total expenses and disbursements.** Add lines 24 and 25	10,325,923.	2,066,972.	1,143.	11,087,635.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	19,825,011.			
	b **Net investment income** (if negative, enter -0-)		9,191,427.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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	229,796.	376,056.	376,056.
	2 Savings and temporary cash investments	16,134,620.	23,485,491.	23,485,491.
	3 Accounts receivable 87,517.			
	Less: allowance for doubtful accounts	97,470.	87,517.	87,517.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	46,861.	4,219.	4,219.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	78,952,695.	92,534,686.	92,534,686.
	c Investments - corporate bonds STMT 9	18,362,615.	19,050,528.	19,050,528.
	11 Investments - land, buildings, and equipment: basis 6,602,734.			
	Less: accumulated depreciation STMT 10 289,504.	6,409,732.	6,313,230.	9,623,617.
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	126,032,684.	136,863,867.	136,863,867.
	14 Land, buildings, and equipment: basis 1,640,219.			
	Less: accumulated depreciation STMT 12 381,916.	1,371,550.	1,258,303.	1,258,303.
	15 Other assets (describe STATEMENT 13)	2,173,408.	3,951,502.	3,951,502.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	249,811,431.	283,925,399.	287,235,786.
Liabilities	17 Accounts payable and accrued expenses	345,066.	403,360.	
	18 Grants payable	3,766,753.	2,057,064.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe OPERATING LEASE LIABILITY)	575,891.	482,095.	
	23 **Total liabilities** (add lines 17 through 22)	4,687,710.	2,942,519.	
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	245,123,721.	280,982,880.	
	25 Net assets with donor restrictions			
	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**	245,123,721.	280,982,880.	
	30 **Total liabilities and net assets/fund balances**	249,811,431.	283,925,399.	

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	245,123,721.
2	Enter amount from Part I, line 27a	2	19,825,011.
3	Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	16,034,148.
4	Add lines 1, 2, and 3	4	280,982,880.
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	280,982,880.

Part IV Capital Gains and Losses for Tax on Investment Income

	(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	PUBLICLY TRADED SECURITIES	P	01/01/23	12/31/24
b	DIRECT FOREIGN INVESTMENTS	P	01/01/23	12/31/24
c	FIRST AM GOVT OB FD	P	01/01/23	12/31/24
d	CAPITAL GAIN FROM SCHEDULE K-1	P	01/01/23	12/31/24
e	DISPOSITION OF NEWPORT ASIA INSTITUTIONAL FUND LP	P	01/01/23	12/31/24

	(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	5,473,916.		3,603,829.	1,870,087.
b	1,475,811.		1,055,125.	420,686.
c	32,561,264.		32,561,158.	106.
d	3,081,593.		1,539,517.	1,542,076.
e	5,893,575.		5,835,365.	58,210.

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				1,870,087.
b				420,686.
c				106.
d				1,542,076.
e				58,210.

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	3,891,165.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	0.

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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)		1	127,761.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	127,761.
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	127,761.
6	Credits/Payments:			
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a 85,589.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 75,000.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments. Add lines 6a through 6d		7	160,589.
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	32,828.
11	Enter the amount of line 10 to be: **Credited to 2025 estimated tax** 32,828. **Refunded**		11	0.

Part VI-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	1b		X
	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.			
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 XIV	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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	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
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.MTHF.ORG

14 The books are in care of CAROL FARRIS Telephone no. 406-451-7060

Located at 777 EAST MAIN ST., 201, 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 2024, 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 VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
(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)?	1a(5)		X
(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.)	1a(6)		X
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
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
d 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 2024?	1d		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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	2a		X
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?	3a		X
b If "Yes," did it have excess business holdings in 2024 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 2024.) 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 2024?	4b		X

Part VI-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))?	5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)	X	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
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
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
d 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?	5d	X	
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?	6a		X
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?	7a		X
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?	8		X

Part VII 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 14		558,498.	38,995.	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
PRICE KLAAS - 777 EAST MAIN ST., SUITE 201, BOZEMAN, MT 59715	OPERATIONS DIRECTOR 40.00	175,891.	25,407.	0.
SCOTT MALLOY - 777 EAST MAIN ST., SUITE 201, BOZEMAN, MT 59715	PROGRAM DIRECTOR 40.00	164,229.	25,743.	0.
TRESSIE WHITE - 777 EAST MAIN ST., SUITE 201, BOZEMAN, MT 59715	PROGRAM DIRECTOR 40.00	162,980.	25,725.	0.
KIELY HOUSTON - 777 EAST MAIN ST., SUITE 201, BOZEMAN, MT 59715	DATA & EVALUATION MANAGER 40.00	153,255.	23,448.	0.
TRACY MENUEZ - 777 EAST MAIN ST., SUITE 201, BOZEMAN, MT 59715	SENIOR PROGRAM OFFICER 40.00	146,271.	23,328.	0.

Total number of other employees paid over $50,000 10

Part VII 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
MANATT, PHELPS & PHILLIPS 7 TIMES SQUARE, NEW YORK, NY 10036	RESEARCH	485,000.
CLAUSE LAW, PLLC 829 11TH ST. NORTHEAST, WASHINGTON, DC 20002	PROGRAM PLANNING	408,651.
JG RESEARCH & EVALUATION 2103 BRIDGER DR., BOZEMAN, MT 59715	EVALUATION	306,675.
NEPC, LLC - DEPARTMENT 3570 BOX 4110, WOBURN, MA 01888-4110	INVESTMENT CONSULTING	219,578.
CLARK NUBER - 555 110TH AVE NE, SUITE 700, BELLEVUE, WA 98004	AUDIT AND TAX PREPARATION AND CONSULTING	114,711.
Total number of others receiving over $50,000 for professional services		6

Part VIII-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 IMPLEMENTING MODELS OF INTEGRATED CARE: SEE STATEMENT 17	2,819,530.
2 LEADERSHIP & EXPERTISE: SEE STATEMENT 17	2,521,195.
3 CONVENING: SEE STATEMENT 17	268,701.
4 POLICY ANALYSIS: SEE STATEMENT 17	729,418.

Part VIII-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 SEE STATEMENT 15	600,000.
2 SEE STATEMENT 16	500,000.
All other program-related investments. See instructions. 3 TWO PRIS FOR AFFORDABLE HOUSING DEVELOPMENTS.	750,000.
Total. Add lines 1 through 3	1,850,000.

Part IX 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	104,448,405.
b	Average of monthly cash balances		1b	23,740,216.
c	Fair market value of all other assets (see instructions)		1c	138,092,202.
d	**Total** (add lines 1a, b, and c)		1d	266,280,823.
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	266,280,823.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)		4	3,994,212.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3		5	262,286,611.
6	**Minimum investment return.** Enter 5% (0.05) of line 5		6	13,114,331.

Part X 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 IX, line 6		1	13,114,331.
2a	Tax on investment income for 2024 from Part V, line 5	2a 127,761.		
b	Income tax for 2024. (This does not include the tax from Part V.)	2b		
c	Add lines 2a and 2b		2c	127,761.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	12,986,570.
4	Recoveries of amounts treated as qualifying distributions		4	49,639.
5	Add lines 3 and 4		5	13,036,209.
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 XII, line 1		7	13,036,209.

Part XI 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	11,087,635.
b	Program-related investments - total from Part VIII-B		1b	1,850,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	13,385.
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 XII, line 4		4	12,951,020.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				13,036,209.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			10,492,990.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2024 from Part XI, line 4: $ 12,951,020.				
a Applied to 2023, but not more than line 2a			10,492,990.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				2,458,030.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				10,578,179.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2025.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2024, 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) 2024	(b) 2023	(c) 2022	(d) 2021	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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 ST., SUITE 201, BOZEMAN, MT 59715

b The form in which applications should be submitted and information and materials they should include:

VISIT WWW.MTHF.ORG FOR APPLICATION INFORMATION.

c Any submission deadlines:

VISIT WWW.MTHF.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.MTHF.ORG FOR FUNDING RESTRICTIONS.

Part XIV 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**	5,168,456.
b *Approved for future payment*				
Total SEE CONTINUATION SHEET(S)			**3b**	1,757,064.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a PRI INTEREST					1,143.
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	1,176,263.	
4 Dividends and interest from securities			14	2,657,663.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	305,935.	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	4,168,166.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REIMBURSEMENTS					11,325.
b RETURNED GRANTS					38,314.
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		8,308,027.	50,782.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	8,358,809.

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

Part XV-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 XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	INTEREST INCOME FROM PROGRAM RELATED INVESTMENTS
11A	REIMBURSEMENT OF PRIOR YEAR QUALIFYING DISTRIBUTIONS
11B	REIMBURSEMENT OF PRIOR YEAR QUALIFYING DISTRIBUTIONS

Part XVI 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
		N/A	

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.

Paul R. Cook — Signature of officer or trustee

Date

CHAIR — Title

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	11/06/25		P00183358

Firm's name CLARK NUBER PS — Firm's EIN 91-1194016

Firm's address 555 110TH AVE NE, SUITE 700 BELLEVUE, WA 98004 — Phone no. 425-454-4919

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
CHILDREN'S CLINIC OF BILLINGS 3401 AVENUE E BILLINGS, MT 59102	125,000.	10/01/22	123,477.	

Purpose of Grant

CHILDREN'S CLINIC SERVES OVER 12,000 UNIQUE CHILDREN AND ADOLESCENTS RESIDING IN YELLOWSTONE AND SURROUNDING COUNTIES THROUGH OUR TWO GENERAL PEDIATRICS CLINICS IN BILLINGS, MONTANA. THIS PROJECT WILL EXPAND OUR HIGH-QUALITY PRIMARY CARE TO INCLUDE INTEGRATED BEHAVIORAL HEALTH SERVICES. THE PROJECT AIMS TO HIRE AND INTEGRATE A PEDIATRIC CLINICAL SOCIAL WORKER INTO OUR PRACTICE WORKFLOWS TO ENHANCE EXISTING MENTAL HEALTH SCREENING AND TO PROVIDE BRIDGE CARE FOR PATIENTS WHILE THEY ARE CONNECTED TO COUNSELORS IN THE COMMUNITY. WE ALSO AIM TO PROVIDE CLINICAL SUPERVISION FOR OUR RECENTLY HIRED PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP). GRANT FUNDS WILL SUPPORT STARTUP COSTS FOR THE SOCIAL WORKER AND PMHNP WHILE WE GAIN THE EXPERTISE TO BILL FOR THEIR SERVICES AND SUSTAIN THE PROJECT INDEPENDENTLY. FUNDS WILL ALSO SERVE TO EDUCATE OUR TEAM AND OUR PATIENTS ABOUT THE BENEFITS OF INTEGRATED CARE.

Date of Reports by Grantee	Diversions by Grantee
4/1/2023, 10/1/2023, 4/1/2024, 10/1/2024	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
COMMUNITY MEDICAL CENTER 2827 FORT MISSOULA ROAD MISSOULA, MT 59804	175,000.	11/15/21	68,921.	

Purpose of Grant

THE PROPOSED PROJECT WILL SUPPORT AND GROW THE INTEGRATION OF BEHAVIORAL HEALTH SERVICES INTO COMMUNITY PHYSICIAN GROUPS PRIMARY CARE, SPECIALTY, AND FIRST CARE CLINICS THROUGH THE HIRING AND EMBEDDING OF LICENSURE-TRACK SOCIAL WORKERS IN THOSE AREAS. ADDITIONALLY, WE HOPE TO GROW OUR USE OF TECHNOLOGY TO PROVIDE IBH SERVICES TO A WIDER SCOPE OF PATIENTS. WITH CONSULTATION, OUR TEAMS WILL PROVIDE UNIVERSAL SCREENING, EVIDENCE-BASED TREATMENT, AND DATA TRACKING TO IMPROVE PATIENT OUTCOMES AND ALLOW FOR CARE COORDINATION ACROSS OUR HOSPITAL PLATFORM. WE RECOGNIZE THAT THIS EFFORT WILL HELP COMMUNITY MEDICAL CENTER MEET THE TREMENDOUS NEEDS OF THE GREATER MISSOULA COMMUNITY BY INCREASING OUR CAPACITY TO PROVIDE THE FULL CONTINUUM OF CARE FOR PATIENTS WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS AND THOROUGHLY TRAIN AND INTEGRATE OUR CLINICAL TEAMS. GRANT FUNDS AND PARTNERSHIPS WILL BE USED TO PROVIDE THE PERSONNEL AND CLINICAL SUPERVISION NEEDED TO IMPLEMENT THIS PROJECT.

Date of Reports by Grantee	Diversions by Grantee
5/16/2022, 11/30/2022, 5/15/2023, 11/15/2023, 5/15/2024, 12/16/2024	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
L'ESPRIT 111 NORTH THIRD STREET LIVINGSTON, MT 59047	125,000.	11/01/22	125,000.	

Purpose of Grant

1. OUR GOAL IS TO OFFER OUR CLIENTS COMPREHENSIVE SUPPORT AND HELP THEM GAIN THE SKILLS NECESSARY TO MAINTAIN STABILITY AND THRIVE IN THEIR COMMUNITY.
2. THIS GOAL WILL BE ACHIEVED THROUGH AN INTERDISCIPLINARY TEAM OF NINE PROVIDERS, DIRECTLY DELIVERING SERVICES WITHIN A HIGHLY INTEGRATED AND COLLABORATIVE SYSTEM.
3. OUR INFORMAL COMMUNITY PARTNERS FOR THIS PROJECT ARE LIVINGSTON HEALTHCARE, LIVINGSTON POLICE DEPT., PARK COUNTY SHERIFF'S OFFICE, PIONEER MEDICAL CENTER, SWEETGRASS COUNTY SHERIFFS DEPT., HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX (HRDC) AND HRDCS WARMING CENTER. THESE ARE NOT FORMAL PROJECT PARTNERS.
4. THE GRANT FUNDS WILL BE USED TO SUPPORT PERSONNEL SALARIES, AND A TECHNICAL ASSISTANT, WHICH IS INCLUDED UNDER THE CONSULTANT LINE ITEM IN DIRECT PROJECT EXPENSES.

Date of Reports by Grantee	Diversions by Grantee
5/1/2023, 11/1/2023, 5/1/2024, 12/02/2024 (FINAL)	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 4	Grant Amount	Date of Grant	Amount Expended	Verification Date
MONTANA HEALTH NETWORK HEALTH INC. 519 PLEASANT STREET MILES CITY, MT 59301	279,722.	07/21/21	279,722.	

Purpose of Grant

THIS PROJECT WILL SUPPORT THE INTEGRATION OF BEHAVIORAL HEALTH INTO PRIMARY CARE FOR HEALTHCARE FACILITIES IN EASTERN MONTANA. THE GOALS FOR THE PROJECT INCLUDE DECREASING EMERGENCY ROOM VISITS FOR PATIENTS IN "CRISIS" WITH EARLY INTERVENTION AND MORE FREQUENT SCREENING. THIS WILL LEAD TO IDENTIFICATION OF BEHAVIORAL HEALTH AND SUBSTANCE ABUSE ISSUES. ADDITIONALLY, THERE WILL BE INCREASED PATIENT COORDINATION BETWEEN TREATING FACILITIES RESULTING IN BETTER CARE SOONER FOR PATIENTS. THE PROJECT WILL FOCUS ON CONTINUING INTEGRATED BEHAVIORAL HEALTH (IBH) TECHNICAL SUPPORT TO 3 FACILITIES THAT CONDUCTED IBH IMPLEMENTATION ACTIVITIES PREVIOUSLY - ROSEBUD HEALTH CARE CENTER (FORSYTH), PRAIRIE COMMUNITY HOSPITAL (TERRY), AND ROOSEVELT MEDICAL CENTER (CULBERTSON). MONTANA HEALTH NETWORK (MHN) WILL ALSO PULL TOGETHER ADDITIONAL RURAL CLINICS, HOSPITALS AND PARTNER ORGANIZATIONS THAT PROVIDE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES.

Date of Reports by Grantee	Diversions by Grantee
2/28/2022, 9/9/2022, 2/28/2023, 8/31/2023, 2/29/2024, 8/31/2024 (FINAL)	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 5	Grant Amount	Date of Grant	Amount Expended	Verification Date
TWIN CREEK 4 HOUSING ASSOCIATES LLLP (UNITED HOUSING PARTNERS) 545 BLAINE ST MISSOULA, MT 59801-4118	500,000.	11/28/23	500,000.	

Purpose of Grant

DEBT PRI - UNITED HOUSING PARTNERS LLC (UHP) PROPOSES TO BUILD 72 NEW AFFORDABLE APARTMENTS IN HELENA, MONTANA BY TWINNING 9% AND 4% LOW INCOME HOUSING TAX CREDITS (LIHTCS) WITH COAL TRUST MULTIFAMILY HOME (CTMH) LOAN FUNDS AND OTHER SOFT LOANS. THIS STRUCTURE WILL ALLOW THE BOARD OF HOUSING TO CREATE 72 NEW LIHTC HOMES WITH A SINGLE 9% LIHTC AWARD. THIS IS THREE AND A HALF TIMES THE SIZE OF A TYPICAL 20-UNIT 9% NEW CONSTRUCTION LIHTC PROJECT, GIVING THE BOARD OF HOUSING THE "BANG FOR THE BUCK" IT HAS CONSISTENTLY STRESSED AS IMPORTANT WHEN MAKING LIHTC AWARDS.

THE CITY OF HELENA HAS ALREADY COMMITTED $1,000,000 IN HELENA AFFORDABLE HOUSING TRUST FUNDS (HAHTFS) FOR CONSTRUCTION AND $400,000 IN HAHTFS FOR PERMANENT FINANCING. UHP HAS ALSO APPLIED FOR $2,526,194 IN NATIONAL HOUSING TRUST FUNDS (NHTFS) OF WHICH THE DEPARTMENT OF COMMERCE COMMITTED $1,575,514 IN 2023 FUNDS AND HAS EXPRESSED THAT THE OTHER $937,242 CAN BE ALLOCATED FROM 2024 APPLICATIONS SUBMITTED THIS FALL.

Date of Reports by Grantee	Diversions by Grantee
3/3/2025	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 6	Grant Amount	Date of Grant	Amount Expended	Verification Date
MITCHELL COURT LLLP 1625 E 6TH AVE HELENA, MT 59601-4661	750,000.	11/29/23	750,000.	

Purpose of Grant

DEBT PRI - MITCHELL COURT APARTMENTS WILL BE A NEW FAMILY HOUSING DEVELOPMENT CONSISTING OF 32 RENTAL HOMES (14 ONE-BEDROOM, 14 TWO-BEDROOM, AND 4 THREE-BEDROOM APARTMENTS) THAT BILLINGS RESIDENTS CAN AFFORD TARGETING TENANTS AT 50% AND 60% OF AREA MEDIAN INCOME (AMI). MITCHELL COURT WILL PROVIDE QUALITY, AFFORDABLE HOUSING TO LOW-INCOME MONTANANS AT BELOW MARKET RENT THAT WILL ALLOWS THESE LOW-INCOME HOUSEHOLDS TO USE A LARGER PORTION OF THEIR INCOME FOR QUALITY NUTRITIOUS FOODS AND NECESSARY HEALTHCARE.

THE PROJECT WILL UTILIZE FINANCING FROM HOUSING CREDITS, HUD FUNDS, AND LOW-INTEREST STATE LOANS, AND CITY OF BILLINGS FUNDS. DEED RESTRICTIONS AND SIMILAR MECHANISMS WILL BE USED TO ENSURE AFFORDABILITY THROUGH THE 50-YEAR EXTENDED USE PERIOD. WE HAVE APPLIED TO THE MONTANA BOARD OF HOUSING FOR TAX CREDITS AND THE COAL TRUST MULTIFAMILY HOMES LOAN, AND WE WILL APPLY FOR STATE HOME FUNDS IN SEPTEMBER AND CITY OF BILLINGS FUNDS IN NOVEMBER/DECEMBER.

Date of Reports by Grantee	Diversions by Grantee
2/17/2025	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 7	Grant Amount	Date of Grant	Amount Expended	Verification Date
CREEKSIDE 4% LLLP (HOMEWORD, INC) 1535 LIBERTY LN, 116A MISSOULA, MT 59808	300,000.	12/13/23	86,789.	

Purpose of Grant

DEBT PRI - HOMEWORD'S PROPOSED PROJECT WILL REHABILITATE 161 HOMES AT CREEKSIDE APARTMENTS TO INCREASE ENERGY EFFICIENCY AND BUILDING DURABILITY FOR LONG-TERM SUSTAINABILITY. THIS WILL ADD 50 YEARS TO THE UPCOMING EXPIRATION PERIOD OF AFFORDABILITY WITH MONTANA HOUSING. HOMEWORD WILL UTILIZE 4% AND 9% LOW INCOME HOUSING TAX CREDITS IN COMBINATION WITH AWARDED FEDERAL FUNDS AND ADVANTAGEOUS LOANS FROM OUR PROJECT PARTNERS. KEY PARTNERS FOR THIS PROJECT INCLUDE THE CITY OF MISSOULA, MONTANA HOUSING, NEIGHBORWORKS MONTANA, GLACIER BANK, AND FIRST SECURITY BANK. THE PROPOSED MONTANA HEALTHCARE FOUNDATION FUNDING WILL BE USED TO PAY FOR DIRECT REHABILITATION HARD COSTS ON THE PROJECT.

Date of Reports by Grantee	Diversions by Grantee
2/15/2024	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 8	Grant Amount	Date of Grant	Amount Expended	Verification Date
TAMARACK MANAGEMENT INC 500 W BROADWAY ST MISSOULA, MT 59802-4008	70,000.	01/17/24	28,294.	

Purpose of Grant

OUR AIM IS TO IMPROVE SCREENING, INTERVENTION AND REFERRAL FOR YOUTH AND FAMILIES WITH BEHAVIORAL/MENTAL HEALTH CHALLENGES BY RECRUITING AND INTEGRATING A BEHAVIORAL HEALTH SPECIALIST INTO OUR PEDIATRIC TEAM. A BEHAVIORAL HEALTH SPECIALIST WITH EXPERTISE IN CHILD/ADOLESCENT MENTAL HEALTH WILL WORK AT BOTH WESTERN MONTANA CLINIC (WMC) PEDIATRIC SITES WITH AN INTEGRATION FRAMEWORK THAT HONORS THE 8 DOMAINS OF THE COMPREHENSIVE HEALTHCARE INTEGRATION (CHI) FRAMEWORK AND BUILDS TOWARD OUR LONG TERM GOAL OF CHI IN OUR PEDIATRIC DEPARTMENT. THIS EFFORT WILL BE DEPENDENT ON SUSTAINABILITY THROUGH APPROPRIATE CODING/BILLING AND TRACKING OF REIMBURSEMENT PRACTICES AMONG OUR MAJOR PAYORS. WE PROPOSE RECRUITMENT AND ON-BOARDING OF A MENTAL HEALTH PROFESSIONAL TO SHARE OUR CLINICAL SPACE AND HELP IMPLEMENT ADDITIONAL PRIMARY CARE BEHAVIORAL HEALTH SCREENING, PROVIDE CRISIS INTERVENTION, COMMUNITY REFERRALS, PARENTING SUPPORT, BRIEF INTERVENTION, COUNSELING AND FOLLOW UP.

Date of Reports by Grantee	Diversions by Grantee
7/19/2024	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 9	Grant Amount	Date of Grant	Amount Expended	Verification Date
ELMORE ROBERTS COMMUNITY PARTNERS, LP 17782 SKY PARK CIR IRVINE, CA 92614-6404	600,000.	05/13/24	600,000.	

Purpose of Grant

DEBT PRI - THE ELMORE ROBERTS INTENDS TO PRESERVE AND RENOVATE A HISTORIC PROPERTY IN DOWNTOWN GREAT FALLS AS AFFORDABLE HOUSING FOR THE NEXT 50 YEARS. THE PROJECT WILL BE ACCOMPLISHED THROUGH APPROVAL OF A VARIETY OF FINANCING SOURCES, COORDINATION WITH THE DEVELOPMENT TEAM, AND EXECUTION OF THE PROPOSED RENOVATION SCOPE OF WORK. THE NON-PROFIT PARTNER, GENERAL CONTRACTOR, ARCHITECT, PROPERTY MANAGEMENT COMPANY ARE ALL CONFIRMED PARTNERS. THE MONTANA HEALTHCARE FOUNDATION FUNDS WILL BE USED TO PAY FOR COSTS RELATED TO THE ACQUISITION, PREDEVELOPMENT, AND RENOVATION OF ELMORE ROBERTS APARTMENTS.

Date of Reports by Grantee	Diversions by Grantee
IN PROCESS	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 10	Grant Amount	Date of Grant	Amount Expended	Verification Date
L'ESPRIT 111 NORTH THIRD STREET LIVINGSTON, MT 59047	37,500.	12/05/24	6,000.	

Purpose of Grant

THROUGH THE PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) TEAM, WE OFFER CLIENTS COMPREHENSIVE SUPPORT TO SUPPORT THEIR FUNCTIONING AND HELP THEM MAINTAIN STABILITY AT THE COMMUNITY LEVEL. THESE GOALS WILL BE ACHIEVED THROUGH AN INTERDISCIPLINARY TEAM OF PROVIDERS, DIRECTLY DELIVERING SERVICES WITHIN A HIGHLY INTEGRATED AND COLLABORATIVE SYSTEM. THE GRANT FUNDS WILL BE USED TO SUPPORT PERSONNEL SALARIES AND TRANSPORTATION, INCLUDING COSTS ASSOCIATED WITH SCALING UP THE TEAM.

Date of Reports by Grantee	Diversions by Grantee
IN PROCESS	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address NO. 11	Grant Amount	Date of Grant	Amount Expended	Verification Date
GOOD HOUSING PARTNERSHIP 106 E BABCOCK ST SUITE 1E BOZEMAN, MT 59715	500,000.	09/18/24	381,396.	

Purpose of Grant

DEBT PRI - THIS PROGRAM RELATED INVESTMENT (PRI) TO GOOD HOUSING PARTNERSHIP (GHP) WILL PROVIDE $500,000 IN PREDEVELOPMENT FINANCING TO ASSIST IN ACQUIRING, RENOVATING, AND PRESERVING AFFORDABILITY FOR 321 HOUSING UNITS IN EIGHT EXISTING HOUSING DEVELOPMENTS IN KALISPELL, COLUMBIA FALLS, DEER LODGE, AND LIBBY. THE PRI WILL FUND THE ASSESSMENTS REQUIRED FOR EACH PROPERTY TO ACCESS LOW-INCOME HOUSING TAX CREDITS (LIHTC), WHICH ARE REIMBURSED AT THE CLOSING OF THE LIHTC PARTNERSHIP. OF THE 321 UNITS TO BE PRESERVED, 148 SERVE FAMILIES, AND 173 ARE FOR SENIORS AND PEOPLE WITH DISABILITIES. RENTS ARE TARGETED TO BE AFFORDABLE TO PEOPLE EARNING LESS THAN 70% OF AREA MEDIAN INCOME. HOUSING AND URBAN DEVELOPMENT SUBSIDIES ARE AVAILABLE TO ENSURE THAT HOUSEHOLDS DO NOT PAY MORE THAN 30% OF THEIR INCOME TOWARD RENT, REGARDLESS OF THEIR INCOME. THE $500,000 PRI WILL BE REPAID WITH 2% INTEREST AT THE CLOSING OF THE LIHTC DEAL, WHICH WILL HAPPEN WITHIN 12 MONTHS OF THE DATE OF THIS PRI.

Date of Reports by Grantee	Diversions by Grantee
IN PROCESS	TO THE BEST OF OUR KNOWLEDGE, NO PORTION OF THE GRANT FUNDS WERE DIVERTED.

Results of Verification

Part XIV 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
ACTION INC. 25 W. SILVER ST. BUTTE, MT 59701		PC	BUTTE HOUSING IS HEALTHCARE (HIH) PERMANENT SUPPORTIVE HOUSING PROJECT	12,500.
ACTION INC. 25 W. SILVER ST. BUTTE, MT 59701		PC	BUTTE PERMANENT SUPPORTIVE HOUSING PLANNING AND DEVELOPMENT	20,000.
ALL NATIONS HEALTH CENTER 830 WEST CENTRAL AVE MISSOULA, MT 59801		PC	ALL NATIONS ROADMAP TO SUCCESS	76,196.
ALLIANCE FOR YOUTH, INC. 3300 3RD ST. NE P.O. BOX 2928 GREAT FALLS, MT 59403-2982		PC	RECOVERY MENTOR PROGRAM: EXPANDING RECOVERY SUPPORT SERVICES AND BUILDING THE PEER SUPPORT WORKFORCE PIPELINE	18,750.
ALLIANCE FOR YOUTH, INC. 3300 3RD ST. NE P.O. BOX 2928 GREAT FALLS, MT 59403-2982		PC	RECOVERY MENTOR PROGRAM: EXPANDING RECOVERY SUPPORT SERVICES AND BUILDING THE PEER SUPPORT WORKFORCE PIPELINE	18,750.
APSAALOOKE NATION HOUSING AUTHORITY 245 WEAVER ST CROW AGENCY, MT 59022		GOV	APSAALOOKE NATION HOUSING AUTHORITY NEEDS ASSESSMENT/CAPACITY BUILDING	26,046.
ARLEE COMMUNITY DEVELOPMENT CORPORATION 92555 US HWY 93 P.O. BOX 452 ARLEE, MT 59821		PC	BUILDING ORGANIZATIONAL RESILIENCE: SUSTAINING & STRENGTHENING ORGANIZATIONAL SUPPORT AND CONTRIBUTIONS TO CONFEDERATED SALISH AND KOOTENAI TRIBES (CSKT) CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) HEALTH INITIATIVE IN THE JOCKO VALLEY	30,000.
Total from continuation sheets				5,168,456.

Part XIV 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
BARRETT HOSPITAL AND HEALTHCARE 600 HWY 91 SOUTH DILLON, MT 59725		PC	BEHAVIORAL HEALTH CONSOLIDATION GRANT	12,500.
BARRETT HOSPITAL AND HEALTHCARE 600 HWY 91 SOUTH DILLON, MT 59725		PC	BEHAVIORAL HEALTH CONSOLIDATION GRANT	12,500.
BEHAVIORAL HEALTH ALLIANCE OF MONTANA P.O. BOX 7635 MISSOULA, MT 59807		PC	SUSTAINABLE OPERATING FUNDING	50,000.
BENEFIS HEALTH SYSTEM FOUNDATION P.O. BOX 7008 GREAT FALLS, MT 59406		PC	MEADOWLARK INITIATIVE - BENEFIS HOSPITALS	25,000.
BENEFIS HEALTH SYSTEM FOUNDATION P.O. BOX 7008 GREAT FALLS, MT 59406		PC	ADVANCING INTEGRATED BEHAVIORAL HEALTH IN NORTH CENTRAL MONTANA	50,000.
BENEFIS HEALTH SYSTEM FOUNDATION P.O. BOX 7008 GREAT FALLS, MT 59406		PC	MEADOWLARK INITIATIVE - BENEFIS HOSPITALS	25,000.
BENEFIS HEALTH SYSTEM FOUNDATION P.O. BOX 7008 GREAT FALLS, MT 59406		PC	ADVANCING INTEGRATED BEHAVIORAL HEALTH IN NORTH CENTRAL MONTANA	50,000.
Total from continuation sheets				

Part XIV 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
BIG FORK SCHOOL DISTRICT P.O. BOX 188 BIGFORK, MT 59911		GOV	BIGFORK SCHOOL - STRENGTHENING PARTNERSHIPS TO IMPROVE STUDENT HEALTH OUTCOMES	12,500.
BIG FORK SCHOOL DISTRICT P.O. BOX 188 BIGFORK, MT 59911		GOV	BIGFORK SCHOOL - STRENGTHENING PARTNERSHIPS TO IMPROVE STUDENT HEALTH OUTCOMES	12,500.
BIG SANDY MEDICAL CENTER P.O. BOX 530 BIG SANDY, MT 59520-0530		PC	BIG SKY MEDICAL CENTER (BSMC) RURAL HEALTH CLINIC (RHC) INTEGRATED BEHAVIORAL HEALTH (IBH) PROJECT	41,667.
BILLINGS CLINIC 2917 TENTH AVE N BOX 31031 BILLINGS, MT 59107-1031		PC	EXPANDING EMPATHS: IMPLEMENTING COLLABORATIVE CARE IN THE PERINATAL CARE SETTING	37,496.
BILLINGS CLINIC 2917 TENTH AVE N BOX 31031 BILLINGS, MT 59107-1031		PC	EXPANDING EMPATHS: IMPLEMENTING COLLABORATIVE CARE IN THE PERINATAL CARE SETTING	37,497.
BILLINGS SCHOOL DISTRICT 415 N 30TH ST BILLINGS, MT 59101		GOV	IMPROVING SYSTEMS AND SUSTAINABILITY FOR MENTAL AND BEHAVIORAL HEALTH	18,750.
BILLINGS SCHOOL DISTRICT 415 N 30TH ST BILLINGS, MT 59101		GOV	IMPROVING SYSTEMS AND SUSTAINABILITY FOR MENTAL AND BEHAVIORAL HEALTH	18,750.
Total from continuation sheets				

Part XIV 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
BLACKFEET TRIBAL HEALTH 825 N. PIEGAN ST P.O. BOX 866 BROWNING, MT 59417		GOV	MEADOWLARK INITIATIVE	25,000.
BLACKFEET TRIBAL HEALTH 825 N. PIEGAN ST P.O. BOX 866 BROWNING, MT 59417		GOV	BLACKFEET MEADOWLARK INITIATIVE	50,000.
BLACKFEET TRIBAL HEALTH 825 N. PIEGAN ST P.O. BOX 866 BROWNING, MT 59417		GOV	BLACKFEET MEADOWLARK INITIATIVE	25,000.
BLACKFEET TRIBAL HEALTH 825 N. PIEGAN ST P.O. BOX 866 BROWNING, MT 59417		GOV	BLACKFEET MEADOWLARK INITIATIVE	50,000.
BROADWATER COUNTY PUBLIC HEALTH DEPARTMENT 124 N. CEDAR STREET TOWNSEND, MT 59644		GOV	BROADWATER COUNTY PUBLIC HEALTH CRISIS RESOURCE COORDINATION	18,500.
BUTTE NATIVE WELLNESS CENTER 55 E GALENA ST BUTTE, MT 59701		GOV	STRATEGIC PLANNING AT BUTTE NATIVE WELLNESS CENTER	25,000.
BUTTE NATIVE WELLNESS CENTER 55 E GALENA ST BUTTE, MT 59701		GOV	STRATEGIC PLANNING AT BUTTE NATIVE WELLNESS CENTER	25,000.
Total from continuation sheets				

Part XIV 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
BUTTE SPIRIT CENTER 609 WEST GALENA STREET BUTTE, MT 59701		PC	BUTTE SPIRIT CENTER, SCALING UP STAFFING FOR WOMEN'S SUD RECOVERY HOME	25,000.
BUTTE SPIRIT CENTER 609 WEST GALENA STREET BUTTE, MT 59701		PC	BUTTE SPIRIT CENTER, SCALING UP STAFFING FOR WOMEN'S SUD RECOVERY HOME	25,000.
CHILDREN'S CLINIC OF BILLINGS 3401 AVENUE E BILLINGS, MT 59102		NC	EXPANDING BEHAVIORAL HEALTH SERVICES FOR CHILDRENS CLINICS 12,000+ PEDIATRIC PATIENTS	10,000.
CHILDREN'S CLINIC OF BILLINGS 3401 AVENUE E BILLINGS, MT 59102		NC	EXPANDING BEHAVIORAL HEALTH SERVICES FOR CHILDRENS CLINICS 12,000+ PEDIATRIC PATIENTS	10,000.
CLARK FORK VALLEY HOSPITAL 10 KRUGER ROAD P.O. BOX 768 PLAINS, MT 59859		PC	CLARK FORK VALLEY HOSPITAL (CFVH) MEDICINE NETWORK BEHAVIORAL HEALTH EXPANSION FOR LONG-TERM SUSTAINABILITY	31,250.
CLARK FORK VALLEY HOSPITAL 10 KRUGER ROAD P.O. BOX 768 PLAINS, MT 59859		PC	CLARK FORK VALLEY HOSPITAL (CFVH) MEDICINE NETWORK BEHAVIORAL HEALTH EXPANSION FOR LONG-TERM SUSTAINABILITY	31,250.
COLUMBIA FALLS SCHOOL DISTRICT #6 P.O. BOX 1259 COLUMBIA FALLS, MT 99999		PC	HOME - HEALTH OUTCOMES MADE EASY	12,500.
Total from continuation sheets				

Part XIV 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
COLUMBIA FALLS SCHOOL DISTRICT #6 P.O. BOX 1259 COLUMBIA FALLS, MT 99999		PC	HOME - HEALTH OUTCOMES MADE EASY	12,500.
COMMUNITY FOOD & AGRICULTURE COALITION P.O. BOX 7025 MISSOULA, MT 59807		PC	THE MONTANA PRODUCE PRESCRIPTION COLLABORATIVE (MTPRX): MAINSTREAMING GRASSROOTS PROJECTS TO UNDERSTAND PROGRAM IMPACTS ON DIABETES AND CHOLESTEROL	23,500.
CONFEDERATED SALISH & KOOTENAI TRIBAL HEALTH 35401 MISSION DRIVE P.O. BOX 880 ST IGNATIUS, MT 59865		GOV	RESERVATION SCHOOL BASED BEHAVIORAL HEALTH SERVICES	150,000.
CONFLUENCE PUBLIC HEALTH ALLIANCE P.O. BOX 9306 MISSOULA, MT 59807		PC	OPERATING SUPPORT FOR CONFLUENCE PUBLIC HEALTH ALLIANCE	50,000.
CROW TRIBE HEALTH & HUMAN SERVICES P.O. BOX 129 CROW AGENCY, MT 59022		GOV	CROW TRIBAL FINANCE SPECIALIST - MEDICAL BILLING AND CODING	25,000.
CROW TRIBE HEALTH & HUMAN SERVICES P.O. BOX 129 CROW AGENCY, MT 59022		GOV	CROW TRIBAL FINANCE SPECIALIST - MEDICAL BILLING AND CODING	25,000.
CROW TRIBE HEALTH & HUMAN SERVICES P.O. BOX 129 CROW AGENCY, MT 59022		GOV	CROW TRIBAL FINANCE SPECIALIST - MEDICAL BILLING AND CODING	25,000.
Total from continuation sheets				

Part XIV 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
CROW TRIBE HEALTH & HUMAN SERVICES P.O. BOX 129 CROW AGENCY, MT 59022		GOV	CROW TRIBAL FINANCE SPECIALIST - MEDICAL BILLING AND CODING	25,000.
DAY EAGLE HOPE PROJECT P.O. BOX 1152 HARLEM, MT 59526-1152		PC	FEEDING OUR PEOPLE WHITE CLAY	25,000.
DAY EAGLE HOPE PROJECT P.O. BOX 1152 HARLEM, MT 59526-1152		PC	FEEDING OUR PEOPLE WHITE CLAY	25,000.
DODSON SCHOOL DISTRICT P.O. BOX 278 DODSON, MT 59524		GOV	DODSON SCHOOL MENTAL AND PHYSICAL HEALTH PLAN	12,500.
DODSON SCHOOL DISTRICT P.O. BOX 278 DODSON, MT 59524		GOV	DODSON SCHOOL MENTAL AND PHYSICAL HEALTH PLAN	12,500.
EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER 2508 WILSON STREET MILES CITY, MT 59301		PC	CRISIS RESPONSE IN FRONTIER REGIONS	35,350.
EMMA'S HOUSE - BITTERROOT VALLEY CHILDRENS ADVOCACY CENTER INC 310 N 4TH ST HAMILTON, MT 59840		PC	EMMA'S HOUSE -ACUTE INTERVENTION MEDICAL CLINIC (EH-AIM)	17,920.
Total from continuation sheets				

Part XIV 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
EMMA'S HOUSE - BITTERROOT VALLEY CHILDRENS ADVOCACY CENTER INC 310 N 4TH ST HAMILTON, MT 59840		PC	EMMA'S HOUSE -ACUTE INTERVENTION MEDICAL CLINIC (EH-AIM)	17,920.
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 FIRST AVENUE WEST KALISPELL, MT 59901		GOV	FLATHEAD COUNTY IMPLEMENTATION GRANT	25,000.
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT 1035 FIRST AVENUE WEST KALISPELL, MT 59901		GOV	FLATHEAD COUNTY IMPLEMENTATION GRANT	25,000.
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS ST HELENA, MT 59601		PC	ESTABLISHING YOUTH MATERNITY HOME AS A LICENSED MEDICAID RESIDENTIAL SETTING	25,000.
FLORENCE CRITTENTON HOME & SERVICES 901 N HARRIS ST HELENA, MT 59601		PC	ESTABLISHING YOUTH MATERNITY HOME AS A LICENSED MEDICAID RESIDENTIAL SETTING	25,000.
FORT BELKNAP TRIBAL HEALTH 656 AGENCY MAIN STREET HARLEM, MT 59526		GOV	SCHOOL BASED HEALTH PROGRAM: PEARSON PROJECT	15,000.
FORT BELKNAP TRIBAL HEALTH 656 AGENCY MAIN STREET HARLEM, MT 59526		GOV	SCHOOL BASED HEALTH PROGRAM: PEARSON PROJECT	15,000.
Total from continuation sheets				

Part XIV 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 P.O. BOX 1027 POPLAR, MT 59255		GOV	FORT PECK TRIBES AND ROOSEVELT COUNTY CRISIS COALITION PLANNING GRANT PROJECT	8,750.
FORT PECK TRIBAL HEALTH DEPARTMENT P.O. BOX 1027 POPLAR, MT 59255		GOV	FORT PECK TRIBES AND ROOSEVELT COUNTY CRISIS COALITION PLANNING GRANT PROJECT	8,750.
FRIENDS OF THE CHILDREN - EASTERN MONTANA P.O. BOX 22275 BILLINGS, MT 59104		PC	PUBLIC PARTNERSHIPS & SUSTAINABILITY FOR LONG TERM YOUTH MENTORING	25,000.
GALLATIN COUNTY 311 WEST MAIN STREET SUITE 304 BOZEMAN, MT 59715		GOV	GALLATIN BEHAVIORAL HEALTH COALITION	37,500.
GALLATIN COUNTY 311 WEST MAIN STREET SUITE 304 BOZEMAN, MT 59715		GOV	GALLATIN BEHAVIORAL HEALTH COALITION	37,500.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	LEWIS AND CLARK COUNTY SCHOOL BASED MENTAL HEALTH	31,250.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	THE RESILIENCE LAB	25,000.
Total from continuation sheets				

Part XIV 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 INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	LEWIS AND CLARK COUNTY SCHOOL BASED MENTAL HEALTH	31,250.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	FACILITY IMPROVEMENTS	100,000.
HELENA INDIAN ALLIANCE 501 EUCLID AVENUE HELENA, MT 59601		PC	THE RESILIENCE LAB	25,000.
HELENA SCHOOL DISTRICT 1325 P.O.PLAR ST HELENA, MT 59601-0939		GOV	HELENA PUBLIC SCHOOLS SCHOOL BASED HEALTH CLINIC (SBHC) IMPLEMENTATION GRANT.	37,500.
HOPA MOUNTAIN 234 E. BABCOCK, SUITE E BOZEMAN, MT 59715		PC	LOCAL FOOD FOR LOCAL FAMILIES	25,000.
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC. 32 SOUTH TRACY BOZEMAN, MT 59715		PC	QUALITY IMPROVEMENTS IN SUPPORTIVE HOUSING	25,000.
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC. 32 SOUTH TRACY BOZEMAN, MT 59715		PC	HOUSING FIRST VILLAGE SUPPORTIVE HOUSING PROJECT	22,500.
Total from continuation sheets				

Part XIV 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
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC. 32 SOUTH TRACY BOZEMAN, MT 59715		PC	PARK COUNTY HOUSING COALITION CAPACITY-BUILDING AND SUSTAINABILITY GRANT	24,999.
INDIAN FAMILY HEALTH CLINIC 1220 CENTRAL AVE GREAT FALLS, MT 59401		PC	INDIAN FAMILY HEALTH CENTER (IFHC) INTEGRATED BEHAVIORAL HEALTH (IBH): HOPE, HEALING & HEALTH	25,000.
INDIAN FAMILY HEALTH CLINIC 1220 CENTRAL AVE GREAT FALLS, MT 59401		PC	INDIAN FAMILY HEALTH CENTER (IFHC) INTEGRATED BEHAVIORAL HEALTH (IBH): HOPE, HEALING & HEALTH	25,000.
KALISPELL REGIONAL MEDICAL CENTER INC. DBA LOGAN HEALTH MEDICAL CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	LOGAN HEALTH SCHOOL-BASED HEALTH CENTER (SBHC) MOBILE CLINIC	49,999.
KALISPELL REGIONAL MEDICAL CENTER INC. DBA LOGAN HEALTH MEDICAL CENTER 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	LOGAN HEALTH SCHOOL-BASED HEALTH CENTER (SBHC) MOBILE CLINIC	49,998.
L'ESPRIT 111 NORTH THIRD STREET LIVINGSTON, MT 59047		NC	PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT	37,500.
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		GOV	SELF-GOVERNANCE ANNUAL TRIBAL CONFERENCE & TRAINING	11,050.
Total from continuation sheets				

Part XIV 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
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		GOV	SELF-GOVERNANCE ANNUAL TRIBAL CONFERENCE & TRAINING	27,700.
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		GOV	LITTLE SHELL TRIBE FOOD SECURITY & FOOD SOVEREIGNTY	25,000.
LOGAN HEALTH - CONRAD 310 SUNNYVIEW LANE KALISPELL, MT 59901-3129		PC	EXPANSION OF SCHOOL BASED HEALTH SERVICES AT CONRAD PUBLIC SCHOOLS	18,750.
LOGAN HEALTH - CONRAD 310 SUNNYVIEW LANE KALISPELL, MT 59901-3129		PC	EXPANSION OF SCHOOL BASED HEALTH SERVICES AT CONRAD PUBLIC SCHOOLS	18,750.
LOGAN HEALTH CUT BANK 802 2ND ST SE CUT BANK, MT 59427		PC	LOGAN HEALTH- CUT BANK SCHOOL BASED CLINIC	50,000.
LOGAN HEALTH CUT BANK 802 2ND ST SE CUT BANK, MT 59427		PC	LOGAN HEALTH- CUT BANK SCHOOL BASED CLINIC	50,000.
LOGAN HEALTH FOUNDATION 310 SUNNYVIEW LANE KALISPELL, MT 59901-3129		PC	SCHOOL BASED HEALTH CENTER (SBHC) ST. IGNATIUS AND CHARLO SCHOOL DISTRICTS	100,000.
Total from continuation sheets				

Part XIV 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
MARCUS DALY MEMORIAL HOSPITAL DBA BITTERROOT HEALTH 1200 WESTWOOD DR HAMILTON, MT 59840-2345		PC	BITTERROOT HEALTH- MAINTENANCE AND EXPANSION OF INTEGRATED BEHAVIORAL HEALTH	20,833.
MARCUS DALY MEMORIAL HOSPITAL DBA BITTERROOT HEALTH 1200 WESTWOOD DR HAMILTON, MT 59840-2345		PC	BITTERROOT HEALTH- MAINTENANCE AND EXPANSION OF INTEGRATED BEHAVIORAL HEALTH	20,833.
MARIAS HEALTHCARE SERVICES INC P.O. BOX 990 SHELBY, MT 59474		PC	MARIAS HEALTHCARE - SCHOOL-BASED HEALTHCARE SERVICES IN SCHOOLS - MONTANA'S GOLDEN TRIANGLE REGION	71,570.
MARIAS HEALTHCARE SERVICES INC P.O. BOX 990 SHELBY, MT 59474		PC	MARIAS HEALTHCARE - SCHOOL-BASED HEALTHCARE SERVICES IN SCHOOLS - MONTANA'S GOLDEN TRIANGLE REGION	71,570.
MINERAL COMMUNITY HOSPITAL 1208 6TH AVENUE EAST SUPERIOR, MT 59872		PC	MINERAL COMMUNITY HOSPITAL (MCH) INTEGRATED BEHAVIORAL HEALTH	20,833.
MINERAL COMMUNITY HOSPITAL 1208 6TH AVENUE EAST SUPERIOR, MT 59872		PC	MINERAL COMMUNITY HOSPITAL (MCH) INTEGRATED BEHAVIORAL HEALTH	20,833.
MISSOULA COUNTY PUBLIC SCHOOLS - WILLARD 901 S 6TH W MISSOULA, MT 59801		GOV	WILLARD ALTERNATIVE HIGH SCHOOL - RECOVERY PROGRAM	24,663.
Total from continuation sheets				

Part XIV 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
MISSOULA COUNTY PUBLIC SCHOOLS - WILLARD 901 S 6TH W MISSOULA, MT 59801		GOV	WILLARD ALTERNATIVE HIGH SCHOOL - RECOVERY PROGRAM	24,663.
MISSOULA COUNTY PUBLIC SCHOOLS 915 SOUTH AVENUE W MISSOULA, MT 59801		GOV	INTEGRATED SCHOOL - BASED SUPPORTS: A VISION FOR COORDINATED CARE	18,750.
MISSOULA COUNTY PUBLIC SCHOOLS 915 SOUTH AVENUE W MISSOULA, MT 59801		GOV	INTEGRATED SCHOOL - BASED SUPPORTS: A VISION FOR COORDINATED CARE	18,750.
MONTANA BUDGET AND POLICY CENTER 15 WEST 6TH AVENUE, 3E HELENA, MT 59601		PC	GENERAL OPERATING FUNDS	75,000.
MONTANA CONSORTIUM FOR URBAN INDIAN HEALTH 7 W 6TH AVE SUITE 4-E HELENA, MT 59601		PC	MONTANA CONSORTIUM FOR URBAN INDIAN HEALTH (MCUIH) WORKFORCE PIPELINE PROGRAM	25,000.
MONTANA COOPERATIVE DEVELOPMENT CENTER 410 CENTRAL AVE SUITE 429 GREAT FALLS, MT 59403		PC	ADVANCING COOPERATIVE INITIATIVES IN MONTANA COMMUNITIES	25,000.
MONTANA HEALTH NETWORK HEALTH INC. 519 PLEASANT STREET MILES CITY, MT 59301		NC	INTEGRATED BEHAVIORAL HEALTH IMPLEMENTATION	46,620.
Total from continuation sheets				

Part XIV 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 LEGAL SERVICES ASSOCIATION 616 HELENA AVE STE 100 HELENA, MT 59601		PC	MONTANA HEALTH JUSTICE PARTNERSHIP MONTANA LEGAL PARTNERSHIP (MLP)+ PROJECT	25,000.
MONTANA PUBLIC HEALTH INSTITUTE 235 SEGIAH WAY KALISPELL, MT 59901		PC	MONTANA PUBLIC HEALTH INSTITUTE START UP	200,000.
MONTANA PUBLIC HEALTH INSTITUTE 235 SEGIAH WAY KALISPELL, MT 59901		PC	MONTANA PUBLIC HEALTH INSTITUTE START UP	200,000.
MONTANA STATE UNIVERSITY - OFFICE OF SPONSORED PROGRAMS 309 MONTANA HALL P.O. BOX 172470 BOZEMAN, MT 59717-2470		GOV	LESSONS LEARNED FROM TRIBES AND URBAN INDIAN ORGANIZATION (UIO) RESPONSE TO COVID-19 PANDEMIC IN MONTANA	9,978.
NACDC FINANCIAL SERVICES INC P.O. BOX 3029 BROWNING, MT 59417		PC	FOUR BANDS WORKFORCE & PROFESSIONAL DEVELOPMENT	50,000.
NAMIMT P.O. BOX 1021 HELENA, MT 59624		PC	ONGOING OPERATIONAL FUNDING	25,000.
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	EAGLE SEEKER CONSTRUCTION PHASING	25,000.
Total from continuation sheets				

Part XIV 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
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	EAGLE SEEKER CONSTRUCTION PHASING	25,000.
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	INTEGRATED BEHAVIORAL HEALTH 2.0	25,000.
NATIVE AMERICAN DEVELOPMENT CORPORATION 17 N 26TH ST SUITE 22 BILLINGS, MT 59101		PC	INTEGRATED BEHAVIORAL HEALTH 2.0	25,000.
NEIGHBORWORKS GREAT FALLS 509 1ST AVENUE SOUTH GREAT FALLS, MT 59401		PC	BAATZ BLOCK APARTMENTS	25,000.
NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST. WOLF POINT, MT 59201		PC	NORTHEAST MONTANA HEALTH SERVICES INTEGRATED BEHAVIORAL HEALTH (IBH) INITIATIVE	25,000.
NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST. WOLF POINT, MT 59201		PC	NORTHEAST MONTANA HEALTH SERVICES MEADOWLARK INITIATIVE	25,000.
NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST. WOLF POINT, MT 59201		PC	NORTHEAST MONTANA HEALTH SERVICES INTEGRATED BEHAVIORAL HEALTH (IBH) INITIATIVE	25,000.
Total from continuation sheets				

Part XIV 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
NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST. WOLF POINT, MT 59201		PC	NORTHEAST MONTANA HEALTH SERVICES INTEGRATED BEHAVIORAL HEALTH (IBH) INITIATIVE	25,000.
NORTHEAST MONTANA HEALTH SERVICES 315 KNAPP ST. WOLF POINT, MT 59201		PC	NORTHEAST MONTANA HEALTH SERVICES MEADOWLARK INITIATIVE	25,000.
NORTHERN MONTANA HEALTH CARE 30 13TH STREET HAVRE, MT 59501		PC	NORTHEAST MONTANA HEALTH SERVICES INTEGRATED BEHAVIORAL HEALTH (IBH) INITIATIVE	50,000.
NORTHERN MONTANA HEALTH CARE 30 13TH STREET HAVRE, MT 59501		PC	NORTHEAST MONTANA HEALTH SERVICES INTEGRATED BEHAVIORAL HEALTH (IBH) INITIATIVE	50,000.
ONE HEALTH 10 4TH STREET W HARDIN, MT 59034		PC	HARDIN ACREAGE PLANNING	25,000.
OPPORTUNITIES INC 905 1ST AVENUE NORTH GREAT FALLS, MT 59403		PC	OPPORTUNITIES, INC'S FREQUENT USER SYSTEM ENGAGEMENT (FUSE) PARTNERSHIP PROGRAM	12,500.
OPPORTUNITIES INC 905 1ST AVENUE NORTH GREAT FALLS, MT 59403		PC	FOUNDATIONS FOR CHANGE: SUPPORTIVE HOUSING INITIATIVE	20,000.
Total from continuation sheets				

Part XIV 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	STRATEGIC ALLIANCE FOR IMPROVED BEHAVIORAL HEALTH	37,500.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	SUSTAINING AND EXPANDING THE FREQUENT USER SYSTEM ENGAGEMENT (FUSE) INITIATIVE IN MISSOULA, MT.	25,000.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	STRATEGIC ALLIANCE FOR IMPROVED BEHAVIORAL HEALTH	37,500.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	BLUE HERON PLACE PERMANENT SUPPORTIVE HOUSING PROJECT	22,500.
PEOPLES PARTNERS FOR COMMUNITY DEVELOPMENT P.O. BOX 955 LAME DEER MONTANA, MT 59043		PC	THE PEOPLE'S GARDEN - EMPOWERING THE NORTHERN CHEYENNE COMMUNITY THROUGH SUSTAINABLE AGRICULTURE	25,000.
PONDERA COUNTY HEALTH DEPARTMENT 311 SOUTH VIRGINIA ST, STE 1 CONRAD, MT 59425-2350		GOV	NORTH CENTRAL MONTANA CRISIS COALITION	12,500.
PONDERA COUNTY HEALTH DEPARTMENT 311 SOUTH VIRGINIA ST, STE 1 CONRAD, MT 59425-2350		GOV	NORTH CENTRAL MONTANA CRISIS COALITION	12,500.
Total from continuation sheets				

Part XIV 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
POPLAR PUBLIC SCHOOLS 400 4TH AVE W POPLAR, MT 59255		GOV	ENHANCING HEALTH COORDINATION IN SCHOOL	25,000.
PUREVIEW HEALTH CENTER 1930 9TH AVE. HELENA, MT 59601		PC	PUREVIEW SCHOOL BASED HEALTH CENTER	37,500.
PUREVIEW HEALTH CENTER 1930 9TH AVE. HELENA, MT 59601		PC	PUREVIEW SCHOOL BASED HEALTH CENTER	12,500.
RED LODGE AREA COMMUNITY FOUNDATION 122 HAUSER S. AVE. P.O. BOX 1871 RED LODGE, MT 59068		PC	EXPANDING RURAL AFFORDABLE HOUSING	18,869.
RIMROCK FOUNDATION P.O. BOX 30374 BILLINGS, MT 59107		PC	RIMROCK CONSULTING PROPOSAL	20,000.
RIVERSTONE HEALTH 123 SOUTH 27TH ST BILLINGS, MT 59101		GOV	SCHOOL-BASED HEALTH CLINIC EXPANSION	150,000.
ROCKY BOY HEALTH CENTER 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521		GOV	NURTURING HEALTHY MOMS FOR BRIGHT FUTURES	50,000.
Total from continuation sheets				

Part XIV 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
ROCKY BOY HEALTH CENTER 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521		GOV	IMPROVING ACCESS TO BEHAVIORAL HEALTH ON THE ROCKY BOY RESERVATION	15,750.
ROCKY BOY HEALTH CENTER 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521		GOV	NURTURING HEALTHY MOMS FOR BRIGHT FUTURES	50,000.
ROCKY BOY HEALTH CENTER 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521		GOV	HI-LINE URGENT CARE FEASIBILITY	25,000.
ROOSEVELT COUNTY HEALTH DEPARTMENT 124 CUSTER STREET #A WOLF POINT, MT 59201-1640		GOV	ROOSEVELT COUNTY AND FORT PECK TRIBES CRISIS COALITION PLANNING GRANT PROJECT	8,750.
ROOSEVELT COUNTY HEALTH DEPARTMENT 124 CUSTER STREET #A WOLF POINT, MT 59201-1640		GOV	ROOSEVELT COUNTY AND FORT PECK TRIBES CRISIS COALITION PLANNING GRANT PROJECT	8,750.
RUBY VALLEY MEDICAL CENTER 321 MADISON ST SHERIDAN, MT 59749		PC	RUBY VALLEY MEDICAL CENTER (RVMC) INTEGRATED BEHAVIORAL HEALTH	16,667.
RUBY VALLEY MEDICAL CENTER 321 MADISON ST SHERIDAN, MT 59749		PC	RUBY VALLEY MEDICAL CENTER (RVMC) INTEGRATED BEHAVIORAL HEALTH	16,666.
Total from continuation sheets				

Part XIV 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
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA AVE HELENA, MT 59601-3845		PC	STRENGTHENING INITIATIVES IN SCHOOL - BASED BEHAVIORAL HEALTH SERVICES IN MONTANA	18,750.
SCHOOL ADMINISTRATORS OF MONTANA 900 N MONTANA AVE HELENA, MT 59601-3845		PC	STRENGTHENING INITIATIVES IN SCHOOL - BASED BEHAVIORAL HEALTH SERVICES IN MONTANA	18,750.
SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER 1245 N 29TH ST BILLINGS, MT 59101		PC	PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) EXPANSION INTO THE RURAL COUNTIES OF SOUTH CENTRAL MONTANA.	62,500.
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	INTEGRATED BEHAVIORAL HEALTH SUPPORT PROGRAM EXPANSION	29,167.
ST. PETER'S HEALTH FOUNDATION 2475 E BROADWAY ST HELENA, MT 59601		PC	INTEGRATED BEHAVIORAL HEALTH SUPPORT PROGRAM EXPANSION	29,167.
TAMARACK MANAGEMENT INC 500 W BROADWAY ST MISSOULA, MT 59802		NC	IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH IN PEDIATRICS AT WESTERN MONTANA CLINIC	20,833.
TAMARACK MANAGEMENT INC 500 W BROADWAY ST MISSOULA, MT 59802		NC	IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH IN PEDIATRICS AT WESTERN MONTANA CLINIC	49,167.
Total from continuation sheets				

Part XIV 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
THE CITY-COUNTY OF BUTTE SILVER BOW 155 WEST GRANITE STREET BUTTE, MT 59701		GOV	BUTTE-SILVER BOW BEHAVIORAL HEALTH SYSTEMS IMPROVEMENTS AND SUSTAINABILITY PROJECT	25,000.
THE CITY-COUNTY OF BUTTE SILVER BOW 155 WEST GRANITE STREET BUTTE, MT 59701		GOV	BUTTE-SILVER BOW BEHAVIORAL HEALTH SYSTEMS IMPROVEMENTS AND SUSTAINABILITY PROJECT	25,000.
THE HENRY J. KAISER FAMILY FOUNDATION 185 BERRY ST STE 2000 SAN FRANCISCO, CA 94107		PC	KAISER HEALTH NEWS MONTANA NEWS PARTNERSHIP (2023-2025)	50,000.
THE HENRY J. KAISER FAMILY FOUNDATION 185 BERRY ST STE 2000 SAN FRANCISCO, CA 94107		PC	KAISER HEALTH NEWS MONTANA NEWS PARTNERSHIP (2023-2025)	50,000.
THE MONTANA PARTNERSHIP TO END CHILDHOOD HUNGER INC. 2396 FERGUSON AVE. BOZEMAN, MT 59718		PC	A NETWORK FOR RURAL SCHOOLS AS NUTRITION HUBS	25,000.
THE RURAL BEHAVIORAL HEALTH INSTITUTE P.O. BOX 203 LIVINGSTON, MT 59047		PC	INCREASING ACCESS TO CARE FOR ADOLESCENTS WITH UNMET MENTAL HEALTH NEEDS	32,500.
THE RURAL BEHAVIORAL HEALTH INSTITUTE P.O. BOX 203 LIVINGSTON, MT 59047		PC	INCREASING ACCESS TO CARE FOR ADOLESCENTS WITH UNMET MENTAL HEALTH NEEDS	5,000.
Total from continuation sheets				

Part XIV 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
UNITED WAY OF THE LEWIS AND CLARK AREA 75 E LYNDALE AVE HELENA, MT 59601		PC	HELENA INN SUPPORTIVE HOUSING PROJECT	20,000.
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVENUE BILLINGS, MT 59106		PC	PERMANENT SUPPORTIVE HOUSING (PSH) COMMUNITY ENGAGEMENT AND DEVELOPMENT PROJECT	20,000.
UNIVERSITY OF PROVIDENCE 1301 20TH STREET SOUTH GREAT FALLS, MT 59405-4934		PC	UNIVERSITY OF PROVIDENCE CARE COORDINATOR AND CAMPUS ADVOCATE PROJECT	25,000.
UNIVERSITY OF PROVIDENCE 1301 20TH STREET SOUTH GREAT FALLS, MT 59405-4934		PC	UNIVERSITY OF PROVIDENCE CARE COORDINATOR AND CAMPUS ADVOCATE PROJECT	25,000.
VAUGHN PUBLIC SCHOOL 480 CENTRAL AVE VAUGHN, MT 59487		GOV	SCHOOL BASED HEALTH CENTER AWARENESS AND ENHANCEMENT	12,500.
VAUGHN PUBLIC SCHOOL 480 CENTRAL AVE VAUGHN, MT 59487		GOV	SCHOOL BASED HEALTH CENTER AWARENESS AND ENHANCEMENT	12,500.
VETERANS NAVIGATION NETWORK 2173 OVERLAND AVENUE BILLINGS, MT 59101		PC	WARRIOR BRIDGE NATIVE PARTNERSHIP INITIATIVE: BRIDGING CULTURES FOR LONG-TERM CONNECTION	23,218.
Total from continuation sheets				

Part XIV 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
VETERANS NAVIGATION NETWORK 2173 OVERLAND AVENUE BILLINGS, MT 59101		PC	WARRIOR BRIDGE NATIVE PARTNERSHIP INITIATIVE: BRIDGING CULTURES FOR LONG-TERM CONNECTION	23,218.
Total from continuation sheets				

Part XIV 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
ACTION INC. 25 W. SILVER ST. BUTTE, MT 59701		PC	BUTTE PERMANENT SUPPORTIVE HOUSING PLANNING AND DEVELOPMENT	20,000.
APSAALOOKE NATION HOUSING AUTHORITY 216 WEAVER ST CROW AGENCY, MT 59022		GOV	APSAALOOKE NATION HOUSING AUTHORITY NEEDS ASSESSMENT/CAPACITY BUILDING	78,135.
BIG SANDY MEDICAL CENTER P.O. BOX 530 BIG SANDY, MT 59520		PC	BIG SKY MEDICAL CENTER (BSMC) RURAL HEALTH CLINIC (RHC) INTEGRATED BEHAVIORAL HEALTH (IBH) PROJECT	83,333.
BILLINGS CLINIC 2917 TENTH AVE N BOX 31031 BILLINGS, MT 59107-1031		PC	EXPANDING EMPATHS: IMPLEMENTING COLLABORATIVE CARE IN THE PERINATAL CARE SETTING	74,994.
BILLINGS CLINIC 2917 TENTH AVE N BOX 31031 BILLINGS, MT 59107-1031		PC	EXPANDING EMPATHS: IMPLEMENTING INTEGRATED BEHAVIORAL HEALTH (IBH) AND THE COLLABORATIVE CARE MODEL (COCM) IN THE PEDIATRIC SETTING.	130,944.
BILLINGS SCHOOL DISTRICT 415 N 30TH ST BILLINGS, MT 59101-1252		GOV	IMPROVING SYSTEMS AND SUSTAINABILITY FOR MENTAL AND BEHAVIORAL HEALTH	37,500.
CONFEDERATED SALISH & KOOTENAI TRIBAL HEALTH 35401 MISSION DRIVE ST. IGNATUIS, MT 59865		GOV	RESERVATION SCHOOL BASED BEHAVIORAL HEALTH SERVICES	150,000.
Total from continuation sheets				1,757,064.

Part XIV 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
EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER 2508 WILSON STREET P.O. BOX 1530 MILES CITY, MT 59301		PC	CRISIS RESPONSE IN FRONTIER REGIONS	35,350.
HUMAN RESOURCE DEVELOPMENT COUNCIL OF DISTRICT IX, INC. 32 SOUTH TRACY BOZEMAN, MT 59715		PC	HOUSING FIRST VILLAGE SUPPORTIVE HOUSING PROJECT	22,500.
L'ESPRIT 111 NORTH THIRD STREET LIVINGSTON, MT 59047		NC	PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT	37,500.
LITTLE SHELL TRIBE OF CHIPPEWA INDIANS OF MONTANA 615 CENTRAL AVE WEST GREAT FALLS, MT 59404		GOV	LITTLE SHELL TRIBE (LST) INDIAN SELF DETERMINATION AND EDUCATION ASSISTANCE ACT (ISDEAA) PLANNING PROJECT	200,000.
LIVINGSTON HEALTHCARE 320 ALPENGLOW LN LIVINGSTON, MT 59047		PC	ENHANCING ACCESS AND COLLABORATION: EXPANDING THE RANGER CLINIC FOR COMPREHENSIVE YOUTH HEALTH SERVICES IN PARK COUNTY	199,230.
LOGAN HEALTH - CONRAD P.O. BOX 668 CONRAD, MT 59425		PC	EXPANSION OF SCHOOL BASED HEALTH SERVICES AT CONRAD PUBLIC SCHOOLS	37,500.
LOGAN HEALTH FOUNDATION 310 SUNNYVIEW LANE KALISPELL, MT 59901		PC	SCHOOL BASED HEALTH CENTER (SBHC) ST. IGNATIUS AND CHARLO SCHOOL DISTRICTS	100,000.
Total from continuation sheets				

Part XIV 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
MARCUS DALY MEMORIAL HOSPITAL DBA BITTERROOT HEALTH 1200 WESTWOOD DR. HAMILTON, MT 59840		PC	BITTERROOT HEALTH- MAINTENANCE AND EXPANSION OF INTEGRATED BEHAVIORAL HEALTH	83,333.
OPPORTUNITIES INC 905 1ST AVENUE NORTH GREAT FALLS, MT 59403		PC	FOUNDATIONS FOR CHANGE: SUPPORTIVE HOUSING INITIATIVE	20,000.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET WEST MISSOULA, MT 59802		PC	BLUE HERON PLACE PERMANENT SUPPORTIVE HOUSING PROJECT	22,500.
PONDERA COUNTY HEALTH DEPARTMENT 311 SOUTH VIRGINIA ST. SUITE 1 CONRAD, MT 59425		GOV	NORTH CENTRAL MONTANA CRISIS COALITION	50,000.
POPLAR PUBLIC SCHOOLS 400 4TH AVE W P.O. BOX 458 POPLAR, MT 59255		GOV	ENHANCING HEALTH COORDINATION IN SCHOOL	25,000.
RIVERSTONE HEALTH 123 SOUTH 27TH STREET BILLINGS, MT 59101		GOV	SCHOOL-BASED HEALTH CLINIC EXPANSION	150,000.
ROCKY BOY HEALTH CENTER 6850 UPPER BOX ELDER RD BOX ELDER, MT 59521		GOV	IMPROVING ACCESS TO BEHAVIORAL HEALTH ON THE ROCKY BOY RESERVATION	15,750.
Total from continuation sheets				

Part XIV 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
SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER 1245 NORTH 29TH STREET BILLINGS, MT 59101-0122		PC	PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) EXPANSION INTO THE RURAL COUNTIES OF SOUTH CENTRAL MONTANA.	62,500.
TAMARACK MANAGEMENT INC 500 W BROADWAY ST MISSOULA, MT 59802-4008		NC	IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH IN PEDIATRICS AT WESTERN MONTANA CLINIC	55,000.
UNITED WAY OF THE LEWIS AND CLARK AREA 75 E LYNDALE AVE HELENA, MT 59601-2918		PC	HELENA INN SUPPORTIVE HOUSING PROJECT	20,000.
UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVENUE BILLINGS, MT 59106		PC	PERMANENT SUPPORTIVE HOUSING (PSH) COMMUNITY ENGAGEMENT AND DEVELOPMENT PROJECT	20,000.
YARROW, LLC 1221 HWY 49 EAST GLACIER PARK, MT 59434		OTHER	ADDRESSING HUMAN TRAFFICKING RESPONSE IN THE HEALTHCARE SETTING	25,995.
Total from continuation sheets				

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
MONTANA HEALTHCARE FOUNDATION	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

MONTANA HEALTHCARE FOUNDATION

Employer identification number

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	$ 21,695,014.	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: MONTANA HEALTHCARE FOUNDATION

Employer identification number: 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	Employer identification number
MONTANA HEALTHCARE FOUNDATION	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 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
MAIN ST. HOLDINGS, LLC	1	403,046.
TOTAL TO FORM 990-PF, PART I, LINE 5A		403,046.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
INCOME FROM PARTNERSHIP INVESTMENTS	0.	1,715,640.	0.
PRI INTEREST	1,143.	1,143.	1,143.
REIMBURSEMENTS	11,325.	0.	0.
RETURNED GRANTS	38,314.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	50,782.	1,716,783.	1,143.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	27,190.	0.	0.	27,190.
TO FM 990-PF, PG 1, LN 16A	27,190.	0.	0.	27,190.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	114,712.	28,630.	0.	86,082.
TO FORM 990-PF, PG 1, LN 16B	114,712.	28,630.	0.	86,082.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	352,570.	352,570.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	352,570.	352,570.	0.	0.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	138,914.	0.	0.	0.
FOREIGN TAXES	0.	137,196.	0.	0.
TO FORM 990-PF, PG 1, LN 18	138,914.	137,196.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNICATION AND OUTREACH	187,452.	0.	0.	187,452.
DUES AND SUBSCRIPTIONS	12,570.	0.	0.	12,570.
INSURANCE	36,513.	0.	0.	36,513.
OFFICE EXPENSES, TELECOM AND OPERATION SUPPORT	103,122.	0.	0.	63,468.
GRANTEE SUPPORT, CONTRACTS, AND TECHNICAL ASSISTANCE	2,085,069.	0.	0.	2,085,069.
PORTFOLIO DEDUCTIONS FROM SCHEDULE K-1	0.	1,284,132.	0.	0.
MAIN ST. HOLDINGS, LLC EXPENSES	110,308.	97,111.	0.	13,197.
TO FORM 990-PF, PG 1, LN 23	2,535,034.	1,381,243.	0.	2,398,269.

FORM 990-PF CORPORATE STOCK STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
174,024.998 SHS DODGE & COX INTERNATIONAL STOCK FUND	8,683,847.	8,683,847.
522,224.560 SHS DFA EMERGING MARKETS CORE EQUITY	12,157,388.	12,157,388.
203,782.352 SHS FIDELITY S+P INDEX	41,610,318.	41,610,318.
253,821.607 SHS FIDELITY MID CAP INDEX	8,571,556.	8,571,556.
905,214.263 SHS FIDELITY LARGE CAP INDEX FUND	16,420,587.	16,420,587.
364,423.078 SHS HARBOR SMALL CAP GROWTH FUND	5,090,990.	5,090,990.
TOTAL TO FORM 990-PF, PART II, LINE 10B	92,534,686.	92,534,686.

FORM 990-PF CORPORATE BONDS STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1,880,604.939 SHS VANGUARD ST BOND INDEX FUND	19,050,528.	19,050,528.
TOTAL TO FORM 990-PF, PART II, LINE 10C	19,050,528.	19,050,528.

FORM 990-PF DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	3,763,558.	289,504.	3,474,054.
LAND	2,839,176.	0.	2,839,176.
TOTAL TO FM 990-PF, PART II, LN 11	6,602,734.	289,504.	6,313,230.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AEW CORE PROPERTY TRUST	FMV	10,271,232.	10,271,232.
ARBOUR LANE CREDIT OPP FD II (B) LP	FMV	6,864,063.	6,864,063.
ARES PATHFINDER FUND II OFFSHORE LP	FMV	617,612.	617,612.
ARLINGTON CAPITAL PARTNERS VI LP	FMV	2,823,974.	2,823,974.
AXIOM ASIA V, LP	FMV	5,063,891.	5,063,891.
AXIOM INTL SMALL CAP	FMV	7,118,090.	7,118,090.
BOND II, LP	FMV	2,040,529.	2,040,529.
BOND III, LP	FMV	1,207,899.	1,207,899.
CENTERBRIDGE PARTNERS RE FUND II LP	FMV	982,954.	982,954.
DALFEN	FMV	1,780,971.	1,780,971.
DAVIDSON KEMPNER	FMV	3,821,406.	3,821,406.
DOVER STREET (HARBORVEST)	FMV	4,473,334.	4,473,334.
FARALLON CAPITAL MANAGEMENT, LLC	FMV	5,554,175.	5,554,175.
FARALLON SPECIAL	FMV	1,389,720.	1,389,720.
GENSTAR CAPITAL PARTNERS XI LP	FMV	399,367.	399,367.
GOLUB CAPITAL PARTNERS INTERNATIONAL, LP	FMV	3,500,000.	3,500,000.
INDUS SELECT FUND LTD	FMV	15,435,841.	15,435,841.
KENNEDY LEWIS II	FMV	4,758,827.	4,758,827.
KENNEDY LEWIS III	FMV	3,420,071.	3,420,071.
LANDMARK REAL ESTATE PARTNERS VIII LP	FMV	2,171,333.	2,171,333.
LEGACY VENTURE IX LLC	FMV	7,214,748.	7,214,748.
LOOMIS COLLECTIVE	FMV	12,323,964.	12,323,964.
MARSHALL WACE	FMV	5,099,374.	5,099,374.
MIDOCEAN PARTNERS V LP	FMV	6,152,317.	6,152,317.
NEWBURY EQUITY PARTNERS V CAYMAN LP	FMV	3,932,230.	3,932,230.
PONTIFAX	FMV	2,134,366.	2,134,366.
RENAISSANCE INSTITUTIONAL DIVERSIFIED ALPHA FUND LLC (SERIES A)	FMV	3,641,611.	3,641,611.
THE VARDE FUND XIII LP	FMV	3,685,357.	3,685,357.
THOMA BRAVO	FMV	3,827,788.	3,827,788.
TIGER INFRASTRUCTURE PARTNERS FD III	FMV	1,729,626.	1,729,626.
VOYA	FMV	3,427,197.	3,427,197.
TOTAL TO FORM 990-PF, PART II, LINE 13		136,863,867.	136,863,867.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	614,033.	227,041.	386,992.
F&E/SOFTWARE	128,920.	115,535.	13,385.
BUILDING	511,442.	39,340.	472,102.
LAND	385,824.	0.	385,824.
TOTAL TO FM 990-PF, PART II, LN 14	1,640,219.	381,916.	1,258,303.

FORM 990-PF OTHER ASSETS STATEMENT 13

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INTEREST RECEIVABLE	4,474.	34,680.	34,680.
PROGRAM RELATED INVESTMENTS	1,600,000.	3,450,000.	3,450,000.
RIGHT-OF-USE ASSET	568,934.	464,790.	464,790.
OTHER RECEIVABLES	0.	2,032.	2,032.
TO FORM 990-PF, PART II, LINE 15	2,173,408.	3,951,502.	3,951,502.

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL COOK 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	CHAIR 10.00	36,000.	0.	0.
GERALD GRAY 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	VICE-CHAIR 8.00	36,000.	0.	0.
WILLIAM UNDERRINER 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	TREASURER 12.00	36,000.	0.	0.
MICHAEL HARRINGTON 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	SECRETARY 7.00	36,000.	0.	0.
JUDITH LAPAN 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	TRUSTEE 8.00	36,000.	0.	0.
JOANNE PIEPER 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	TRUSTEE 9.00	36,000.	0.	0.
AARON WERNHAM 777 EAST MAIN ST., SUITE 201 BOZEMAN, MT 59715	CEO 40.00	342,498.	38,995.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		558,498.	38,995.	0.

FORM 990-PF SUMMARY OF PROGRAM-RELATED INVESTMENTS STATEMENT 15

DESCRIPTION

THE FOUNDATION MADE A PROGRAM-RELATED INVESTMENT IN THE FORM OF A LOAN WITH 2% INTEREST TO ELMORE ROBERTS COMMUNITY PARTNERS, LP (ERCP). ERCP IS A MONTANA LIMITED PARTNERSHIP WITH A MISSION OF BUILDING AND PRESERVING AFFORDABLE HOUSING (PROGRAM). THE FOUNDATION HAS DETERMINED THAT FINANCIAL SUPPORT OF THE PROGRAM IS IN FURTHERANCE OF THE FOUNDATION'S TAX-EXEMPT PURPOSE TO IMPROVE THE HEALTH AND WELL-BEING OF ALL MONTANANS. THE LOAN FUNDS WILL BE USED FOR PREDEVELOPMENT, DEVELOPMENT AND RENOVATION OF THE ELMORE ROBERTS BUILDING IN GREAT FALLS, MONTANA. NO SIGNIFICANT PURPOSE OF THE ERCP LOAN IS INCOME PRODUCTION OR PROPERTY APPRECIATION. OTHER TYPICAL INVESTORS SEEKING A PROFIT WOULD NOT LIKELY MAKE LOANS ON THE SAME TERMS AS THOSE PROVIDED BY ERCP OR THE FOUNDATION. THE BUILDING PROVIDES 60 LOW AND VERY-LOW-INCOME HOUSEHOLDS WITH SUBSIDIZED RENTS VIA A SECTION 8 MOD-REHAB SUBSIDY. RENTS FOR THE 59 APARTMENTS WILL BE AFFORDABLE AND BENEFIT RESIDENTS WITH 50% OF THE AREA MEDIAN INCOME.

	AMOUNT
TO FORM 990-PF, PART VIII-B, LINE 1	600,000.

FORM 990-PF SUMMARY OF PROGRAM-RELATED INVESTMENTS STATEMENT 16

DESCRIPTION

THE FOUNDATION MADE A PROGRAM-RELATED INVESTMENT IN THE FORM OF A LOAN WITH 2% INTEREST TO GOOD HOUSING PARTNERSHIP, LLC (GHP). GHP IS A MONTANA LIMITED LIABILITY COMPANY WITH A MISSION OF BUILDING AND PRESERVING AFFORDABLE HOUSING (PROGRAM). THE FOUNDATION HAS DETERMINED THAT FINANCIAL SUPPORT OF THE PROGRAM IS IN FURTHERANCE OF THE FOUNDATION'S TAX-EXEMPT PURPOSE TO IMPROVE THE HEALTH AND WELL-BEING OF ALL MONTANANS. THE LOAN FUNDS WILL BE USED FOR PREDEVELOPMENT TO PRESERVE EIGHT AFFORDABLE HOUSING PROPERTIES IN KALISPELL, COLUMBIA FALLS, DEER LODGE, AND LIBBY, MONTANA. NO SIGNIFICANT PURPOSE OF THE GHP LOAN IS INCOME PRODUCTION OR PROPERTY APPRECIATION. OTHER TYPICAL INVESTORS SEEKING A PROFIT WOULD NOT LIKELY MAKE LOANS ON THE SAME TERMS AS THOSE PROVIDED BY GHP OR THE FOUNDATION. THE PROGRAM WILL PRESERVE 321 LOW AND INCOME UNITS WITH SUBSIDIZED RENTS VIA HOUSING AND URBAN DEVELOPMENT (HUD) SUBSIDIES.

	AMOUNT
TO FORM 990-PF, PART VIII-B, LINE 2	500,000.

GENERAL EXPLANATION STATEMENT 17

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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

EXPLANATION:

1. IMPLEMENTING MODELS OF INTEGRATED CARE: $2,819,530

MTHF PROVIDES GRANT FUNDING, AND MTHF STAFF AND CONTRACTORS ASSIST GRANTEES WITH PLANNING AND IMPLEMENTING THE CORE COMPETENCIES AND BEST PRACTICES OF INTEGRATED BEHAVIORAL HEALTH CARE, SCHOOL-BASED HEALTH CENTERS, AND IMPLEMENTING THE MEADOWLARK INITIATIVE MODEL OF CARE. MTHF STAFF AND CONTRACTORS PROVIDED INDIVIDUAL AND COHORT-LEVEL TECHNICAL ASSISTANCE TO GRANTEES, WHICH INCLUDES ONE-ON-ONE COACHING AND SUPPORT, TRAINING AND WEBINARS, AND ONLINE RESOURCE HUBS. STAFF AND CONTRACTORS WORK WITH GRANTEES TO IMPROVE DATA COLLECTION AND ANALYSIS TO HELP INFORM THE IMPLEMENTATION PROCESS AND OUTCOMES.

2. LEADERSHIP & EXPERTISE: $2,521,195

MTHF STAFF PROVIDE LEADERSHIP AND EXPERTISE TO HELP COMMUNITIES TACKLE MONTANA'S MOST IMPORTANT HEALTH PROBLEMS. IN 2024, OF MTHF'S 16 FULL-TIME STAFF, 13 FOCUS PRIMARILY ON DEVELOPING AND IMPLEMENTING SOLUTIONS TO IMPROVING HEALTH OUTCOMES. FOR EXAMPLE, TWO EMPLOYEES IMPLEMENT HEALTH IMPROVEMENT STRATEGIES FOCUSED ON AMERICAN INDIAN PEOPLE WHICH THEY ACHIEVE BY ENGAGING WITH AMERICAN INDIAN HEALTH LEADERS, NATIVE-LED NONPROFITS, AND STATE LEADERSHIP. ONE EMPLOYEE COLLABORATES WITH STATE PARTNERS AND LOCAL COMMUNITIES TO IMPROVE THE BEHAVIORAL HEALTH CONTINUUM OF CARE BY DEVELOPING COALITIONS IN MORE THAN 30 URBAN AND RURAL COMMUNITIES ACROSS THE STATE FOCUSED ON IMPROVING BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEMS. TWO EMPLOYEES PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO HEALTH CARE PROVIDERS IN NEARLY 70 PRIMARY CARE SETTINGS, HELPING THEM INCORPORATE MENTAL ILLNESS AND SUBSTANCE USE DISORDER SCREENING INTO ROUTINE HEALTH MAINTENANCE VISITS. ONE EMPLOYEE WORKS WITH SCHOOL ADMINISTRATORS AND HEALTH CARE PROVIDERS, PROVIDING LEADERSHIP AND TECHNICAL ASSISTANCE TO HELP IMPLEMENT SCHOOL-BASED HEALTH CENTERS IN NEARLY 60 OF THE STATE'S HIGHEST-NEED SCHOOLS. ONE EMPLOYEE OFFERS EXPERTISE IN COMMUNITY DEVELOPMENT AND PROVIDES STATEWIDE LEADERSHIP IN IMPLEMENTING FINANCING STRATEGIES TO INCREASE SUPPORTIVE AND AFFORDABLE HOUSING OPTIONS.

3. CONVENING: $268,701

MTHF ACTS AS A NEUTRAL CONVENER, BRINGING COMMUNITIES AND LEADERS TOGETHER TO LEARN FROM EACH OTHER, COLLABORATE, AND CREATE NEW SOLUTIONS TO PERSISTENT HEALTH PROBLEMS. IN 2024, IT PROVIDED FINANCIAL SUPPORT AND STAFF TIME TO FACILITATE LARGE CONVENINGS, SITE VISITS, AND TRAINING. HIGHLIGHTS INCLUDED THE FOLLOWING: 1) QUARTERLY MEETINGS OF THE AMERICAN INDIAN HEALTH LEADERS, A GROUP OF LEADERS FROM THE EIGHT TRIBAL HEALTH DEPARTMENTS AND FIVE URBAN INDIAN HEALTH CENTERS IN MONTANA. IN 2024, THE GROUP CONTINUED WORK ON THE DEVELOPMENT OF A NATIVE-OWNED INPATIENT SUBSTANCE USE DISORDER TREATMENT CENTER FOR TRIBAL MEMBERS. 2) MORE THAN 200 PEOPLE ATTENDED THE 2024 SYMPOSIUM: CELEBRATING HEALTH CARE INNOVATION, WHICH FEATURED THE INTEGRATED

BEHAVIORAL HEALTH, SCHOOL-BASED HEALTH, AND MEADOWLARK INITIATIVES (IN PARTNERSHIP WITH THE STATE OF MONTANA). THE 2024 SYMPOSIUM WAS A PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR INNOVATIVE CLINICAL PRACTITIONERS FROM ACROSS THE STATE TO CONNECT, EXCHANGE IDEAS, AND SHARE INSPIRATION. IN ADDITION TO CONNECTING WITH COLLEAGUES WORKING ON SIMILAR PROJECTS, ATTENDEES HAD THE OPPORTUNITY TO LEARN FROM NATIONAL CLINICAL HEALTH EXPERTS, MONTANA-BASED PROGRAM SPOTLIGHTS, AND PEER-LEANING PANELS. 3) A FOUR-PART INTERACTIVE STORY TELLING WORKSHOP TO HELP GRANTEE ORGANIZATIONS COLLECT AND SHARE PERSONAL IMPACT STORIES, WHICH CAN HELP THEM COMMUNICATE EFFECTIVELY WITH THEIR COMMUNITIES AND DEMONSTRATE THE IMPACT OF THEIR WORK.

4. POLICY ANALYSIS: $729,418

MTHF CONDUCTS POLICY ANALYSIS SO MONTANANS CAN BE WELL-INFORMED AND ENGAGED IN DECISIONS THAT IMPACT THEIR HEALTH. FOR EXAMPLE, IN 2024, IT COMMISSIONED, PRODUCED, AND DISSEMINATED FOUR REPORTS THAT ANALYZED THE IMPACT OF HEALTH-RELATED POLICIES AND STATE HEALTH PROGRAMS, INCLUDING THE FOLLOWING: 1) "WHAT LOSING MEDICAID EXPANSION COULD MEAN FOR MONTANA", 2) "MONTANA MEDICAID BACKGROUND", 3) "MEDICAID IN MONTANA: HOW MEDICAID IMPACTS THE STATE BUDGET ECONOMY AND HEALTH", 4) "THE CRITICAL ROLE OF PRIMARY CARE IN SUPPORTING MONTANANS WITH BEHAVIORAL HEALTH NEEDS".