

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.

2024

For calendar year **2024** or tax year beginning _____, and ending _____

Name of foundation HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA		A Employer identification number 81-1099715
Number and street (or P.O. box number if mail is not delivered to street address) 119 W MAIN ST	Room/suite	B Telephone number 406-926-6526
City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59802		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 127,500,140.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	0.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,491,507.	4,148,183.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,515,387.			STATEMENT 1
	b Gross sales price for all assets on line 6a	42,616,302.			
	7 Capital gain net income (from Part IV, line 2)		7,944,424.		
	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	2,361,781.	1,369,267.		STATEMENT 2	
12 Total. Add lines 1 through 11	10,368,675.	13,461,874.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	888,157.	62,775.		753,661.
	14 Other employee salaries and wages	566,836.	2,981.		556,110.
	15 Pension plans, employee benefits	404,836.	20,242.		386,978.
	16a Legal fees STMT 3	35,698.	12,912.		30,558.
	b Accounting fees STMT 4	218,135.	41,991.		163,601.
	c Other professional fees STMT 5	734,448.	308,288.		426,160.
	17 Interest	59,644.	0.		59,644.
	18 Taxes STMT 6	242,074.	166,322.		0.
	19 Depreciation and depletion	84,594.	0.		
	20 Occupancy	280,954.	0.		280,922.
	21 Travel, conferences, and meetings	295,136.	0.		295,136.
	22 Printing and publications	18,813.	0.		18,813.
	23 Other expenses STMT 7	835,972.	604,636.		405,261.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,665,297.	1,220,147.		3,376,844.
	25 Contributions, gifts, grants paid	6,265,000.			6,265,000.
26 Total expenses and disbursements. Add lines 24 and 25	10,930,297.	1,220,147.		9,641,844.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-561,622.				
b Net investment income (if negative, enter -0-)		12,241,727.			
c Adjusted net income (if negative, enter -0-)			N/A		

HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		66,021.	9,604.	9,604.	
	2	Savings and temporary cash investments		244,304.	1,134,768.	1,134,768.	
	3	Accounts receivable	20,605.				
		Less: allowance for doubtful accounts		58,844.	20,605.	20,605.	
	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			38,889.	6,166.	6,166.
	10a	Investments - U.S. and state government obligations	STMT 8		3,117,766.	1,233,379.	1,233,379.
	b	Investments - corporate stock	STMT 9		40,521,611.	65,207,363.	65,207,363.
	c	Investments - corporate bonds	STMT 10		4,515,483.	2,009,361.	2,009,361.
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 11		72,154,877.	54,988,232.	54,988,232.	
14	Land, buildings, and equipment: basis	3,207,896.					
	Less: accumulated depreciation	STMT 12	317,234.	2,944,756.	2,890,662.	2,890,662.	
15	Other assets (describe EXCISE TAXES RECEIVABLE)			56,586.	0.	0.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			123,719,137.	127,500,140.	127,500,140.	
Liabilities	17	Accounts payable and accrued expenses		31,634.	16,048.		
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe STATEMENT 13)			2,159,287.	2,224,643.	
23	Total liabilities (add lines 17 through 22)			2,190,921.	2,240,691.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		121,528,216.	125,259,449.		
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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			121,528,216.	125,259,449.		
30	Total liabilities and net assets/fund balances			123,719,137.	127,500,140.		

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	121,528,216.
2	Enter amount from Part I, line 27a	2	-561,622.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	4,292,855.
4	Add lines 1, 2, and 3	4	125,259,449.
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	125,259,449.

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Part IV Capital Gains and Losses for Tax on Investment Income

Table with 4 columns: (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold. Rows include PUBLICLY TRADED SECURITIES, ALTERNATIVE INVESTMENTS, CAPITAL GAINS DIVIDENDS.

Table with 4 columns: (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis plus expense of sale, (h) Gain or (loss). Rows a-e.

Table with 4 columns: (i) FMV as of 12/31/69, (j) Adjusted basis as of 12/31/69, (k) Excess of col. (i) over col. (j), (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)). Rows a-e.

Summary rows for Capital gain net income or (net capital loss) and Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

Table for Excise Tax with rows 1a through 11. Includes sub-table for Credits/Payments (6a-6d).

Part VI-A Statements Regarding Activities

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?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b 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?
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?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of MYNOR VELIZ Telephone no. 406-926-6526 Located at 119 W MAIN STREET, MISSOULA, MT ZIP+4 59802
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
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?

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.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b.

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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		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?		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		X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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? N/A		
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?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		
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?		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		823,325.	64,832.	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
ASHLEY MORTON 119 W MAIN STREET, MISSOULA, MT 59802	PROGRAM OFFICER 40.00	126,981.	14,393.	0.
STEPHANIE SCHILLING 119 W MAIN STREET, MISSOULA, MT 59802	EVALUATION AND OPERATIONS ASSOCIATE 40.00	102,615.	8,816.	0.
MEGAN A DUNGAN 119 W MAIN STREET, MISSOULA, MT 59802	OPERATIONS MANAGER 40.00	94,703.	8,522.	0.
ROBYN E WINDHAM 119 W MAIN STREET, MISSOULA, MT 59802	COMMUNICATIONS SPECIALIST 40.00	92,183.	8,288.	0.
RUTH CRYSTAL 119 W MAIN STREET, MISSOULA, MT 59802	PROGRAM OFFICER 40.00	76,753.	10,150.	0.
Total number of other employees paid over \$50,000				1

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
FEG INVESTMENT ADVISORS - 201 E 5TH STREET SUITE 1600, CINCINNATI, OH 45202	INVESTMENT MANAGEMENT	156,011.
WIPFLI LLP 101 E FRONT STREET, MISSOULA, MT 59802	BOOKKEEPING & PAYROLL	127,866.
NPAG - 1155 F STREET NW SUITE 1050, WASHINGTON, DC 20004	EXECUTIVE SEARCH	127,293.
MOSS ADAMS LLP 999 THIRD AVENUE SUITE 200, SEATTLE, WA 98104	AUDIT & TAX	99,729.
AVP CONSTRUCTION 476 CAYUSE TRAIL, BOZMAN, MT 59718	CONSTRUCTION	93,313.
Total number of others receiving over \$50,000 for professional services		7

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 N/A	
2	
3	
4	

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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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	53,706,976.
b	Average of monthly cash balances	1b	1,915,134.
c	Fair market value of all other assets (see instructions)	1c	55,008,837.
d	Total (add lines 1a, b, and c)	1d	110,630,947.
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	110,630,947.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,659,464.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	108,971,483.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,448,574.

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	5,448,574.
2a	Tax on investment income for 2024 from Part V, line 5	2a	170,160.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	3,466.
c	Add lines 2a and 2b	2c	173,626.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,274,948.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,274,948.
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	5,274,948.

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	9,641,844.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	30,500.
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	9,672,344.

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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				5,274,948.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021		5,315,539.		
d From 2022		742,633.		
e From 2023		1,078,584.		
f Total of lines 3a through e	7,136,756.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$	9,672,344.			
a Applied to 2023, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				5,274,948.
e Remaining amount distributed out of corpus	4,397,396.			
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	11,534,152.			
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				0.
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	11,534,152.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021		5,315,539.		
c Excess from 2022		742,633.		
d Excess from 2023		1,078,584.		
e Excess from 2024		4,397,396.		

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)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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: VISIT WEBSITE FOR MOST CURRENT INFO, 406-926-6526 119 W FRONT STREET, MISSOULA, MT 59802

b The form in which applications should be submitted and information and materials they should include: VISIT WEBSITE FOR MOST CURRENT INFO WWW.HEADWATERSMT.ORG

c Any submission deadlines: VISIT WEBSITE FOR MOST CURRENT INFO WWW.HEADWATERSMT.ORG

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: VISIT WEBSITE FOR MOST CURRENT INFO WWW.HEADWATERSMT.ORG

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
A VOICE PO BOX 832 PABLO, MT 59855		PC	GENERAL SUPPORT	7,500.
ALL NATIONS HEALTH CENTER 830 W CENTRAL AVENUE MISSOULA, MT 59801		PC	GENERAL SUPPORT	125,000.
AMERICAN INDIAN GOVERNANCE AND POLICY INSTITUTE 32 CAMPUS DRIVE MISSOULA, MT 59812		PC	GENERAL SUPPORT	100,000.
ANACONDA COMMUNITY INTERVENTION INC 118 E 7TH STREET SUITE 1D ANACONDA, MT 59711		PC	GENERAL SUPPORT	7,500.
ANACONDA COMMUNITY MARKET 118 E 7TH STREET SUITE 3F ANACONDA, MT 59711		PC	GENERAL SUPPORT	5,000.
Total	SEE CONTINUATION SHEET(S)			3a 6,265,000.
b Approved for future payment				
NONE				
Total				3b 0.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
ANACONDA JR HIGH SCHOOL 515 MAIN STREET ANACONDA, MT 59711		GOV	GENERAL SUPPORT	7,500.
ANACONDA MINISTERIAL PROJECT CARE PO BOX 1280 ANACONDA, MT 59711		PC	GENERAL SUPPORT	3,500.
ANACONDA PCA FAMILY RESOURCE CENTER 307 E PARK STREET ANACONDA, MT 59711		PC	GENERAL SUPPORT	7,500.
ANACONDA SR HIGH SCHOOL 1410 W PARK AVENUE ANACONDA, MT 59711		GOV	GENERAL SUPPORT	7,500.
ARLEE COMMUNITY DEVELOPMENT CORPORATION PO BOX 452 ARLEE, MT 59821		PC	GENERAL SUPPORT	7,500.
BE THE CHANGE 406 COALITION PO BOX 733 DILLON, MT 59725		PC	GENERAL SUPPORT	7,500.
BIGFORK ACES INC 439 GRAND DRIVE BIGFORK, MT 59911		PC	GENERAL SUPPORT	7,500.
BOULDER KIWANIS PO BOX 10878 BOULDER, MT 59632		PC	GENERAL SUPPORT	7,500.
BOYS & GIRLS CLUB OF MISSOULA COUNTY 715 KENSINGTON AVENUE MISSOULA, MT 59801		PC	GENERAL SUPPORT	7,500.
BROVOLD COMMUNITY ORCHARD 8250 LAZY H TRAIL MISSOULA, MT 59808		PC	GENERAL SUPPORT	5,000.
Total from continuation sheets				6,020,000.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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 4 C'S 101 N MAIN STREET BUTTE, MT 59701		PC	GENERAL SUPPORT	200,000.
CASA OF LAKE COUNTY PO BOX 511 POLSON, MT 59860		PC	GENERAL SUPPORT	7,500.
CASA OF LINCOLN COUNTY 225 COMMERCE WAY LIBBY, MT 59923		PC	GENERAL SUPPORT	7,000.
CATALYST MONTANA ORGANIZING FOR JUSTICE PO BOX 1509 HELENA, MT 59624		PC	GENERAL SUPPORT	150,000.
CENTER FOR RESTORATIVE YOUTH JUSTICE 110 E IDAHO STREET KALISPELL, MT 59901		PC	GENERAL SUPPORT	7,500.
CHARLO COMMUNITY OUTDOOR COMPLEX INC 39752 MORRIS ROAD CHARLO, MT 59824		PC	GENERAL SUPPORT	7,500.
CLINTON SCHOOL DISTRICT #32 20397 E MULLAN ROAD CLINTON, MT 59825		GOV	GENERAL SUPPORT	7,500.
COMMUNITY CARE COALITION PO BOX 9665 KALISPELL, MT 59901		PC	GENERAL SUPPORT	7,500.
COMMUNITY FOOD AND AGRICULTURE COALITION PO BOX 7025 MISSOULA, MT 59807		PC	GENERAL SUPPORT	10,000.
COMMUNITY FOOD BANK OF MINERAL COUNTY PO BOX 46 SUPERIOR, MT 59872		PC	GENERAL SUPPORT	7,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY HARVEST INC PO BOX 314 THOMPSON FALLS, MT 59873		PC	GENERAL SUPPORT	7,500.
CONFEDERATED SALISH AND KOOTENAI TRIBES PO BOX 278 PABLO, MT 59855		PC	FLATHEAD INDIAN RESERVATION FOOD SOVEREIGNTY INITIATIVE	200,000.
CREATIVE ARTS COUNCIL PO BOX 1164 EUREKA, MT 59917		PC	GENERAL SUPPORT	7,500.
CULTIVATING CONNECTIONS MONTANA 175 SKALKAHO HIGHWAY HAMILTON, MT 59840		PC	GENERAL SUPPORT	7,500.
DAYTON ELEMENTARY PARENT TEACHER ORGANIZATION PO BOX 114 DAYTON, MT 59914		PC	GENERAL SUPPORT	7,500.
DIXON SCHOOL DISTRICT 9 411 B STREET DIXON, MT 59831		GOV	GENERAL SUPPORT	7,500.
DRUMMOND ELEMENTARY SCHOOL PO BOX 349 DRUMMOND, MT 59832		GOV	GENERAL SUPPORT	7,500.
DRUMMOND HIGH SCHOOL PO BOX 349 DRUMMOND, MT 59832		GOV	GENERAL SUPPORT	7,500.
DRUMMOND SCHOOL DISTRICT 11 PO BOX 349 DRUMMOND, MT 59832		GOV	GENERAL SUPPORT	7,500.
DRUMMOND SCHOOL DISTRICT 2 PO BOX 349 DRUMMOND, MT 59832		GOV	GENERAL SUPPORT	7,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
EARTH WITHIN GIRLS 8944 SNAPDRAGON DRIVE MISSOULA, MT 59808		PC	GENERAL SUPPORT	7,500.
EMPOWER MT 2300 REGENT STREET SUITE 101 MISSOULA, MT 59801		PC	GENERAL SUPPORT	32,500.
EUREKA CHILDHOOD DEVELOPMENT FOUNDATION PO BOX 509 EUREKA, MT 59917		PC	GENERAL SUPPORT	7,500.
EVERGREEN KIDS CORNER INC 201 S 8TH STREET HAMILTON, MT 59840		PC	GENERAL SUPPORT	17,500.
FAMILIES FIRST 455 E MAIN STREET MISSOULA, MT 59802		PC	GENERAL SUPPORT	7,500.
FAMILIES IN PARTNERSHIP INCORPORATED PO BOX 762 LIBBY, MT 59923		PC	GENERAL SUPPORT	7,500.
FIFTH JUDICIAL DISTRICT VOICE FOR CHILDREN INC PO BOX 1464 DILLON, MT 59725		PC	GENERAL SUPPORT	7,500.
FLORENCE CRITTENTON HOME & SERVICES 3404 COONEY DRIVE HELENA, MT 59602		PC	GENERAL SUPPORT	17,500.
FLORENCE-CARLTON SCHOOL PARENT ASSOCIATION 5602 OLD HWY 93 FLORENCE, MT 59833		PC	GENERAL SUPPORT	7,500.
FRIENDS OF THE CHILDREN 400 W BROADWAY SUITE 101 PMB 116 MISSOULA, MT 59802		PC	GENERAL SUPPORT	60,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
GLACIER QUEER ALLIANCE 1203 HWY 2 W KALISPELL, MT 59901		PC	GENERAL SUPPORT	7,500.
HEALTHY GRANITE COUNTY NETWORK PO BOX 176 PHILIPSBURG, MT 59858		PC	GENERAL SUPPORT	7,500.
HEALTHY MOTHERS HEALTHY BABIES 318-20 N LAST CHANCE GULCH SUITE 2C HELENA, MT 59601		PC	GENERAL SUPPORT	65,000.
HEARTISM COMMUNITY CENTER PO BOX 14 CORVALLIS, MT 59828		PC	GENERAL SUPPORT	7,500.
HELENA AREA HABITAT FOR HUMANITY PO BOX 459 HELENA, MT 59624		PC	GENERAL SUPPORT	100,000.
HELPING HANDS FUND PO BOX 1094 POLSON, MT 59860		PC	FLATHEAD RESERVATION & LAKE COUNTY ZERO TO FIVE	367,500.
HERE MONTANA 119 S 5TH STREET E APARTMENT E MISSOULA, MT 59801		PC	GENERAL SUPPORT	7,500.
IDENTITY INC PO BOX 1653 EAST HELENA, MT 59635		PC	GENERAL SUPPORT	7,500.
IMAGINEIF LIBRARY FOUNDATION 247 FIRST AVENUE E KALISPELL, MT 59901		PC	GENERAL SUPPORT	7,500.
INDIJ PUBLIC MEDIA PO BOX 929 PHOENIX, AZ 85001		GOV	GENERAL SUPPORT	20,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
KOOTENAI HERITAGE COUNCIL INC PO BOX 360 LIBBY, MT 59923		PC	GENERAL SUPPORT	7,500.
LAKE COUNTY COMMUNITY DEVELOPMENT CORP PO BOX 128 RONAN, MT 59864		GOV	GENERAL SUPPORT	7,500.
LIBBY ELEMENTARY SCHOOLS PARENT COUNCIL INC 101 SKI RD LIBBY, MT 59923		GOV	GENERAL SUPPORT	7,500.
LINCOLN COUNTY HEALTH DEPARTMENT 418 MINERAL AVENUE LIBBY, MT 59923		GOV	GENERAL SUPPORT	200,000.
LINCOLN COUNTY PUBLIC LIBRARIES FOUNDATION 220 W 6TH STREET LIBBY, MT 59923		GOV	GENERAL SUPPORT	7,500.
LINCOLN COUNTY UNITE FOR YOUTH COALITION INC PO BOX 1633 LIBBY, MT 59923		GOV	GENERAL SUPPORT	7,500.
LINCOLN PRIMARY PRESCHOOL LINCOLN PRIMARY SCHOOL, 506 CHESTNUT ANACONDA, MT 59711		GOV	GENERAL SUPPORT	7,500.
LITERACY VOLUNTEERS OF AMERICA- BITTERROOT INC 303 N THIRD STREET HAMILTON, MT 59840		PC	GENERAL SUPPORT	7,500.
LOADS OF DIGNITY FKA LAUNDRY LOVE HAMILTON 177 ALICE AVENUE HAMILTON, MT 59840		PC	GENERAL SUPPORT	7,500.
MAPS MEDIA INSTITUTE INC 515 MADISON STREET HAMILTON, MT 59840		PC	GENERAL SUPPORT	17,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
MINERAL COUNTY COMMUNITY FOUNDATION PO BOX 93 SUPERIOR, MT 59872		PC	GENERAL SUPPORT	7,500.
MINERAL COUNTY HEALTH DEPARTMENT PO BOX 488 SUPERIOR, MT 59872		PC	GENERAL SUPPORT	200,000.
MINERAL COUNTY HELP INC PO BOX 142 SUPERIOR, MT 59872		PC	GENERAL SUPPORT	7,500.
MINERAL COUNTY REC CLUB PO BOX 568 SUPERIOR, MT 59872		PC	GENERAL SUPPORT	7,500.
MISSOULA COMMUNITY FOUNDATION PO BOX 8806 MISSOULA, MT 59807		PC	COMMUNITY EQUITY INITIATIVE	5,000.
MISSOULA WRITING COLLABORATIVE PO BOX 9237 MISSOULA, MT 59807		PC	GENERAL SUPPORT	7,500.
MONTANA BUDGET AND POLICY CENTER 15 W 6TH AVENUE HELENA, MT 59601		GOV	MONTANA ADVOCATES FOR CHILDREN	160,000.
MONTANA CHILD CARE RESOURCE & REFERRAL NETWORK INC PO BOX 808 LOLO, MT 59847		PC	GENERAL SUPPORT	60,000.
MONTANA CONGRESS OF PARENTS TEACHERS STUDENTS 306 RAILROAD AVENUE ALBERTON, MT 59820		PC	GENERAL SUPPORT	7,500.
MONTANA CONSORTIUM FOR URBAN INDIAN HEALTH 7 W 6TH AVENUE SUITE 4E HELENA, MT 59601		PC	GENERAL SUPPORT	125,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MONTANA CONTINUUM OF CARE COALITION 321 E MAIN STREET SUITE 316 BOZMAN, MT 59715		PC	GENERAL SUPPORT	7,500.
MONTANA FAMILY ASL 1820 S 13TH STREET W MISSOULA, MT 59801		PC	GENERAL SUPPORT	7,500.
MONTANA FREE PRESS PO BOX 1425 HELENA, MT 59624		PC	MONTANA FREE PRESS - HEALTHY EQUITY BEAT	45,000.
MONTANA LAND TO HAND PO BOX 4404 WHITEFISH, MT 59937		PC	GENERAL SUPPORT	7,500.
MONTANA LIBRARY ASSOCIATION PO BOX 823 ARLEE, MT 59821		PC	GENERAL SUPPORT	10,000.
MONTANA METH PROJECT PO BOX 8944 MISSOULA, MT 59807		PC	GENERAL SUPPORT	7,500.
MONTANA NONPROFIT ASSOCIATION INC PO BOX 1744 HELENA, MT 59624		PC	CAPACITY BUILDING & TRUST BASED PHILANTHROPY	595,000.
MONTANA PARTNERSHIP TO END CHILDHOOD HUNGER INC 2396 FERGUSON AVENUE BOZEMAN, MT 59718		PC	GENERAL SUPPORT	75,000.
MONTANA SKATEPARK ASSOCIATION 618 S HIGGINS AVENUE MISSOULA, MT 59801		PC	GENERAL SUPPORT	7,500.
MONTANA TWO SPIRIT SOCIETY PO BOX 7514 MISSOULA, MT 59807		PC	GENERAL SUPPORT	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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 WOMEN VOTE 725 W ALDER STREET SUITE 21 MISSOULA, MT 59802		PC	GENERAL SUPPORT	25,000.
MOVING MOUNTAINS FOUNDATION 3031 S RUSSELL STREET MISSOULA, MT 59801		PC	GENERAL SUPPORT	10,000.
NEVER ALONE RECOVERY SUPPORT SERVICES PO BOX 406 PABLO, MT 59855		PC	GENERAL SUPPORT	125,000.
NORTH MISSOULA COMMUNITY DEVELOPMENT CORPORATION 1500 BURNS STREET MISSOULA, MT 59802		PC	CAPACITY BUILDING SUPPORT	50,000.
ODYSSEY EARLY LEARNING CENTER 434 E POINDEXTER STREET DILLON, MT 59725		PC	GENERAL SUPPORT	200,000.
OFFICE OF PUBLIC INSTRUCTION- TRIBAL STUDENT ACHIEVEMENT AND RELATIONS PO BOX 202501 HELENA, MT 59620		GOV	GENERAL SUPPORT	25,000.
OPPORTUNITY CLUB 909 STEWART STREET ANACONDA, MT 59711		PC	GENERAL SUPPORT	5,000.
OUR KIDS 201 CALIFORNIA AVENUE LIBBY, MT 59923		PC	GENERAL SUPPORT	7,500.
PARTNERSHIP HEALTH CENTER 401 RAILROAD STREET W MISSOULA, MT 59802		PC	GENERAL SUPPORT	80,000.
PHILIPSBURG AREA COMMUNITY LIBRARY PO BOX 797 PHILIPSBURG, MT 59858		GOV	GENERAL SUPPORT	6,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
PLAINS COMMUNITY FOOD BANK PO BOX 767 PLAINS, MT 59859		PC	GENERAL SUPPORT	7,500.
PLAINS ELEMENTARY SCHOOL 412 RITTENOUR STREET PLAINS, MT 59859		GOV	GENERAL SUPPORT	7,500.
PLAINS SCHOOL DISTRICT 412 RITTENOUR STREET PLAINS, MT 59859		GOV	GENERAL SUPPORT	7,500.
POSTPARTUM RESOURCE GROUP PO BOX 10394 KALISPELL, MT 59904		PC	GENERAL SUPPORT	7,500.
POVERELLO CENTER 1110 W BROADWAY STREET MISSOULA, MT 59802		PC	CAPACITY BUILDING SUPPORT	85,000.
PROJECT ASCENT PO BOX 1954 THOMPSON FLS, MT 59873		PC	GENERAL SUPPORT	6,500.
PROMOTING EXCELLNCE IN ALBERTON - AREA KIDS FOUNDATION PO BOX 36 ALBERTON, MT 59820		PC	GENERAL SUPPORT	7,500.
REFRAMING RURAL 9 E PEACH STREET BOZEMAN, MT 59715		PC	GENERAL SUPPORT	10,000.
RESOURCE ASSISTANCE CENTER 222 N MONTANA STREET SUITE A DILLON, MT 59725		GOV	GENERAL SUPPORT	7,500.
RONAN HIGH SCHOOL 421 ANDREW STREET NW RONAN, MT 59864		GOV	GENERAL SUPPORT	7,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
RONAN SCHOOL DISTRICT #30 421 ANDREW STREET NW RONAN, MT 59864		GOV	GENERAL SUPPORT	7,500.
SAFE HARBOUR INC PO BOX 497 RONAN, MT 59864		PC	GENERAL SUPPORT	17,500.
SANDERS COUNTY COMMUNITY HOUSING ORGANIZATION INC 303 MAIN STREET THOMPSON FALLS, MT 59873		PC	GENERAL SUPPORT	7,500.
SEELEY LAKE COMMUNITY FOUNDATION PO BOX 25 SEELEY LAKE, MT 59868		PC	GENERAL SUPPORT	7,500.
SHERIDAN ELEMENTARY SCHOOL PO BOX 586 SHERIDAN, MT 59749		GOV	GENERAL SUPPORT	7,000.
SKC INSTITUTIONAL ADVANCEMENT PO BOX 70 PABLO, MT 59855		PC	GENERAL SUPPORT	100,000.
SNQWEYLMISTN 63893 HWY 93 RONAN, MT 59864		PC	GENERAL SUPPORT	7,500.
SOUTHWEST MONTANA YOUTH PARTNERS PO BOX 1132 BOULDER, MT 59631		PC	CAPACITY BUILDING FOR CHILDREN AND FAMILIES IN SOUTHWEST MONTANA	7,500.
SPARROW'S VINE PARENTING AND PREGNANCY RESOURCE CENTER PO BOX 864 SEELEY LAKE, MT 59868		PC	GENERAL SUPPORT	7,500.
ST IGNATIUS HIGH SCHOOL PO BOX 1540 ST IGNATIUS, MT 59865		GOV	GENERAL SUPPORT	7,500.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST IGNATIUS MIDDLE SCHOOL 76 3RD AVENUE SAINT IGNATIUS, MT 59865		GOV	GENERAL SUPPORT	7,500.
ST PETER'S HEALTH FOUNDATION 2475 BROADWAY STREET HELENA, MT 59601		PC	EARLY CHILDHOOD COLLABORATIVE OF THE GREATER HELENA AREA	235,000.
ST REGIS FRIENDS AND NEIGHBORS CLUB 6 TIGER STREET SAINT REGIS, MT 59866		PC	GENERAL SUPPORT	7,500.
THE BOYS & GIRLS CLUBS OF GLACIER COUNTRY PO BOX 961 COLUMBIA FLS, MT 59912		PC	GENERAL SUPPORT	7,500.
THE HENRY J KAISER FAMILY FOUNDATION 185 BERRY STREET SUITE 2000 SAN FRANCISCO, CA 94107		PC	KAISER HEALTH NEWS MONTANA HEALTH NEWS	270,000.
THE SHEKINAH KITCHEN 301 N CENTRAL AVENUE PLAINS, MT 59859		PC	GENERAL SUPPORT	7,500.
TRUST-BASED PHILANTHROPY PROJECT 23532 CALABASAS ROAD CALABASAS, CA 91302		PC	GENERAL SUPPORT	250,000.
UNITED WAY OF MISSOULA COUNTY 412 W ALDER STREET MISSOULA, MT 59802		PC	GENERAL SUPPORT	450,000.
UNIVERSITY OF MONTANA FOUNDATION 32 CAMPUS DRIVE MISSOULA, MT 59812		GOV	CENTER FOR CHILDREN, FAMILIES, AND WORKFORCE DEVELOPMENT	125,000.
UNIVERSITY OF MONTANA FOUNDATION 32 CAMPUS DRIVE MISSOULA, MT 59812		GOV	THE CO-LAB FOR CIVIC IMAGINATION	100,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF MONTANA FOUNDATION COLLEGE OF EDUCATION SUITE 109 MISSOULA, MT 59812		GOV	MONTANA SAFE SCHOOLS CENTER	7,500.
WESTERN NATIVE VOICE EDUCATION PROJECT 80 25TH STREET W BILLINGS, MT 59102		PC	ENGAGING NATIVE AMERICANS IN POLICY ISSUES IN MONTANA	150,000.
WHITEHALL PUBLIC SCHOOLS PO BOX 1109 WHITEHALL, MT 59759		GOV	GENERAL SUPPORT	7,500.
WOMEN'S RESOURCE CENTER 236 E REEDER STREET DILLON, MT 59725		PC	GENERAL SUPPORT	7,500.
YAAK FOOD CUPBOARD 34 RIVERVIEW DRIVE TROY, MT 59935		PC	GENERAL SUPPORT	7,500.
ZERO TO FIVE MONTANA 7 W 6TH AVENUE SUITE 504 HELENA, MT 59601		PC	ZERO TO FIVE	360,000.
Total from continuation sheets				

Name **HEADWATERS HEALTH FOUNDATION
OF WESTERN MONTANA**

Employer identification number
81-1099715

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	170,160.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
2c	Credit for federal tax paid on fuels (see instructions)	2c		
2d	Total. Add lines 2a through 2c	2d		
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		170,160.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		64,646.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		64,646.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10			45,856.	26,464.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	76,768.			50,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		76,768.	76,768.	30,912.
13 Add lines 11 and 12	13		76,768.	76,768.	80,912.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	76,768.	76,768.	76,768.	80,912.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	76,768.	76,768.	30,912.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c, 3a-3c), calculations for each period (4-6), and final tax calculations (7-19).

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items			1,247,146.	1,764,056.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22			2,494,292.	2,352,069.
23b	Extraordinary items (see instructions)			1,904,335.	2,850,830.
23c	Add lines 23a and 23b			4,398,627.	5,202,899.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return			61,141.	72,320.
25	Enter any alternative minimum tax for each payment period. See instructions				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26			61,141.	72,320.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-			61,141.	72,320.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30			45,856.	72,320.

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th installment
		Note: Complete lines 32 through 38 of one column before completing the next column.			
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	0.	0.	45,856.	72,320.
33	Add the amounts in all preceding columns of line 38. See instructions				45,856.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-			45,856.	26,464.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	16,162.	68,919.	42,540.	42,540.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		16,162.	85,081.	81,765.
37	Add lines 35 and 36	16,162.	85,081.	127,621.	124,305.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	0.	0.	45,856.	26,464.

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
PUBLICLY TRADED SECURITIES						
	34,904,520.	34,736,878.	0.		0.	167,642.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	(F) DATE ACQUIRED GAIN OR LOSS	DATE SOLD
ALTERNATIVE INVESTMENTS						
	6,077,261.	2,364,037.	0.		0.	3,713,224.

CAPITAL GAINS DIVIDENDS FROM PART IV	1,634,521.
TOTAL TO FORM 990-PF, PART I, LINE 6A	5,515,387.

FORM 990-PF

OTHER INCOME

STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALTERNATIVE INVESTMENTS	2,361,781.	1,369,267.	
TOTAL TO FORM 990-PF, PART I, LINE 11	2,361,781.	1,369,267.	

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	35,698.	12,912.		30,558.
TO FM 990-PF, PG 1, LN 16A	35,698.	12,912.		30,558.

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	218,135.	41,991.		163,601.
TO FORM 990-PF, PG 1, LN 16B	218,135.	41,991.		163,601.

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
CONSULTING FEES	290,860.	287.		290,573.
RECRUITING	135,587.	0.		135,587.
ALTERNATIVE INVESTMENTS	151,990.	151,990.		0.
INVESTMENT MANAGEMENT FEES	156,011.	156,011.		0.
TO FORM 990-PF, PG 1, LN 16C	734,448.	308,288.		426,160.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	0.	166,322.		0.
EXCISE TAX	242,074.	0.		0.
TO FORM 990-PF, PG 1, LN 18	242,074.	166,322.		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
ADVERTISING AND PROMOTIONS	26,697.	0.		26,697.
COMPUTER AND SOFTWARE	95,578.	0.		95,578.
CONTRACTORS	13,274.	0.		13,274.
EQUIPMENT RENT	64,749.	0.		71,407.
FEES AND SUBSCRIPTIONS	33,099.	0.		33,099.
GRANTEE CONVENINGS	48,699.	0.		48,699.
GRANTEE VISITS	7,316.	0.		7,316.
INSURANCE	57,969.	0.		57,969.
MISCELLANEOUS	4,113.	0.		4,113.
NONPROFIT CENTER	4,137.	0.		4,137.
OFFICE EXPENSE	17,483.	0.		17,483.
REPAIRS AND MAINTENANCE	3,717.	0.		4,053.
SMALL EQUIPMENT	21,149.	0.		21,149.
STATE FILING FEES	287.	0.		287.
ALTERNATIVE INVESTMENT EXPENSES	437,705.	604,636.		0.
TO FORM 990-PF, PG 1, LN 23	835,972.	604,636.		405,261.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US DEBT OBLIGATIONS	X		1,233,379.	1,233,379.
TOTAL U.S. GOVERNMENT OBLIGATIONS			1,233,379.	1,233,379.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,233,379.	1,233,379.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
DOUBLELINE CORE FIXED INCOME FUND	2,413,814.	2,413,814.
DFA EMERGING MARKETS VALUE I FUND	5,073,656.	5,073,656.
PIMCO RAE INTERNATIONAL FUND INSTL	10,686,126.	10,686,126.
PIMCO RAE US FUND INSTL	12,285,470.	12,285,470.
PIMCO RAE US SMALL FUND INSTL	7,072,221.	7,072,221.
VANGUARD DEVELOPED MARKETS INDEX FUND INSTL	8,871,647.	8,871,647.
VANGUARD EMERGING MKTS STOCK INDEX FUND ADM	5,550,112.	5,550,112.
VANGUARD INSTITUTIONAL INDEX FUND	13,254,317.	13,254,317.
TOTAL TO FORM 990-PF, PART II, LINE 10B	65,207,363.	65,207,363.

FORM 990-PF

CORPORATE BONDS

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PIMCO INCOME FUND INSTL	427,686.	427,686.
ALLY FINL INC	290,481.	290,481.
JPMORGAN CHASE & CO	214,837.	214,837.
US BANCORP	175,864.	175,864.
VIATRIS INC	114,218.	114,218.
HOWMET AEROSPACE	153,061.	153,061.
THE SHERWIN-WILLIAMS CO	184,107.	184,107.
GLOBAL PAYMENTS INC	214,470.	214,470.
BXP INC	83,594.	83,594.
BROADCOM INC	151,043.	151,043.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,009,361.	2,009,361.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACCOLADE PARTNERS VII LP	COST	1,599,244.	1,599,244.
AUDAX DIRECT LENDING SOLUTIONS FUND-C LP	COST	1,560,232.	1,560,232.
AUDAX FUND DIRECT LENDING SOLUTIONS FUND II-C LP	COST	1,053,672.	1,053,672.
AMERBROOK VIII LP	COST	1,662,987.	1,662,987.
EDGE PRINCIPAL INVESTMENTS IV LP	COST	746,299.	746,299.
FALCON PRIVATE CREDIT OPPORTUNITIES VI LP	COST	1,606,973.	1,606,973.
FIDELITY ESTATE HIGH INCOME FUND	COST	1,581,063.	1,581,063.
HARVEST MLP INCOME FUND II LLC	COST	7,334,616.	7,334,616.
RCP FUND XIII LP	COST	2,110,817.	2,110,817.
RCP SOF IV FEEDER LP	COST	1,243,929.	1,243,929.
SEAPORT GLOBAL PROPERTY SECURITIES FUND LLC	COST	3,305,713.	3,305,713.
STRATEGIC VALUE CAPITAL SOLUTIONS OFFSHORE FUND LP	COST	1,642,436.	1,642,436.
STRATEGIC VALUE CAPITAL SOLUTIONS FEEDER FUND LP	COST	780,268.	780,268.
IRONWOOD INTERNATIONAL LTD	COST	10,142,288.	10,142,288.
ABS OFFSHORE SPC GLOBAL PORTFOLIO	COST	6,544,663.	6,544,663.
ACCOLADE PARTNERS IX LP	COST	161,266.	161,266.
CLAYTON, DUBILIER & RICE FUND XI LP	COST	704,256.	704,256.
COLLER INTERNATIONAL PARTNERS VII LP	COST	665,140.	665,140.
WEATHERLOW OFFSHORE	COST	10,527,220.	10,527,220.
TRANSFERS HOLDING ACCOUNT	COST	15,150.	15,150.
TOTAL TO FORM 990-PF, PART II, LINE 13		54,988,232.	54,988,232.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	2,663,469.	258,078.	2,405,391.
LAND	387,243.	0.	387,243.
FURNITURE AND EQUIPMENT	157,184.	59,156.	98,028.
TOTAL TO FM 990-PF, PART II, LN 14	3,207,896.	317,234.	2,890,662.

FORM 990-PF

OTHER LIABILITIES

STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	107,079.	144,223.
DEFERRED TAX LIABILITY	321,044.	401,042.
CLEARWATER CONSTRUCTION LOAN	1,731,164.	1,665,507.
BUSINESS LINE OF CREDIT	0.	10,900.
TAXES PAYABLE	0.	2,971.
TOTAL TO FORM 990-PF, PART II, LINE 22	2,159,287.	2,224,643.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CARLY D HARE 119 W MAIN STREET MISSOULA, MT 59802	CHIEF EXECUTIVE OFFICER 40.00	37,954.	822.	0.
BRENDA SOLORZANO-CAUDLE 119 W MAIN STREET MISSOULA, MT 59802	FORMER CHIEF EXECUTIVE OFFICER 40.00	247,559.	23,221.	0.
MYNOR VELIZ 119 W MAIN STREET MISSOULA, MT 59802	CHIEF FINANCIAL OFFICER 40.00	350,744.	19,238.	0.
ERIN SWITALSKI 119 W MAIN STREET MISSOULA, MT 59802	PROGRAM DIRECTOR 40.00	187,068.	21,551.	0.
CARISSA KUHL 119 W MAIN STREET MISSOULA, MT 59802	CHAIR 1.30	0.	0.	0.
KELLEY RISCHKE 119 W MAIN STREET MISSOULA, MT 59802	VICE CHAIR 1.30	0.	0.	0.
RICHARD OPPER 119 W MAIN STREET MISSOULA, MT 59802	SECRETARY/TREASURER 1.30	0.	0.	0.
RACHEL HUFF-DORIA 119 W MAIN STREET MISSOULA, MT 59802	TRUSTEE 1.30	0.	0.	0.
ROBERT J PHILLIPS 119 W MAIN STREET MISSOULA, MT 59802	TRUSTEE 1.30	0.	0.	0.
JASON SMITH 119 W MAIN STREET MISSOULA, MT 59802	TRUSTEE 1.30	0.	0.	0.

HEADWATERS HEALTH FOUNDATION OF WESTERN

81-1099715

MIKE STEWART	TRUSTEE			
119 W MAIN STREET	1.30	0.	0.	0.
MISSOULA, MT 59802				

JEANNE TWOHIG	TRUSTEE			
119 W MAIN STREET	1.30	0.	0.	0.
MISSOULA, MT 59802				

JENNIFER ST GODDARD	TRUSTEE			
119 W MAIN STREET	1.30	0.	0.	0.
MISSOULA, MT 59802				

MARILYN ZIMMERMAN	TRUSTEE			
119 W MAIN STREET	1.30	0.	0.	0.
MISSOULA, MT 59802				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

823,325.	64,832.	0.
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**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. HEADWATERS HEALTH FOUNDATION OF WESTERN MONTANA	Taxpayer identification number (TIN) 81-1099715
	Number, street, and room or suite no. If a P.O. box, see instructions. 119 W MAIN ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59802	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MYNOR VELIZ
119 W MAIN STREET - MISSOULA, MT 59802

Telephone No. 406-926-6526 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	226,768.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	126,768.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	100,000.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

MAIL TO: INTERNAL REVENUE SERVICE

MAIL STOP 6054
 1973 N RULON WHITE BLVD.
 OGDEN, UT 84201-0045