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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2012

Open to public inspection

For calendar year 2012 or tax year beginning NOV 1, 2012, and ending OCT 31, 2013

Name of foundation SAMPLE FOUNDATION, INC.		A Employer identification number 59-6138602
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 279	Room/suite	B Telephone number (406) 245-0550
City or town, state, and ZIP code BILLINGS, MT 59103		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) \$ 8,188,129.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		176,225.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		81.	81.		STATEMENT 1
4 Dividends and interest from securities		157,900.	157,900.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		6,880.			
b Gross sales price for all assets on line 6a		6,880.			
7 Capital gain net income (from Part IV, line 2)			6,880.		
8 Net short-term capital gain					
9 Income modifications				1,000.	
10a Gross sales price for all assets on line 6a					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		38,027.	37,035.		STATEMENT 3
12 Total. Add lines 1 through 11		379,113.	201,896.	1,000.	
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 4		6,000.	4,800.		1,200.
c Other professional fees STMT 5		5,240.	5,240.		0.
17 Interest					
18 Taxes STMT 6		4,238.	1,738.		0.
19 Depreciation and depletion		944.	0.		
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 7		938.	938.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		17,360.	12,716.		1,200.
25 Contributions, gifts, grants paid		389,838.			389,838.
26 Total expenses and disbursements. Add lines 24 and 25		407,198.	12,716.		391,038.
27 Subtract line 26 from line 12		<28,085.>			
a Excess of revenue over expenses and disbursements			189,180.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				1,000.	

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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			37,375.	82,101.	82,101.
	2 Savings and temporary cash investments					
	3 Accounts receivable ▶					
	Less allowance for doubtful accounts ▶					
	4 Pledges receivable ▶					
	Less allowance for doubtful accounts ▶					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable ▶					
	Less allowance for doubtful accounts ▶					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges					
	10a Investments - U.S. and state government obligations					
	b Investments - corporate stock STMT 10			2,443,747.	2,443,833.	4,589,286.
	c Investments - corporate bonds					
Liabilities	11 Investments - land, buildings, and equipment basis ▶					
	Less accumulated depreciation ▶					
	12 Investments - mortgage loans					
	13 Investments - other STMT 11			3,439,115.	3,359,748.	3,509,186.
	14 Land, buildings, and equipment basis ▶ 8,500.					
	Less accumulated depreciation STMT 9 ▶ 944.			0.	7,556.	7,556.
	15 Other assets (describe ▶)					
	16 Total assets (to be completed by all filers)			5,920,237.	5,893,238.	8,188,129.
	17 Accounts payable and accrued expenses					
	18 Grants payable					
Net Assets or Fund Balances	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe ▶)					
23 Total liabilities (add lines 17 through 22)			0.	0.		
Foundations that follow SFAS 117, check here <input type="checkbox"/>	24 Unrestricted					
	25 Temporarily restricted					
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/>					
	27 Capital stock, trust principal, or current funds			5,920,237.	5,893,238.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds			0.	0.	
	30 Total net assets or fund balances			5,920,237.	5,893,238.	
31 Total liabilities and net assets/fund balances			5,920,237.	5,893,238.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,920,237.
2 Enter amount from Part I, line 27a	2	<28,085.>
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 8	3	1,086.
4 Add lines 1, 2, and 3	4	5,893,238.
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 30	6	5,893,238.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS DIVIDENDS				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 6,880.			6,880.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			6,880.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)			2	6,880.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	360,627.	7,288,581.	.049478
2010	361,606.	7,267,454.	.049757
2009	342,929.	6,944,045.	.049385
2008	326,573.	6,643,548.	.049156
2007	375,237.	7,593,449.	.049416
2 Total of line 1, column (d)			2 .247192
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .049438
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 7,859,188.
5 Multiply line 4 by line 3			5 388,543.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,892.
7 Add lines 5 and 6			7 390,435.
8 Enter qualifying distributions from Part XII, line 4			8 391,038.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,892.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,892.
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	1,892.
6 Credits/Payments			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	4,050.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	4,050.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
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	2,158.	
11 Enter the amount of line 10 to be Credited to 2013 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 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.		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b 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? If "Yes," attach the statement required by General Instruction T.		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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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? Website address SAMPLEFOUNDATION.ORG	13	X	
14	The books are in care of JOSEPH S. SAMPLE Telephone no 406-245-0550 Located at 14 N 24TH STREET, BILLINGS, MT ZIP+4 59101			
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	
16	At any time during calendar year 2012, 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 Form TD F 90-22.1 If "Yes," enter the name of the foreign country	16	Yes	No X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If "Yes," list the years	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	N/A	
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2012?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

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?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(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 12		0.	0.	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
NONE				

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

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. 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 IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3

0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
a	Average monthly fair market value of securities	1a	4,747,015.
b	Average of monthly cash balances	1b	3,231,856.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,978,871.
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	7,978,871.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	119,683.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,859,188.
6	Minimum investment return. Enter 5% of line 5	6	392,959.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	392,959.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	1,892.
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,892.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	391,067.
4	Recoveries of amounts treated as qualifying distributions	4	1,000.
5	Add lines 3 and 4	5	392,067.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	392,067.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	391,038.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	391,038.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	1,892.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	389,146.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				392,067.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010	5,373.			
e From 2011	54.			
f Total of lines 3a through e	5,427.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 391,038.				
a Applied to 2011, 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 2012 distributable amount				391,038.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	1,029.			1,029.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,398.			
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 2011 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	4,398.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010	4,344.			
d Excess from 2011	54.			
e Excess from 2012				

N/A

- foundation, and the ruling is effective for 2012, enter the date of the ruling

☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income

[illegible]Form **990-PF** (2012)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENTS ATTACHED	N/A	PC	VARIOUS QUALIFYING PURPOSES	389,838.
Total			▶ 3a	389,838.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	81.	
4 Dividends and interest from securities			14	157,900.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14	6,880.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a SEE STATEMENT 15				38,027.	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		202,888.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13 202,888.	

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Part XVII

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

- | | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | 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. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (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.

Signature of officer or trustee
Barbara Sample

9-10-14
Date

of which preparer has any knowledge

President

Title

May the IRS discuss this return with the preparer shown below (see instr 1)?

☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

RONALD J. YATES,
JR.

Preparer's signature

Ronald J. Yates Jr 9/8/2014
LLP self-emp Firm's 6

Date _____

Check ☐ self-employed

PTIN	
------	--

P00543293

Firm's name ► EIDE BAILLY LLP

Firm's EIN ▶ 45-0250958

Firm's address ► 401 N 31ST ST STE 1120, PO BX 7112
BILLINGS, MT 59103-7112

Phone no 406-896-2400

Form **990-PF** (2012)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

SAMPLE FOUNDATION, INC.

Employer identification number

59-6138602

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

SAMPLE FOUNDATION, INC.

59-6138602

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	DAVID F. SAMPLE 34174 CAMDEN LANE POLSON, MT 59860	\$ 59,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOSEPH S. SAMPLE P.O. BOX 279 BILLINGS, MT 59103	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PATRICK G. SAMPLE P.O. BOX 410 INDEX, WA 98256	\$ 55,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MICHAEL S. SAMPLE P.O. BOX 279 BILLINGS, MT 59103	\$ 59,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAMPLE FOUNDATION, INC.

59-6138602

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAMPLE FOUNDATION, INC.

59-6138602

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ _____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
OTHER INTEREST	81.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	81.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDENDS	164,780.	6,880.	157,900.
TOTAL TO FM 990-PF, PART I, LN 4	164,780.	6,880.	157,900.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NORTHERN EUROPEAN OIL ROYALTY TRUST	2,676.		
MESA ROYALTY TRUST	3,599.		
HUGOTON ROYALTY	3,977.		
ENTERPRISE PRODS PARTNERS	7,980.		
PLAINS ALL AMERICAN PIPELINE	9,070.		
ENERGY TRANSFER PARTNERS	10,725.		
TOTAL TO FORM 990-PF, PART I, LINE 11	38,027.		

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	6,000.	4,800.		1,200.
TO FORM 990-PF, PG 1, LN 16B	6,000.	4,800.		1,200.

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/BANK FEES	5,240.	5,240.			0.
TO FORM 990-PF, PG 1, LN 16C	5,240.	5,240.			0.

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAXES	4,238.	1,738.			0.
TO FORM 990-PF, PG 1, LN 18	4,238.	1,738.			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	
MISCELLANEOUS ADMINISTRATION	938.	938.			0.
TO FORM 990-PF, PG 1, LN 23	938.	938.			0.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES			STATEMENT	8
DESCRIPTION	AMOUNT				
HUGOTON ROYALTY TRUST BASIS ADJUSTMENT	86.				
RECOVERY OF AMOUNT TREATED AS QUALIFYING DISTRIBUTION	1,000.				
TOTAL TO FORM 990-PF, PART III, LINE 3	1,086.				

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
SOFTWARE	8,500.	944.	7,556.	7,556.
TO 990-PF, PART II, LN 14	8,500.	944.	7,556.	7,556.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBOT LABS	35,390.	91,375.
NORTH EUROPEAN OIL ROYALTY TR	8,247.	27,389.
BP AMOCO	57,031.	123,039.
BRISTOL MYERS SQUIBB	35,931.	210,080.
EMERSON ELECTRIC	28,704.	669,700.
JOHNSON & JOHNSON	60,089.	214,855.
ROCHE HOLDINGS LTD	6,626.	27,736.
IBM	11,468.	53,763.
CANADIAN NATIONAL RAILWAY	41,296.	412,238.
ZIMMER HLDGS INC	1,393.	32,189.
HOSPIRA INC	145.	3,242.
PFIZER INC COM	110,730.	92,055.
HUGOTON ROYALTY TRUST UNIT	112,136.	35,250.
MESA ROYALTY TRUST UNIT BEN	116,666.	44,280.
CONOCOPHILLIPS	103,595.	293,320.
DEVON ENERGY CORPORATION	155,375.	316,100.
PLUM CREEK TIMBER CO INC	121,800.	181,600.
HONEYWELL INTERNATIONAL INC.	148,744.	216,825.
POTASH CORP OF SASKATCHEWAN	56,126.	31,100.
PROCTOR & GAMBLE COMPANY	126,593.	161,500.
PIMCO CORPORATE INCOME FD	747,099.	737,450.
CHEVRON CORPORATION	153,457.	179,940.
VADAFONE GROUP PLC	134,150.	184,275.
PHILLIPS 66	32,665.	128,860.
ABBVIE INC.	38,377.	121,125.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,443,833.	4,589,286.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HAMILTON TREASURY FUND & U.S. TREASURY OBLIGATIONS	COST	2,955,556.	2,955,556.
ENERGY TRANSFER PARTNERS LP	COST	146,350.	158,910.
ENTERPRISE PRODUCTS PARTNERS LP	COST	129,720.	189,840.
PLAINS ALL AMERICAN PIPELINE	COST	128,122.	204,880.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,359,748.	3,509,186.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH S. SAMPLE P.O. BOX 279 BILLINGS, MT 59103-0279	CHAIRMAN 0.10	0.	0.	0.
T.A. COX 6 BARR HILL WAY, P.O. BOX 65 SEAL HARBOR, ME 04675-0065	SECRETARY/TREASURER 0.10	0.	0.	0.
MICHAEL S. SAMPLE (DECEASED 6/2014) P.O. BOX 279 BILLINGS, MT 59103-0279	VICE PRESIDENT 0.10	0.	0.	0.
BARBARA SAMPLE P.O. BOX 279 BILLINGS, MT 59103-0279	EXECUTIVE DIRECTOR/PRESIDENT 1.00	0.	0.	0.
DAVID F. SAMPLE 34174 CAMDEN LANE POLSON, MT 59860	DIRECTOR 0.10	0.	0.	0.
PATRICK G. SAMPLE P.O. BOX 410 INDEX, WA 98256	DIRECTOR 0.10	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 13

NAME OF MANAGER

JOSEPH S. SAMPLE
MICHAEL S. SAMPLE (DECEASED 6/2014)
DAVID F. SAMPLE
PATRICK G. SAMPLE

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BARBARA SAMPLE
P.O. BOX 279
BILLINGS, MT 591030279

TELEPHONE NUMBER

(406)256-5567

FORM AND CONTENT OF APPLICATIONS

LETTER GIVING ORGANIZATIONAL BACKGROUND AND PURPOSES, SPECIFIC NEED &
AMOUNT REQUESTED. ATTACH 501(C)(3) IRS DETERMINATION LETTER.

ANY SUBMISSION DEADLINES

AUGUST 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERALLY LIMITED TO ORGANIZATIONS IN THE STATE OF MONTANA & COLLIER COUNTY
FLORIDA. NO GRANTS WILL BE PROVIDED TO RELIGIOUS OR POLITICAL ORGANIZATIONS
OR TAX SUPPORTED INSTITUTIONS.

FORM 990-PF

OTHER REVENUE

STATEMENT 15

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
NORTHERN EUROPEAN OIL ROYALTY TRUST			15	2,676.	
MESA ROYALTY TRUST			15	3,599.	
HUGOTON ROYALTY			15	3,977.	
ENTERPRISE PRODS PARTNERS			18	7,980.	
PLAINS ALL AMERICAN PIPELINE			18	9,070.	
ENERGY TRANSFER PARTNERS			18	10,725.	
TOTAL TO FORM 990-PF, PG 12, LN 11				38,027.	

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	SOFTWARE	06/20/13	SL	3.00		16	8,500.				8,500.			944.	944.
	* TOTAL 990-PF PG 1 DEPR						8,500.				8,500.	0.		944.	944.

2013 Contributions

Name	Address		Amount	Charitable Purpose
Alberta Bair Theater	2801 3rd Ave N	Billings MT	59101 \$ 3,000 00	General Operating
Area IV Agency on Aging	110 Main Street	Polson MT	59860 \$ 2,000 00	General Operating
B E A R	310 N 4th St	Hamilton MT	59840-3300 \$ 10,000 00	General Operating
Big Brothers Big Sisters of Park County	105 1/2 South Second Street	Livingston MT	59047 \$ 5,754 00	Technology Equipment
Billings Clinic Foundation	2917 Tenth Avenue North	Billings MT	59107-1031 \$ 14,000 00	Psychiatric Center Remodel
Billings Family YMCA	402 N 32nd Street	Billings MT	59101 \$ 7,300 00	Adaptive Equipment
Billings Public School (Orchard)	415 N 30th St	Billings MT	59101 \$ 15,000 00	Playground Upkeep
Billings Symphony Society	2721 2nd Ave North STE 350	Billings MT	59102 \$ 3,000 00	Educational Programs
Blue Mountain Clinic	610 N California Street	Missoula MT	59802 \$ 500 00	General Operating
Bob Lin Memorial Fellowship	2080 Addison ST	Berkeley CA	94720-4200 \$ 500 00	Funding for Scholarship Program
Boys & Girls Club of Lewistown	PO Box 1317	Helena MT	59624 \$ 9,000 00	Pantry
Boys & Girls Clubs of Yellowstone County	505 Orchard Lane	Billings MT	59101 \$ 15,000 00	Legacy
Boys and Girls Club of Flathead	110 6th Ave East	Polson MT	59860 \$ 1,500 00	Office Furniture
Boys and Girls Club of the Hi-line	PO Box 68	Havre MT	59501 \$ 7,800 00	Kitchen Equipment
CASA of Lake County	P O Box 511	Polson MT	59860 \$ 3,000 00	General Operating
Children's Healthcare of Atlanta	1577 NE Expressway, Suite A	Atlanta GA	30329 \$ 1,000 00	General Operating
Children's Oncology Camp Foundation	PO Box 1450	Missoula MT	59806 \$ 1,500 00	General Operating
Community Crisis Center	704 N 30th	Billings MT	59101 \$ 8,000 00	Cabinet/Carpet
Cystic Fibrosis	2672 Bayshore Parkway Ste 520	Mountain View CA	94043 \$ 500 00	General Operating
DeBRA	16 East 41st Street 3rd Floor	New York NY	10017 \$ 100 00	General Operating
Easter Seals Washington	200 W Mercer ste 210E	Seattle WA	98119 \$ 2,500 00	General Operating
Eastern Yellowstone Special Services Cooperative	1932 Hwy 87E	Billings MT	59101 \$ 7,197 00	Sensory Integration Equipment
Family Outreach Inc	1236 Helena Avenue	Helena MT	59601 \$ 6,000 00	CPR Equipment
Family Services Inc	1824 1st Ave N	Billings MT	59101 \$ 3,000 00	General Operating
Fountain Valley School	6155 Fountain Valley School Road	Colorado Springs CO	80911 \$ 2,500 00	General Operating
Friends of Heybrook Ridge	PO Box 265	Index WA	98256 \$ 2,500 00	General Operating
Friends of Public Radio	1500 University Drive	Billings MT	59101 \$ 4,000 00	General Operating
Fun Time Early Childhood Academy	102 12th Street North	Naples FL	34102 \$ 10,000 00	Legacy
Garnet Preservation Association	PO Box 18295	Missoula MT	59808 \$ 1,000 00	General Operating
Gio's Garden	PO Box 62055	Middleton WI	53562 \$ 1,000 00	General Operating
Habitat for Humanity Mid Yellowstone Valley	1617 1st Avenue N	Billings MT	59101 \$ 10,000 00	Homes
Habitat for Humanity of Missoula	P O Box 7181	Missoula MT	59807 \$ 7,000 00	Homes
Hopa Mountain	234 E Babcock, Suite E	Bozeman MT	59715 \$ 8,000 00	Scholars of Promise/Conference
Immokalee Child Care Center	415 Colorado Avenue	Immokalee FL	34142 \$ 9,000 00	Outdoor Family Center
Index Historical Society	PO Box 299	Index WA	98256 \$ 5,000 00	General Operating
Institute for Peace Studies	1511 Poly Drive	Billings MT	59102 \$ 3,000 00	Camp Supplies
Intermountain Deaconess Children's Services	500 S Lamborn St	Helena MT	59601 \$ 9,000 00	Home Construction
Lewistown Art Center	323 W Main	Lewistown MT	59457 \$ 2,499 00	Sink
Life Skills Fore Montana Youth Inc	3007 Montana Ave	Billings MT	59101 \$ 9,000 00	Indoor Equipment
Make-A-Wish Montana	Wells Fargo Center	Billings MT	59101 \$ 5,000 00	Copier
Mission Valley Aquatic Center	PO Box 774	Polson MT	59860 \$ 1,000 00	General Operating
Missoula Aging Services	337 Stephens Ave	Missoula MT	59802 \$ 5,000 00	New Server
Montana Food Bank Network	5625 Expressway	Missoula MT	59808 \$ 10,000 00	HVAC
Montana Innocence Project	PO Box 2070	Missoula MT	59807 \$ 2,270 00	Scanner
Montana School for the Deaf & Blind Foundation	P O Box 6576	Great Falls MT	59406 \$ 9,000 00	Furniture
Nature Conservancy of Montana	32 S Ewing, Suite 215	Helena MT	59601 \$ 2,000 00	General Operating
NCH Healthcare Foundation	PO Box 234	Naples FL	34106 \$ 1,000 00	General Operating
Outdoors For All Foundation	6344 NE 74th St Ste 102	Seattle WA	98115 \$ 2,500 00	General Operating

Poverello Center, Inc	535 Ryman	Missoula	MT	59801	\$	14,000 00	Bed Replacement
Ronald McDonald House Charities	3003 Fort Missoula Rd	Missoula	MT	59804	\$	3,000 00	General Operating
Safe Harbor	PO Box 497	Ronan	MT	59864	\$	2,000 00	General Operating
Services for Academic Success, RMC	1511 Poly Drive	Billings	MT	59102	\$	3,500 00	Arts
Snohomish County Fire District 28	PO Box 64	Index	WA	98256	\$	6,500 00	General Operating
St Joseph Medical Center	6 13th Ave E	Poison	MT	59860	\$	3,000 00	Telemedicine Equipment
St Vincent Healthcare Foundation	1105 N 30th Street	Billings	MT	59101	\$	27,308 00	Dental Supplies
The Bridge Foundation	239 Annandale Rd	Billings	MT	59105	\$	9,000 00	Computers/Travel
Thrive	P O Box 6637	Bozeman	MT	59771	\$	6,800 00	Training Equipment
Tumbleweed Program	505 N 24th St	Billings	MT	59101	\$	10,000 00	Pantry
United Way of Collier County	848 First Avenue, North, #240	Naples	FL	34102	\$	2,500 00	General Operating
United Way of Yellowstone County	2173 Overland Park Avenue	Billings	MT	59102	\$	12,500 00	General Operating
University of Montana Foundation /Business School	PO Box 7159	Missoula	MT	59807	\$	1,000 00	General Operating
University of Montana Foundation Excellence Fund	PO Box 7159	Missoula	MT	59804	\$	1,500 00	General Operating
Watson's Children Center	4978 Buckhouse Ln	Missoula	MT	59804	\$	2,000 00	General Operating
Yellowstone Art Museum	401 N 27th St	Billings	MT	59101	\$	3,000 00	General Operating
Yellowstone Association	PO Box 117	Yellowstone National Park	WY	82190	\$	1,000 00	Educational Programs
Yellowstone CASA, Inc	PO Box 688	Billings,	MT	59103-0688	\$	4,000 00	Audio/Video Equipment
Yellowstone River Research	1511 Poly Drive	Billings	MT	59102	\$	3,000 00	Yellowstone Watershed
Young Families Early Head Start, Inc	1020 Cook Avenue	Billings	MT	59102	\$	4,510 00	Upgrade Computers
Young Women's Christian Association of Billings (YWCA Billings)	909 Wyoming Avenue	Billings	MT	59101	\$	9,000 00	Security Locks/Cameras
Youth Homes Inc	PO Box 7616	Missoula	MT	59807	\$	7,500 00	Fence
YWCA Missoula	1130 W Broadway	Missoula	MT	59802	\$	1,800 00	Security Cameras
Zoo Montana	2100 S Shiloh Rd	Billings	MT	59103	\$	3,000 00	General Operating
Total 2013 Grants						\$ 389,838 00	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions SAMPLE FOUNDATION, INC.	Employer identification number (EIN) or 59-6138602
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 279	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BILLINGS, MT 59103	

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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOSEPH S. SAMPLE

- The books are in the care of ► **14 N 24TH STREET - BILLINGS, MT 59101**
Telephone No ► **406-245-0550** 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 EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **NOV 1, 2012**, and ending **OCT 31, 2013**.

- 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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 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	\$	4,050.
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	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2013)

39799

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
	SAMPLE FOUNDATION, INC.	59-6138602	
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
	P.O. BOX 279		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	BILLINGS, MT 59103		

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 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

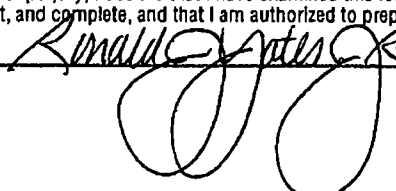
JOSEPH S. SAMPLE

- The books are in the care of **14 N 24TH STREET - BILLINGS, MT 59101**
Telephone No. **406-245-0550** 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 EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2014.**
- 5 For calendar year , or other tax year beginning **NOV 1, 2012**, and ending **OCT 31, 2013**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	4,050.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **5/30/2014**

Form 8868 (Rev. 1-2013)