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.Form 990-PF

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.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Depar	tment al Re <u>v</u>	of the Treasury reaue Service		► Information about F	er Socia orm 990	o-PF and its separate	instructions	is at <i>WWW.ir</i> s	s.gov/form990pf.	Open to Public Inspection
Ford	alen	dar year 2013 (or tax year	beginning			, and e	ending		
Nan	ne of	foundation							A Employer identification	number
Т	HE	HOMEST	EAD F	OUNDATION	INC				52-2389050	
Num	ber a		oox number i	f mail is not delivered to str		ss)		Room/suite	B Telephone number 406-222-20	00
				untry, and ZIP or foreig	n postal	code			C if exemption application is pe	
L	IV.	INGSTON	, MT	59047-128	3					<u>.</u>
G C	heck	all that apply:		Initial return		Initial return of a fo	ormer public	charity	D 1. Foreign organizations	, check here
				Final return	Ļ	Amended return			2 Foreign organizations may	sting the 8594 test
				Address change		Name change			Foreign organizations med check here and attach cor	nputation PL
H_ C	_	type of organiz		X Section 501(c)(3)					E If private foundation stat	
<u> </u>				pt charitable trust end of year J Accou		r taxable private founda ethod: X Cash	F		under section 507(b)(1)	
		rket value of all Part II, col. (c),		end of year J Accou	_	specify)	L Acc	Tuai	F If the foundation is in a 6 under section 507(b)(1)(
,,,,			-	L , 523 . (Part I, co		d) must be on cash i	basis.)			(b), check here
		Analysis of R	evenue an			(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, grant	ts, etc., received		150,000.			N/A	
	2			n is not required to attach Sch B						
	3	Interest on saving	and tempo	orary						
	4	Dividends and	interest fro	om securities		18,697.	1	<u>.8,697.</u>		STATEMENT 1
	5a									
		Net rental income	· · · -			14,236.				
īe	B0	Gross sales price	for all	70,863		14,230.				
Revenue	7	assets on line 6a Capital gain net in			-		1	4,236.		
æ	8	Net short-term	-	•						
	9	Income modific	cations	_						
	10a	Gross sales less and allowances	returns							
		Less Cost of good								·
		Gross profit or	(loss)							
	11 12	Other income Total. Add line	e 1 throug	ih 11		182,933.		32,933.		
	13			ectors, trustees, etc	_	0.		0.		0.
	14	Other employe								
	15	Pension plans,		-						
ses	16a	Legal fees								
ber		Accounting fee		STMT 2	<u> </u>	2,150.		0.		2,150.
E E		Other profession	onal fees	STMT 3		2,985.		2,985.		
Iministrative Expenses	17 18	Interest Taxes								
istra	19	Depreciation a	nd depletic	on.						
Ë	20	Occupancy	na aopiene	,,,						
契	21	Travel, confere	nces, and	meetings						
₹	22	Printing and p	ublications	ECEIVED	<u> </u>					
œ	23	Other expense	•	STMT-4	옜_	<u>596.</u>		0.		386.
rat	24	Total operation	gand adm	ninistrative	ᅨ	E 731		2 005		2 526
Operating and Adn	25	expenses. Add		inrough 23	OSO-Sat	5,731. 52,350.		2,985.		2,536. 52,350.
\cap	25 26			。 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	1	24,330.				32,330.
回		Add lines 24 a	nd-25			58,081.		2,985.		54,886.
SCANNED	27	Subtract line 2		: 12:					-	
Ķ	a			nses and disbursements	<u> </u>	124,852.				
Š	b	Net investmen	it income ((if negative, enter -0-)	<u> </u>			<u> 29,948.</u>		
		Adjusted net i	ncome (if n	egative, enter -0-)			<u> </u>		N/A	

For	m <u>99</u>	0-PF (2013) THE HOMESTEAD FOUNDATION		52-2	2389050 Page 2
, L	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	<u>art</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	<6,347.>	107,984.	107,984.
	2	Savings and temporary cash investments	971,748.	956,183.	956,183.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		-	
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	i	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
ທ	R	Inventories for sale or use		-	
Assets	i -	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	i	Investments - corporate stock STMT 6	288,960.	315,046.	387,356.
	I	Investments - corporate bonds	200,000.	313,040.	307,330.
		Investments - land, buildings, and equipment basis			
	''				
	40	Less accumulated depreciation			
		Investments - mortgage loans			752
	1	Investments - other			
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation			
		Other assets (describe		+	
	10	Total assets (to be completed by all filers - see the	1,254,361.	1 270 212	1 451 500
_	47	Instructions. Also, see page 1, item 1)	1,434,301.	1,379,213.	1,451,523.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
i	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Foundations that follow SFAS 117, check here	0.		
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	į		
Š	25	Temporarily restricted			
3ai	26	Permanently restricted			
힏	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds	954,361.	1,029,213.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	300,000.	350,000.	STATEMENT 5
Net Assets or Fund Balances	30	Total net assets or fund balances	1,254,361.	1,379,213.	
Z		Total fiel abbox of faile salations	1/231/3011	1,313,213.	
	31	Total liabilities and net assets/fund balances	1,254,361.	1,379,213.	
P	art				
1		net assets or fund balances at beginning of year - Part II, column (a), line 30			1 054 064
_	•	it agree with end-of-year figure reported on prior year's return)		1	1,254,361.
		r amount from Part I, line 27a		2	124,852.
		r increases not included in line 2 (itemize)		3	1 270 212
		lines 1, 2, and 3 eases not included in line 2 (itemize)		4	1,379,213.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colui	mn (h) line 30	5 6	1,379,213.
<u>~</u> _	. Jul	The assess of fully balances at one of year filles 4 militus line of Franch, column			Form 990-PF (2013)

See the Part VI instructions.

	990-PF	(2013) THE HOMESTEAD FOUNDATION INC Excise Tax Based on Investment Income (Section 494	Ω(a) 494Ω(h) 49	40(a) or 4	52-	2389	050		Page 4
		operating foundations described in section 4940(d)(2), check here and e)			10010	01101	13)
		ruling or determination letter: (attach copy of letter if nec		ns)					
b		tic foundations that meet the section 4940(e) requirements in Part V, check here		·-,	1			2	99.
		I, line 27b							
C		r domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col.	(b).					
		der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O		(-)-	2				0.
		es 1 and 2	,		3			2	99.
4	Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -O-)		4		_		0.
		sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,		5			2	99.
		Payments:							
		stimated tax payments and 2012 overpayment credited to 2013	6a			}			
		foreign organizations - tax withheld at source	6b						
		d with application for extension of time to file (Form 8868)	6c	_					
		withholding erroneously withheld	6d		1				
		redits and payments. Add lines 6a through 6d			7				0.
		ny penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched		8				
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9			2	99.
		yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				
		ne amount of line 10 to be: Credited to 2014 estimated tax	1	Refunded -	11				
		A Statements Regarding Activities	<u></u>	itoranaca p		L			
		the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participa	ite or intervene	ın			Yes	No
	_	itical campaign?					1a		X
	•	pend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions fo	or the definition	1?		1b		X
		nswer is "Yes" to 1a or 1b, attach a detailed description of the activities an	·		-				
		uted by the foundation in connection with the activities.	,	•					
c	Did the	foundation file Form 1120-POL for this year?					1c		X
		ne amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear:						
		the foundation. > \$ 0. (2) On foundation managers		0.					
		ne reimbursement (if any) paid by the foundation during the year for political expend			•				
		ers. ▶ \$ 0 •	•						
2	-	foundation engaged in any activities that have not previously been reported to the l	RS?				2		X
		," attach a detailed description of the activities.							
3	Has the	foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of i	ncorporation, o)r				*
		or other similar instruments? If "Yes," attach a conformed copy of the chang		,			3		X
4a	-	foundation have unrelated business gross income of \$1,000 or more during the yea					4a		X
		has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5	Was the	ere a liquidation, termination, dissolution, or substantial contraction during the year	>				5		X
		," attach the statement required by General Instruction T.							
6	Are the	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:						
	By lar	nguage in the governing instrument, or					- 1		
		ate legislation that effectively amends the governing instrument so that no mandator	y directions that confli	ct with the state	law				
	remain i	in the governing instrument?					6	X	
7	Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col. (c), and Part XV	,		7	X	
8a	Enter th	ne states to which the foundation reports or with which it is registered (see instruction	ons) >						
	MT						1		
b		nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or des	signate)					
		state as required by General Instruction G? If "No," attach explanation	•	•			8b	X	
9	Is the fo	oundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 494	12(j)(5) for cale	ndar				
		113 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," of					9		X
10	Did any	persons become substantial contributors during the tax year? if "Yes," attach a schedi	ule listing their names and a	addresses			10		X

orm	990-PF (2013) THE HOMESTEAD FOUNDATION INC	52-2389	050	ı	Page 5
	art 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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			
40	If "Yes," attach statement (see instructions)		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A		13	X	
14		▶406.22	2 2	000	
17	Located at > 401 S. MAIN ST, LIVINGSTON, MT	ZIP+4 ▶59		000	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	211 44 P <u>33</u>	04/		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	- 15	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?	ļ	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	ļ			
_	country				
Pa	rt 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
18	During the year did the foundation (either directly or indirectly):	. []		Ì	
		res X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	es X No			
		res X No			
		es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			l	
	if the foundation agreed to make a grant to or to employ the official for a period after			l	
		es X No		- 1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
_	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?		.		v
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1c		<u> </u>
-	defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	na			
		res X No			
	If "Yes," list the years ,,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	:t			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac				
	statement - see instructions.)	N/A	2b	_	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
30	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
04	<u> </u>	res X No			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons a				
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule of				
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	·	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?		4b		X
		For	m 990	- PF (2013)

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); of		ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii acsoribea iii scottori		s X No	
	or adventional avenues or 6		18 LAL 110	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?			NO LAL 8	i l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru	, and the second		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		「/A	8 L No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b <u>X</u>
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		· · · · · · · · · · · · · · · · · · ·		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
JOHN SULLIVAN	PRESIDENT			
401 S. MAIN ST				
LIVINGSTON, MT 59047	1.00	0.	0.	0.
MEREDITH KEY SULLIVAN	VICE PRESIDEN	r		
401 S. MAIN ST				
LIVINGSTON, MT 59047	1.00	0.	0.	0.
MIKE WATERS	DIRECTOR			
401 S. MAIN ST				
LIVINGSTON, MT 59047	1.00	0.	0.	0.
	•			
,= 1,11,11,11,11,11,11,11,11,11,11,11,11,1	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE			COMPONELLON	
	1			
	1			
	1			
	-	†		
	1			
				
	1			
Total number of other employees paid over \$50,000	1	1		0
TOTAL HUMBER OF OTHER EMPROYEES PAIN OVER \$50,000		·-· · · · · · · · · · · · · · · · · · ·	Earm	990-PF (2013)
			rufm	230-F F (2013)

Form 990-PF (2013) THE HOMESTEAD FOUNDATION INC Part VIII Information About Officers, Directors, Trustees, Foundation	52-2 Managers Highly	2389050	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
Five highest-paid independent contractors for professional services. If none, enter "No			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
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 number of organizations and other beneficiaries served, conferences convened, research papers produced	i, etc.	Expenses	i
CONTRIBUTIONS TO VARIOUS PHILANTHROPIC ORGANIZ	ATIONS. TOTAL		
OF 44 ORGANIZATIONS.			
		52,	<u>.350.</u>
2			
3			
Port IV R Comment of December 11			
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 0	A	
	l and 2.	Amount	
1 <u>N/A</u>			
			
All other program-related investments. See instructions.			
rai outoi program relateu myestinents. See msuuchons.			
Fetal Add lines 1 through 2			

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		-
a		1a	347,476.
b	Average of monthly cash balances	1b	347,476. 976,426.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,323,902.
е	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	1,323,902.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,859.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,304,043.
6	Minimum investment return. Enter 5% of line 5	6	65,202.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Mınımum ınvestment return from Part X, line 6	1	65,202.
28	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	299.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	64,903.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	64,903.
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	64,903.
P	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	54,886.
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:		
а	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	54,886.
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	299.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,587.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				64,903.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			52,002.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2013:		0.		
a From 2008				
b From 2009				
c From 2010	•			
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 54,886.				
a Applied to 2012, but not more than line 2a			52,002.	
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 2013 distributable amount				2,884.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract	ŀ			
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				62,019.
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 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011		1		
d Excess from 2012				
e Excess from 2013				

Form 990-PF (2013) THE HOM	ESTEAD FOUR	NDATION INC			889050 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	it it is a private operating	1		
foundation, and the ruling is effective fo	r 2013, enter the date of	the ruling	>		
b Check box to indicate whether the found	lation is a private operati	ing foundation described	in section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed		İ			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	:				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
 a "Assets" alternative test - enter: (1) Value of all assets 					
			 	+	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see inst	tructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		e than 2% of the total co	ntributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed i			•		,
JOHN SULLIVAN					
b List any managers of the foundation wi	no own 10% or more of t	the stock of a corporation	or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha	is a 10% or greater inter-	est.			•
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loai	n, Scholarship, etc., I	Programs:		
Check here > X if the foundation	only makes contributions	s to preselected charitabl	e organizations and does	not accept unsolicited rec	juests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone nun	nber or e-mail address of	f the person to whom ap	olications should be addr	essed:	
, , ,					
b The form in which applications should	be submitted and inform	ation and materials they	should include:		
c Any submission deadlines:			 	 	
d Any restrictions or limitations on award	is, such as by geographi	ical areas, charitable field	s, kinds of institutions, o	r other factors:	

Part XV Supplementary Information				<u> </u>
3 Grants and Contributions Paid During		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
······································	any foundation manager or substantial contributor	recipient		·
a Paid during the year BEAVERHEAD COMMUNITY FOOD PANTRY PO BOX 1356	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
DILLON MT 59725				500
BIG HORN HISTORICAL MUSEUM RR1, BOX 1206A HARDIN, MT 59034	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	600
BIG TIMBER COMMUNITY FOOD BANK PO BOX 340 BIG TIMBER, MT 59011	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	600
BIGFORK MUSEUM OF ART & HISTORY 525 ELECTRIC AVENUE BIG FORK, MT 59911	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
BIGFORK SUMMER PLAYHOUSE PO BOX 456 BIGFORK MT 59911	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
Total SEE	CONTINUATION SHE	ET(S)	▶ 3a	52,350
NONE				
Total			▶ 3b	m 990-PF (201

iter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Amount	
ı	_		 		
b	_				
c	_				
d	_				
e	_				
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	18,697.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other	1 1				
than inventory			18	14,236.	·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:				1	
a					
b	_				
C					
d					
e					
Subtotal. Add columns (b), (d), and (e)			0.	32,933.	
Total. Add line 12, columns (b), (d), and (e)					32,93
ee worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activities	s to the Accor	nnlishment of	Exempt P	umoses	
Tiolationing of Addivide		.pomiont Of	Exclipt	ui posos	

_ ▼ _	the foundation's exempt purposes (other than by providing funds for such purposes).	
		·
		· · · · · · · · · · · · · · · · · · ·
		<u></u>
	<u> </u>	

323621 10-10-13

<u>Form 99</u>			<u>IOMESTEAD</u>						<u>-2389050</u>		e 13
Part	XVII	Information Re	egarding Tra	nsfers To a	and T	ransactions a	and Relation	ships With No	oncharitable)	
		Exempt Organ								17	
		janization directly or indi						ection 501(c) of		Yes	No
		other than section 501(c					nizations?				
		from the reporting found	ation to a noncharn	table exempt or	ganizatio	on or:					
	Cash	ancata							1a(1)		X
	Other	assets sactions:							1a(2)		X
-		of assets to a noncharita	hle evernet organiz	estion					45/43		v
		ases of assets from a no							1b(1)		X X
		of facilities, equipment,	•	organization					1b(2) 1b(3)		X
		oursement arrangements							1b(4)		X
		or loan guarantees							1b(5)		X
		mance of services or me	embership or fundra	aising solicitatio	ons				1b(6)		X
		facilities, equipment, ma							10		X
d If t	he answ	er to any of the above is	"Yes," complete the	e following sche	edule. Co	olumn (b) should alv	ways show the fail	r market value of the	goods, other ass	ets,	
or	services	given by the reporting f	oundation. If the fo	undation receiv	ed less t						
col		the value of the goods,				·					
(a) Line n	0	(b) Amount involved	(c) Name	of noncharitable	e exemp	torganization	(d) Descript	ion of transfers, transact	ions, and sharing arr	angement	is
			ļ	N/A				·			
	+-		 					<u> </u>			
			 		. ,		-				
	+		 				-	· · ·			
			 								
		-									
		·-									
								7			
	.										
		dation directly or indirec	•	•			zations described				
		501(c) of the Code (othe	•	c)(3)) or in sect	tion 527	?			Yes	X	No
<u>b f "</u>	Yes," co	mplete the following sch			1		η				
		(a) Name of org	janization		(b) ly	pe of organization		(c) Description of r	elationship		
		N/A			 						
				_	 						
-	_							·			
					 			·			
	Under	penalties of perjury, I declare	that I have examined t	his return, includir	ng accomp	panying schedules and	statements, and to t	he best of my knowledge	New Marine		
Sign	and be	hef, it is true, correct, and cor	nplete Declaration of p	preparer (other tha	an taxpaye	r) is based on all inform	nation of which prepa	rer has any knowledge	May the IRS d	preparer	.
Here	 					6/24/200	∀ DIREC	CTOR	shown below Yes		No
	Sign	ature of officer or trustee	,		[Date	Title				
		Print/Type preparer's na	ame	Preparer's s	signature		Date	Check If	PTIN		
D. 11		DANIEL S.	MILLER,					self- employed			
Paid		CPA					06/20/14		P00031		
Preparent		Firm's name ► AND	ERSON ZU	RMUEHLE	EN &	CO., P.C	•	Firm's EIN ► 8	31-03859	40	
U36 (- 1	Firm's address ▶ P .	O BOY 1	0.43E							
		i ii iii o auul coo 📂 🕑 🚡		U433				1			

323622 10-10-13

BILLINGS, MT 59104-0435

Phone no. 406-245-5136 Form **990-PF** (2013)

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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

Employer identification number

T	HE HOMESTEAD FOUNDATION INC	52-2389050					
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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
•	is covered by the General Rule or a Special Rule. ;)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in nolete Parts I and II.	noney or property) from any one					
Special Rules							
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	_					
total contributions	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							
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its first 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) (2013)

Name of organization Employer identification number

THE HOMESTEAD FOUNDATION INC 52-2389050

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1ST STATE BANK OF NEWCASTLE P.O. BOX 910 NEWCASTLE, WY 82701	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN SULLIVAN P.O. BOX 1283 LIVINGSTON, MT 590471283	\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE HOMESTEAD FOUNDATION INC

52-2389050

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			1

Name of organiz	ation			Employer identification number
THE HOMI Part III	ESTEAD FOUNDATION INC Exclusively religious, charitable, etc., indivingual. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	dual contributions to section 501(c following line entry. For organization)(7), (8), or (10) organizations completing Part III, enter	52-2389050 ons that total more than \$1,000 for the
	Use duplicate copies of Part III if additional	, contributions of \$1,000 or less for I space is needed	r the year. (Enter this information once	2) • •
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of git		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, an	(e) Transfer of gif		insferor to transferee
			· · · · · · · · · · · · · · · · · · ·	

Part XV Supplementary Information		· · · · · · · · · · · · · · · · · · ·	·	
3 Grants and Contributions Paid During the				
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
CARBON COUNTY COMM. FOOD BANK	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 665 RED LODGE_MT 59068]		500
RED HODGE, MI 39008				
CARROL COLLEGE FORENSICS/DEBATE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
1601 NORTH BENTON AVENUE	NONE	501(0)(3)	FRIDANTIROFIC FORFOSES	
HELENA, MT 59625				1,000
CENTRAL MONTANA COMMUNITY CUPBOARD	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 194 LEWISTOWN, MT 59457				500
DENISIONN, MI 37437				
CENTRAL MONTANA FOUNDATION ICE RINK	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 334	NONE	501(0)(3)	FILLANTINOFIC FORFOSES	
LEWISTOWN MT 59457				1,000
CENTRAL MONTANA MEDICAL FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
408 WENDELL AVENUE				1 000
LEWISTOWN, MT 59457				1,000
CDARY WOLDWALL DRODUCTIONS	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
CRAZY MOUNTAIN PRODUCTIONS PO BOX 58	NONE	501(0)(3)	PHILANTHROPIC PURPOSES	
LIVINGSTON, MT 59047				500
CUSTER COUNTY FOOD BANK	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
210 S. WINCHESTER AVE MILES CITY, MT 59301		İ		500
MINES CIII, AI 39301				
DAWSON COUNTY FOOD BANK	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
112 W. BENHAM	NONE	501(6)(3)	FITTERNITINGFIC FUNFOSES	
GLENDIVE MT 59330				500
EAGLE MOUNT OF BOZEMAN	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
6901 GOLDSTEIN LANE BOZEMAN MT 59771			1	1,000
Designation of the state of the				
EDIENDO OF DIDITO PARTO	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
FRIENDS OF PUBLIC RADIO 1500 UNIVERSITY DRIVE	NONE	501(0)(3)	FAILMAITAROFIC PURPOSES	
BILLINGS, MT 59101				4,000
Total from continuation sheets				49,750

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor GATEWAY HOSPICE NONE 501(C)(3) PHILANTHROPIC PURPOSES 504 S 13TH STREET LIVINGSTON, MT 59047 500. HELP EVERY PET 501(C)(3) NONE PHILANTHROPIC PURPOSES PO BOX 171 HARDIN, MT 59034 500. NONE 501(C)(3) PHILANTHROPIC PURPOSES HELPING HANDS PO BOX 125 HARDIN, MT 59034 500. HUMANE SOCIETY OF BEAVERHEAD COUNTY NONE 501(C)(3) PHILANTHROPIC PURPOSES 80 LAGOON LANE DILLON MT 59725 500. LIVINGSTON COUNTERPOINT NONE 501(C)(3) PHILANTHROPIC PURPOSES 116 EAST LEWIS LIVINGSTON, MT 59047 750. NONE 501(C)(3) LIVINGSTON DEPOT FOUNDATION PHILANTHROPIC PURPOSES PO BOX 1319 LIVINGSTON, MT 59047 10,000. LIVINGSTON FOOD PANTRY NONE 501(C)(3) PHILANTHROPIC PURPOSES 112 NORTH M STREET LIVINGSTON, MT 59047 1,000. LIVINGSTON FRIEND OF THE YELLOWSTONE NONE 501(C)(3) PHILANTHROPIC PURPOSES GATEWAY MUSEUM PO BOX 815 LIVINGSTON MT 59047 500. LOAVES AND FISHES OF LIVINGSTON NONE 501(C)(3) PHILANTHROPIC PURPOSES 301 SOUTH MAIN ST. LIVINGSTON MT 59047 750. MONTANA PRESERVATION ALLIANCE NONE 501(C)(3) PHILANTHROPIC PURPOSES 120 REEDER'S ALLEY HELENA MT 59601 500. Total from continuation sheets

Supplementary Information Part'XV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor NATIVE AMERICAN CHILDREN'S PHILANTHROPIC PURPOSES NONE 501(C)(3) ASSOCIATION 24 EAST PALISADE BASIN DRIVE RED LODGE MT 59068 750, PARK COUNTY THEATER GUILD NONE 501(C)(3) PHILANTHROPIC PURPOSES 113 EAST CALLENDER ST. LIVINGSTON, MT 59047 1,000. NONE 501(C)(3) PROJECT HOPE PHILANTHROPIC PURPOSES PO BOX 1443 COLUMBUS MT 59019 500. THE CONFLUENCE NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 807 MILES CITY, MT 59301 1,000. THE SAMARITAN'S FOOD PANTRY NONE 501(C)(3) PHILANTHROPIC PURPOSES 250 HOWARD VALLEY ROAD FORSYTH, MT 59327 500. NONE 501(C)(3) PHILANTHROPIC PURPOSES TOWN OF FROID PO BOX 308 FROID, MT 59226 2,000. TUMBLEWEED RUNAWAY NONE 501(C)(3) PHILANTHROPIC PURPOSES 505 NORTH 24TH STREET BILLINGS, MT 59101 1,000. WAKE UP, LACE UP NONE 501(C)(3) PHILANTHROPIC PURPOSES 107 BALSAM DRIVE MILES CITY MT 59301 1,000. CARNEGIE FRIENDS OF LIBRARY NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 1518 BIG TIMBER MT 59011 1,000. SPECIAL K RANCH NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 479 COLUMBUS MT 59019 1,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	- 	1		
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		·
COMMUNITY OF HOPE FOOD BANK	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
204 CEDAR AVENUE LAUREL MT 59044				50
MONTANA FIREFIGHTERS MEMORIAL	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 1195				
LAUREL, MT 59044			-	1,000
LEWISTOWN BOYS AND GIRLS CLUB	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
134 PARK STREET LEWISTOWN, MT 59457				1.000
SNOWY MOUNTAIN INDUSTRIES	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
132 WUNDERLIN				
LEWISTOWN, MT 59457				1,000
LIVINGSTON ROTARY CLUB FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 66 LIVINGSTON, MT 59047				2 200
LIVINGSION, MI J9047		1		2,000
LIVINGSTON YOUTH SOCCER ASSOCIATION		E01 (G) (2)		
PO BOX 556	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
LIVINGSTON, MT 59047				2,000
STANFORD LIBRARY GUILD	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
4135 LOWER SAGE CREEK ROAD				
MOCCASIN, MT 59642		 		1,000
PRAIRIE COUNTY HEALTH DEPARTMENT	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
CHRISTMAS FOOD BASKETS PO BOX 202				
FERRY, MT 59349				500
COLORADO ACADEMY	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
3800 SOUTH PIERCE STREET				
DENVER, CO 80235				5,000
Total from continuation sheets				

SOURCE	FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	RITIES ST	TATEMENT 1
TO PART I, LINE 4		GAINS	REVENUE	NET INVEST-	(C) ADJUSTED NET INCOME
FORM 990-PF ACCOUNTING FEES STATEMENT			•		
(A) (B) (C) (D) TO PART I, LINE 4 18,69	7.	18,697.	18,697.		
EXPENSES NET INVEST- ADJUSTED CHARITABI	FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 2
TO FORM 990-PF, PG 1, LN 16B 2,150. 0. 2,150 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABING PER BOOKS MENT INCOME NET INCOME PURPOSES BROKER FEES 2,985. 2,985. (C) TO FORM 990-PF, PG 1, LN 16C 2,985. 2,985. (C) FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES STATEMENT (B) (C) (D) EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES STATEMENT (B) (C) (D) EXPENSES STATEMENT (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABING NET INCOME PURPOSES ANNUAL REPORT 15. 0. 15 EXPENSES 371. 0. 371	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABI PER BOOKS MENT INCOME NET INCOME PURPOSES BROKER FEES 2,985. 2,985. (C) TO FORM 990-PF, PG 1, LN 16C 2,985. 2,985. (C) FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABI PER BOOKS MENT INCOME NET INCOME PURPOSES ANNUAL REPORT 15. 0. 15 FORM 990-PF TAX 210. 0. 371	ACCOUNTING	2,150.	0.		2,150.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABI PER BOOKS MENT INCOME NET INCOME PURPOSES BROKER FEES 2,985. 2,985. (C) (D) TO FORM 990-PF, PG 1, LN 16C 2,985. 2,985. (C) (D) FORM 990-PF OTHER EXPENSES STATEMENT DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITABI CHARITABI PER BOOKS MENT INCOME PURPOSES ANNUAL REPORT 15. 0. 15 FORM 990-PF TAX 210. 0. 371 OTHER EXPENSES 371. 0. 371	TO FORM 990-PF, PG 1, LN 16B	2,150.	0.		2,150.
EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES BROKER FEES 2,985. 2,985. (C) TO FORM 990-PF, PG 1, LN 16C 2,985. 2,985. (C) FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES ANNUAL REPORT 15. 0. 15 FORM 990-PF TAX 210. 0. 0. 371	FORM 990-PF	OTHER PROFES	SIONAL FEES	Si	PATEMENT 3
TO FORM 990-PF, PG 1, LN 16C 2,985. 2,985. (C) FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME PURPOSES ANNUAL REPORT 15. 0. 15 FORM 990-PF TAX 210. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
Ca	BROKER FEES	2,985.	2,985.		0.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABI PER BOOKS MENT INCOME NET INCOME PURPOSES ANNUAL REPORT 15. 0. 15 FORM 990-PF TAX 210. 0. 0 OTHER EXPENSES 371. 0. 371	TO FORM 990-PF, PG 1, LN 16C	2,985.	2,985.		0.
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITABI PER BOOKS MENT INCOME NET INCOME PURPOSES ANNUAL REPORT FORM 990-PF TAX OTHER EXPENSES 371. O. 371	FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 4
FORM 990-PF TAX 210. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 23 596. 0. 386	FORM 990-PF TAX	210.	0.		15. 0. 371.
	TO FORM 990-PF, PG 1, LN 23	596.	0.		386.

FORM 990,-PF `	OTHER	FUNDS		STATEMENT	5
DESCRIPTION			(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND			300,000.	350,0	00.
TOTAL TO FORM 990-PF, PART II,	LINE 29		300,000.	350,0	00.
FORM 990-PF	CORPOR	TE STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	r
CHARLES SCHWAB INVESTMENTS			315,046.	387,3	56.
TOTAL TO FORM 990-PF, PART II,	LINE 10E	3	315,046.	387,3	56.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . .

OMB No. 1545-1709

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Form 8868 (Rev. 1-2014)

	a are ming for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted a					
Electro	onic filing $(e ext{-}file)$. You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a cor	poration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	868 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With C	ertain
Person	al Benefit Contracts, which must be sent to the IRS in pap	oer format	(see instructions) For more details	on the elec	ctronic filing of this	s form,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits	s.			_	
Part	1 Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I o				•	ì	▶ □
	er corporations (including 1120-C filers), partnerships, REM	ilCs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file ii	ncome tax returns.			Enter file	er's identifying nu	ımber
Туре о	Name of exempt organization or other filer, see instru	ıctıons			r identification nur	
print	, ,,,,,,					(, 0,
P ······	THE HOMESTEAD FOUNDATION IN	NC.			52-23890	50
File by th	e Number street and ream are uto as Ka D.O. have		tions	Social se	curity number (SS	
due date filing you	· ·	oc manac	10113.	Oociai 36	carry namber (oc	,,,,
return Se		oreign add	ress see instructions	L		
	LIVINGSTON, MT 59047-1283	oreigir aud	ness, see manuchons			
	LIVINGSION, MI 3304, 1203	 				
Enter ti	he Return code for the return that this application is for (file	e a cenara	te application for each return)	^		0 4
Lintoi ti	The metalin code for the retain that this application is for the	e a separa	te application for each return)			0 4
Applic	-4:	Detum	I Application // //	1000		
	ation	Return	Application (5)	Mr.		Return
Is For	000 or Form 000 F7	Code	Is For	//,	100	Code
	90 or Form 990-EZ	01	Form 990-T (corporation)	<u>(//, </u>	100	07
Form 9		02	Form 1041-A	- (2)	, ", ", ", ", ", ", ", ", ", ", ", ", ",	08
	720 (individual)	03	Form 4720 (other than individual)	~ ~	Gia Vivin	09
Form 9	''' 	04	Form 5227	41.	18 / S//	10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069	<u> </u>	- 1	11
Form 9	90-T (trust other than above)	06	Form 8870	Ni.	** **/	12
	HOMESTEAD FOUN		· · ·	• *		
	books are in the care of \triangleright 401 S. MAIN ST	- LI			<u> </u>	
	phone No. ► 406.222.2000		Fax No.			
	e organization does not have an office or place of busines)	
• If th	is is for a Group Return, enter the organization's four digit	7			- -	
box	. If it is for part of the group, check this box		ch a list with the names and EINs o		ers the extension	ıs for.
1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
_		ot organiza	tion return for the organization nam	ed above.	The extension	
i	s for the organization's return for:					
	► X calendar year 2013 or					
	tax year beginning	, an	d ending	-	_ ·	
2 l	f the tax year entered in line 1 is for less than 12 months, c	check reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
ŗ	nonrefundable credits. See instructions.			3a	\$	0.
b 1	f this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
E	estimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	_ \$	0.
_	Balance due. Subtract line 3b from line 3a. Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System).	-	-	3c	\$	0.
	n. If you are going to make an electronic funds withdrawal			3453-EO aı	nd Form 8879-EO	

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

instructions.

323841 12-31-13