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Form **990-PF**

EXTENDED TO NOVEMBER 16, 2015 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. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax	year beginning		, and ending		
Name of foundation				A Employer identificatio	n number
STEPPING FOR	WARD FOUNDATION	N		27-4013543	<u> </u>
Number and street (or P O box number	mber if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
PO BOX 1538				406-294-9	765
City or town, state or province	e, country, and ZIP or foreign (postal code		C If exemption application is	pending, check here
BILLINGS, MT	59103	<u></u> -		<u> </u>	
G Check all that apply:	Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here . ►
	Final return	Amended return		2	costing the REOV test
	Address change	Name change		Foreign organizations m check here and attach or	computation
H Check type of organization:	Section 501(c)(3) e	xempt private foundation		E If private foundation st	atus was terminated
Section 4947(a)(1) non		Other taxable private founda		under section 507(b)(1	i)(A), check here
I Fair market value of all asset	' ' 🗀 '	ting method: L Cash	X Accrual		60-month termination
(from Part II, col. (c), line	16)0	Other (specify)	1	under section 507(b)(1	I)(B), check here
	908,831. (Part I, cold	umn (a) must be on cash b	oasis.)		T
The total of amounts in necessarily equal the a	n columns (b), (c), and (d) may not	(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	450,000.		N/A	
	undation is not required to attach Sch. 8			ļ	
3 Interest on savings and cash investments		1 2 2 2 2	4.6.5.5	<u> </u>	
4 Dividends and intere	est from securities	18,243.	18,243.		STATEMENT 1
5a Gross rents				F	D 2255
b Net rental income or (los	39)	604		ı'	
68 Net gain or (loss) from a Gross sales price for all		694.			- 3
assets on line 6a	161,065.		604	 	AUG S 2 2013
7 Capital gain net income			694.	1	S. AUU 2 7 Zuio
8 Net short-term capit	*			1	-3
9 Income modification Gross sales less returns				1	
108 and allowances b Less Cost of goods sol	٠	 			
c Gross profit or (loss	•			•	
11 Other income	,				
12 Total Add lines 1 th	rough 11	468,937.	18,937.		
1	rs, directors, trustees, etc	0.	0.	,	0.
14 Other employee sala			 		
15 Pension plans, empl	loyee benefits				
16a Legal fees					
b Accounting fees c Other professional for interest 18 Taxes 19 Depreciation and de	STMT 2	16,525.	0.	,	16,525.
c Other professional fo	ees STMT 3	3,648.	3,648.	1	0.
🥞 🙎 17 Interest					
18 Taxes					
	pletion				
20 Occupancy 21 Travel, conferences,					
Travel, conferences,	•				
		000			044
23 Other expenses	STMT 4	273.	29.		244.
Office of the components of th		20 446	2 (77		16 760
∌∪ 		20,446. 104,204.	3,677.		16,769.
25 Contributions, gifts,		104,204.	- .		104,204.
26 Total expenses and Add lines 24 and 25		124,650.	3,677.		120,973.
27 Subtract line 26 from		124,030.	3,011.	' 	140,313.
	expenses and disbursements	344,287.			
	expenses and dispursements OM8 (if negative, enter -0-)	3==,20/•	15,260.		
c Adjusted net incom			13,100	N/A	
400504	ork Reduction Act Notice, see	instructions.			Form 990-PF (2014)

For	m 99	00-PF (2014) STEPPING FORWARD FOUNDA		27-	4013541 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u>:</u>			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	500,728.	86,095.	86,095.
	3	Accounts receivable -			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable >			
	_ ا	Less: allowance for doubtful accounts			
		Grants receivable	_		_
	6	Receivables due from officers, directors, trustees, and other			
	١_	disqualified persons			
	7	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
ets	1 1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	ì	Investments - mortgage loans	72.026	020 555	000 726
	13	Investments - other STMT 5	73,036.	830,767.	822,736.
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation	 -		
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	F73 764	016 060	000 021
_	43	instructions, Also, see page 1, item I)	573,764.	916,862.	908,831.
	i	Accounts payable and accrued expenses	1,189.		
	18	Grants payable			
ties	19	Deferred revenue	 .		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable			
	22	Other liabilities (describe)	-		
	23	Total liabilities (add lines 17 through 22)	1,189.	0.	
_	23	Foundations that follow SFAS 117, check here	1,107.		
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
a B	25	Temporarily restricted			
3ai	26	Permanently restricted			
or Fund Balances	-"	Foundations that do not follow SFAS 117, check here			
3		and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
š	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	572,575.	916,862.	
Net Assets	30	Total net assets or fund balances	572,575.	916,862.	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	31	Total liabilities and net assets/fund balances	573,764.	916,862.	
Г	art	III Analysis of Changes in Net Assets or Fund B	alances		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	572,575.
		r amount from Part I, line 27a		2	344,287.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	916,862.
		reases not included in line 2 (itemize)		5	0.
<u>8</u>	ı ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (D), line 30	6	916,862. Form 990-PF (2014)
					rum 830-r r (/ 014)

	PING FORWARD FORMARD FOR THE PROPERTY OF THE P						2	7-401	3541	Page 3
(a) List and descri	be the kind(s) of property sold (e. ehouse; or common stock, 200 s	.g., real estate,		(b) H	low acq Purcha Donati	uired ise on	(c) Date a	acquired ay, yr.)	(d) Date (mo., da	
1a UBS					P					
b UBS					P					
<u>C</u>						_				
e		_	-							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cos	at or other basis		<u> </u>			ain or (loss)		
a 129,468.			130,73	6.			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	-1	,268.
b 31,617.			29,65						1	,962.
<u>c</u>				_	_					
<u>d</u>				-					-	
Complete only for assets showing	gain in column (b) and owned b	v the foundation	on 12/31/69	_		//\	Gaine (C	ol. (h) gain	minue	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I) col. (j), if any				(k), but n	ot less that (from col. (1 -0-) or	
8	· · · · · · · · · · · · · · · · · · ·								-1	,268.
b									1	<u>,268.</u> ,962.
<u>c</u>										
<u>d</u>			·							
e 2 Capital gain net income or (net cap		ter in Part I, line -0- in Part I, line	7 7	}	2					694.
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c	s) as defined in sections 1222(5)			٦						
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) fo	r Dodugod	Toy on Not	1774	3	ant Inc		N/A		
For optional use by domestic private						FIIL IIIC	Jille			
f section 4940(d)(2) applies, leave th		1 4540(a) tax on	not invostincint in		•,					
Was the foundation liable for the secti f "Yes," the foundation does not quali			•	riod?					Yes	X No
1 Enter the appropriate amount in e				ntries.					•	
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying d	Istributions	Net value of no	(c) nchar	ıtable-u:	se assets		Dıstrıb (col. (b) dıv	(d) ution ratio ided by col.	(c))
2013		43,636.				,087				54513
2012		11,810. 164.				., <u>488</u> .,307				<u>16368</u> 13326
2011 2010		104.			12	, 30 /	•		• 0.	13320
2009										
				-						
2 Total of line 1, column (d)							2		. 41	<u>84207</u>
3 Average distribution ratio for the 5 the foundation has been in existen		al on line 2 by 5,	or by the number	of yea	ars		3		1	51402
4 Enter the net value of noncharitable	e-use assets for 2014 from Part >	C, line 5					4		557	<u>,863.</u>
5 Multiply line 4 by line 3							5		90	,040.
3 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6			153.
7 Add lines 5 and 6							7		90	<u>,193.</u>
8 Enter qualifying distributions from	•		•				8		120	<u>,973.</u>
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, III	ne 1b, and comp	lete that part usin	ig a 19	6 tax ra	te.				

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	t VI Excise Tax Based on Investment Income (Section 494		<u> 4948 -</u>	see i	nstr	ıctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e						
	Date of ruling or determination letter: (attach copy of letter if nec						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1			1	<u>53.</u>
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%						_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2				<u>0.</u>
	Add lines 1 and 2		3		_	1	53.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)	4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				<u>53.</u>
	Credits/Payments:	1 - 1					
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	-				
	Exempt foreign organizations - tax withheld at source	_ <u>6b</u>	-				
	Tax paid with application for extension of time to file (Form 8868)	6c	-				
	Backup withholding erroneously withheld	6d	⊣ _				^
	Total credits and payments. Add lines 6a through 6d		1-7-				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	cnea	8				<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.	9			±	<u>53.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	حديدها	10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► t VII-A Statements Regarding Activities	Refunded >	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it participate or interve	20.10			Yes	No
	any political campaign?	nation of did it participate of litterver	16 111		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo:	ses (see instructions for the definition	n/2		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an				10		- 12
	distributed by the foundation in connection with the activities.	a copies or any materials passes					
	Did the foundation file Form 1120-POL for this year?				1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear'			-10		
	(1) On the foundation. > \$ 0. (2) On foundation managers						
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi		<u>•</u>				
	managers. ► \$ 0.	naro az impossa en realitación					
	Has the foundation engaged in any activities that have not previously been reported to the II	RS?			2		х
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i	instrument, articles of incorporation	or .				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	The state of the s	•		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	r ?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1			5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ither:					
	● By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandator 	y directions that conflict with the sta	ite law				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II, col. (c), and Part)	(V		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructio	ns) ►					
	MT						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
	Is the foundation claiming status as a private operating foundation within the meaning of se		llendar		_		
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," o		amer.	ا م	9	7,-	<u> </u>
IU	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ile listing their names and addresses	STMT	6	10	X	I

_	1990-PF (2014) STEPPING FORWARD FOUNDATION 27-40	13541		Page 5
Pa	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		_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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE ORGANIZATION Telephone no. ► 406-2			
	Located at ► PO BOX 1538, BILLINGS, MT ZIP+4 ►	<u>59103</u>		
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	N	/A	- No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16	.	<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Pa	foreign country ► art 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
1 a	a During the year did the foundation (either directly or indirectly):		103	110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	ŀ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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.)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1		
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 2014?	1c		<u>X</u>
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)):			
•	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years \(\bigs_{	1		
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>	1		
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	olf "Yes," did it have excess business holdings in 2014 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 2014.)	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	<u> </u>	<u>X</u>
b	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 2014?	4b		<u>X</u>
		Form 99 0	リーピト	(2014)

Form 990-PF (2014) STEPPING FORWARD FOUNDAT Part VII-B Statements Regarding Activities for Which		Poguired (centur	27-40135	41_	Page 6
	romi 4/20 May be i	requirea (contin	<u>uea)</u>	—Т	
5a During the year did the foundation pay or incur any amount to:	- 40.454-330	□ ,,			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	* **		8 X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire		₹		
any voter registration drive?	_		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	8 X No	- }	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				
the prevention of cruelty to children or animals?			s X No]	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	ın Regulations		l	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ıctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere			i	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Yo	8 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				İ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?			s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6ь	x
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		as X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		,,,	
Paid Employees, and Contractors	oos, i ouridation wie	inagors, riigin	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		unt, other owances
LYN A. FINDLEY	PRES/SEC/TREA		compensation		J.110.1000
PO BOX 1538	TRED/DEC/TREE				
BILLINGS, MT 59103	0.00	0.	0.	ļ	0.
BENJAMIN C. FINDLEY	DIRECTOR	, , , , , , , , , , , , , , , , , , ,	<u></u>	<u> </u>	<u> </u>
PO BOX 1538	DIRECTOR				
		0.			^
BILLINGS, MT 59103	0.00	1	0.		0.
LEAH A. FINDLEY	DIRECTOR				
PO BOX 1538	1 000				^
BILLINGS, MT 59103	0.00	0.	0.	 	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1\ If none	enter "NONE "	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
2 Compensation of the highest-paid employees (other than those int	(b) Title, and average	enter NONE."	(d) Contributions to	ام)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	unt, other
NOVE	devoted to position		compensation	and	owances
NONE	-				
				 	
	4				
	-	1		<u> </u>	
	4				
	1				
	_				
	<u> </u>		<u> </u>	l	
Total number of other employees paid over \$50,000			<u>F</u>	000	0 PE (2014)
			Form	ו-טעט	PF (2014)

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orm 990-PF (2014) STEPPING FORWARD FOUNDATION	27-4	1013541 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Taket number of others recovered over \$50,000 for professional convers		▶ 0
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	Lunformation cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	Expenses
CONTRIBUTIONS TO PHILANTHROPIC ORGANIZATIONS.	TOTAL OF 13	
ORGANIZATIONS.		
		104,204.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
	, <u> </u>	
otal, Add lines 1 through 3	. •	0.
		Form 990-PF (2014)

	11 390-PF (2014) STEPPING FORWARD FOUNDATION	27-4013541	Page 8
L	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:		
8	Average monthly fair market value of securities	1a 311,	658.
b	Average of monthly cash balances	1b 254,	658. 700.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 566,	358.
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	з 566,	358.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		495.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		863.
6	Minimum investment return. Enter 5% of line 5		893.
Р	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.)	nd certain	
1	Minimum investment return from Part X, line 6	1 27,	893.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	153.
3	Distributable amount before adjustments. Subtract line 2c from line 1		740.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 27.	740.
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		740.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 120.	973.
	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		973.
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	153.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		820.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(8)	(b)	(c)	(d)
1 Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
line 7				27,740.
2 Undistributed income, if any, as of the end of 2014				21,140.
a Enter amount for 2013 only			0.	
b Total for prior years:		-		
S rotation prior yours.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012 6,317.				
e From 2013 37,540.				
f Total of lines 3a through e	43,857.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 120,973.				
a Applied to 2013, 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 2014 distributable amount				27,740.
e Remaining amount distributed out of corpus	93,233.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				3.2
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	137,090.			
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 2013. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2014. Subtract		,		
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	405 000			
Subtract lines 7 and 8 from line 6a	137,090.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012 6,317.				
d Excess from 2013 e Excess from 2014 37,540. 93,233.				
e Excess from 2014 93, 233.			<u></u>	Form 990-PF (2014)

Form 990-PF (2014) STEPPIN	G FORWARD F	OUNDATION			13541 Page 10	
Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		A, question 9)	N/A		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo		-	▶ └			
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or 49	342(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years	(d) 2011	(a) Tatal	
income from Part I or the minimum	(a) 2014	(0) 2013	(c) 2012	(0) 2011	(e) Total	
investment return from Part X for						
each year listed						
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly		}				
for active conduct of exempt activities.		-				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the						
alternative test relied upon:						
a "Assets" alternative test - enter:		1				
(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:		İ				
(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	<u> </u>					
Part XV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets	
at any time during t	ne year-see inst	ructions.)				
1 Information Regarding Foundation	_					
a List any managers of the foundation wh			ributions received by the	foundation before the clo	se of any tax	
year (but only if they have contributed r	nore man 45,000). (See s	section 507(a)(2).)				
LYN A. FINDLEY						
b List any managers of the foundation wh other entity) of which the foundation ha	o own 10% or more of this a 10% or greater intere	ne stock of a corporation (ist.	or an equally large porti	on of the ownership of a p	artnership or	
NONE		<u> </u>				
2 Information Regarding Contribut						
Check here 🕨 📖 if the foundation of	only makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	iests for funds. If	
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d d	
a The name, address, and telephone num	ber or e-mail address of	the person to whom appli	cations should be addre	ssed:		
KRISTIN GREB, 406-20	8-4408					
PO BOX 1538, BILLING	S, MT 59103	3	 .		<u>-</u>	
b The form in which applications should t	e submitted and informa	ation and materials they sh	ould include:			
THE ORGANIZATION						
c Any submission deadlines:						
NONE						
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:		
NONE						

423611 11-24-14

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
g. 555 amounto amoun attion who indiduced.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business	Amount	sion	Amount	function income		
-		•					
b							
c							
d							
e							
1							
g Fees and contracts from government agencies							
Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			1				
4 Dividends and interest from securities			14	18,243.			
5 Net rental income or (loss) from real estate:	-			10/245.			
a Debt-financed property			-				
b Not debt-financed property			 				
Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			18	694.			
9 Net income or (loss) from special events			10	074.	· · · · · ·		
O Gross profit or (loss) from sales of inventory					<u> </u>		
1 Other revenue:							
8							
			-				
c			 				
			<u> </u>				
e 12 Subtotal. Add columns (b), (d), and (e)		0.	 	18,937.	0.		
3 Total. Add tolumns (b), (d), and (e)	<u> </u>	<u> </u>			18,937.		
See worksheet in line 13 instructions to verify calculations.)				10	10,337.		
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Purposes			
Line No. Explain below how each activity for which incor	ma ic ranortad i	n column (a) of Part Y/I-A	contrib	outed importantly to the accord	nnlichment of		
the foundation's exempt purposes (other than l			Contin	Julea importantly to the accord	ipiisiiriibiit Oi		
V	-, p			-			
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		·					
		· -					
l .			_				

	in section 30 f(c) of the code (other than section 30 f(c)(3))	of in Section 5277	Yes	NO LALL
þ	If "Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of relationship	
	N/A			

	Sign	lature of officer or trustee	Date	Title		
		Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
		DANIEL S. MILLER,	(hamil & 1) Weler, CPA		self- employed	
Paid		CPA	DANIEL S. MILLER,	08/14/15		P00031554
Prepa Use O		Firm's name ► ANDERSON ZURMUEHLEN & CO., P.C.		Firm's EIN ► 8	1-0385940	
		Firm's address ▶ P.O. BOX	20435			
		BILLINGS,	MT 59104-0435		Phone no. 40	6-245-5136

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.lrs.gov/form990.

2014

Name of the organization

Employer identification number

	STEPPING FORWARD FOUNDATION	27-4013541
Organization type (chec	ck 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	
Note. Only a section 50 General Rule X For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special lation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	ing \$5,000 or more (in money or
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supposition described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amore FEZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ed of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi is checked, ent purpose. Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the General Rule applies to this organization becaus table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box ous, charitable, etc.,
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedul on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

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) (2014)

Name of organization

Employer identification number

STEPPING FORWARD FOUNDATION

27-4013541

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

		·	r -
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD AND LYN FINDLEY PO BOX 1538 BILLINGS, MT 59103	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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.)

Employer identification number

STEPPING FORWARD FOUNDATION

27-4013541

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	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
(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	000 F7 av 000 PE) (0044)

Name of orga	anization	Employer identification number					
STEPPI	NG FORWARD FOUNDATION			27-4013541			
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described	d in section 501(c)(7), (8), o	r (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 c	or less for the year (Enterthis info on	æ) ► \$			
(a) No.	Use duplicate copies of Part III if addition	al space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
1 21 (1							
-			<u> </u>				
		(e) Transfer of gi	π				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
İ				·			
			<u>-</u>				
(a) No. from	(b) Purpose of gift	(a) I loo of alf	(c) Doo				
Part I	(b) Purpose of grit	(c) Use of gift	(a) Des	cription of how gift is held			
			·				
							
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7ID + 4	Dološionahin of two	analanan ka kuanalanaa			
	Transieree's name, address, a	III ZIF + 4	neiationship of tra	insferor to transferee			
							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
			<u> </u>	 			
							
	(e) Transfer of gift						
	Transferee's name, address, a	Polationabia of two					
	Transieree's name, address, a	IIII ZIF + 4	nerationship of the	ansferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
			— I ———	<u> </u>			
		(e) Transfer of gi	ft				
	T	1710 4	-				
-	Transferee's name, address, a	na ZIP + 4	Helationship of tra	ansferor to transferee			
-							
\bot		<u></u>		<u>-</u>			

FORM 990-PF DIVID	ENDS AND INTER	EST FROM SECUR	ITIES ST	TATEMENT 1
GROS: SOURCE AMOUNT		REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS 18,	243.	0. 18,243.	18,243.	
TO PART I, LINE 4 18,	243.	0. 18,243.	18,243.	
FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & LEGAL	16,525.	0.		16,525.
TO FORM 990-PF, PG 1, LN 1	6B 16,525.	0.		16,525.
FORM 990-PF	OTHER PROFES	SIONAL FEES	Si	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	3,648.	3,648.		0.
TO FORM 990-PF, PG 1, LN 1	6C 3,648.	3,648.		0.
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE 2013 990-PF OFFICE ADVERTISING	158. 29. 36. 50.	0. 29. 0. 0.		158. 0. 36. 50.
TO FORM 990-PF, PG 1, LN 2		29.		244.

FORM 990-PF	OTHER 1	NVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET	?
UBS		FMV	830,767.	822,73	86.
TOTAL TO FORM 990-PF,	PART II, LINE 13	3	830,767.	822,73	86.
FORM 990-PF	LIST OF SUBSTANT		BUTORS	STATEMENT	6
NAME OF CONTRIBUTOR	AI	DDRESS		- "	
PROSPECTOR OIL, INC.	27	 7 N 27TH STE	21G		

BILLINGS, MT 59101

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

OMB No. 1545-1709

• If you a						
	tre filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of tin	ne to file (I	6 months for a co	rporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request ar	extension
	file any of the forms listed in Part I or Part II with the ex					
Personal	Benefit Contracts, which must be sent to the IRS in par	er format	(see instructions). For more details of	n the elec	ctronic filing of th	s form,
	ırs.gov/efile and click on e-file for Charities & Nonprofits		,		_	·
Part I	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only						
All other o	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	
to file inco	ome tax returns.			Enter file	er's identifying n	umber
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification nu	
print				. ,		,
	STEPPING FORWARD FOUNDATION	. V			27-4013	541
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	cunty number (S	SN)
filing your return See	PO BOX 1538				, ,	•
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	lress, see instructions.			
	BILLINGS, MT 59103	•				
					•	
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
						<u> </u>
Application	on	Return	Application			Return
is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			
Form 990	-BL	02	Form 1041-A	-A		
Form 472	0 (ındıvıdual)	03	orm 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		<u>-</u> -	11
	-T (trust other than above)	06	Form 8870			12
Form 990						
Form 990		ON				
	THE ORGANIZATION		NGS. MT 59103			
The bo	THE ORGANIZATION books are in the care of ▶ PO BOX 1538 - 1					·
The bo Teleph	THE ORGANIZATION of the care of \triangleright PO BOX 1538 - 10 one No. \triangleright 406-294-9765	BILLI	Fax No.			→ □
The boTelephIf the o	THE ORGANIZATION cooks are in the care of \blacktriangleright PO BOX 1538 - 10 cone No. \blacktriangleright 406-294-9765 organization does not have an office or place of business	BILLII	Fax No. ▶	f this is fo		▶ □
The bo TelephIf the oIf this is	THE ORGANIZATION THE ORGANIZATION THE ORGANIZATION THE ORGANIZATION THE ORGANIZATION PO BOX 1538 - 10 THE ORGANIZATION THE ORGANIZ	BILLII s in the Ur Group Exe	Fax No. ▶ inted States, check this box emption Number (GEN)	f this is fo	r the whole group	, check this
 The bo Teleph If the o If this is box 	THE ORGANIZATION books are in the care of ▶ PO BOX 1538 - 1 cone No. ▶ 406-294-9765 organization does not have an office or place of business of a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	BILLII s in the Ur Group Exe and atta	Fax No. inted States, check this box imption Number (GEN) I ich a list with the names and EINs of	all memb	r the whole group ers the extension	, check this
 The bo Teleph If the o If this is box 	THE ORGANIZATION THE ORGANIZ	BILLII s in the Ur Group Exe and atta required	Fax No. inted States, check this box emption Number (GEN) I ich a list with the names and EINs of the file Form 990-T) extension of time	all memb until	ers the extension	, check this
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Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, c	complete only Part II and check this	s box		. > X
Note. Only complete Part II if you have already been granted an	automatic:	3-month extension on a previously fi	iled Form	3868.	
If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	Extensio	·			
		Enter filer's	identifyir	g number,	see instructions
Type or Name of exempt organization or other filer, see instr	uctions.		Employer	identification	on number (EIN) or
print					
File by the STEPPING FORWARD FOUNDATION					13541
Number, street, and room or suite no. If a P.O. box,	see instruct	tions.	Social se	cunty numb	er (SSN)
return See PO BOX 1538					
City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions			
BILLINGS, MT 59103					
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return)			. 04
					
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			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
STOPI Do not complete Part II if you were not already grante		natic 3-month extension on a prev	riously file	d Form 886	38
THE ORGANIZATI					
 The books are in the care of	BILLI				
Telephone No. ► <u>406-208-4408</u>		Fax No.			
 If the organization does not have an office or place of busines 					▶ □
 If this is for a Group Return, enter the organization's four digit 	_				
box 🕨 💹 . If it is for part of the group, check this box 🕨 🗀		ch a list with the names and EINs o	f all memb	ers the exte	nsion is for.
· ·	NOVEM:	BER 15, 2015.			
5 For calendar year 2014, or other tax year beginning		, and endin			•
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on. L Initial return	Final r	etum	
Change in accounting period					
7 State in detail why you need the extension					
THE ORGANIZATION NEEDS ADDITE					
INFORMATION NECESSARY TO FILE	A CO	MPLETE AND ACCURAT	E TAX	RETUR	LN.
					
					-
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			4-0
nonrefundable credits. See instructions.			8a	\$	<u> 153.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 606		-			
tax payments made. Include any pnor year overpayment a	allowed as	a credit and any amount paid			•
previously with Form 8868.			8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your p	-	th this form, if required, by using			4 = 4
EFTPS (Electronic Federal Tax Payment System). See inst			8c_	\$	153.
		st be completed for Part II	-		
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	iding accom	panying schedules and statements, and t	to the best o	if my knowled	ige and belief,
			_	_	
Signature ► Title ►	CPA		Date		
				Form	8888 (Rev. 1.2014)

STEPPING FORWARD FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor LAST CHANCE CAT SANCTUARY NONE 501(C)(3) PHILANTHROPIC PURPOSE 2113 WALTER RD BILLINGS MT 59105 10,000. RED LODGE AREA COMMUNITY FOUNDATION NONE 501(C)(3) PHILANTHROPIC PURPOSE PO BOX 1871 RED LODGE, MT 59068 10,000. NONE RAPELJE SCHOOL DISTRICT 501(C)(3) PHILANTHROPIC PURPOSE 714 MAIN ST RAPELJE MT 59067 2.154. OGLALA PET PROJECT NONE 501(C)(3) PHILANTHROPIC PURPOSE 19980 BIA 2 KYLE, SD 57752 10,000. REZQ DOGS NONE 501(C)(3) PHILANTHROPIC PURPOSE PO BOX 83 DODSON, MT 59524 5,000. RIMROCK HUMANE SOCIETY NONE 501(C)(3) PHILANTHROPIC PURPOSE PO BOX 834 ROUNDUP MT 59072 10,000. THOMPSON RIVER ANIMAL CARE SHELTER NONE 501(C)(3) PHILANTHROPIC PURPOSE PO BOX 1589 THOMPSON FALLS, MT 59873 5,000. MSU-BILLINGS FOUNDATION NONE 501(C)(3) PHILANTHROPIC PURPOSE 1500 UNIVERSITY DR BILLINGS MT 59101 6,000. Total from continuation sheets 58 154.