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OMB No 1545-0052

Department of the Treasury

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.

Open to Public Inspection

► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 A Employer identification number Name of foundation ORO Y PLATA FOUNDATION 46-0512750 **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) (406) 223-2595 **C** If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code KALISPELL, MT 59903 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation E If private foundation status was terminated Section 501(c)(3) exempt private foundation **H** Check type of organization under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J** Accounting method **F** If the foundation is in a 60-month termination I Fair market value of all assets at end **▶** □ under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16)►\$ 7,493,139 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see for charitable expenses per books (cash basis only) Contributions, gifts, grants, etc , received (attach 983.000 Check ► ☐ If the foundation is **not** required to attach Interest on savings and temporary cash investments 175,149 175,149 175,149 Dividends and interest from securities. . . Gross rents Net rental income or (loss)_ 332,782 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 489,363 Capital gain net income (from Part IV, line 2) . 332.782 Net short-term capital gain . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Total. Add lines 1 through 11 . . 1,490,931 507.931 175.149 12 32,340 13 Compensation of officers, directors, trustees, etc 46,200 13.860 14 Other employee salaries and wages . . Operating and Administrative Expenses 234 70 164 15 Pension plans, employee benefits . . 43 125 38 87 Legal fees (attach schedule). . . 16a 匆 3.996 2.797 Accounting fees (attach schedule). 1.199 图 2,317 695 1,622 Other professional fees (attach schedule) **17** 悃 24,031 21.180 2,851 Taxes (attach schedule) (see instructions) 45 Depreciation (attach schedule) and depletion . 19 20 5,452 Travel, conferences, and meetings. 7,788 2,336 21 245 171 22 Printing and publications Other expenses (attach schedule). 9 14,242 4,273 9,969 Total operating and administrative expenses. 24 Add lines 13 through 23 99.487 44,034 55.453 25 Contributions, gifts, grants paid. . . 1,665,128 1,665,128 26 Total expenses and disbursements. Add lines 24 and 44,034 1,764,615 1,720,581 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -273.684463,897 Net investment income (if negative, enter -0-)

Adjusted net income (If negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	643,384	527,195	
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts 🟲			
	4	Pledges receivable 🟲			
	-	Less allowance for doubtful accounts			
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see instructions)			
	_	-			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
sets		Inventories for sale or use			
un l	9	Prepaid expenses and deferred charges			
ď.		Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)	6,723,536	6,566,955	6,864,708
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis -			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) > 309		9 1,236	1,236
	15	Other assets (describe 🟲)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	7,366,920	7,095,386	7,493,139
	17	Accounts payable and accrued expenses	1,537	3,687	
	18	Grants payable			
ě	19	Deferred revenue			
abiliti	20	Loans from officers, directors, trustees, and other disqualified persons			
90	21	Mortgages and other notes payable (attach schedule)			
┙╽	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	1,537	3,687	
		Foundations that follow SFAS 117, check here			
e S		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
2	26	Permanently restricted			
딤		Foundations that do not follow SFAS 117, check here			
<u>-</u>		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Ř	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	7,365,383	7,091,699	
Net	30	Total net assets or fund balances (see instructions)	7,365,383	7,091,699	
Ż	31	Total liabilities and net assets/fund balances (see instructions)	7,366,920	7,095,386	
D =			7,300,320	7,033,300	
	rt II	, ,	(a) line 30 (
1		Total net assets or fund balances at beginning of year—Part II, column (7 265 202
~		, , , , , , , , , , , , , , , , , , , ,		- 1	7,365,383
2		Enter amount from Part I, line 27a			-273,684
3		Other increases not included in line 2 (itemize)		_ 3	7.001.55
4 -		Add lines 1, 2, and 3			7,091,699
5		Decreases not included in line 2 (itemize)		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lı	ne 30 . 6	7,091,699

Form 990-PF (2014)	ains and L	osses for Tax on Inve	stment Income	<u> </u>		Page 3
(a) List and de	scribe the kin	d(s) of property sold (e g , representations of the state	eal estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a Capital Gain D	vidends			2 20		
b						
c						
d						
e				<u> </u>		
(e) Gross sales pri	ce	(f) Depreciation allowed (or allowable)	\ \ \	or other basis pense of sale		or (loss)) mınus (g)
a						
b						327,20
С						
d						
е						
Complete only for a	sets showing	gain in column (h) and owne	ed by the foundation	n on 12/31/69	(I) Gains (Col	(h) gaın mınus
(i) F M V as of 12/2		(j) Adjusted basis	(k) Exc	cess of col (ı)	col (k), but not	less than -0-) or
		as of 12/31/69	over	col (j), if any	Losses (fr	om col (h))
a L						
b						
С						
d						
е						
, -	·	net capital loss) { or (loss) as defined in sectio	If gain, also enter If (loss), enter -0- ns 1222(5) and (6	in Part I, line 7	2	332,78
If gaın, also en ın Part I, lıne 8		ine 8, column (c) (see instru	ctions) If (loss), e	nter -0 -	3	
Part V Qualificat	ion Under	Section 4940(e) for R	educed Tax on	Net Investme	<u> </u>	
		foundations subject to the se				
section 4940(d)(2) ap	plies, leave tl	nıs part blank				
as the foundation liable	for the section	on 4942 tax on the distributa fy under section 4940(e) Do			eriod?	┌ Yes ┌ No
1 Enter the appropriat	e amount in e	ach column for each year, so	ee instructions befo	ore making any ent	ries	
(a)		(1-)	<i>.</i> .	1	(d)	
Base period years Calend		(b) usted qualifying distributions	(c) Net value of noncha	rıtable-use assets	Distribution	
year (or tax year beginning	in) ,				(col (b) divided	
2013		697,295		8,039,325		0 08674
2012		636,806		7,530,399		0 08457
2011		546,743		7,281,564		0 07509
2010		3,936,589 527,427		9,477,730 7,154,463		0 41535
	column (d)		<u> </u>		2	0 0 7 3 7 2
				—	2	0 /354
the number of	ears the four	r the 5-year base period—dividation has been in existence	e ıf less than 5 yea	rs <u> </u>	3	0 1470
4 Enter the net v	alue of nonch	arıtable-use assets for 2014	from Part X, line 5	·· · · · <u> </u>	4	7,913,66
5 Multiply line 4	by line 3				5	1,164,03
6 Enter 1% of ne	t investment	income (1% of Part I, line 2	7b)		6	4,63
7 Add lines 5 and	16			[7	1,168,67
8 Enter qualifyin	g distribution:	s from Part XII, line 4			8	1,720,58
	-	r than line 7, check the box		<u> </u>		

Form	990-PF (2014)		Р	age 4
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	· · · · · · · · · · · · · · · · · · ·			
	on line 1			
	Date of ruling or determination letter(attach copy of letter if necessary–see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			4,639
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			4,639
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			.,
-	enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			4,639
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 15,328			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		1	5,328
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		1	0,689
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 🕨 4,640 Refunded 🕨 11			6,049
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers 🕨 \$	_		N.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
_	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 instrument, articles	2		Na
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		No No
		<u>4υ</u> 5		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
0	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes)
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
•	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
	►MT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses, $^{f g}$	10	Yes	

	Continued Continued		<u>'</u>	age S
11	rt VII-A Statements Regarding Activities (continued) At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
11	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
40				NO
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
4-	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	<u> </u>
	Website address ►N/A			
14	The books are in care of ►FELICIA ENNIS Telephone no ►(406)	223-	2595	
	Located at ▶PO BOX 1385 LIVINGSTON MT ZIP+4 ▶59047			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			► F
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
10	a bank, securities, or other financial account in a foreign country?	16	163	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		<u> </u>	110
	Accounts (FBAR) If "Yes", enter the name of the foreign 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.	<u> </u>	Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
L	after termination of government service, if terminating within 90 days) Yes V No			
D	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		No
		1b		NO
_	Organizations relying on a current notice regarding disaster assistance check here			
C	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u> </u>		110
2	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	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? Yes Vo			
	If "Yes," list the years > 20, 20, 20			
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)	2b		No
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation	1		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	1		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	1		
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	1		
	If the foundation had excess business holdings in 2014.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

Pa	rt VII-B	Statements Rega	rdir	ng Activities for	W	nich Form 4720	May	Be Required (cont	inue	d)	
5a	During th	e year dıd the foundatıor	рау	or incur any amoun	t to						
	(1) Carry	on propaganda, or other	wise	attempt to influenc	e leg	ıslatıon (section 49	45(e))?	No No		
	(2) Influe	nce the outcome of any	spec	ific public election (see	section 4955), or to	car	ry			
	on, dı	rectly or indirectly, any	/ote	registration drive?.				\ Yes \	- No		
	(3) Provid	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes ┡	√ No		
	(4) Provid	de a grant to an organıza	tıon	other than a charita	ble,	etc , organization de	scrib	ped			
	ın sec	tion 4945(d)(4)(A)? (se	e in	structions)				Yes	No No		
		de for any purpose other									
	educa	itional purposes, or for t	ne pr	evention of cruelty 1	to ch	ıldren or anımals?.		Yes 🖟	- No		
ь	If any ans	swerıs "Yes" to 5a(1)–(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ling d	disaster assistance	(see	instructions)?		5b	No
С		wer is "Yes" to question									
		•	-			•		T Yes 🗟	- No		
		nttach the statement requi						, ,			
6a		undation, during the yea					prer	niums on			
		Il benefit contract?							- No		
ь								benefit contract?		6b	No
_		o 6b, file Form 8870.	.,	, p	,				-		-
7a		ne during the tax year, w	as tl	ne foundation a party	v to :	a prohibited tay shel	ter ti	ransaction? TYes F	- No		
	-					•		the transaction?		_{7b}	No
	11 yes, are							n Managers, Highly			
Pa	rt VIII	and Contractors	. 01	neers, birector.	, i	astees, i oanat		i Hanagers, mgmy	raid	Linb	ioyees,
1		icers, directors, trustees	, fo	ındation managers a	nd t	heir compensation (see i	nstructions).			
			(b)	Title, and average		c) Compensation		(d) Contributions to	(e) F	ynens	e account,
	(a) Nai	me and address	ا ا	hours per week evoted to position	(If not paid, enter -0-)		mployee benefit plans deferred compensation			wances
<u></u>	Λ dditional	Data Table	u	evoted to position		-0-)	and	deferred compensation			
	Addictorial	Data Fable									
_2	Compensat	tion of five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, e	nter "N	NONE."	
	. NI			(b) Title, and aver	age			(d) Contributions to	(-) [•	
(a		l address of each employ nore than \$50.000	ee	hours per week		(c) Compensation	n	employee benefit plans and deferred			e account, wances
	para	nore than \$50,000		devoted to positi	on			compensation		iici aii	, wantees
NON	IE										
				1							
				1							
				1							
Tota	I number of	f other employees paid o	ver	\$50,000				🕨			

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highl	y Paid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		▶
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers prod	Expenses	
1THE FOUNDATION IS ORGANIZED TO SUPPORT EFFECTIVE MO DEDICATED TO HELPING PEOPLE ENLARGE THEIR COMPETENC NOT TO FUND HISTORICAL SOCIETIES, ART CENTERS, GENERAL LEVEL ORGANIZATIONS, HIGHER EDUCATION INSTITUTIONS, ORGANIZATIONS, PUBLIC BROADCASTING AND ECONOMIC DEPORTION OF THE FOUNDATION'S GIVING GOES TO CHARITABOUTSIDE OF MONTANA OR THE PRIMARY FOCUS OF THE FOUN	CIES AND CAPACITIES OYP PREFERS AL HOSPITALS, THEATERS, NATIONAL ANIMAL ORGANIZATIONS, SPORTS EVELOPMENT PROJECTS A LIMITED LE ORGANIZATIONS THAT MAY BE	
2 REFER TO THE FORM 990-PF PART XV AND STATEMENTS 11 & 1 CHARITABLE GRANTS PAID OR APPROVED DURING THE YEAR	2 FOR A LIST OF THE DIRECT	
3		
Part IX-B Summary of Program-Related Investments	(coo instructions)	
Describe the two largest program-related investments made by the foundation during		Amount
1		
2		
		-
All other program-related investments See instructions		
3		1
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 7.479.715 1h 554.465 1c 1d 8.034.180 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 8.034.180 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 120.513 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 7.913.667 5 395.683 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 395.683 1 Tax on investment income for 2014 from Part VI, line 5. 4.639 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 4.639 3 3 391.044 4 4 5 5 391.044 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 391.044 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 1.720.581 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 1,720,581 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 4,639 Adjusted qualifying distributions. Subtract line 5 from line 4. 1,715,942 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed fricollie (see liistri	actions			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7		,		391,044
	Undistributed income, if any, as of the end of 2014				·
	Enter amount for 2013 only				
	· • • • • • • • • • • • • • • • • • • •				
	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2014				
	From 2009 173,222				
	From 2010 3,466,784				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e	4,410,551			
	Qualifying distributions for 2014 from Part				
7	XII, line 4 \$ 1,720,581				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions).				
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2014 distributable amount				391,044
	Remaining amount distributed out of corpus	1,329,537			
	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,740,088			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount				
_	—see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions				
t	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts 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)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	173,222			
۵	Excess distributions carryover to 2015.				
,	Subtract lines 7 and 8 from line 6a	5,566,866			
10	Analysis of line 9				
а	Excess from 2010 3,466,784				
	Excess from 2011 188,910				
	Excess from 2012				
	Excess from 2013 310,656				
е	Excess from 2014 1,329,537				

Part XIV Private Operating Fou	ndations (see ir	<u>nstructions and F</u>	<u>'art VII-A, questi</u>	on 9)	
a If the foundation has received a ruling or o					
foundation, and the ruling is effective for 2	•	_			
 Check box to indicate whether the organiz Enter the lesser of the adjusted net 		perating foundation		on I 4942(j)(3) o	or 4942(j)(5
income from Part I or the minimum	Tax year	(1) 2012	Prior 3 years	1 (1) 2044	(e) Total
investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
year listed					
85% of line 2a					
line 4 for each year listed					
A mounts included in line 2c not used					
directly for active conduct of exempt activities					
Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
"Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
 "Endowment" alternative test— enter 2/3 of minimum investment return shown in 					
Part X, line 6 for each year listed					
"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					
art XV Supplementary Information			the organizati	on had \$5,000	or more in
assets at any time during	<u> </u>	instructions.)			
Information Regarding Foundation Manag List any managers of the foundation who h		ore than 2% of the	total contributions	received by the foun	dation
before the close of any tax year (but only					aation
See Additional Data Table					
 List any managers of the foundation who o ownership of a partnership or other entity) 				illy large portion of t	he
ownership of a partnership of other entity,	or winch the lound	ation has a 10 70 of	greater interest		
Information Regarding Contribution, Gran	t, Gift, Loan, Schol	arship, etc., Progra	ms:		
Check here 🚩 If the foundation only ma	kes contributions t	o preselected char	ritable organizations	s and does not acce	pt
unsolicited requests for funds If the found		grants, etc (see ir	nstructions) to indiv	riduals or organization	ons under
other conditions, complete items 2a, b, c,	anu u				
The name address and talentees and	للامانجيس مسميس	of the manage to	hamanalissti	hould be added a	
The name, address, and telephone numbe ORO Y PLATA FOUNDATION	r or e-mail address	s of the person to w	mom applications s	nould be addressed	
PO BOX 1079					
KALISPELL,MT 599031079					
(406) 223-2595					
The form in which applications should be	submitted and infor	mation and materi	als they should incl	ude 	
c Any submission deadlines					
d Any restrictions or limitations on awards, factors	such as by geogra	phical areas, chari	table fields, kinds o	f institutions, or oth	er
ORO Y PLATA FOUNDATION DOES NO	T ACCEPT UNSOL	LICITED GRANT A	PPLICATIONS IF	TTERS OF INOUIR	Y MAY BE SENT

TO THE FOUNDATION MANAGER AT THE ADDRESS LISTED ABOVE

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total		<u> </u>		1,665,128
			<u> </u>	

Form 990-F						Page 12
	-A Analysis of Income-Produci			<u> </u>	F10 F10 F14	(-)
_	s amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See instructions)
b						
ef g Fees a 2 Membe 3 Interes	and contracts from government agencies rship dues and assessments					
4 Dividen5 Net rena Debt-b Not de6 Net renpropert	nds and interest from securities			14	175,149	
8 Gain or invento9 Net inc10 Gross p	nvestment income (loss) from sales of assets other than ory			18	336,955	-4,173
b c d	evenue a					
13 Total. A	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify colors B Relationship of Activities to Explain below how each activity for which the accomplishment of the foundation's	alculations) the Accomp th income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	ontributed importa	507,931 ntly to
	Instructions)					

Part XVI	Noncharitable					action	is and i	Relationships	with			
	organization directly or i	ndırectly e	ngage in any	y of the	following with							
	501(c) of the Code (other	er than sec	tion 501(c)((3) org	anızatıons) or	'ın sect	ion 527,	relating to polition	al		Yes	No
organiza				1.1								
	s from the reporting four h									1a(1)		No
	erassets									1a(1)		No
b Other tra				• •						14(2)		110
	es of assets to a noncha	rıtable exe	mpt organiza	ation.						1b(1)		No
	chases of assets from a									1b(2)		No
	tal of facilities, equipme		-	_						 		No
	nbursement arrangemer									1b(4)		No
	ns or loan guarantees.									1b(5)		No
	ormance of services or n									1b(6)		No
	of facilities, equipment,									1c		No
of the go	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices give	n by the rep	porting	foundation If	the fou	ndation r	eceived less tha	n fair marke	et value		
(a) Line No	(b) Amount involved	(c) Name o	of noncharitable	e exemp	t organization	(d) [Description	of transfers, transac	tions, and sha	ırıng arra	ngemer	nts
describe	undation directly or indidin section 501(c) of the complete the following (a) Name of organization	ne Code (ot schedule	-	ction 5	•	n sectio	-		•••• ption of relation	. □Ye	ıs F	No
lln	der penalties of perjury,	I declare t	hat I have e	avamını	ad this ratiirn	ıncludi	ng accon	nanvina schedii	lec and cta	tement	s and	to
the	e best of my knowledge a prmation of which prepar	ınd belief, i	t is true, coi						an taxpaye		ed on	
Here	*****			2	015-06-22	– b	*****		return	preparer		
	Signature of officer or t	rustee		D	ate	<u>, r</u>	Title	,		tr)? 🔽 <u>Y</u>	′es ┌ N	No
	Print/Type preparer's KRISTI TAYLOR CI		Preparer's S	Sıgnatı	ıre	Date		Check if self- employed ▶	PTIN P(07584	91	
Paid Preparei Use	Firm's name F StahlbergTaylor & As:	sociates Po	2			1		Firm's EIN ▶	-			
Only	Firm's address ► 100 Cooperative Way 599012386	Suite 100	Kalıspell, I	МТ				Phone no (406	5)257-839	9		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BRUCE ENNIS	PRESIDENT/TREAS	0		
PO BOX 1079 KALISPELL,MT 59903	4 0 0			
MARGARET DAVIS	Vice President	0		
PO BOX 1079 KALISPELL,MT 59903	1 00			
LW PETERSEN	Secretary	0		
PO BOX 639 BILLINGS,MT 59103	1 00			
FELICIA ENNIS	Foundation Mana	38,400		
PO BOX 1385 LIVINGSTON,MT 59047	25 00			
JEAN AGATHER	MANAGER	7,800		
PO BOX 1079 KALISPELL,MT 59903	25 00			

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

_ , ,	\sim \sim	NIS

MARGARET DAVIS

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PARK COUNTY BIG BROTHER BIG SISTERS 105 S SECOND ST LIVINGSTON, MT 59047	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
BIG SKY INSTITUTE FOR ADVANCEMNT OF PO BOX 1514 HELENA,MT 59624	NONE	N/A	FURTHER PROGRAM ASSISTANCE	25,000
BOYS GIRLS CLUB OF THE FLTHD RSRVAT PO BOX 334 RONAN,MT 59864	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
BOYS GIRLS CLUB NORTHERN CHEYENNE N PO BOX 309 LAME DEER,MT 59043	NONE	N/A	FURTHER EXEMPT PURPOSE	40,000
CASA FOR KIDS - FLATHEAD COUNTY PO BOX 271 KALISPELL,MT 59903	NONE	N/A	FURTHER EXEMPT PURPOSE	35,000
CASA FOR KIDS EASTERN MONTANA PO BOX 1234 MILES CITY, MT 59301	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
YWCA OF BILLINGS 909 WYOMING AVENUE BILLINGS,MT 59101	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
FLATHEAD CITY - COUNTY HEALTH DEPAR 1035 1ST AVENUE WEST KALISPELL,MT 59901	NONE	N/A	FLU SHOTS FOR ELDERLY	1,000
FLATHEAD COUNTY AGENCY ON AGING 160 KELLY ROAD A KALISPELL,MT 59901	NONE	N/A	ELDERLY ASSISTANCE	10,000
HOCKADAY MUSEUM OF ART 302 2ND AVE E KALISPELL,MT 59901	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
HOLTER MUSEUM OF ART 12 EAST LAWRENCE HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
LINCOLN COUNTY COMMUNITY FOUNDATION PO BOX 490 LIBBY,MT 59923	NONE	N/A	FURTHER EXEMPT PURPOSE	2,000
LITERACY CENTER OF NW MT PO BOX 3234 KALISPELL, MT 59903	NONE	N/A	FURTHER EXEMPT PURPOSE	17,000
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA,MT 59808	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
MONTANA CASA 131 REEDERS ALLEY HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	25,000
Total				1,665,128

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NORTH VALLEY FOOD BANK INC PO BOX 142 WHITEFISH,MT 59937	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
PLANNED PARENTHOOD OF MT 2525 4TH AVENUE NORTH SUITE 201 BILLINGS, MT 59101	NONE	N/A	FURTHER EXEMPT PURPOSE	35,000
SHEPHERD'S HAND CLINIC-CHRIST LUTHE 5150 RIVER LAKES PARKWAY WHITEFISH,MT 59937	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
THE PARENTING PLACE PO BOX 3805 MISSOULA,MT 59806	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
UM FOUNDATION PO BOX 7159 MISSOULA,MT 59807	NONE	N/A	YELLOW BAY BIOLOGICAL STATION	1,000
WEST SHORE COMMUNITY LIBRARY PO BOX 107 LAKESIDE,MT 59922	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
WEST VALLEY SCHOOL 2290 FARM TO MARKET ROAD KALISPELL,MT 59901	NONE	N/A	PROGRAM SUPPORT	1,000
TAMARACK GRIEF RESOURCE CENTER 516 S ORANGE ST MISSOULA,MT 59801	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
HUMAN THERAPY ON HORSEBACK PO BOX 5565 KALISPELL,MT 59903	NONE	N/A	FURTHER EXEMPT PURPOSE	10,000
INTERMOUNTAIN HOMES 500 SOUTH LAMBORN HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
HOPA MOUNTAIN FOUNDATION 234 E BABCOCK SUITE E BOZEMAN,MT 59715	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
PARK COUNTY COMMUNITY FOUNDATION PO BOX 2199 LIVINGSTON,MT 59047	NONE	N/A	FURTHER EXEMPT PURPOSE	6,000
COUNTERPOINT 116 EAST LEWIS ST LIVINGSTON,MT 59047	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
LAKESIDE QUICK RESPONSE UNIT PO BOX 911 LAKESIDE,MT 59922	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
YWCA OF HELENA PO BOX 518 HELENA,MT 59624	NONE	N/A	FURTHER EXEMPT PURPOSE	1,000
Total				1,665,128

Recipient Name and address (home or business) a Paid during the year DOMESTIC AND SEXUAL VIOLENCE SVCSCA PO BOX 314 RED LODGE, MT 59068 BOYS GIRLS OF THE HI-LINE PO BOX 68 HAVRE, MT 59501 BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901 THE LIGHTHOUSE CHRISTIAN	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE	Foundation status of recipient N/A N/A N/A N/A	Purpose of grant or contribution FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE	5,000 15,000 20,000
a Paid during the year DOMESTIC AND SEXUAL VIOLENCE SVCSCA PO BOX 314 RED LODGE, MT 59068 BOYS GIRLS OF THE HI-LINE PO BOX 68 HAVRE, MT 59501 BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901	NONE NONE NONE NONE	N/A N/A N/A	FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE	15,000
DOMESTIC AND SEXUAL VIOLENCE SVCSCA PO BOX 314 RED LODGE,MT 59068 BOYS GIRLS OF THE HI-LINE PO BOX 68 HAVRE,MT 59501 BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN,MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN,MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL,MT 59901	NONE NONE NONE	N/A N/A	FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE	15,000
SVCSCA PO BOX 314 RED LODGE, MT 59068 BOYS GIRLS OF THE HI-LINE PO BOX 68 HAVRE, MT 59501 BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901	NONE NONE NONE	N/A N/A	FURTHER EXEMPT PURPOSE FURTHER EXEMPT PURPOSE	15,000
BOX 68 HAVRE, MT 59501 BOYS AND GIRLS CLUB OF LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901	NO NE	N/A N/A	FURTHER EXEMPT PURPOSE	20,000
LEWISTOWN 134 PARK ST LEWISTOWN, MT 59457 CENTRAL MONTANA YOUTH MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901	NONE	N/A		
MENTORING PO BOX 532 LEWISTOWN, MT 59457 MONTANA YOUTH HOMES 825 E OREGON KALISPELL, MT 59901			FURTHER EXEMPT PURPOSE	7,000
OREGON KALISPELL,MT 59901	NONE	N/A	1	
THE LIGHTHOUSE CHRISTIAN			FURTHER EXEMPT PURPOSE	20,000
HOME PO BOX 8931 KALISPELL,MT 59904	NONE	N/A	FURTHER EXEMPT PURPOSE	1,500
MONTANA NONPROFIT ASSOCIATION PO BOX 1744 HELENA,MT 59624	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
FAMILY PROMISE OF MISSOULA PO BOX 5882 MISSOULA,MT 59806	NONE	N/A	FURTHER EXEMPT PURPOSE	15,000
NAMI MONTANA 616 HELENA AVE SUITE 218 HELENA,MT 59601	NONE	N/A	FURTHER EXEMPT PURPOSE	20,000
INNOCENCE PROJECT PO BOX 7607 MISSOULA,MT 59807	NONE	N/A	FURTHER EXEMPT PURPOSE	10,000
PHILANTHROPY NORTHWEST 2505 3RD AVE SUITE 200 SEATTLE,WA 98121	NONE	N/A	FURTHER EXEMPT PURPOSE	2,550
MONTANA WOODEN BOAT FNDTN 875 LAKESIDE BLVD LAKESIDE,MT 59922	NONE	N/A	FURTHER EXEMPT PURPOSE	2,000
LAKESIDE COMMUNITY DEVELOPMENT FNDT PO BOX 1002 LAKESIDE,MT 59922	NONE	N/A	FURTHER EXEMPT PURPOSE	2,000
FRONT RANGE CASA PO BOX 954 CONRAD,MT 59425	NONE		FURTHER EXEMPT PURPOSE	10,000
SPARROW'S NEST 204 7TH AVE WEST KALISPELL,MT 59901	NONE		FURTHER EXEMPT PURPOSE	10,000
Total			3a	1,665,128

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
SECOND SEASON PO BOX 315 LAME DEER,MT 59043	NONE		FURTHER EXEMPT PURPOSE	20,000	
MONTANA ORAL HEALTH FOUNDATION PO BOX 1154 HELENA,MT 59624	NONE		FURTHER EXEMPT PURPOSE	1,000	
BOYS AND GIRLS CLUB OF GLACIER COUN PO BOX 7475 KALISPELL,MT 59904	NONE		FURTHER EXEMPT PURPOSE	1,000	
WARRIORS AND QUIET WATER 1087 STONERIDGE DR SUITE 1 BOZEMAN,MT 59718	NONE		FURTHER EXEMPT PURPOSE	1,000	
PIEGAN INSTITUTE PO BOX 890 BROWNING,MT 59417	NONE		FURTHER EXEMPT PURPOSE	2,000	
LAKESIDE VOLUNTEER PARK HWY 93 LAKESIDE,MT 59922	NONE		COMMUNITY PARK	1,082,578	
Total				1.665.128	

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As Filed Data -

DLN: 93491173004045

OMB No 1545-0047

Schedule B

Name of the organization

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2014

Employer identification number

	ATION	46-0512750
Organization type (che	eck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	□ 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	√ 4947(a)(1) nonexempt charitable trust treated as a privile.	vate foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the yearom any one contributor. Complete Parts I and II. See instructions f	
Special Rules		
under sections 5 received from ar	on described in section 501(c)(3) filing Form 990 or 990-EZ that m 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 y one contributor, during the year, total contributions of the greate or (ii) Form 990-EZ, line 1 Complete Parts I and II	90 or 990-EZ), Part II, line 13, 16a, or 16b, and that
during the year,	on described in section 501(c)(7), (8), or (10) filing Form 990 or 9 cotal contributions of more than \$1,000 exclusively for religious, clin of cruelty to children or animals. Complete Parts I, II, and III	
during the year, this box is check purpose Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 9 contributions exclusively for religious, charitable, etc., purposes, led, enter here the total contributions that were received during the complete any of the parts unless the General Rule applies to this ole, etc., contributions totaling \$5,000 or more during the year	but no such contributions totaled more than \$1,000 lf se year for an <i>exclusively</i> religious, charitable, etc, s organization because it received <i>nonexclusively</i>

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

Name of organization
ORO Y PLATA FOUNDATION

Employer identification number 46-0512750

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUCE ENNIS co ORO y PLATA PO BOX 1079 KALISPELL, MT 59903	\$1,012,729	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
ORO Y PLATA FOUNDATION
Employer identification number
46-0512750

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	REAL PROPERTY ADJACENT TO VOLUNTEER PARK, LAKESIDE, MT FOR PARK EXPANSION	\$ 645,000	2014-04-15
(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
		\$_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization **Employer identification number** ORO Y PLATA FOUNDATION 46-0512750 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP 4

Relationship of transferor to transferee

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TY 2014 Accounting Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	3,996	1,199	0	2,797

DLN: 93491173004045

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TY 2014 Depreciation Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MAC COMPUTER	2014-03-05	1,545		200DB	20 00 %	309			

TY 2014 Investments Corporate Stock Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DAIN RAUSCHER ACCOUNT		
TIFF MUTUAL FUNDS	6,566,955	6,864,708

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TY 2014 Land, Etc. Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Machinery and Equipment	1,545	309	1,236	1,236

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TY 2014 Legal Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	125	38	0	87

TY 2014 Other Expenses Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK WIRE FEES/CHECKS	41	12		29
DUES & SUBSCRIPTIONS	2,835	851		1,984
HEALTH INSURANCE	5,442	1,633		3,809
INSURANCE	1,200	360		840
MISCELLANEOUS	7	2		5
OFFICE SUPPLIES	1,030	309		721
POSTAGE	94	28		66
PROFESSIONAL DEVELOPMENT	200	60		140
SPONSORSHIP	500	150		350
TELEPHONE/INTERNET	2,893	868		2,025

TY 2014 Other Professional Fees Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMPUTER SERVICE/SUPPORT	317	95	0	222
GRANT CONSULTING FEES	2,000	600	0	1,400

TY 2014 Substantial Contributors Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Name	Address	
	PO BOX 1079 KALISPELL, MT 59903	

TY 2014 Taxes Schedule

Name: ORO Y PLATA FOUNDATION

EIN: 46-0512750

Software ID: 14000265

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2013 EXCISE TAX PAID	4,631	4,631		
2014 EXCISE TAX ESTIMATES	15,328	15,328		
PAYROLL TAXES	3,564	1,069		2,495
WORKERS COMPENSATION	508	152		356