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## Form 990-PF Department of the Treasury

# EXTENDED TO NOVEMBER 16, 201 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Ford	alen	dar year 2014 or tax year beginning		, and e	nding		
Nan	ne of	foundation				A Employer identification	number
Т	HE	HOMESTEAD FOUNDATION	INC			52-2389050	1
		nd street (or P O box number if mail is not delivered to stree			Room/suite	<b>B</b> Telephone number	
_P	0 ]	BOX 1283				406-222-20	00
•		own, state or province, country, and ZIP or foreign				C If exemption application is p	ending, check here
_	_	INGSTON, MT 59047-1283				<b>_</b> .	
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public (	charity	D 1. Foreign organizations	s, check here
		Final return Address change	Amended return Name change			Foreign organizations me check here and attach co	seting the 85% test,
ш С	hack	type of organization: X Section 501(c)(3) e				1	
Ϊ_	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		E If private foundation sta under section 507(b)(1)	
ı Fa			ting method: X Cash	Acci	rual	F If the foundation is in a	
		Part II, col. (c), line 16)	Other (specify)			under section 507(b)(1)	
_	\$	1,508,433. (Part I, cold	umn (d) must be on cash b	oasis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.			N/A	
	2	Check If the foundation is not required to attach Sch B					-
	3	Interest on savings and temporary cash investments	10.045		0 047		CONTRACTOR 1
	4	Dividends and interest from securities	19,947.		9,947.		STATEMENT 1
		Gross rents					
Revenue		Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	8,397.				
	Ь	Gross sales price for all assets on line 6a 45,751.	0,00				7 -
eve	7	Capital gain net income (from Part IV, line 2)			8,397.	1	
Œ	8	Net short-term capital gain				~, -	, , , , , , , , , , , , , , , , , , , ,
	9	Income modifications Gross sales less returns				oct o	2015
	10a	and allowances				1 - 1-1	) 1 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less Cost of goods sold				7	X = 0.6
		Gross profit or (loss) Other income					
	11 12	Total. Add lines 1 through 11	78,344.	2	8,344.		
_	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
ဟ	15	Pension plans, employee benefits					
Se		Legal fees					0.455
Per	1	Accounting fees STMT 2	2,175.		0.		2,175.
Ü		Other professional fees STMT 3	3,744.		3,744.		· · · · · · · · · · · · · · · · · · ·
ativ	18	Interest Taxes					
istr	19	Depreciation and depletion					
mir.	20	Occupancy					
Ad	21	Travel, conferences, and meetings					
and	22	Printing and publications					
<u>B</u>	23	Other expenses STMT 4	314.		0.		15.
Operating and Administrative Expense	24	Total operating and administrative			2 744		2 100
80		expenses. Add lines 13 through 23	6,233.		3,744.		2,190. 62,200.
_		Contributions, gifts, grants paid  Total expenses and disbursements.	62,200.		<del>.</del>		02,200.
	20	Add lines 24 and 25	68,433.		3,744.		64,390.
_	27	Subtract line 26 from line 12:	30,200				
		Excess of revenue over expenses and disbursements	9,911.				
	Ь	Net investment income (if negative, enter -0-)		2	4,600.		ļ
	ء ا	Adjusted not income (it negative enter -0-)	1			N/A	1

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For	m 99	0-PF (2014) THE HOMESTEAD FOUNDATION		52-2	2389050 Page 2
Г	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
<u></u>	art	Data Tice Streets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	107,984.	53,847.	53,847.
		Savings and temporary cash investments	956,183.	909,549.	909,549.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶	-		
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			<del></del>
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	<del></del>		
	7	Other notes and toans receivable			
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·
•	l	Investments - U.S. and state government obligations Investments - corporate stock STMT 6	315,046.	425,728.	545,037.
	1	Investments - corporate stock STMT 6	313,040.	423,120.	343,0371
	_	Investments - Land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis			<u> </u>
	' '	Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			-
		instructions. Also, see page 1, item I)	1,379,213.	1,389,124.	1,508,433.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
			1	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
Ç	24	Unrestricted			
alar	25	Temporarily restricted			
<b>Fund Balances</b>	26	Permanently restricted			
Š	ŀ	Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.	1 000 010	000 104	
ţ	27	Capital stock, trust principal, or current funds	1,029,213.	989,124.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	350,000	400,000.	STATEMENT 5
¥ A	29	Retained earnings, accumulated income, endowment, or other funds	350,000. 1,379,213.	1,389,124.	STATEMENT 3
ž	30	Total net assets or fund balances	1,3/3,413.	1,303,124.	
		Total linkilisian and not constalling helps and	1,379,213.	1,389,124.	
=		Total liabilities and net assets/fund balances		1,505,124.	<del></del>
F	art	III Analysis of Changes in Net Assets or Fund B	alances	<del></del>	
1		ıl 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	1,379,213.
2		er amount from Part I, line 27a		2	9,911.
3		er increases not included in line 2 (itemize)	<del></del>		1 300 134
4		lines 1, 2, and 3		4	1,389,124.
-		reases not included in line 2 (itemize)		5	0. 1,389,124.
<u>6</u>	Tota	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	1,309,124.

52-2389050 THE HOMESTEAD FOUNDATION INC Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation CHARLES SCHWAB P b C d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 45,751 37,354. 8,397. A C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (1), if any 8,397. а b C d If gain, also enter in Part I, line 7 8,397. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribution ratio (a) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) Calendar year (or tax year beginning in) 54,587 ,304,043 .041860 2013 39,720. 1,078,808. .036818 2012 840,332. .041443 34,826. 2011 25,436 679,494. .037434 2010 22,745 512,496 044381 2009 201936 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .040387 the foundation has been in existence if less than 5 years 3 1,429,373. 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 57,728. 5 Multiply line 4 by line 3

Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

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8 Enter qualifying distributions from Part XII, line 4

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

Form **990-PF** (2014)

246.

57,974.

64,390.

6

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	rt VI Excise Tax Based on Investment Income (Section 4940					or 4	948	- see i	instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and ent				4						
	Date of ruling or determination letter: (attach copy of letter if nece									_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	LX.	J an	id enter 1	%		1_	-		2	<u>46.</u>
	of Part I, line 27b										
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				:ol. (b). ノ						_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers e	enter	· -0-)			2				0.
	Add lines 1 and 2						3				<u>46.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	hers e	ente	r -0-)			4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5			4	<u>46.</u>
	Credits/Payments:	۔ ما	1								
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a									
	Exempt foreign organizations - tax withheld at source	6b									
	Tax paid with application for extension of time to file (Form 8868)	6c 6d	$\neg$								
	Backup withholding erroneously withheld  Total credits and payments. Add lines 6a through 6d	<u> ou</u>					7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attact	had					8				<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	IIGU					9			2	46.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						10				10.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax				Refunde	d	11				
	rt VII-A Statements Regarding Activities				11.0.0						
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation	or d	lid it parti	cipate or int	ervene	ın		Т	Yes	No
	any political campaign?			·	•				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (se	ee in	struction	s for the de	finition	)?		1b		X
	If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and										
	distributed by the foundation in connection with the activities.										
C	Did the foundation file Form 1120-POL for this year?								1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	year:									
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers.					0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	ure ta	ax in	nposed o	n foundatio	n					
	managers. ▶ \$O.										
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?							2		X
	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 in		ment	t, articles	of incorpor	ation, d	r		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes								3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	7					3.7	7/3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?						1/	I/A	4b	<del> </del>	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.								-		
c	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	har:									,
U	<ul> <li>By language in the governing instrument, or</li> </ul>	ner.									
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>	direc	ction	ns that co	nflict with th	ne state	law				
	remain in the governing instrument?	4		io tilat oc					6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	plete	e Pa	art II, coi	. (c), and F	art XV	,		7	X	
·	,,,,,,,,,,,										
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ıs) 🕨	<b>&gt;</b>								
	MT	•			-						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torne	y Ge	eneral (or	designate)						
	of each state as required by General Instruction G? If "No," attach explanation			-	•				8b	Х	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	tion 4	4942	2(j)(3) or	4942(j)(5)	for cale	ndar		1		
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," co	mpl	lete	Part XIV	,				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	e listin	ng the	eir names	ind addresses	1			10	L	X
								For	rm <b>99</b> 0	-PF	(2014)

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orn	990-PF (2014) THE HOMESTEAD FOUNDATION INC 52-23	89050	Pa	age 5
Pá	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)	44		X
40	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11	-+	Δ_
12	If "Yes," attach statement (see instructions)	40		X
40		12	$\mathbf{x}$	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	
44	Website address ► N/A  The books are in care of ► HOMESTEAD FOUNDATION, INC  Telephone no. ► 406.	222 20	000	
14		590 <b>4</b> 7	700	
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	23041		$\overline{}$
13	and enter the amount of tax-exempt interest received or accrued during the year	N/	/ <b>)</b>	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,			No
10	securities, or other financial account in a foreign country?	16	- 1	X
	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	10 1		
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		/es	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?	.		
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
	(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)?	o		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	o		
ı	o 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)?	<u>1</u>		
	Organizations relying on a current notice regarding disaster assistance check here	_		
•	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		ĺ	
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a 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		1	
	before 2014?	0		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	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.)	.   0.	1	
	statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b	-	
,			1	
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
J	during the year?			
,	b if "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	<b>"</b>		
	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.)	A 3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	46		X

orm 990-PF (2014) THE HOMESTEAD FOUNDATIO	N_INC		<u>52-23890</u>	50 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955)		ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpos	es?		s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	ion accombac in section	□ v <sub>e</sub>	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literal	ay or aducational nurnocae or f			
• •	y, or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?	inder the eventions described :		:• <u> </u>	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		iii negulations	N/A	5b
section 53.4945 or in a current notice regarding disaster assistance (see ins				30
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		I/A L Y	8 L No	
If "Yes," attach the statement required by Regulations section 53.49	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on	<u> </u>	. <del>.</del>	
a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.		<b>—</b>	( <del></del> -	
7a At any time during the tax year, was the foundation a party to a prohibited ta		Ye	8 X No	
b If 'Yes,' did the foundation receive any proceeds or have any net income attr				7b
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	inagers, riigni	y	
List all officers, directors, trustees, foundation managers and the	ir compensation			
List all Officers, directors, a disters, foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
TOIDI CIII I TUAN	to position	enter -0-)	compensation	allowalices
JOHN SULLIVAN 401 S. MAIN ST	PRESIDENT			
401 S. MAIN ST LIVINGSTON, MT 59047	1.00	0.	0.	0.
MEREDITH KEY SULLIVAN	VICE PRESIDEN			•
401 S. MAIN ST	AICE LYESIDER	¶*		
	1.00	0.	0.	_0.
	DIRECTOR	ļ		<u> </u>
MIKE WATERS	DIRECTOR			
401 S. MAIN ST	1.00	0.	0.	0.
LIVINGSTON, MT 59047	1.00	<u> </u>		· · · · · ·
	$\dashv$			
	$\dashv$	1		
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none.	enter "NONE."	<u> </u>	L
2 Compensation of the highest paid employees (and alian areas	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	devoted to position	<del> </del>	Compensation	anomanees
HONE	<del></del>			
	-			· ·
	<del> </del>			
				<del></del> -
	$\dashv$		į	
<del></del>		<del> </del>		<del></del>
	┪			
	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
	$\dashv$			
Total number of other employees paid over \$50,000		.1		0
TOTAL HUMBEL OF ORIGINAL STREET PRINT OVER BOOLDOO			Form	990-PF (2014)
			1 01111	(2017)

	Minimum Investment Return (All domestic foundations	must complete this pa	t. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ile, etc., purposes:			-
a	Average monthly fair market value of securities			1a	438,699.
b .	Average of monthly cash balances			1b	438,699. 1,012,441.
C	Fair market value of all other assets		[	1c	
ď	Total (add lines 1a, b, and c)			1d	1,451,140.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	1,451,140.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	21,767.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and c			5	1,429,373.
	Minimum investment return. Enter 5% of line 5			6	71,469
Pa	Int XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here and do not complete this part		g foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	71,469.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	246.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	246.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	71,223.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	71,223.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	71,223.
Pa	Qualifying Distributions (see instructions)	*			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			64 200
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	64,390.
	Program-related investments - total from Part IX-B			1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ible, etc., purposes		2	·
	Amounts set aside for specific charitable projects that satisfy the:				
	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	64 200
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a			4	64,390
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	estment			646
	income. Enter 1% of Part I, line 27b			5	246
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	64,144.

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

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)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Ins 7  2 Unsequented ordering, if early, we of the end of 1014  a Enter arrount for 2013 only b Total for prior years.  3 Excess of slob phintons carryover, if any, to 2014: a From 2010 b From 2010 c From 2011 d From 2012 e From 2013 f Total of Lines Sa through b 2 Aughleid of 2013, but not more than line 2 a 3 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2015, but not more than line 2 a 4 Applied to 2016 destructions of clorous years (election required - see instructions) c Treated as dischirations of ord corpus (Election required - see instructions) c Treated as dischirations of ord corpus (Election required - see instructions) c Treated as dischirations of 2014 for an organized applies in notion (i.e. the arms armount of the season of Applies to 2014 for an organized applies in notion (i.e. the arms armount of the season of Applies to 2014 for an organized applies in notion (i.e. the arms armount of the season of Applies of applies of the arms armount of the season of Applies of applies of the arms armount of the armount of proof year?  5 Prior years' undistributed morner. Solutact line 4 from line 25 c Earlies the armount of proof year?  6 Center the amount of proof year?  7 Amounts treated as dishibitions out of corpus to salely required - see instructions of deficiency has been assued, or on which the section 470(1) x Subbract line 4 from line 25 c Losses from 2015 c But and the season of 2014 c But and the se	1 Distributable amount for 2014 from Part XI,				
2 Understonder comm. If way, set of the even of 2014	1				71,223.
Enter amount for 2013 only  Total for prior years:  2					
§ Total for prior years:  3 Excess distributions carryover, if any, to 2014; a From 2009 b From 2010 c From 2012 c From 2012 c From 2012 c From 2013 1 Total of lines Sai brivough e 4 Qualifying distributions for 2014 from Part XII, line 4 № \$ 6 64.390. a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a b Applied to undistributed encome of prior years (Election required -see instructions) c Treated as distributions out of corpus (Election required -see instructions) d Applied to 2014 distributiable amount elemaning amount distributed out of corpus 5 Excess distributions out of corpus 10 C Remaining amount distributed out of corpus 10 C Remaining amount distributed out of corpus 10 C C C C C C C C C C C C C C C C C C C	<b>I</b>			62,019.	
3 Excess distributions carryover, if any, to 2014: a From 2009 b From 2010 c From 2011 d From 2012 e From 2013 1 Total of lines 3a through =	•				
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in From 2010	3 Excess distributions carryover, if any, to 2014:				<del>-</del>
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d From 2012 e From 2013	<b>b</b> From 2010				
d From 2012 e From 2013	e From 2011	1			
e From 2013  1 Total of lines 3 a through e  O. 4  Cualifying distributions for 2014 from Part XI, line 4: ▶ \$  64,390.  4 Applied 2015, but not more than line 2a  Applied 2015, but not more large line 24  Applied 2015 distributions out of corpus (Election required - see instructions)  O. 4  Applied 2015 distributions amount  Remaining amount distributed out of corpus  S Excess distributions emprove regione to 2014  Remaining amount distributed out of corpus  O. 5  Consec distributions regione to 2014  Remaining amount distributed out of corpus  O. 0.  Enter the net total of each column as indicated below.  O. 10.  Comparts Add lines 31, 4e, and 4e. Subtract line 4b from line 20  Enter the amount of prior years' undistributed morems. Subtract line 4b from line 20  Enter the amount of prior years' undistributed income for 2015. Subtract line 4a from line 20.  Enter the amount of prior years' undistributed income for 2015. Subtract line 4a from line 25. Tixable amount - see instructions  O. 10.  Undistributed income for 2014. Subtract line 4a from line 26. Tixable amount - see instructions  O. 10.  Undistributed income for 2014. Subtract line 4a from line 26. Tixable amount - see instructions  O. 10.	-				
If Total of lines 3a through e  4. Qualying distributions for 2014 from Part XII, line 4 ≥ ≤ 64,390.  4. Applied to 2013, but not more than line 2a  D Applied to constituted income of prior years (Election required - see instructions)  6. Treated as distributions out of corpus (Clection required - see instructions)  6. Applied to 2014 distributible amount  6. Remaining amount distributed out of corpus Ecoses distributions carryow applied to 2014 distributed out of corpus Ecoses distributions carryow applied to 2014 may to abrown in column (a).  6. Et rite the net total of each column as indicated below.  7. Corpus Add lines 37, 4c, and 4e Subtract line 4b from line 2b  7. Enter the mount 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  8. Subtract line 6b from line 6b. Taxable amount - see instructions  8. Undistributed income for 2013. Subtract line 4a from line 2b. Taxable amount - see instructions  8. Undistributed income for 2013. Subtract line 4a from line 2b. Taxable amount - see instructions  9. Undistributed income for 2013. Subtract line 4a from line 2b. Taxable amount - see instructions  9. Undistributed income for 2013. Subtract line 4a from line 2b. Taxable amount - see instructions  9. Undistributed income for 2013. Subtract line 4a from line 2b. Taxable amount - see instructions  9. Corpus to satisfy requirements linposed by section 1700(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(					
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(if an amount appears in column (6), the same amount must be shown in column (8).  6 Enter the net total of each column as indicated below:  8 Corpus Add lines 3f, 4c, and 4e Subtract line 5  9 Pror years' undistributed income. Subtract line 5  10 Pror 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  9 Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instructions  10 Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instructions  11 Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015  12 Amounts treated as distributions out of corpus to satisty requirements imposed by section 170(b)(1)(f) or 4942(g)(3) (Election may be required - see instructions)  12 Excess distributions carryover from 2009 not applied on line 5 or line 7  13 Excess from 2010  14 Excess from 2011  15 Excess from 2011  15 Excess from 2014  16 Excess from 2014  17 Excess from 2014  18 Excess from 2014  19 Excess from 2014  10 Excess from 2014  10 Excess from 2014  10 Excess from 2014				·	<u> </u>
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f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015  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)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423881	e Undistributed income for 2013. Subtract line				
lines 4d and 5 from line 1. This amount must be distributed in 2015  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)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  23381	4a from line 2a. Taxable amount - see instr.			0.	
be distributed in 2015 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) 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014 423581	f Undistributed income for 2014. Subtract				
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)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	lines 4d and 5 from line 1. This amount must				
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  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423551	be distributed in 2015				68,852.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8	7 Amounts treated as distributions out of				
may be required - see instructions)  8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	corpus to satisfy requirements imposed by				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014	section 170(b)(1)(F) or 4942(g)(3) (Election				
not applied on line 5 or line 7  9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	may be required - see instructions)				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	8 Excess distributions carryover from 2009				
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2010  b Excess from 2011  c Excess from 2012  d Excess from 2013  e Excess from 2014  423581	not applied on line 5 or line 7	0.			
10 Analysis of line 9:  a Excess from 2010  b Excess from 2011  c Excess from 2012  d Excess from 2013  e Excess from 2014  423581	9 Excess distributions carryover to 2015.				
a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	Subtract lines 7 and 8 from line 6a	0.			<u> </u>
b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	10 Analysis of line 9:				
c Excess from 2012 d Excess from 2013 e Excess from 2014  423581	a Excess from 2010				
d Excess from 2013  e Excess from 2014  423581	b Excess from 2011				
e Excess from 2014 423581	c Excess from 2012				
423581	d Excess from 2013				
13 DA 14	423581	<del> </del>			Form <b>990-PF</b> (2014)

orm 990-PF (2014) THE HOM Part XIV   Private Operating F	ESTEAD FOUN	DATION INC	A guartier (1)		389050 Page 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	•	· · · ► └──	1	·
b Check box to indicate whether the found		<u>ng foundation described i</u>			4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years	40.0044	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
e Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		-			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)			-		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundatio	n had \$5.000 or i	more in assets
at any time during					
1 Information Regarding Foundation					
a List any managers of the foundation wh	_	than 20/, of the total cont	ributions received by th	is foundation hafors the	closs of any tay
year (but only if they have contributed i			Houdons received by th	e louiluation before the t	JUSE OF ANY LAX
JOHN SULLIVAN	······································				
b List any managers of the foundation wh	ha own 10% or more of th	no stock of a corporation	for an aqually large por	tion of the ownership of	northerebin or
other entity) of which the foundation ha			(or an equally large por	non of the ownership of a	1 partitership of
-,	io a rozo or grouter interes	<b></b>			
NONE			· · · · · · · · · · · · · · · · · · ·		
2 Information Regarding Contribut					
Check here X if the foundation					
the foundation makes gifts, grants, etc.	· <u> </u>				400 O
a The name, address, and telephone num	nber or e-mail address of t	the person to whom appl	cations should be addr	essed:	
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they si	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields.	kınds of institutions, or	other factors:	
-			•		

Part XV Supplementary Information	<del></del>	Downant		
3 Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid dunng the year				
BEAVERHEAD COMMUNITY FOOD PANTRY PO BOX 1356	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
DILLON, MT 59725				500.
BIG HORN HISTORICAL MUSEUM RR1, BOX 1206A HARDIN MT 59034	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	600.
IMMIN, MI 39034				000.
BIG TIMBER COMMUNITY FOOD BANK PO BOX 340	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
BIG TIMBER, MT 59011				500,
BIGFORK MUSEUM OF ART & HISTORY 525 ELECTRIC AVENUE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
BIG FORK, MT 59911				500.
BIGFORK SUMMER PLAYHOUSE PO BOX 456	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
Total SEE CC	NTINUATION SHE	Em/C)	<b>▶</b> 3a	500.
b Approved for future payment	NIINOAIION SHE	ET(S)	38	62,200.
NONE				
Total	_ <u></u>	1	<b>▶</b> 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		ded by section 512, 513, or 514	(e)		
	(a)	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business code	Amount	sion	Amount	function income		
å							
b							
c							
d							
e							
t							
Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			14	19,947.			
5 Net rental income or (loss) from real estate:		<u> </u>					
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory			18	8,397.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:			_				
8							
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		(	) . <u> </u>	28,344.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	28,344.		
(See worksheet in line 13 instructions to verify calculations.)				·			

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Relationship of Activities to the Accomplishment of Exempt Purposes

423021 11-24-14

Part XVI-B

Form 990-PF (2014)

1	Did the or	organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							
	the Code (	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
a	Transfers	from the reporting founda	ation to a noncharitable exempt org	ganization of:					
	(1) Cash						1a(1)		<u> </u>
	(2) Other	assets					1a(2)		X
b	Other tran	sactions:							
	. ,	of assets to a noncharitat	, -				1b(1)		<u> </u>
			ncharitable exempt organization			-	1b(2)		<u> </u>
	` '	al of facilities, equipment, o	or other assets				1b(3)		<u> </u>
		bursement arrangements					1b(4)		<u> </u>
	• •	s or loan guarantees				•	1b(5)		<u> </u>
			mbership or fundraising solicitatio				1b(6)		_ <u>X</u> _
	_		ling lists, other assets, or paid em	•			1c		<u> </u>
d			"Yes," complete the following sche					ets,	
			oundation. If the foundation received the assets, or services received.	ed less than fair market value	in any transaction or sharin	g arrangement, st	ow in		
a)L	ne no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfer	s, transactions, and s	haring ar	rangeme	nts
			N/A						
_					-				
					ļ.—. — ·				
					***************************************				
				<del> </del>					
					-				
	<del></del>					···			
	ın section		ly affiliated with, or related to, one than section 501(c)(3)) or in section	· · ·	ations described		Yes	X	
	55, 60	(a) Name of org		(b) Type of organization	(c) Descri	ption of relationsh	ıp	-	
		N/A			· · ·				
	<del></del>	·							
Sig He	re and be	ellef, it is true, correct, and corr	that I have examined this return, including plete. Declaration of preparer (other than	n taxpayer) is based on all information	DIRECTOR	owledge. May retur shov	the IRS on with the vn below	e prepare (see inst	er e
	Sign	lature of officer or trustee	ma   D	Date	Title	is Torus			
		Print/Type preparer's na		(i /i /i /i /i /i	Date Check [	If PTIN			
Pa		DANIEL S. I	MILLER, January DANIEL	S. MILLER, COA	self- emp 09/17/15	P00	031		
	eparer e Only	Firm's name AND	ERSON ZURMUEHLE	N & CO., P.C.	Firm's E	in ► 81-03	859	40	
		Firm's address <b>P.O. BOX 20435</b> BILLINGS, MT 59104-0435  Phone no. 406-24				5-5	136		

423622 11-24-14

#### 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.

OMB No 1545-0047

Name of the organization

**Employer identification number** 

T	52-2389050						
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 501(c  General Rule  X For an organization	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	totaling \$5,000 or more (in money or					
property) from an Special Rules	ny one contributor. Complete Parts I and II. See instructions for determining a contr	abutor's total contributions.					
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the Z, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, enter purpose. Do not	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schoon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o						

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

#### THE HOMESTEAD FOUNDATION INC

52-2389050

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional space is needed.
Parti	Collubutors	1566 HISTRUCTIONS). USE UUDIICATE CODIES OF FAIT HI AUDITIONAI SDACE IS NEEDEU.

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1ST STATE BANK OF NEWCASTLE P.O. BOX 910 NEWCASTLE, WY 82701	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash Complete Part II for noncash contributions.)

Employer identification number

### THE HOMESTEAD FOUNDATION INC

52-2389050

(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
		<b>\$</b>	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	nization	-	Employer identification number		
THE HO	MESTEAD FOUNDATION INC  Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations described columns (a) through (e) and the follow s, chantable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this Info once) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee		
	Transieree 3 name, address, at		Trelationally of dansier of to dansier ee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transfer				
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of  Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CARBON COUNTY COMM. FOOD BANK NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 665 RED LODGE, MT 59068 500. CARNEGIE FRIENDS OF LIBRARY 501(C)(3) PHILANTHROPIC PURPOSES NONE PO BOX 1518 BIG TIMBER MT 59011 500. CARROL COLLEGE FORENSICS/DEBATE NONE 501(C)(3) PHILANTHROPIC PURPOSES 1601 NORTH BENTON AVENUE HELENA MT 59625 1,000. 501(C)(3) CENTRAL MONTANA COMMUNITY CUPBOARD NONE PHILANTHROPIC PURPOSES PO BOX 194 500. LEWISTOWN, MT 59457 CENTRAL MONTANA FOUNDATION NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 334 LEWISTOWN, MT 59457 1,000. COMMUNITY OF HOPE FOOD BANK NONE 501(C)(3) PHILANTHROPIC PURPOSES 204 CEDAR AVENUE 500. LAUREL, MT 59044 CRAZY MOUNTAIN PRODUCTIONS NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 58 10,000. LIVINGSTON, MT 59047 CUSTER COUNTY FOOD BANK NONE 501(C)(3) PHILANTHROPIC PURPOSES 210 S. WINCHESTER AVE MILES CITY, MT 59301 500. DAWSON COUNTY FOOD BANK NONE 501(C)(3) PHILANTHROPIC PURPOSES 112 W. BENHAM GLENDIVE, MT 59330 500. EAGLE MOUNT OF BOZEMAN NONE 501(C)(3) PHILANTHROPIC PURPOSES 6901 GOLDSTEIN LANE BOZEMAN, MT 59771 1,000. Total from continuation sheets 59 600.

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE 501(C)(3) PHILANTHROPIC PURPOSES FRIENDS OF PUBLIC RADIO 1500 UNIVERSITY DRIVE 3,000 BILLINGS MT 59101 GATEWAY HOSPICE NONE 501(C)(3) PHILANTHROPIC PURPOSES 504 S 13TH STREET 500. LIVINGSTON, MT 59047 HELP EVERY PET NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 171 500. HARDIN, MT 59034 HELPING HANDS NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 125 500. HARDIN, MT 59034 PHILANTHROPIC PURPOSES NONE 501(C)(3) LIVINGSTON COUNTERPOINT 116 EAST LEWIS 750. LIVINGSTON, MT 59047 PHILANTHROPIC PURPOSES LIVINGSTON DEPOT FOUNDATION NONE 501(C)(3) PO BOX 1319 10,000. LIVINGSTON MT 59047 LIVINGSTON FOOD PANTRY NONE 501(C)(3) PHILANTHROPIC PURPOSES 112 NORTH M STREET 1,000 LIVINGSTON, MT 59047 501(C)(3) PHILANTHROPIC PURPOSES LIVINGSTON FRIEND OF THE YELLOWSTONE NONE GATEWAY MUSEUM PO BOX 815 500. LIVINGSTON MT 59047 LIVINGSTON ROTARY CLUB FOUNDATION 501(C)(3) PHILANTHROPIC PURPOSES NONE PO BOX 66 1,000. LIVINGSTON MT 59047 LOAVES AND FISHES OF LIVINGSTON NONE 501(C)(3) PHILANTHROPIC PURPOSES 301 SOUTH MAIN ST. 750. LIVINGSTON MT 59047 Total from continuation sheets

THE HOMESTEAD FOUNDATION INC

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MONTANA PRESERVATION ALLIANCE NONE 501(C)(3) PHILANTHROPIC PURPOSES 120 REEDER'S ALLEY 500. HELENA MT 59601 501(C)(3) NATIVE AMERICAN CHILDREN'S NONE PHILANTHROPIC PURPOSES ASSOCIATION 24 EAST PALISADE BASIN DRIVE RED\_LODGE\_ MT 59068 500. PARK COUNTY THEATER GUILD NONE 501(C)(3) PHILANTHROPIC PURPOSES 113 EAST CALLENDER ST. LIVINGSTON, MT 59047 500. PRAIRIE COUNTY HEALTH DEPARTMENT NONE 501(C)(3) PHILANTHROPIC PURPOSES CHRISTMAS FOOD BASKETS PO BOX 202 TERRY MT 59349 500. PROJECT HOPE NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 1443 COLUMBUS MT 59019 500. SPECIAL K RANCH NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 479 COLUMBUS, MT 59019 1,000 THE CONFLUENCE NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 807 MILES CITY, MT 59301 1,000, THE SAMARITAN'S FOOD PANTRY NONE 501(C)(3) PHILANTHROPIC PURPOSES 250 HOWARD VALLEY ROAD 500. FORSYTH, MT 59327 TOWN OF FROID 501(C)(3) NONE PHILANTHROPIC PURPOSES PO BOX 308 5,000. FROID MT 59226 WAKE UP, LACE UP NONE 501(C)(3) PHILANTHROPIC PURPOSES 107 BALSAM DRIVE 1,000. MILES CITY MT 59301 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor BEAVERHEAD COUNTY MUSEUM ASSOCIATION NONE 501(C)(3) PHILANTHROPIC PURPOSES PO BOX 265 1 000. DILLON, MT 59725 501(C)(3) PHILANTHROPIC PURPOSES BUFFALO BILL CENTER OF THE WEST NONE 720 SHERIDAN AVENUE 10,000. CODY WY 82414 FERGUS COUNTY COUNCIL ON AGING NONE 501(C)(3) PHILANTHROPIC PURPOSES 307 W WATSON ST 300. LEWISTOWN, MT 59457 ち01(C)(3) PHILANTHROPIC PURPOSES GLENDIVE BOYS AND GIRLS CLUB NONE 700 LITTLE ST 1,500. GLENDIVE, MT 59330 PHILANTHROPIC PURPOSES ROOSEVELT MEMORIAL HEALTHCARE NONE 501(C)(3) FOUNDATION PO BOX 419 500. CULBERTSON, MT 59218 NONE 501(C)(3) PHILANTHROPIC PURPOSES SWEET GRASS ARTS ALLIANCE 226 MCLEOD 500. BIG TIMBER MT 59011 501(C)(3) PHILANTHROPIC PURPOSES WOODBANK MINISTRY NONE PO BOX 1374 300. DILLON, MT 59725 Total from continuation sheets

,					
FORM 990-PF DIVI	DENDS	AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
GRO SOURCE AMO	SS UNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
	,458. ,489.		0. 13,458. 0. 6,489.		
TO PART I, LINE 4 19	,947.		19,947.	19,947.	
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ACCOUNTING		2,175.	0.		2,175
TO FORM 990-PF, PG 1, LN	16B	2,175.	0.		2,175
FORM 990-PF	OT	HER PROFES	SIONAL FEES	S	PATEMENT :
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
BROKER FEES		3,744.	3,744.		0
TO FORM 990-PF, PG 1, LN	16C	3,744.	3,744.		0
FORM 990-PF		OTHER E	XPENSES	S.	PATEMENT (
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ANNUAL REPORT FORM 990-PF TAX	_	15. 299.	0.		15 0
TO FORM 990-PF, PG 1, LN	23	314.	0.		15
	-	<del></del>			

FORM 990-PF	OTHER	FUNDS		STATEMENT	5
DESCRIPTION			(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND			350,000.	400,0	00.
TOTAL TO FORM 990-PF, PART II,	LINE 29		350,000.	400,00	00.
FORM 990-PF	CORPORA	TE STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	r
CHARLES SCHWAB INVESTMENTS			425,728.	545,0	37.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	<b>.</b>	425,728.	545,0	37.

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Form **8868** (Rev. January 2014)

(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	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoons
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
	ic filing (e-file) . You can electronically file Form 8868 if y			•		•
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	B68 to request a	n extension
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers /	Associated With	Certain
Personai	Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details o	n the elec	ctronic filing of th	is form,
_	v.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded)		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	<b>▶</b> □
to tile inc	ome tax returns.			Enter file	er's identifying r	number
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	ployer identification number (EIN) or	
File by the	THE HOMESTEAD FOUNDATION II				52-2389	
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s PO BOX 1283	ee instruc	tions.	Social se	cunty number (S	SN)
nstructions	City, town or post office, state, and ZIP code. For a for LIVINGSTON, MT 59047-1283	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
s For	2 or Form 200 F7	Code	is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A Form 4720 (other than individual)			08
Form 990	20 (individual)	03				09
		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069			11
romi 990	O-T (trust other than above)	1	Form 8870	·		12
. The b	HOMESTEAD FOUNI					
	ooks are in the care of ► <u>401 S. MAIN ST</u> none No. ► <b>406.222.2000</b>					
		- !- AL - I I.	Fax No.			_
	organization does not have an office or place of business			£ 415 £ .		
box <b>&gt;</b>	is for a Group Return, enter the organization's four digit	-			_	-
	. If it is for part of the group, check this box				ers the extensio	n is for.
1 116	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2015, to file the exemp	•	·		The endemone	
	or the organization's return for	t organiza	tion return for the organization name	o above.	The extension	
	X calendar year $2014$ or					
	<del></del>		d andina			
	tax year beginning	, an	u enang		<b>-</b> ·	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			<del></del>
nonrefundable credits. See instructions.						0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E0	
nstructio	III 13.					

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

LHA 423841 05-01-14 Form 8868 (Rev. 1-2014)

Signature and Verification must be completed for Part II only.

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

Signature

Title ► CPA

Date ► 8/15/15 Form 8868 (Rev. 1-2014)