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Department of the Treasury

Internal Revenue Service

#### DLN: 93491135009515

OMB No 1545-0052

2014

Open to Public Inspection

## 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 instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

		undation		A Employer identification number					
SA	NDS ME	EMORIAL FOUNDATION INC				81-0368589			
Num	ber and	street (or P O box number if mail is n	not delivered to street address	s) Room/suite		<b>B</b> Telephone nu	mber (see instruction	s)	
РО	BOX 14	450				(406) 265-4271			
		n, state or province, country, and ZIP or 59501	r foreign postal code			<b>C</b> If exemption	application is pending	g, check here 🕨 🦵	
<b>G</b> CH	neck a	Il that apply	Initial return of a	former public charit	v	<b>D 1</b> . Foreign or	ganizations, check he	ere 🕨 🗀	
		Final return	A mended return		,	_	ganizations meeting	•	
			ge Name change			test, chec	k here and attach cor	nputation	
		ype of organization 🔽 Section					ındatıon status was t n 507(b)(1)(A), chec		
		n 4947(a)(1) nonexempt charita I							
		ket value of all assets at end from Part II, col. (c),	Accounting method Other (specify)	Cash Acc	rual		ition is in a 60-month n 507(b)(1)(B), chec		
		*\$ 3,334,485	(Part I, column (d) must	t be on cash basis.)			( ) ( ) (		
Part I Analysis of Revenue a total of amounts in columns (b), (conecessarily equal the amounts in columnstructions)			c), and (d) may not	(a) Revenue and expenses per books	(b) N	let investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc	, received (attach						
		schedule)							
	2	Check ► 🔽 if the foundation is	<b>not</b> required to attach						
		Sch B							
	3	Interest on savings and tempo	rary cash investments	26,164		26,164	26,164		
	4	Dividends and interest from se	curities	49,778		49,778	49,778		
	5a	Gross rents							
	ь	Net rental income or (loss)							
₽	6a	Net gain or (loss) from sale of a	assets not on line 10	259,057					
Revenue	b	Gross sales price for all assets 1,117,293							
	7	Capital gain net income (from F				259,057			
	8	Net short-term capital gain .					0		
	9	Income modifications							
		Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	C .	Gross profit or (loss) (attach so Other income (attach schedule	•	<b>65,691</b>		65,691	65,691		
	11 12	<b>Total.</b> Add lines 1 through 11	Ĺ	400,690		400,690	141,633		
	13	Compensation of officers, direc		12,150		0	3,038	9,113	
	14	Other employee salaries and w	· · · · · ·	2,400		0	600	1,800	
on do	15	Pension plans, employee benef	_				300		
ž	16a	Legal fees (attach schedule).							
Expenses	Ь	Accounting fees (attach sched		1,350		0	0	1,350	
Ē.		Other professional fees (attach		<b>%</b> 16		0	0	16	
tiV€	17	Interest							
and Administrative	18 19	Taxes (attach schedule) (see i Depreciation (attach schedule)	·	3,023		0	755	2,268	
를	20	Occupancy							
Ad	21	Travel, conferences, and meeti							
E	22	Printing and publications							
	23	Other expenses (attach sched	ule)	83,072		30,289	0	52,783	
ξ	24	Total operating and administra	tive expenses.						
Operating		Add lines 13 through 23		102,011		30,289	4,393	67,330	
å	25	Contributions, gifts, grants pair	d	54,500				54,500	
	26	<b>Total expenses and disburseme</b> 25	ents. Add lines 24 and	156,511		30,289	4,393	121,830	
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expens	es and disbursements	244,179					
	ь	Net investment income (if nega	ative, enter -0-)			370,401			
	С	Adjusted net income (if negative	ve, enter -0-)				137,240		

Da	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	E	nd o	of year
		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			1	1
	2	Savings and temporary cash investments	206,858	160	,933	160,993
	3	Accounts receivable				
		Less allowance for doubtful accounts 🕨				
	4	Pledges receivable 🟲				
		Less allowance for doubtful accounts 🕨				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) 🟲				
		Less allowance for doubtful accounts 🕨				
ا ي	8	Inventories for sale or use				
Sets Sets	9	Prepaid expenses and deferred charges				
ΑS	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	1,438,822	1,609	,998	1,870,102
	c	Investments—corporate bonds (attach schedule)	438,795	<b>%</b> 557	,723	561,585
	11	Investments—land, buildings, and equipment basis 🟲				
		Less accumulated depreciation (attach schedule)			I	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis - 741,804				
		Less accumulated depreciation (attach schedule)	741,804	741	,804	741,804
	15	Other assets (describe	<b>%</b> 1	<del>1</del> 93	0	953 0
	16	Total assets (to be completed by all filers—see the				
	10	instructions Also, see page 1, item I)	2,826,280	3,070	,459	3,334,485
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
	18	Grants payable				1
8	19	Deferred revenue				1
abilities	20	Loans from officers, directors, trustees, and other disqualified persons				1
ᅙ	21	Mortgages and other notes payable (attach schedule)				1
┚╽	22	Other liabilities (describe				1
	23	Total liabilities (add lines 17 through 22)	0			
$\dashv$	2.5	Foundations that follow SFAS 117, check here				•
		and complete lines 24 through 26 and lines 30 and 31.				
Balance	24	Unrestricted	219,677	463	3,856	
<u>의</u>	24	Temporarily restricted	213,077	100	,030	-
쁴	25		2,606,603	2,606	603	,
Fund	26	·	2,000,003	2,000	,003	-
듸		Foundations that do not follow SFAS 117, check here				
٥		and complete lines 27 through 31.				
Assets	27	Capital stock, trust principal, or current funds				
ŝ	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds	2 026 200	2.070	450	
₹	30	Total net assets or fund balances (see instructions)	2,826,280			4
	31	Total liabilities and net assets/fund balances (see instructions)	2,826,280	3,070	,459	
	rt II			Т	_	
1		Total net assets or fund balances at beginning of year—Part II, column				
_		,,,,,,,,,,			+	2,826,280
2					+	244,179
3		Other increases not included in line 2 (itemize)			+	0
4		Add lines 1, 2, and 3		4	+	3,070,459
5		Decreases not included in line 2 (itemize)		_ 5	+	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—l	Part II, column (b), l	ine 30 <b>. 6</b>		3,070,459

	00-PF (2014)	and Lasse	os for Tay on Invo	stmont Income			Page <b>3</b>	
Part I	(a) List and describe	the kınd(s)	es for Tax on Investor of property sold (e.g., renderty sold (e.g., renderty sold shows March 1995).	al estate,	(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a	DADAVIDSON & CO	<u> </u>	•	,	D—Donation P		2014-12-31	
	DADAVIDSON & CO	,			<u> </u>		2014-12-31	
b								
c								
d								
e								
(e	) Gross sales price		(f) Depreciation allowe (or allowable)	, , , ,	t or other basis opense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
а	1,1	17,293			858,23	5	259,057	
b								
C								
d								
e								
Coi	mplete only for assets :	showing gain	ın column (h) and owne	d by the foundatior	n on 12/31/69	(I) Gains (Col	(h) gain minus	
(i) F M V as of 12/31/69			(j) Adjusted basis	, , ,	cess of col (ı)	col (k), but not l	ess than -0-) <b>or</b>	
			as of 12/31/69	over	col (j), if any	Losses (fro		
а							259,057	
b								
С								
d								
e								
3			ss) as defined in sectio , column (c) (see instru			3	259,057	
Part \	V Qualification l	Jnder Sec	tion 4940(e) for R	educed Tax on	Net Investme	nt Income		
For opt	ional use by domestic p	orivate found	ations subject to the se	ection 4940(a) tax	on net investment	income )		
fsectio	on 4940(d)(2) applies,	leave this pa	rt blank					
			42 tax on the distributa der section 4940(e) Do			eriod?	Γ Yes <b>Γ</b> No	
<b>1</b> Ent	er the appropriate amo	unt in each o	column for each year, se	ee instructions befo	ore making any ent	ries		
	(a) period years Calendar or tax year beginning in)	Adjusted	<b>(b)</b> qualifying distributions	(c) Net value of nonchar		<b>(d)</b> Distribution (col (b) divided	nratio by col (c))	
. ,	2013		130,141		3,051,165		0 042653	
	2012		119,447		2,771,866		0 043093	
	2012				<u></u>			
	2012		117,123		2,722,259		0 043024	
							0 043024 0 030001	
	2011		117,123		2,722,259			
2	2011 2010 2009	n (d)	117,123 80,149		2,722,259 2,671,541 2,424,211	2	0 030001 0 020585	
2 3	2011 2010 2009  Total of line 1, colum A verage distribution the number of years t	ratio for the the foundatio	117,123 80,149 49,902 	vide the total on line if less than 5 year	2,722,259 2,671,541 2,424,211 e 2 by 5, or by rs	2 3	0 030001 0 020585 0 179356	
	2011 2010 2009  Total of line 1, colum A verage distribution the number of years t	ratio for the the foundatio	117,123 80,149 49,902 	vide the total on line if less than 5 year	2,722,259 2,671,541 2,424,211 e 2 by 5, or by rs		0 030001 0 020585 0 179356 0 035871	
3	2011 2010 2009  Total of line 1, colum A verage distribution the number of years t Enter the net value o	ratio for the the foundation f noncharita	117,123 80,149 49,902 	vide the total on line if less than 5 years from Part X, line 5	2,722,259 2,671,541 2,424,211 	3	0 030001 0 020585 0 179356 0 035871 3,260,208	
3 4	2011 2010 2009  Total of line 1, column A verage distribution the number of years to Enter the net value of Multiply line 4 by line	ratio for the the foundation f noncharital	117,123 80,149 49,902 5-year base period—divin has been in existence oble-use assets for 2014	vide the total on line of less than 5 years from Part X, line 5	2,722,259 2,671,541 2,424,211 	3 4	0 030001 0 020585 0 179356 0 035871 3,260,208 116,947	
3 4 5	2011 2010 2009  Total of line 1, column Average distribution the number of years to Enter the net value of Multiply line 4 by line Enter 1% of net investigations.	ratio for the the foundation f noncharital e 3 stment incor	117,123 80,149 49,902 5-year base period—divin has been in existence ple-use assets for 2014	vide the total on line of less than 5 years from Part X, line 5	2,722,259 2,671,541 2,424,211 	3 4 5	0 030001 0 020585 0 179356 0 035871 3,260,208 116,947 3,704	
3 4 5 6	2011 2010 2009  Total of line 1, column Average distribution the number of years to Enter the net value of Multiply line 4 by line Enter 1% of net invested Add lines 5 and 6.	ratio for the the foundation f noncharital e 3 stment incor	117,123 80,149 49,902 5-year base period—diven has been in existence pole-use assets for 2014 me (1% of Part I, line 2)	vide the total on line of less than 5 years from Part X, line 5	2,722,259 2,671,541 2,424,211 e 2 by 5, or by rs	3 4 5 6	0 030001	

	990-PF (2014) <b>t VI</b> Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst			age <b>4</b>
1a		ructio	ns)	
14	on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary–see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		:	3,704
	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			
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			
_	enter -0-)			0
3	Add lines 1 and 2		:	3,704
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			0
5	enter - 0 - )  Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter - 0			3,704
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014   6a   1,050			
ь	Exempt foreign organizations—tax withheld at source 6b			
С	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			1,050
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.			5
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2,659
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>\(\begin{array}{c} \begin{array}{c} arr</b>			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
<b>1</b> a	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
Ь	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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$0			
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			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		, ,	
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>			
	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),		. 63	
•	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>►MT</u>			
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.	10	. !	No

Do	Will A Statements Departing Activities (continued)	-		age <b>c</b>
	At any time during the year did the foundation directly or indirectly, own a controlled entity within the			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12		<del></del>		NO
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	,,		Na.
40	advisory privileges? If "Yes," attach statement (see instructions)	12	W	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►CYNTHIA BRYSON Telephone no ►(406)	<u>) 265-</u>	4271	
	Located at ►PO BOX 1450 HAVRE MT ZIP+4 ►59501			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			▶┌
	and enter the amount of tax-exempt interest received or accrued during the year			0
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	10		110
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1</b> 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 Vo			
	(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) 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			
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 <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	16		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
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>		140
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?			
	If "Yes," list the years > 20			
ь	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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	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			
	► 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			
	or disqualified persons after May 26, 1969, <b>(2)</b> 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		
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 Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) <sup>?</sup>	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				<b>┌</b> Yes <b>┌</b>	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				<b>┌</b> Yes <b>┌</b>	√ No		
	(5) Provide for	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.			√ No		
b	If any answer is	"Yes" to 5a(1)-(	5), d	ıd <b>any</b> of the transad							
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [		
С				4), does the foundat							
								T Yes [	- <sub>No</sub>		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? <b>TYes F</b>	- No		
										7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (	see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
									-		
			-								
_2_	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
<b>/</b>	<b>.</b> N			(b) Title, and aver	age			(d) Contributions to	(-) [		
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	<b>F</b>	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı <b>I</b> number of other	employees paid o	vers	\$50,000					1		0

Part VIII Information About Officers, Directors, Translation and Contractors (continued)	rustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	vices (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 serv	Ires	0
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incluorganizations and other beneficiaries served, conferences convened, research paper		Expenses
1SPAY/NEUTER PROGRAM		18,835
2KIND NEWS PUBLICATION (SPAY/NEUTER AWARNESS)		960
3		
4		
Part IX-B Summary of Program-Related Investme	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation of	during the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

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 2.547.322 1h 20.730 1c 741.804 1d 3.309.856 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 3.309.856 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 49.648 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 3.260.208 5 163.010 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here **>**  $\overline{\lor}$  and do not complete this part.) 1 Tax on investment income for 2014 from Part VI, line 5. . . . . . 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 3 3 4 4 5 5 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 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 121.830 1b 0 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 4 121,830 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 3,704 118,126 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

For	m 990-PF (2014)				Page <b>S</b>
Р	art XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
_		Corpus	Years prior to 2013	2013	2014
	Distributable amount for 2014 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2014				
а	, , , , , , , , , , , , , , , , , , ,				
b					
	Excess distributions carryover, if any, to 2014				
а	From 2009				
Ь	From 2010				
	From 2011				
	From 2012				
	From 2013				
	<b>Total</b> of lines 3a through e				
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$				
	Applied to 2013, but not more than line 2a		<del></del>		
b	Applied to undistributed income of prior years (Election required—see instructions)				
_	Treated as distributions out of corpus (Election				
C	required—see instructions)				
d	Applied to 2014 distributable amount				
	Remaining amount distributed out of corpus				
	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				
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				
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 (see instructions)				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed. SANDS MEMORIAL FOUNDATION INC CYNTH. PO BOX 1450. HAVRE, MT 59501. (406) 265-4271.  b The form in which applications should be submitted and information and materials they should include. APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED.  c Any submission deadlines. N/A.  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other.	Ŀ	art XIV Private Operating Foun	<b>idations</b> (see ins	tructions and Pa	rt VII-A, questio	n 9)	
Tax year	1a						
Income from Part I or the minimum investment tretum from Part X for each year listed.	b	Check box to indicate whether the organiza	ition is a private ope	erating foundation o	described in section	n 🔽 4942(j)(3) o	r <b>Г</b> 4942( <u>J</u> )(5)
investment return from Bart X for each year insted	2a	•	Tax year		Prior 3 years		(e) Total
year listed			(a) 2014	<b>(b)</b> 2013	<b>(c)</b> 2012	(d) 2011	(c) local
Couplying distributions from Part XII.   121,890   131,521   120,154   118,194   491,699    d Amounts included in line 2 c not used directly for active conduct of exempt activities				50,377	53,203		· · · · · · · · · · · · · · · · · · ·
Inter 4 for each year listed			116,654	42,820	45,223	41,536	246,233
directly for active conduct of exempt activities		line 4 for each year listed	121,830	131,521	120,154	118,194	491,699
for active conduct of exempt activities Subtract line 2d from line 2c	d	directly for active conduct of exempt	0	0	0	0	0
a Complete 3a, b, or c for the alternative test-renter (1) Value of assets qualifying under seatch qualifying the part of the	е	for active conduct of exempt activities	121,830	131,521	120,154	118,194	491,699
(1) Value of all assets	3	Complete 3a, b, or c for the		·			<u> </u>
(2) Value of assets qualifying under section 4.942 ()(3)(B)(1) 0  b "Endownent" alternative test—enter 2/3 of minimum investment returns shown in Part X, line 6 for each year histed	а	"Assets" alternative test—enter					
under section 4942()(3)(8)(6)()  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)(3)), or royalities).  c (2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(8)(ii),  (3) Largest amount of support from an exempt organization (4) Gross investment income  Part XVI Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than \$5,000) (See section 507(d)(2))  b List any managers of the foundation who have contributed more than \$5,000) (See section 507(d)(2))  c Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE, MT 59501 HAVE BUTTER PROOF OF TAX EXEMPT STATUS REQUIRED  Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other							0
of minimum investment return shown in Part X, line 6 for each year listed	h	under section 4942(j)(3)(B)(i)					0
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	D	of minimum investment return shown in	108,673	101,705	92,395	90,742	393,515
investment income (interest, dividends, rents, payments on securities loans (section 512(a/5)), or royslites)	С	• •					
dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)							
Siz(a)(5)), or royalties)   0		dividends, rents, payments					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(5)(iii)		, ,					0
section 4942(j)(3)(B)(iii)		(2) Support from general public					
(3) Largest amount of support from an exempt organization (2) Gross investment income 0  (4) Gross investment income 0  20  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  1. Information Regarding Foundation Managers:  a 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) (See section 507(d)(2))  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here  If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450  HAVRE, MT 59501  (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines  N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		•					0
(4) Gross investment income 0  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Foundation Managers:  a 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) (See section 507(d)(2))  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  Check here ▶ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE, MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		(3) Largest amount of support					0
Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Foundation Managers:  a 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) (See section 507(d)(2))  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  Check here  fifthe foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE, MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		, 5					0
a List any managers of the foundation who have contributed more than \$5,000) (See section 507(d)(2))  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here	Pa				the organizatio	n had \$5,000 c	or more in
a 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) (See section 507(d)(2))  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  Check here ► If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE, MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	1			nstructions.)			
ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE,MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		List any managers of the foundation who ha	ve contributed more				dation
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here	b	· -		•	,	y large portion of th	ne
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a. The name, address, and telephone number or e-mail address of the person to whom applications should be addressed. SANDS MEMORIAL FOUNDATION INC CYNTH. PO BOX 1450. HAVRE, MT 59501. (406) 265-4271.  b. The form in which applications should be submitted and information and materials they should include. APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED.  c. Any submission deadlines. N/A.  d. Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other.		omeromp of a parametering of other entity,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed. SANDS MEMORIAL FOUNDATION INC CYNTH. PO BOX 1450. HAVRE, MT 59501. (406) 265-4271  b The form in which applications should be submitted and information and materials they should include. APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED.  c Any submission deadlines. N/A.  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other.	2	Information Regarding Contribution, Grant	, Gift, Loan, Scholar	ship, etc., Program	s:		
SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE,MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		unsolicited requests for funds If the found	atıon makes gıfts, gı	preselected charit rants, etc (see ins	able organizations tructions) to individ	and does not accep duals or organizatio	ns under
SANDS MEMORIAL FOUNDATION INC CYNTH PO BOX 1450 HAVRE,MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other							
PO BOX 1450 HAVRE,MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	а			of the person to who	om applications sho	ould be addressed	
HAVRE, MT 59501 (406) 265-4271  b The form in which applications should be submitted and information and materials they should include APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other			CYNTH				
APPLY BY LETTER PROOF OF TAX EXEMPT STATUS REQUIRED  c Any submission deadlines N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		HAVRE,MT 59501					
N/A  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	b	···			s they should inclu	de	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	С						
		<u> </u>	such as by deodraph	nical areas charita	ble fields, kinds of	institutions or othe	er
THE FOUNDATION MAKES GRANTS TO OTHER ANIMAL WELFARE ORGANIZATIONS ONLY	u	factors			·	sacacions, or othe	••

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data TableSee Additional Data Table				
			<u> </u>	54.50
Total	<u> </u>	<u></u>		54,500
			1	

Form 990-						Page <b>12</b>
	I-A Analysis of Income-Produci			Fushing at his assets	- F12 F12 F14	(a)
Enter gros	s amounts unless otherwise indicated	(a) Business	(b)	Excluded by sectio	(d)	(e) Related or exempt function income
	n service revenue	code	A mount	Exclusion code	A mount	(See instructions)
	and contracts from government agencies					
2 Membe	ership dues and assessments					
	st on savings and temporary cash					
ınvest	ments					26,164
<b>4</b> Divider	nds and interest from securities					49,778
	5 Net rental income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal					
	nvestment income					65,691
	r (loss) from sales of assets other than					03,091
	ory					259,057
9 Netino	ome or (loss) from special events					233,037
	profit or (loss) from sales of inventory.					
	revenue <b>a</b>					
ь						
с						
d						
	al Add columns (b), (d), and (e)					0 400,690
	Add line 12, columns (b), (d), and (e)			:	L3	400,690
	orksheet in line 13 instructions to verify care		nlichment of F	vemnt Durnes		
	Explain below how each activity for whic					antly to
Line No. ▼	the accomplishment of the foundation's instructions )					
3	INCOME PROVIDES FUNDS TO ASSIST	IN PROGRAM	1S WHICH BENEF	TIT DOMESTIC AN	II	
4	SEE #3 ABOVE					
7	SEE #3 ABOVE					
8	SEE #3 ABOVE					
	-					
	-					
	1					
	<del> </del>					

Form 990-P	F (2014)										Pa	ge <b>13</b>
Part XVI	I Information R Noncharitable					action	ns and F	Relationship	s With			
section !	organization directly or i 501(c) of the Code (oth	ndirectly 6	engage	ın any of	the following wit						Yes	No
organıza												
	s from the reporting fou											l
	h									1a(1)		No
	erassets									1a(2)		No
<b>b</b> Other tra					_					41.74		
	es of assets to a noncha											No
	chases of assets from a											No
	tal of facilities, equipme									1b(3)		No No
	mbursement arrangeme ns or loan guarantees.									1b(5)		No
	ormance of services or r									1b(6)		No
	of facilities, equipment,									<b>─</b>		No
<b>d</b> If the an of the go in any tr	swer to any of the above ods, other assets, or se ansaction or sharing arr	e is "Yes," ervices giv angement	compl en by t , show	lete the fol the reporti in column	lowing schedule ng foundation I (d) the value of	Colum f the fou the goo	in <b>(b)</b> sho indation ro ods, other	uld always sho eceived less th assets, or ser	ow the fair ma nan fair mark vices receive	rket va et value ed	1	
(a) Line No	(b) Amount involved	(c) Name	OI HOTIC	паптаріе ех	empt organization	(a)	Description	of transfers, trans	actions, and sno	anny ana	ngemer	its
-												
describe	undation directly or indi d in section 501(c) of t complete the following (a) Name of organizatio	he Code (d schedule		nan sectio	•	ın sectio	•			.厂Y€ onship	s F	, No
the	der penalties of perjury, be best of my knowledge a ormation of which prepa	and belief,	ıt ıs tr	ue, correc					than taxpaye May the return		sed on	all
	Signature of officer or t	rustee			Date	7	Title		below	tr )? 🔽 <u>\</u>		
	Print/Type preparer's CURT LINEWEAVE		Prepa	eparer's Signature		Date 2015	5-05-14	Check if self- employed ▶	_	012544	158	_
Paid Preparei Use		EHLEN & C	O PC					Firm's EIN F	81-038594	0		
Only	Firm's address ► 330 4TH STREET H		Phone no (4	06)265-672	24							

# 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
BEV INMAN	DIRECTOR	600	0	0
7954 ROAD 385 NORTH HAVRE,MT 59501	1 00			
CURT LINEWEAVER	TREASURER	600	0	0
1624 10TH STREET WEST HAVRE,MT 59501	1 00			
CYNTHIA BRYSON	PRESIDENT 20 00	9,600	0	0
1061 WASHINGTON AVENUE HAVRE,MT 59501				
VIRGINIA REYNOLDS	VICE PRESIDENT 1 00	600	0	0
570 ROAD 403 NORTH HAVRE,MT 59501				
CATHY JAMRUSZKA	SECRETARY	600	0	0
2427 OLD POST ROAD HAVRE,MT 59501	1 00			
STACY RISMON	DIRECTOR	150	0	0
440 7TH AVE HAVRE, MT 59501	1 00			

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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				
BUTTE SPAYNEUTER TASK FORCE PO BOX 544 BUTTE,MT 59703	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	6,000
HELENA AREA FRIENDS OF PETS 2905 N MONTANA AVE HELENA,MT 59601	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	5,000
HUMANE SOCIETY OF BEAVERHEAD COUNTY 80 LAGOON LANE DILLON,MT 59725	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	5,000
HUMANE SOCIETY OF NORTHWEST MONTANA PO BOX 221 KALISPELL,MT 59903	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	1,000
KITTY KEEPERS 600 23RD AVE W HAVRE,MT 59501	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	9,000
KOOTENAI PETS FOR LIFE PO BOX 1193 LIBBY, MT 59923	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	5,000
LEWIS & CLARK HUMANE SOCIETY PO BOX 4455 HELENA, MT 59604	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	5,000
LIFE SAVERS ANIMAL RESCUES PO BOX 643 POLSON,MT 59860	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	4,000
PAD FOR PAWS PO BOX 287 HELENA, MT 59624	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	1,000
PAWS ORGANIZATION PO BOX 132 CHINOOK,MT 59523	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	5,000
PINTLER PETS PO BOX 1204 ANACONDA,MT 59711	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	6,000
SPAY NEUTER PROJECT OF PARK COUNTY 3 BUSINESS PARK ROAD LIVINGSTON,MT 59047	NO RELATIONSHIP	501(C)(3)	OPERATION OF AN ANIMAL WELFARE ORGANIZATION	2,500
Total				54,500

### **TY 2014 Accounting Fees Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & TAX PREPARATION	1,350	0	0	1,350



# **TY 2014 Investments Corporate Bonds Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DADAVIDSON - CORPORATE BONDS	557,723	561,585



# **TY 2014 Investments Corporate Stock Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DADAVIDSON - CORPORATE STOCK	1,609,998	1,870,102

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### **TY 2014 Other Assets Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
ROUNDING	1		

### **TY 2014 Other Expenses Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VETERINARY BILLS-SPAY/NEUTER PRO GRAM	18,835	0	0	18,835
KIND NEWS PUBLICATION	960	0	0	960
INVESTMENT FEES	21,554	21,554	0	0
FOREIGN TAXES ON INVESTMENTS	1,398	1,398	0	0
UTILITIES	1,672	0	0	1,672
BANK CHARGES	39	0	0	39
FARM EXPENSES	29,642	0	0	29,642
LICENSES & PERMITS	32	0	0	32
OFFICE SUPPLIES	531	0	0	531
POSTAGE & DELIVERY	235	0	0	235
TELEPHONE	675	0	0	675
MEALS & TRAVEL	162	0	0	162
BOND AMORTIZATION AND PURCHASED INTEREST	6,904	6,904	0	0
OTHER INVESTMENT EXPENSES	433	433	0	0

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### **TY 2014 Other Income Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INCOME	8,521	8,521	8,521
FARM INCOME	57,170	57,170	57,170

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### **TY 2014 Other Professional Fees Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	16	0	0	16

### **TY 2014 Taxes Schedule**

Name: SANDS MEMORIAL FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	1,313	0	328	985
TAXES	1,710	0	427	1,283