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## EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Form 990-PF Department of the Treasury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

For calendar year 2014 or tax year beginning		, and ending		
Name of foundation			A Employer identification	n number
MORRIS AND HELEN SILVER FO			84-1398903	
Number and street (or PO box number if mail is not delivered to street PO BOX 3297	address)	Room/suite	B Telephone number 406-240-63	353
City or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
Address change  H Check type of organization: X Section 501(c)(3) ex	Name change		check here and attach co	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1	
Fair market value of all assets at end of year J Accounts	ing method: L Cash ther (specify) MODIFI	Accrual ED CASH	F If the foundation is in a	
(from Part II, col (c), line 16)			under section 507(b)(1	)(B), cneck nere
Part 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	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	
2 Check X if the foundation is not required to attach Sch 8 3 Interest on savings and temporary cash investments				
3 cash investments 4 Dividends and interest from securities	200,106.	184,693.	<u></u>	STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 1,109,316.	-184,025.	<u> </u>	<u> </u>	
b Gross sales price for all 1,109,316. 7 Capital gain net income (from Part IV, line 2)	<u> </u>	0.		
8 Net short-term capital gain				
9 Income modifications				<del></del>
10a Gross sales less returns and allowances				
b Less Cost of geods soja				
c (G) dss (D) (H+q) (J) (S) (J) (H+q) (J) (S) (J) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	<u> </u>			
1.1—Other moome 20 12 Total Add Inges Jungaugh	16,081.	184,693.		- "
13 Compensation of officers, directors rustees, etc	64,800.	6,480.		58,320.
14 Other employee salaries and wages				
15 Pension plans employee benefits	29,769.	2,977.		26,792.
16a Legarfees  b Accounting fees				
	24,830.	24,272.		558.
9 17 Interest				
18 Taxes STMT 3	3,438.	2,823.		0.
19 Depreciation and depletion	4,620.	0.		
20 Occupancy 21 Travel, conferences, and meetings	2,661.	0.		2,661.
22 Printing and publications	2,001.			2,001.
c Other professional fees STMT 2  17 Interest 18 Taxes STMT 3  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23	14,935.	119.		14,935.
ਰੂ 24 Total operating and administrative				100 000
expenses. Add lines 13 through 23	145,053.	36,671.	· · · · · · · · · · · · · · · · · · ·	103,266.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	129,340.			129,340.
Add lines 24 and 25	274,393.	36,671.		232,606.
27 Subtract line 26 from line 12;				
& Excess of revenue over expenses and disbursements	-258,312.	4 10 5 5 5		
b Net investment income (if negative, enter -0-)	ļ	148,022.	NT / 3	-
C Adjusted net income (if negative, enter -0-) 423501 11-24-14 LHA For Paperwork Reduction Act Notice, see	Instructions	· · · · · · · · · · · · · · · · · · ·	N/A	Form <b>990-PF</b> (2014)
ti-za-ta cint to take the transfer transfer to the transfer on				

84-1398903 Form 990-PF (2014) MORRIS AND HELEN SILVER FOUNDATION Page 2 Beginning of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only End of year (c) Fair Market Value (a) Book Value (b) Book Value 14,240. 9,525 14,240. 1 Cash - non-interest-bearing 824,962. 532,440. 532,440. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 275,452. 1,538,300. b Investments - corporate stock 509,489. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 3,873,972. STMT 7 994.054.4,123,289. 13 Investments - other 31,894 14 Land, buildings, and equipment basis 8,929 22,965. 10,989 8,929. STMT 8 Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 4,162,771. 4,429,581. 4,678,898. instructions. Also, see page 1, item I) 2,082. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 2,129. 2,082 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 4,427,499. 4,160,642. STATEMENT 6 29 Retained earnings, accumulated income, endowment, or other funds 4,160,642. 4,427,499 30 Total net assets or fund balances 4,162,771. 4,429,581 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 4,160,642. (must agree with end-of-year figure reported on prior year's return) -258,312. 2 Enter amount from Part I, line 27a 525,169. SEE STATEMENT 5 3 Other increases not included in line 2 (itemize) 3 4,427,499. 4 Add lines 1, 2, and 3 4 Ō. 5 Decreases not included in line 2 (itemize) 4,427,499. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Ga	ins and L	osses for tax on in	ivestinen	rincome						
		rind(s) of property sold (e.g ; or common stock, 200 sh			]	How acc - Purch - Dona	iase   '	c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRA	DED SE	CURITIES- TD	AMERI	TRADE		]	P			
b PUBLICLY TRA		CURITIES- TD				]	P			
c PUBLICLY TRA			AMERI		$\vdash$					<del></del>
d PRINC. PAYME					$\vdash$		P			<del></del>
e CAPITAL GAIN					<u> </u>		-			
(e) Gross sales price		Depreciation allowed (or allowable)		st or other basis					ain or (loss s (f) minus	
a 359,50	14	- <u>`</u>	·	444,70	7			• • • • • • • • • • • • • • • • • • • •		-85,203.
			-	464,06						-101,088.
	2 - 1	<del></del>		404,00	<del>-</del> •					-101,000.
C 204 F4	-		-	201 56	긑丨					
d 384,56				384,56	3.					0.
e 2,26				10/04/00						2,266.
Complete only for assets s	howing gain in	column (h) and owned by	<del></del>				(I) (	Gains (C	iol. (h) gain not less tha	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. (	(h))
8										-85,203.
b										-101,088.
C										
d			1							0.
e										2,266.
0.0.11		∫ If gain, also enter	r ın Part I, lıne	7	J					
<ul><li>2 Capital gain net income or (</li><li>3 Net short-term capital gain i</li></ul>	•	, (,,,		7	7	2				-184,025.
If gain, also enter in Part I, I If (loss), enter -0- in Part I, I	ine 8, column		(0).		}	3			N/A	
Part V   Qualification	n Under	Section 4940(e) for	Reduced	Tax on Net	Tnv	estm	ent Inco	me		
(For optional use by domestic p	rryate foundat	ions subject to the section	10/10/a) tay on	net investment in	come	. \				
( - opinomarado dy domicond ;						,				
If section 4940(d)(2) applies, le	ave this part b	lank.								
Mag the foundation bobbs for th										Yes X No
Was the foundation liable for th				•	1007					Yes LAL INO
If "Yes," the foundation does not 1 Enter the appropriate amou					ntrion					
(a)	int in each cost	, , ,	nstructions be	iore making any e				1		<del>'(4)</del>
Base period years Calendar year (or tax year be		(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchai		use assets		Distrit (col. (b) div	ution ratio rided by col. (c))
2013		30	6,095.		4	,39	4,138.			.069660
2012			8,955.				6,531.		_	.055452
2011			3,853.				7,046.	i –		.053663
2010		14	2,146.		2	.74	9,739.			.051694
2009			3,230.				7,336.			.045668
			3,2301		_=	<del>, , , _</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\vdash$ $\vdash$		1013000
2 Total of line 1 column (d)								2		.276137
2 Total of line 1, column (d)			t 0 t 5	46				1		•270137
3 Average distribution ratio fo	-		on line 2 by 5,	or by the number	or ye	ars				055007
the foundation has been in	existence if les	s than 5 years						3		.055227
4 Enter the net value of nonch	naritable-use a	ssets for 2014 from Part X,	line 5					4	_	4,335,919.
5 Multiply line 4 by line 3								5		239,460.
6 Enter 1% of net investment	income (1% o	f Part I, line 27b)						6		1,480.
		, ,								<del></del> -
7 Add lines 5 and 6								7		240,940.
moo o uno o								$\vdash$		
8 Enter qualifying distribution	s from Dart VI	l lina 4						8		235,166.
		•						டீ		233,100.
If line 8 is equal to or greate See the Part VI instructions		neck the box in Part VI, line	1b, and comp	liete that part usin	g a 19	% tax ra	ate.			
<del></del>	·	<del></del>								T 000 DE 100111
423521 11-24-14										Form <b>990-PF</b> (2014)

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	- IStru	Ctioi	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		2 0	60.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		4,5	00.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			Λ
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2		2,9	<del>60</del>
-	7.00 11100 7 4110 2		4,5	0.
			2 0	60.
			4,5	<del></del>
	1 1 4 400			
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c  3,000.			
	,			
	Backup withholding erroneously withheld		<i>A A</i>	٥ ۸
	Total credits and payments. Add lines 6a through 6d		4,4	80.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 -	20
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		Ι, ͻ	20.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 1,520 . Refunded ▶ 11			0.
_	rt VII-A Statements Regarding Activities	<del></del> -	Vaa	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	$\vdash$	Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		
	If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			,,
	Did the foundation file Form 1120-POL for this year?	10		X
d	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.			i '
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ O .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 instrument, articles of incorporation, or	}		
	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?	4a		Х
	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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:			
	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	.		
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MT	1		
b	olf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		4,7	
	of each state as required by General Instruction G? If "No," attach explanation	86	Х	<b></b>
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	L	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	<u></u>	X
	For	m <b>990</b>	-PF	(2014)

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Form 990-PF (2014)

Form 990-PF (2014) MORRIS AND HELEN SILVER			84-13989	U.3 Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?			es 🗀 No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
* * * * * * * * * * * * * * * * * * * *	pay premiums on		es X No	3
a personal benefit contract?				
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> -	Sb X
If "Yes" to 6b, file Form 8870.		<u></u>	<b>□</b>	'
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have a foundation receive any proceeds or have a foundation received to the foundation received t		<del></del>	<del></del>	7b
Part VIII   Information About Officers, Directors, Trust   Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	У	
1 List all officers, directors, trustees, foundation managers and their	<del>,                                      </del>	(c) Compensation	(d) Contributions to	(-) Evpapas
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)	compensation	allowances
	PRESIDENT			
PO BOX 3297	1		ا ا	•
MISSOULA, MT 59806	1.00	0.	0.	0.
CAROLYN MONTGOMERY	VICE-PRESIDEN	LT.		
PO BOX 3297				
MISSOULA, MT 59806	35.00	64,800.	24,812.	0.
THOMAS H. BOONE	SECRETARY/TRE	ASURER		
PO BOX 3297				
MISSOULA, MT 59806	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(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			Ò	
···	1			
	1			
	1			
		<del> </del>	<del> </del>	
	1			
				<del></del>
	1			
Tabel number of other amployage paid over \$50,000	l	1	<u> </u>	0
Total number of other employees paid over \$50,000				000 BE (2014)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c	) Compensation
NONE		
	1	
		···
Total number of others receiving over \$50,000 for professional services	•	
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	penses
1		
· · · · · · · · · · · · · · · · · · ·	_	
SEE STATEMENT 9		9,544.
2	1	
	_	
SEE STATEMENT 10		7,793.
3	_	
<u> </u>		
	$\neg$	
4		<del></del>
	$\neg$	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Ar	mount
1 N/A		
	コ	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form 9	990-PF (2014)

, For	m 990-PF (2014) MORRIS AND HELEN SILVER FOUNDATION	84-	1398903	Page 8
P	Part X   Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)			
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	3,797	<u>,816.</u>
b	Average of monthly cash balances	1b	604	,132.
C	Fair market value of all other assets	1c		-
đ	Total (add lines 1a, b, and c)	1d	4,401	,948.
е			_	
	1c (attach detailed explanation)			
2	Acquisition indebtedness applicable to line 1 assets	2	_	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5		
6	Minimum investment return. Enter 5% of line 5	6	216	,796.
P		nd certain		
1	Minimum investment return from Part X. line 6	1	216	,796.
2a				·
		1		
_		2c	2	,960.
3		3		
4	·	4		0.
5	. , ,	5	213	,836.
6		6	•	0.
7	· ·	7	213	,836.
P	art VIII			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	232	<u>,606.</u>
b	Program-related investments - total from Part IX-B	1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	2	<u>,560.</u>
3	Amounts set aside for specific charitable projects that satisfy the:	1. T		
a	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	235	,166.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			_
	income. Enter 1% of Part I, line 27b	5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	235	,166.

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

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				213,836.
2 Undistributed income, If any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
eFrom 2013 15,025.	_			
f Total of lines 3a through e	15,025.			·
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 235,166.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				213,836.
e Remaining amount distributed out of corpus	21,330.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	26 255			
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	36,355.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	26 255			
Subtract lines 7 and 8 from line 6a	36,355.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 15,025.				
e Excess from 2014 21,330.		L		Form <b>990-PF</b> (2014)
11-24-14				101111 <b>330-77</b> (2014)

	AND HELEN S			84-13	98903 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or49	142(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	•				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
` '		-			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		<u> </u>		<u> </u>	
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)	ļ		ļ. <u>.</u>		
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>			
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	no have contributed more	than 2% of the total cont	ributions received by th	ie foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE			<u> </u>		
b List any managers of the foundation when other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	artnership or
NONE	a a 1070 or greater intere	Ju.			
	ion Count City Loon	Cabalanahin ata Di			
2 Information Regarding Contribut Check here ▶ ☐ if the foundation of				not accept uncollected requ	usete for funde. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num CAROLYN MONTGOMERY,			ications should be addr	esseu.	
PO BOX 3297, MISSOUI			havid malvidae	<del></del>	
b The form in which applications should REQUEST APPLICATION				N LIGHTO IN	ттем а
	FORM AND IN	BIROCITONS	FROM FERSO	N DISTED IN	TIEM A
c Any submission deadlines: NONE					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields.	kinds of institutions. or	r other factors:	
MONTANA INDIVIDUALS					
423601 11-24-14		· · · · · · · · · · · · · · · · · · ·			Form <b>990-PF</b> (2014)

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	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CITY OF MISSOULA PARKS AND REC.	NONE	PUBLIC CHARITY	1	
600 CRAIG LANE			PLAYGROUND	20.000
MISSOULA, MT 59801	<u> </u>	<del>                                     </del>		30,000
CITY OF MISSOULA-PUBLIC ART	NONE	PUBLIC CHARITY	1% FOR ART CALL AT	
435 RYMAN STREET			SILVER PARK	
MISSOULA, MT 59801				7,500
ECOLOGY PROJECT	NONE	PUBLIC CHARITY	WILDLIFE ECOLOGY	
315 S 4TH STREET EAST			PROGRAM	5 000
MISSOULA, MT 59801				5,000
LIVING ARTS OF MONTANA	NONE	PUBLIC CHARITY	FUNDRAISER	
727 WEST ALDER STREET, 17				
MISSOULA, MT 59801				500
LOYOLA SACRED HEART FOUNDATION	NONE	PUBLIC CHARITY	ENGLISH, ART, AND MATH	
300 EDITH STREET			PROGRAM	10 775
Total SEE C	ONTINUATION SHE	TT(S)	▶ 3a	12,775 129,340
b Approved for future payment				· · · · · · · · · · · · · · · · · · ·
NONE				
		1		
		<del>                                     </del>	<del>                                     </del>	
Total			<b>▶</b> 3b	
Total				

423611 11-24-14

Form **990-PF** (2014)

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

Enter group amounts unless otherwise indicated	Unrelated b	usiness income	Exclude	d by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
a			<del>  </del>		
b			<del>     </del>		
c d			+		
	1 1				<del></del>
e	-			<del></del>	
g Fees and contracts from government agencies	-			·	
2 Membership dues and assessments			<del>  </del>		<del></del>
3 Interest on savings and temporary cash			1		
investments					
4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	200,106.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	Ì				
b Not debt-financed property				T	
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	-184,025.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			ļļ.		
11 Other revenue:			1 1		
8	_				
b	_		<b>}</b>		
<u> </u>	-		<b>├</b>		
d	_		╀		
6 (A) (A) (A) (A) (A) (A) (A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	_	0.	-	16,081.	0.
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	<u> </u>	<u> </u>		16,081.
13 Total. Add line 12, columns (b), (d), and (e)				13	10,001.
(See worksheet in line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities		nlichment of E	·omnt	Durnages	
Relationship of Activities	to the Accom	ipiisiiiieiit oi E	tempt	ruiposes	
Line No. Explain below how each activity for which in			contribut	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other the	an by providing funds	for such purposes).			
	<del></del>			<del></del>	
		<u> </u>			
-		<del></del>			
					<del></del>
				· · · · · · · · · · · · · · · · · · ·	
			-		
	-				
423621 11-24-14				<del></del>	Form <b>990-PF</b> (2014

MORRIS AND HELEN SILVER FOUNDATION Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organ						<del></del>		
1	Did the	organization directly or indir	ectly engage in any	of the followin	g with any other organizati	on described ın sectio	n 501(c) of		Yes	No
	the Cod	le (other than section 501(c)	(3) organizations) o	r in section 52	?7, relating to political orgai	nizations?				
a	Transfe	rs from the reporting founda	ation to a noncharita	ble exempt or	ganization of:					
	(1) Cas				•			1a(1)		X
			· · · · · · · · · · · · · · · · · · ·					1a(2)		X
h	• •	ansactions:	·· · · · · · · · · · · · · · · · · · ·					1515/		
		les of assets to a noncharital	hle evernt organiza	ion				15(1)		X
								10(2)		X
		rchases of assets from a nor								$\frac{\mathbf{x}}{\mathbf{x}}$
		ntal of facilities, equipment,						1b(3)		
		imbursement arrangements						15(4)		X
		ans or loan guarantees						1b(5)		X
		rformance of services or me						1b(6)		X
		of facilities, equipment, mai						10		X
đ		nswer to any of the above is							ets,	
	or servi	ces given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair market vali	ue in any transaction (	or sharing arrangement, sh	ni wa		
	column	(d) the value of the goods, (	other assets, or serv	ices received.						
(a)L	ne no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description (	of transfere, transactions, and st	aring on	ബർബം	nta
			<del></del>	N/A	<del></del>		<del></del>			
						<del></del>				
					<del></del>		····			
_			<del></del>				·			
	-+	···-	<del></del>			<del></del>				
		<del></del>	ļ							
						<del></del>				
					<del></del>					
					<del> </del>					
						<del></del>				
2a	Is the fo	oundation directly or indirect	thy affiliated with or i	elated to one	or more tax-exempt organ	izations described				
		on 501(c) of the Code (other					_	Yes	X	] No
h		complete the following sche		(O)) OF RESCUE				_ ,63	(_88	J 110
- 0	11 163,	(a) Name of org			(b) Type of organization	1	) Description of relationship	n		
			anization		(b) Type of Gryanization	- "	) Description of relations in	<u>ν</u>		
		N/A								
	<del></del>		<del></del>			ļ				
		<del></del>				ļ	<del></del>			
			<del> </del>			<u> </u>	. —·			
			<del>,</del>		<u> </u>	<u> </u>	<del></del>			
	Und	for penalties of perjury, I declare to	that I have examined thi	s return, includin	ig accompanying schedules and	d statements, and to the b	est of my knowledge May		iscuss t	
Sig	ງກ   🏋	belief, it is true, correct, and corr	////		r taxpayer) is cased on an anum	EXECUT	return show	n with the n below	s prepara (see ins	ar tr)?
He	re	an.			17-31-15	DIRECT	OR X	] Yes		No
	Si	gnature of officer or trustee			Date	Title	<u> </u>			
		Print/Pype preparer's na	me	Preparer's si	Ignature	Date	Check if PTIN			
						1 :	self- employed			
Pa	id	FRANK H. S	MITH		11 5.4	07/28/15	P00	639	053	
	epare			L J. Manni	H. must	1, 20, 20	Firm's EIN ▶ 52-15			
	e Only					ļ	ramount & Ja IJ	2		
	J	·	adus 1 00	EU NU	, SUITE 900					
					-	ļ	n 202 02	) E	000	
		WA	SHINGTON,	DC 20	030	J	Phone no. 202-82			
							For	m <b>99</b> 0	)-PF	(2014)

3 Grants and Contributions Paid During the Recipient				
ricolpione	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
AICHAEL J. FOX FOUNDATION GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	NONE	PUBLIC CHARITY	DONATION	2,50
MISSOULA COUNTY PUBLIC SCHOOLS 215 SOUTH 6TH STREET WEST MISSOULA, MT 59803	NONE	PUBLIC CHARITY	I3 MISSOULA	5,00
MISSOULA CHILDREN'S THEATRE 200 N ADAMS ST MISSOULA, MT 59802	NONE	PUBLIC CHARITY	NEXT STEP PROGRAM	10,00
MISSOULA DOWNTOWN FOUNDATION 218 E. MAIN STREET MISSOULA, MT 59801	NONE	PUBLIC CHARITY	LIGHT OUR BRIDGES	5,00
MONTANA NATURAL HISTORY CENTER 120 HICKORY STREET MISSOULA, MT 59801	NONE	PUBLIC CHARITY	DONATION	5,00
SUMMIT FOR PARKINSON'S PO BOX 2235 MISSOULA, MT 59806	NONE	PUBLIC CHARITY	MJFOX PARKINSON NETWORKING AND GIFT OF ART WORK	3,20
TAMARACK GRIEF RESOURCE 516 S ORANGE MISSOULA, MT 59801	NONE	PUBLIC CHARITY	GRIEF CAMPS AND BEREAVEMENT PROGRAM	10,00
FIERRA DEL SOL 9919 SUNLAND BLVD SUNLAND, CA 91040	NONE	PUBLIC CHARITY	PROGRAM COLLABORATION	2,00
UNITED WAY 412 W ALDER ST MISSOULA, MT 59802	NONE	PUBLIC CHARITY	MISSOULA YOUTH PHILANTHROPY	5,76
UNIVERSITY OF MONTANA 32 CAMPUS DR COLLEGE OF EDUCATION AN HUMAN SERVICES MISSOULA, MT 59812	NONE D	PUBLIC CHARITY	DEPT. OF COUNSELOR EDUCATION PARENTING	9,00

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient WATSON'S CHILDREN CENTER NONE PUBLIC CHARITY FURNINSHINGS 4978 BUCKHOUSE LANE MISSOULA, MT 59804 3,600. WORD- WOMEN'S OPPORTUNITY & RESOURCE NONE PUBLIC CHARITY SUMMER ARTS/LEADERSHIP DEVELOPMENT 2405 MCINTOSH LOOP MISSOULA, MT 59801 7,500. YWCA PUBLIC CHARITY SECRET SECONDS NONE 1130 W BROADWAY ST ADDITION MISSOULA, MT 59802 5,000. Total from continuation sheets

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	ITIES ST	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCC	
TD AMERITRADE DIVIDENDS TD AMERITRADE- NON TAXABLE	186,959.	. 2,26	6. 184,693.	184,693.		
DISTRIBTUION	15,413	•	0. 15,413.	0.	55 TATEMENT (D) CHARITAE	
TO PART I, LINE 4	202,372	2,26	6. 200,106.	184,693.		
FORM 990-PF	O	THER PROFES	SIONAL FEES	Su	ГАФЕМЕНФ	<u> </u>
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	CHARITAE	
INVESTMENT MANAGEME CONSULTING FEES	nt	24,272. 558.	24,272.			0.
TO FORM 990-PF, PG	1, LN 16C	24,830.	24,272.		558	
FORM 990-PF		TAX	ES	Sī	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
EXCISE TAX	_	615.	0.			0.
FOREIGN TAX		2,823.	2,823.			0.

FORM 990-PF	OTHER EX	KPENSES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INTERNET SERVICE OFFICE SUPPLIES/EQUIPMENT POSTAGE AND DELIVERY TELEPHONE LICENSE AND PERMIT DUES AND SUBSCRIPTIONS AUTOMOBILE EXPENSES EDUCATION DIRECT CHARITABLE EXPENSES BANK SERVICE CHARGES	1,557. 1,440. 359. 1,080. 15. 965. 2,400. 2,509. 4,378. 119.	0. 0. 0. 0. 0. 0. 0.		1,08 1 96 2,40 2,50 4,37	0. 9. 10. 5.
REPAIRS AND MAINTENANCE  TO FORM 990-PF, PG 1, LN 23	113.	119.			.3.
DESCRIPTION				AMOUNT	
DESCRIPTION  PRIOR YEAR COST ADJUSTMENT FO	OD TANJEROMENI	n a	_	AMOUNT 525,16	
TOTAL TO FORM 990-PF, PART II		15	_	525,16	
			<del>==</del>	<del></del>	9.
FORM 990-PF	OTHER F	UNDS		STATEMENT	6
FORM 990-PF DESCRIPTION	OTHER F		(A) INNING OF YEAR	STATEMENT  (B)  END OF  YEAR	
	OTHER F	BEG	INNING OF	(B) END OF	6

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED INVESTMENT STATEMENT	COST	3,873,972.	4,123,289.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	3,873,972.	4,123,289.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER COMPUTER SOFTWARE COMPUTER SOFTWARE WIRELESS MODEM LENS CAMERA & LENS LIGHTING LIGHTING LIGHTING LENS WIRING FOR COMPUTER IMAC COMPUTER COMPUTER ACCESSORIES FURNITURE FURNITURE FURNITURE BOOKCASE CAMERA BATTERY DESK GLASS FOR DESK INTERNET WIRING PHONE AND CHARGER HARD DRIVE STORAGE LAPTOP	1,355. 1,655. 530. 1,326. 570. 220. 906. 8,804. 989. 732. 1,769. 700. 1,691. 183. 1,350. 1,400. 580. 129. 2,995. 483. 527. 310. 130. 2,560.	1,355. 1,655. 530. 1,326. 570. 214. 784. 7,299. 820. 607. 1,467. 618. 1,463. 155. 524. 543. 225. 107. 1,161. 187. 274. 161. 68. 853.	0. 0. 0. 0. 6. 122. 1,505. 169. 125. 302. 82. 228. 28. 826. 857. 355. 22. 1,834. 296. 253. 149. 62. 1,707.
TOTAL TO FM 990-PF, PART II, LN 14	<del></del> .	22,966.	8,928.

# 2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

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Asset	Description	Date Acquired	Method	Lrfe	No e	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	11COMPUTER	092801200DB5	200DB5	.00	17	1,355.			1,355.	1,355.		0
12	12COMPUTER	071105200DB5	200DB	.00	17	1,655.			1,655.	1,655.		0
13	13SOFTWARE	071905200DB5	200DB	00.	17	530.			530.	530.		0
14	14COMPUTER	091409200DB5	2000B	00.	17	1,326.		663.	663.	625.		38.
15	15SOFTWARE	091509	509200DB5	00.	17	570.		285.	285.	269.	•	16.
76	16WIRELESS MODEM	081810200DB5	2000B	00.	17	. 220	· · · · · · ·	110.	110.	91.	-	13.
17	17LENS	061312200DB5	200DB	.00	17	906		453.	453.	249.	·	82.
18	18CAMERA & LENS	101612200DBS	200DB	00.	17	8,804.		4,402.	4,402.	1,893.		1,004.
15	19LIGHTING	102312200DB5	200DB	00.	17	989.		495.	494.	213.		112.
70	20LIGHTING	102312200DB5	200DB	00.	17	732.		366.	366.	157.		84.
21	21LENS	121012200DB5	200DB	00.	17	1,769.		885.	884.	380.		202.
22	22WIRING FOR COMPUTER011212200DB5	3011212	200DB	00.	17	700.		350.	350.	214.	_	54.
23	23IMAC COMPUTER	052512200DB5	200DB	00.	17	1,691.		846.	845.	465.		152.
24	24ACCESSORIES	070112200DB5	200DB	00.	17	183.		92.	91.	45.		18.
	25FURNITURE	030413200DB7	200DB7	00.	17	1,350.			1,350.	193.	,	331.
26	26FURNITURE	030413200DB7	200DB	00.	17	1,400.			1,400.	200.		343.
27	27BOOKCASE	030713200DB7	200DB7	00.	17	580			580.	83.	í	142.
28	28CAMERA BATTERY	101112200DBS	200DB5	00.	17	129.	-	65.	64.	27.		15.
428102 05-01-14					( <u>O</u>	(D) - Asset disposed		* ITC	, Section 179, Salv	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	mercial Revita	Ization Deduction

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

nt Current Year 19 Deduction	733.	118.	169.	. 66	42.	853.	0. 4,620.						,		
Current Sec 179															
Accumulated Depreciation	428.	69	105.	62.	26.		9,334.				,				
Basis For Depreciation	2,995.	483.	527.	310.	130.	2,560.	22,882.								
Reduction In Basis	,	t ,		,		,	9,012.	ī	,	i				ı	
Bus % Excl					1	1		-	,		ı				
Unadjusted Cost Or Basis	2,995.	483.	527.	310.	130.	2,560.	31,894.	-							
Line No	17	17	17	17	17	19A					 ,				
Life	00.7	7.00	2.00	2.00	2.00	3.00							•		
Method	00087	00DB	00DB	00DB	00DB	00DB						i		<del></del>	•
Date Acquired	030713200DB7	041913200DB7.	111313200DB5.	112013200DB5.	071213200DB5.	051214200DB3			 				,		
Description	29besk	30GLASS FOR DESK	31INTERNET WIRING	32PHONE AND CHARGER	33HARD DRIVE STORAGE	; ; ;	TOTAL 990-PF FG L DEPR								
Asset No	29	30	31	32	33	44			 		 				

(D) - Asset disposed

428102 05-01-14

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

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

OMB No. 1545-1709

Mark Francisco	lata ambi Di	and a second short have		<u> </u>	X	
<ul> <li>If you are filing for an Automatic 3-Month Extension, completely are filing for an Additional (Not Automatic) 3-Month F</li> </ul>	•		thic form)		لها 🗨	
If you are filing for an Additional (Not Automatic) 3-Month E			-	0060		
50 No. complete : 21 II 21 II 2000		atic 3-month extension on a previous	-		maration	
Electronic filing (e-file). You can electronically file Form 8868 i						
required to file Form 990-T), or an additional (not automatic) 3-m						
of time to file any of the forms listed in Part I or Part II with the e	•					
Personal Benefit Contracts, which must be sent to the IRS in pa	•	(see instructions) For more details	on the elec	stronic filing of thi	s form,	
visit www irs gov/efile and click on e-file for Charities & Nonprofi			- al a al\			
Part I Automatic 3-Month Extension of Tim						
A corporation required to file Form 990-T and requesting an aut	omatic 6-mo	onth extension - check this box and	complete	,		
Part I only						
All other corporations (including 1120-C filers), partnerships, RE to file income tax returns	MICS, and t	rusts must use Form 7004 to reques				
1				er's identifying n		
Type or Name of exempt organization or other filer, see inst	ructions.		Employer	dentification nui	mber (EiN) or	
MORRIS AND HELEN SILVER FO	DUNDAT	ION		84-13989	903	
Number, street, and room or suite no. If a P.O. box, PO BOX 3297	see instruc	tions	Social se	curity number (SS	SN)	
City, town or post office, state, and ZIP code. For a MISSOULA, MT 59806	foreign add	lress, see instructions.			-	
•				<del></del>		
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			0 4	
Application	Return	Application			Return	
ls For	Code	ls For			Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		-	07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (Individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	rm 990-PF 04 Form 5227					
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	·		11	
Form 990-T (trust other than above)	06	Form 8870			12	
CAROLYN MONTGO	MERY					
<ul> <li>The books are in the care of ► PO BOX 3297 -</li> </ul>	MISSO	ULA, MT 59806				
Telephone No. ► 406-240-6353		Fax No.				
If the organization does not have an office or place of business.	ss in the Ui	nited States, check this box			ightharpoonup	
If this is for a Group Return, enter the organization's four dig	it Group Ex	emption Number (GEN)	If this is foi	r the whole group	, check this	
box   . If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extension	is for	
1 I request an automatic 3-month (6 months for a corporation	on required	to file Form 990-T) extension of time	until			
AUGUST 15, 2015 , to file the exem	npt organiza	tion return for the organization nam	ed above	The extension		
is for the organization's return for:						
$ ightharpoons$ $ ightharpoons$ calendar year $ m {2014}$ or						
tax year beginning	, ar	d ending		_ ·		
		<u></u>				
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on.	Final retur	n		
Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			4 400	
nonrefundable credits. See instructions.			3a	\$	4,480.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 600					1 400	
estimated tax payments made. Include any prior year over			3b	\$	1,480.	
c Balance due. Subtract line 3b from line 3a Include your	•				2 000	
by using EFTPS (Electronic Federal Tax Payment System		intiona	3c	\$	3,000.	
Courties If you are going to make an electronic funds withdraw				*		
instructions.		bit) with this Form 8868, see Form		*		