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Form **990-PF**

EXTENDED TO AUGUST 15, 2016

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

Department of the Treasury Internal Revenue Service

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

For	alen	dar year 2015 or tax year beginning		, and er	nding		
Nar	ne of	foundation				A Employer identification	number
		PPING FORWARD FOUNDATION				27-4013541	•
Number and street (or P O box number if mail is not delivered to street address) Room/suite						B Telephone number	
P	0	BOX 1538				406-294-97	65
_		own, state or province, country, and ZIP or foreign p	postal code			C If exemption application is p	pending, check here
		LINGS, MT 59103				<u></u>	
G	heck	all that apply: Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			Foreign organizations me check here and attach co	seting the 85% test,
		Address change	Name change			check here and attach co	omputation
H	_	type of organization: X Section 501(c)(3) e		•		E If private foundation sta	. ()
<u> </u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		1	under section 507(b)(1)	
		arket value of all assets at end of year J Account	=	X Accr	uai	F If the foundation is in a	
•		Part II, col. (c), line 16) 0 (Part I, col.	ther (specify)	nasis)	-	under section 507(b)(1))(B), check here
	\$ irt l					4 3 4 4 4 4	(d) Disbursements
-		(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 inco		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.			N/A	
	2	Check from attach Sch B					
	3	Interest on savings and temporary cash investments	1.5.511			<u> </u>	
	4	Dividends and interest from securities	16,741.	1	6,741.		STATEMENT 1
		Gross rents				· · · · · · · · · · · · · · · · · · ·	
	_	Net rental income or (loss)	.1 102				
ě		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<1,183.	<u>></u>			***
Revenue	_ b	assets on line 8a			0.	RFC:	TIVED
Be.	7 Capital gain net income (from Part IV, line 2)				0.	f	18
	8	Net short-term capital gain				18 111 0	101
	9	Income modifications Gross sales less returns					5 2015 J
	_	and allowances Less Cost of goods sold				 	
		Gross profit or (loss)		· · · · · ·		OG⊅i	N, UT
	11	Other income					
	12	Total. Add lines 1 through 11	65,558.	1	6,741.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
ses	16a	Legal fees					
Sen C	þ	Accounting fees STMT 2	24,775.		0.		24,775.
Expense	C	Other professional fees STMT 3	7,332.		7,332.		0.
ïve	17	Interest					
trai	18	Taxes					
inis	19	Depreciation and depletion					
튣	20	Occupancy	240				0.40
٧p	21	Travel, conferences, and meetings	249.		0.		249.
ᇤ	22	Printing and publications	200		101		207
ğ.	23	Other expenses STMT 4	398.		191.		207.
era	24	Total operating and administrative	22 754	1	7 522		25 221
SCANNICE Operating and Administrative	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	32,754. 91,778.		7,523.		25,231. 91,778.
S	25 26	Total expenses and disbursements.	31,110.				<u> </u>
	26	Add lines 24 and 25	_124,532.	1	7,523.		117,009.
	27	Subtract line 26 from line 12:	107,334.		<u>. ,</u>		11,,000,
		Excess of revenue over expenses and disbursements	<58,974.	>			1
		Net investment income (if negative, enter -0-)	100/0/41		9,218.		T .
		Adjusted net income (if negative, enter -0-)			- , _ =	N/A	
52350 11-24		LHA For Paperwork Reduction Act Notice, see	instructions.			7.	Form 990-PF (2015)

For	m <u>99</u>	0-PF(2015) STEPPING FORWARD FOUNDA		27-	4013541 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	arı	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	86,095.	286,934.	<u> 286,934.</u>
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
şţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations		=-::	
	í	Investments - corporate stock			
	C	Investments - corporate bonds			· · · · · · · · · · · · · · · · · · ·
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation		-	
	12	Investments - mortgage loans	222 555	550 054	
	13	Investments - other STMT 5	830,767.	570,954.	539,341.
	14	Land, buildings, and equipment; basis	:		
		Less accumulated depreciation			
	1	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	016 060	057 000	006 075
_	-	instructions. Also, see page 1, item I)	916,862.	857,888.	826,275.
		Accounts payable and accrued expenses			
	18	Grants payable		 	
ies	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
iai		Mortgages and other notes payable			
_	22	Other liabilities (describe			
		Title 12 to 122 to 2 and have 47 About the 200	0.	0.	
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
S	0.4	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
Š	24	Temporarily restricted			
3ala	25	Permanently restricted			
ă	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	916,862.	857,888.	1
Net Assets or Fund Balances	30	Total net assets or fund balances	916,862.	857,888.	1
_					1
	31	Total liabilities and net assets/fund balances	916,862.	857,888.	
	art				
					, <u></u>
1		i net assets or fund balances at beginning of year - Part II, column (a), line	30		016 060
	•	st agree with end-of-year figure reported on prior year's return)		1	916,862.
		r amount from Part I, line 27a		2	<58,97 4. >
3		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	857,888. 0.
_		reases not included in line 2 (itemize)	alumn (h) line 20	5	857,888.
6_	ıota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	namm (u), mic 30		Form 990-PF (2015)

(a) List and descri	nd Losses for Tax on II be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh	,, real estate,		(b) How ac P - Purcl D - Dona	quired hase ition	(c) Date acqui (mo., day, yr		(d) Date sold (mo., day, yr.)
1a_SCHWAB					P	· · · · · · · · · · · · · · · · · · ·		
b UBS					P			
c UBS	· · · · · · · · · · · · · · · · · · ·				P		_	
d								
_e		1 110						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (e) plus (f) n		9)
<u>8 813,612.</u>			819,59					<u><5,978.</u>
b 108,356.			105,97					2,382.
32,531.			30,11	8.				2,413.
<u>d</u>		<u> </u>						
Complete only for assets showing	gain in column (b) and owned by	the foundation	on 12/31/60			Coine (Cal. (h	\ ====	
Complete utily for assets showing) Gains (Col. (h . (k), but not le:		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)			Losses (from		
								<5,978.
b			47					2-, 382.
C					-	-		2,413.
d					······			2,413.
e				 -				
2 Capital gain net income or (net cap	If gain, also enter of lf (loss), enter -0	r in Part I, line)- in Part I, line	7 7	} 2				<1,183.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, ci		nd (6):		}		,	A\N	
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	. Poducod	Tay on Net	Investm	ent Inc	ome 1	N/A	· · · · · · · · · · · · · · · · · · ·
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in ea	on 4942 tax on the distributable an y under section 4940(e). Do not co ch column for each year; see the i	omplete this pa	ırt.	ntries.				Yes X No
Base period years Calendar year (or tax year beginning	(b) (j in) Adjusted qualifying dis	stributions	Net value of nor	(c) ncharitable-i	use assets	(col. (Dıstrıbi (b) dıvı	(d) ution ratio ded by col. (c))
2014	12	0,820.		55	<u>7,863</u>			.216576
2013		3,636.			<u>3,087</u>			.354513
2012	1	1,810.			1,488			.116368
2011		164.		1	2,307	•		.013326
2010						+		
								700703
2 Total of line 1, column (d)		b-: 01 5		-4		2		.700783
3 Average distribution ratio for the 5-	•	on line 2 by 5,	or by the number	of years				175106
the foundation has been in existence	e it less than 5 years					3		.175196
4 Enter the net value of noncharitable	-use assets for 2015 from Part X,	line 5				4		860,016.
5 Multiply line 4 by line 3						5		150,671.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6		92.
7 Add lines 5 and 6						7		150,763.
8 Enter qualifying distributions from l						8		117,009.
If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, line	t 1b, and comp	lete that part using	a 1% tax ra	ate.			

	990-PF (2015) STEPPING FORWARD FOUNDATION 27-4 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	013 see ir	541 Istru		Page 4 1 5)
	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				84.
•	of Part I, line 27b				<u></u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			<u></u>	84.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			1	$\frac{0.}{84.}$
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				04.
	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a				
	2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations - tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1	84.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ - Refunded ▶ 11				
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.		4.		v
	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
đ	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 •				
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
e	managers. > \$ 0.				
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		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a_		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	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	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)				
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	x	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT		10	X	L
		For	m 99 ()-PF	(2015)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form 4720, to determine if the foundation had excess business holdings in 2015.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form **990-PF** (2015)

X

3b

4a

__ Yes 🗶 No

N/A

during the year?

orm 990-PF (2015) STEPPING FORWARD FOUNDAT			27-40135	41	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:				ļ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			ļ	
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		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 l					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to			<u> </u>		
expenditure responsibility for the grant?		I/A	s L 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		
a personal benefit contract?		Y6	ĺ	٥.	v
b Did the foundation, during the year, pay premiums, directly or indirectly, on a lf "Yes" to 6b, file Form 8870.	personal benefit contract?		-	6b	<u> </u>
•	pholtor transcation?	- 🗆 v	s X No		_ _
7a At any time during the tax year, was the foundation a party to a prohibited tax: b If "Yes," did the foundation receive any proceeds or have any net income attrib		16	. –	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		/U	
Paid Employees, and Contractors	oes, i candation wa	inagers, riigin	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acco	unt, other owances
LYN A. FINDLEY	PRES/SEC/TREA	-	·		
PO BOX 1538					
BILLINGS, MT 59103	0.00	0.	0.		0.
BENJAMIN C. FINDLEY	DIRECTOR	}			
PO BOX 1538					
BILLINGS, MT 59103	0.00	0.	0.		0.
LEAH A. FINDLEY	DIRECTOR				
PO BOX 1538	<u> </u>				
BILLINGS, MT 59103	0.00	0.	0.	<u> </u>	<u> </u>
	1				
	1				
	<u> </u>			<u> </u>	
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to		Evnonco
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	acco	Expense unt, other
	devoted to position		compensation	allo	owances
NONE	-	-		Ì	
·					
	-				
THE TANKS OF THE T	-			 	
	1				
	1				
,				<u> </u>	
	†				
Total number of other employees paid over \$50,000	1				0
ו סידשו וומינווספו בו סינופו פווואוסאפפט אמומ מאפו שטמיסטס					<u> </u>

Total. Add lines 1 through 3

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** (2015)

6

117,009.

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

1 0/11/ 990 11 (2015) **D**

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				42 017
line 7				42,817.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only			· · · · · · · · · · · · · · · · · · ·	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010				:
b From 2011				
c From 2012 6,317.				
d From 2013 37,540.				
e From 2014 93, 233.				
f Total of lines 3a through e	137,090.			
4 Qualifying distributions for 2015 from	137,0301			
Part XII, line 4: ▶\$ 117,009.				
a Applied to 2014, but-not more than line 2a			- 0.	
· · · · · · · · · · · · · · · · · · ·				<u> </u>
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	o.			
(Election required - see instructions)	U •			40 017
d Applied to 2015 distributable amount	74,192.	· · · · · · · · · · · · · · · · · · ·		42,817.
e Remaining amount distributed out of corpus		· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	211,282.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.	J •			
Subtract lines 7 and 8 from line 6a	211,282.			
10 Analysis of line 9:	211,202		<u> </u>	
a Excess from 2011				
b Excess from 2012 6,317.				
c Excess from 2013 37,540.				
d Excess from 2014 93, 233.				
e Excess from 2015 74,192.				

	G FORWARD F		··-·-	27-40	13541 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2015, enter the date of	the ruling	>		
b Check box to indicate whether the found	ation is a private operatii	g foundation described	ın section	4942(j)(3) or 49	42(<u>J)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	· · · · · · · · · · · · · · · · · · ·		 		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			-		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:		:			
a "Assets" alternative test - enter:					
(1) Value of all assets				 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		-			
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			-		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during the					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who		than 2% of the total cor	ntributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)			
LYN A. FINDLEY					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or
NONE	Ū				
	on Grant Gift Loan	Scholarship etc. D	Programe:		· · · · · · · · · · · · · · · · · · ·
	nly makes contributions	to preselected charitable	e organizations and does	not accept unsolicited requ	
a The name, address, and telephone number					
KRISTIN GREB, 406-20		ine person to whom app	Mications Should be addre	33Eu.	
		1			
PO BOX 1538, BILLING			should include:		
b The form in which applications should b	e soommueo and miorma	nion and materials they :	SHOULU INCIDUE.		
THE ORGANIZATION					
c Any submission deadlines:					
NONE	ough as hu as a section	al areas shorteble felds	kinde of inctitutions ==	other factors:	
d Any restrictions or limitations on awards NONE	, such as by geographic	ai areas, chafitadie 118105	s, kinus of institutions, of	omer factors.	
					Form 000 DE (0045)
523801 11-24-15					Form 990-PF (2015)

09020606 792194 135433

Excluded by section 512, 513, or 514

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

Enter gross amounts unless otherwise indicated.		business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu-	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Millount	Iulicuon income
8			 		
b			 	<u></u>	
c			-		
d		<u> </u>			
e	·				
f					
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments		 -			
3 Interest on savings and temporary cash					
investments			 		
4 Dividends and interest from securities			14	16,741.	
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property		·			
b Not debt-financed property		<u></u>			
6 Net rental income or (loss) from personal -	- -	-			
property				<u>-</u> -	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<1,183.	>
9 Net income or (loss) from special events				-	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
8					
b		······································			
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		15,558.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	15,558.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which inco			A contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fur	ids for such purposes).			
					
	···				
				····	
ı					

Unrelated business income

Page 13

Pa	LC YAII	Exempt Organ	•	To and Transactions at	nd Relationships with Noncha	iritable	
1	Did the es			llowing with any other organization	described in section 501(c) of	T Ye	s No
				ion 527, relating to political organization			111
	•	•	ation to a noncharitable exen		zations.		
a		mon the reporting lounds	ation to a noncharitable exen	ipt organization or.		1a(1)	Ŷ
	(1) Cash		•	•		1a(2)	$\frac{1}{x}$
	(2) Other	•	•			14(2)	
D	Other trans					4./4\	X
		of assets to a noncharital				1b(1)	$\frac{x}{x}$
			ncharitable exempt organiza	tion		1b(2)	$\frac{\mathbf{x}}{\mathbf{x}}$
		I of facilities, equipment,				1b(3)	
	` '	oursement arrangements				1b(4)	X
		or loan guarantees			• • •	1b(5)	X
			embership or fundraising sol			1b(6)	X
	-		uling lists, other assets, or pa			10	X
đ					ays show the fair market value of the goods,		,
					e in any transaction or sharing arrangement,	show in	
	column (d) the value of the goods,	other assets, or services rec				
(a)Li	ine no	(b) Amount involved	l	ritable exempt organization	(d) Description of transfers, transactions, and	sharing arrang	ements
	-		- N	/A			
		<u> </u>					
		-					
		-					
		<u> </u>					
		· -					
				· · · · · · · · · · · · · · · · · · ·	 		
	le the four	adation directly or indirec	thy affiliated with or related t	o, one or more tax-exempt organiz	ations described		
24		-	r than section 501(c)(3)) or			Yes	X No
		omplete the following sch		in Section 327			110
	11 165, 66	(a) Name of org		(b) Type of organization	(c) Description of relations	ship	
	_	N/A	94111111111	(c) type or organization	(-)		
		M/A					
—							
							
	Under	penalties of perumy I declare	that I have examined this return	including accompanying schedules and s	statements, and to the best of my knowledge		
C :	l and be	elief, it is true, correct, and co	mplete Declaration of preparer (o	ther than taxpayer) is based on all information	stics of which accourse has any knowledge	ay the IRS disci turn with the pri	
Si: He		V4/	. 0 H.	1 1/. 1 1		own below (see	instr)?
rie		1 Justin	N U. SINE	<u> </u>		X Yes	∟ No
	Sign	nature of difficer or trustee		Date	Title		
		Print/Type preparer's n		rer's signature	Date Check if PTIN		
_		DANIEL S.	MILLER, Lad	erel & Miller Clot	self- employed		- 4
Pa		CPA	PAN			003155	
	eparer	Firm's name AND	DERSON ZURMUE	HLEN & CO., P.C	• Firm's EIN ► 81-0	38594(J
Us	se Only						
			$\mathbf{O. BOX 20435}$				
		l BI	LLINGS, MT 5	9104-0435	Phone no. 406-2	45-513	36

523622 11-24-15

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2015

Name of the organization

Employer identification number

STEPPING FORWARD FOUNDATION 27-4013541								
Organization type (chec	ck one)·							
Filers of: Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt chantable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt chantable trust treated as a private foundation							
	501(c)(3) taxable private foundation	-						
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See instructions						
General Rule								
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot any one contributor. Complete Parts I and II. See instructions for determining a contrib	•						
Special Rules								
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the ar-EZ, line 1. Complete Parts I and II	16a, or 16b, and that received from						
year, total cont	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributi is checked, ent purpose. Do no	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

STEPPING FORWARD FOUNDATION

27-4013541

Part I	Contributors	(see instructions)	. Use duplicate copie	es of Part I if additional space is nee	eded.
--------	--------------	--------------------	-----------------------	---	-------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD AND LYN FINDLEY PO BOX 1538 BILLINGS, MT 59103	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

nization		Employer identification number					
NG FORWARD FOUNDATION		27-4013541					
the year from any one contributor. Complete of	columns (a) through (e) and the fol	OWING INC COTTY. For organizations					
completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year (Enterthis info once)					
· · · · · · · · · · · · · · · ·							
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name address a	Relationship of transferor to transferee						
Transferee 3 Transe, address, a	110 Zii + 4	Treationship of agricultural to a difference					
(h) Dumaga af sift	(a) Line of gift	(d) Description of how gift is held					
(b) Purpose of grit	(c) use of gift	(d) Description of now gift is field					
	<u> </u>						
(e) Transfer of gift							
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
(-)							
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
(e) Transfer of gift							
Transferee's name address a	nd 7IP + 4	Relationship of transferor to transferee					
mundieree o name, audress, a	T.Y	Troublement of Buildier of to Buildier of					
	Exclusively religious, charitable, etc., contituely ear from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (d) Transferee's name, address, and ZIP + 4 (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transferee's name, address, and ZIP + 4					

FORM 990-PF DIV	/IDENDS	AND INTER	EST	FROM SECUR	ITIES ST	ATEMENT 1
	ROSS MOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS 1	L6,741.		0.	16,741.	16,741.	
TO PART I, LINE 4	16,741.		0.	16,741.	16,741.	
FORM 990-PF		ACCOUNTI	NG I	FEES	SI	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME-	(D) CHARITABLE PURPOSES
ACCOUNTING & LEGAL		24,775.		0.		24,775.
TO FORM 990-PF, PG 1, LB	16B	24,775.	_	0.		24,775.
FORM 990-PF	TO	HER PROFES	SIO	NAL FEES	នា	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	-	7,332.		7,332.		0.
TO FORM 990-PF, PG 1, LI	N 16C	7,332.		7,332.		0.
FORM 990-PF	······································	OTHER E	XPE	NSES	នា	CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE 2014 990-PF OFFICE FOREIGN TAXES FEES	_	187. 153. 5. 38. 15.		0. 153. 0. 38.		187. 0. 5. 0.
	и ээ —	398.		191.		207.
TO FORM 990-PF, PG 1, LI	N 43	398.		131.		40/.

FORM 990-PF	OTHE	R INVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	T
UBS		FMV	570,954.	539,3	41.
TOTAL TO FORM 990-PF,	PART II, LINE	13	570,954.	539,3	41.
FORM 990-PF		CANTIAL CONTRIB	UTORS	STATEMENT	6
NAME OF CONTRIBUTOR		ADDRESS			
PROSPECTOR OIL, INC.		27 N 27TH STE BILLINGS, MT		-	

3 Grants and Contributions Paid During the				
' Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	Amount
RAPELJE SCHOOL DISTRICT	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
714 MAIN ST				
RAPELJE, MT 59067				1,22
RED LODGE AREA COMMUNITY FOUNDATION PO BOX 1871	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
RED LODGE, MT 59068				10,000
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
COLLEGE STATION, TX 77840			_	25 <u>, 00</u> 0
YELLOWSTONE ASSOCIATION PO BOX 117	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
YNP, WY 82190				500
				
Total from continuation sheets				36,728