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Department of the Treas

EXTENDED TO NOVEMBER 15, 2017

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

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

For	caler	ndar year 2016 or tax year beginning		, and ending		Open to Public Inspection		
Name of foundation A Employe						n number		
_ 5	STE	PPING FORWARD FOUNDATION	ON		27-4013541			
		and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number			
		BOX 1538			406-208-44	108		
		own, state or province, country, and ZIP or foreign LINGS, <u>MT</u> 59103	postal code		C If exemption application is p	pending, check here		
G	Check	call that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here		
		Final return	Amended return			· -		
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, emputation		
H		type of organization: X Section 501(c)(3) e			E If private foundation sta	tus was terminated		
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundation		under section 507(b)(1)(A), check here 🕨 📖		
		· 1 ———	ing method: Cash	X Accrual	F If the foundation is in a			
	, o,,, , ►\$	774,713. (Part I, cold	ther (specify) umn (d) must be on cash i	basis.)	under section 507(b)(1))(B), check here $ ightharpoonup$		
	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(-) Adv	(d) Disbursements		
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received	50,000.	21 \$\frac{1}{2} \tag{1}	◆ N/A / *	(Cash Dasie Only)		
	2	Check If the foundation is not required to attach Sch. B	31. 11	330 13		2° - 2° - 2° - 2° - 2° - 2° - 2° - 2° -		
	3	Interest on savings and temporary cash investments				44 142 2		
	4	Dividends and interest from securities	10,007.	10,007.		STATEMENT 1		
	5a	Gross rents				£ 43. K		
	b	Net rental income or (loss)	; ⁴ / ₅ / ₅ , ,	\^ x'y				
ō	6a	Net gain or (loss) from sale of assets not on line 10	-12,560.	> ?\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, , , ,			
ĕ	þ	Gross sales price for all assets on line 6a 135,673.	****	*,;;	4	, , , , , , ,		
Revenue	7	Capital gain net income (from Part IV, line 2)	\$ × ´	0.	S	*		
_	8	Net short-term capital gain	* * * * * * * * * * * * * * * * * * * *	(*^)		135 / 1/2		
	9 10a	Income modifications Gross sales less returns	***	*** ***		, ~ , , , ,		
		and allowances	,;;· (× ;	(\$) (\$)	<u>```</u>	*		
		Less Cost of goods sold	1,49	`,> `,* %1, `>\$.	, 3 %	<u> </u>		
	11	Gross profit or (loss) Other income		50×3				
	12	Total. Add lines 1 through 11	47,447.	10,007.		<u> </u>		
	13	Compensation of officers, directors, trustees, etc	0.	10,007.				
	14	Other employee salaries and wages				0.		
	15	Pension plans, employee benefits						
Ses	16a	Legal fees						
Ë	b	Accounting fees STMT 2	30,636.	0.		30,636.		
නි ative Expenses	c	Other professional fees STMT 3	6,406.	6,406.		0.		
<u>š</u>	17	Interest						
a N	18	Taxes RECEIVED						
	19	Depreciation and depletion	5 0 0			100 S. 10 S. 10 S.		
多長	20	Occupancy 3 NOV 1 5 2017 3	5					
₩	21	Travel, conferences, and meetings	<u> </u>					
⋑ ह	22	Printing and publications GDE STMT 4						
≥ ig	23	CONTRACTOR AND ADDRESS OF THE PERSON OF THE	526.	263.		263.		
era	24	Total operating and administrative	27 560	C CC0				
NOV 3 € 70N Operating	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	37,568. 114,049.	6,669.	, &	30,899.		
9	26	Total expenses and disbursements.	114,049.	* у	<u> </u>	114,049.		
<u>}</u>	٤.0	Add lines 24 and 25	151,617.	6,669.		1 4 4 0 4 0		
	27	Subtract line 26 from line 12:	* 131,617.			144,948.		
]-"	Excess of revenue over expenses and disbursements	-104,170.					
Q _		Net investment income (if negative, enter -0-)	7,	3,338.	4	<u> </u>		
		Adjusted net income (if negative, enter -0-)	, ×	· · · · ·	N/A	3 / 3		
6265	236561:-11-23-16 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2016)							

Form 990-PF (2016) - STEPPING FORWARD FOUND	ATION Beginning of year		4013541 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	f year (c) Fair Market Value
1 Cash - non-interest-bearing	(a) DOOK VAIDE	(b) book value	(c) Fall Market Value
2 Savings and temporary cash investments	286 934	172 126	172 126
3 Accounts receivable	200,334.	172,126.	1/4,140.
Less; allowance for doubtful accounts	-		
4 Pledges receivable	, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * * *	****
Less: allowance for doubtful accounts		* · * * * * * * * * \$?	\$ 1 % 4 , x; 1 ')
5 Grants receivable	 		
6 Receivables due from officers, directors, trustees, and other			
disqualified persons		Ì	
7 Other notes and loans receivable		` ` ` ` ` ` ` ` ` `	X X X X X
Less: allowance for doubtful accounts	-\ x\$ ' ',\ \ \		
	 		
9 Prepaid expenses and deferred charges		 	
10a Investments - U.S. and state government obligations	<u> </u>		
		 	
b Investments - corporate stock		 	
c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis			* * * *
	│ [®] , '* [®] , [®] }		
Less accumulated depreciation	 		
12 Investments - mortgage loans 13 Investments - other STMT 5	570 OF 4	E01 E02	600 507
• • • • • • • • • • • • • • • • • • • •	370,934.	581,592.	602,587.
14 Land, buildings, and equipment: basis			
	 		
15 Other assets (describe)			<u> </u>
16 Total assets (to be completed by all filers - see the	057 000	752 710	774 712
instructions. Also, see page 1, item I)	857,888.	753,718.	774,713.
17 Accounts payable and accrued expenses			
18 Grants payable			
Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
20 Loans from officers, directors, trustees, and other disqualified persons			
Mortgages and other notes payable			
T 22 Other liabilities (describe ►)			
23 Total liabilities (add lines 17 through 22)	0.	^	
Foundations that follow SFAS 117, check here	<u> </u>	0.	
·			
and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
25 Temporarily restricted			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31		 	
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Capital stock, trust principal, or current funds Pard-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	857,888.		
30 Total net assets or fund balances	857,888.	753,718.	
Z 30 Total liet assets of fulld parallees	037,000.	133,110.	
31 Total liabilities and net assets/fund balances	857,888.	753,718.	
		733,710.	* * * * * *
Part III Analysis of Changes in Net Assets or Fund I	Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		
(must agree with end-of-year figure reported on prior year's return)		1	857,888.
2 Enter amount from Part I, line 27a		2	-104,170.
3 Other increases not included in line 2 (itemize) ▶		3	0.
4 Add lines 1, 2, and 3		4	753,718.
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) - Part II,	column (b), line 30	6	753,718.
			Form 990-PF (2016)

Part IV Capital Gains ar	nd Losses for Tax on	Investment	Income			21-4	U13541 Page 3
(a) List and describ	e the kind(s) of property sold (e house; or common stock, 200 s	.g., real estate.	moonio	(b) How acque	ured (d) Date acquire (mo., day, yr.)	ed (d) Date sold (mo., day, yr.)
	illouse, or common stock, 200 s	IIS. MILC CO.)		D - Donati	on		(1110., day, y1.)
1a STOCK				<u>F</u>			
<u> </u>							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (loss) (e) plus (f) minus (g)		
a 135,673.		ļ	148,23	3.			-12,560.
<u>b</u>							
d		+					
e							
Complete only for assets showing	gain in column (h) and owned b	y the foundation	on 12/31/69		(1) G	ains (Col. (h)	gain minus
(I) 5 M V = -5 40 (D 1 (C)	(j) Adjusted basis	(k) Ex	cess of col. (I)		col. (l	(), but not less	than -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any		I	_osses (from o	coi. (n))
a		<u> </u>					-12,560.
b							
C		 					
<u>d</u>		 					
<u>e</u>				$\overline{}$			
2 Capital gain net income or (net capit	If gain, also enter	ter in Part I, line -0- in Part I, line	7	2			-12,560.
	`		,	7 - 			12,500.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		and (6):					
If (loss), enter -0- in Part I, line 8] 3		N	/A
Part V Qualification Un	der Section 4940(e) fo	or Reduced	Tax on Net	Investme	ent Inco	me	
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify 1 Enter the appropriate amount in each	n 4942 tax on the distributable a under section 4940(e). Do not	complete this pa	rt				Yes X No
(a) Base period years	(b)		Net value of no	(c)	a accete	Di	(d) stribution ratio
Calendar year (or tax year beginning	"'/	17,009.	Net value of 110		,016.	(01. (0) divided by col. (c))
<u>2015</u> 2014		20,820.			,863.		.136054 .216576
2013		43,636.	 _		,087.		.354513
2012		11,810.			,488.		.116368
2011		164.			,307.		.013326
2 Total of line 1, column (d)						2	.836837
3 Average distribution ratio for the 5-y		Il on line 2 by 5,	or by the number	of years			4 - 4 - 4 -
the foundation has been in existence	e if less than 5 years					3	.167367
4 Enter the net value of noncharitable	-use assets for 2016 from Part >	C, line 5				4	771,811.
5 Multiply line 4 by line 3						5	129,176.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	33.			
7 Add lines 5 and 6						7	129,209.
8 Enter qualifying distributions from F						8	144,948.
If line 8 is equal to or greater than li See the Part VI instructions.	ne 7, check the box in Part VI, III	ne 1b, and comp	lete that part usin	g a 1% tax rat	e. 		
623521 11-23-16							Form 990-PF (2016)

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	rt VI Excise Tax Based on Investment Income (Section 494	`_` ```	r 4948 -	see instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	enter "N/A" on line 1.		* * * * *	S- 28 V	ý * 44
	Date of ruling or determination letter: (attach copy of letter if ne		(3)		\$ \$ *	, š
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	1			33.
	of Part I, line 27b		32			1.4
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b). 丿	'	, 7, 1, 3, 7	* ,	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	2	 		0.
3 .	Add lines 1 and 2		3			33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			33.
6	Credits/Payments:				* *	À (, ;
a :	2016 estimated tax payments and 2015 overpayment credited to 2016	6a			3 3	
b l	Exempt foreign organizations - tax withheld at source	6b			18	
C	Tax paid with application for extension of time to file (Form 8868)	6c	\>			7 73 7
d l	Backup withholding erroneously withheld	6d		* * * *	* * * * *	
7	Total credits and payments. Add lines 6a through 6d		7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			33.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	<u>▶ 11 </u>			
Par	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or did it participate or interv	ene in	120	Yes	No
;	any political campaign?			<u>1a</u>	↓	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	•	•	1b	ļ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials put	blished or		,	1 3
1	distributed by the foundation in connection with the activities.			1	%	A.
C	Did the foundation file Form 1120-POL for this year?			<u>1c</u>		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th			Į,		. 🐒 .
1	(1) On the foundation. > \$ O . (2) On foundation manager	rs. > \$	<u>0.</u>		` ` `	1 3
e	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation		- 49	,	· •
	managers. ► \$ O .			*		**
	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.			*	, %	*
	Has the foundation made any changes, not previously reported to the IRS, in its governing		on, or	*	· [®]	ž. 2
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3_	——	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the ye	ar?		48	 	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/		├	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	7		5	 	X
	If "Yes," attach the statement required by General Instruction T.			i diga	4 ×	, x
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	eitner:		1 *	1 3	
	By language in the governing instrument, or			ž		
	By state legislation that effectively amends the governing instrument so that no mandato The government of the continuous c	ory directions that conflict with the	state law	1	1° %	,^ ĕ °
	remain in the governing instrument?	emplote Port II and (a) and Don	. VI	6_	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	implete Fait II, Col. (c), and Fai		7_	<u> </u>	
0-	Enter the states to which the foundation reports or with which it is registered (see instruct	ana)				` ;
DE	Enter the states to which the foundation reports or with which it is registered (see instructi	ons) >		- %	*	
	MT If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney Constal (or designate)		—— [{ `		1 3
	of each state as required by General Instruction G? If "No," attach explanation	Autorney deneral (or designate)			V.	\
	Is the foundation claiming status as a private operating foundation within the meaning of s	action 4942(1)/3) or 4942(1)/5) for	calandar	8b	X	+
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"		ouiciiu a i	9	1 %	•
	Did any persons become substantial contributors during the tax year? It "Yes," attach a sched			10	+	X
	Did any personal advantage defining and the personal rest, attach a some	and notify their figures and addresses	 -	Form 99	0-PF	
						_U.U/

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Part VII-B Statements Regarding Activities for Which F	orm 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	4945(e))?	Ye	8 X No	
(2) Influence the outcome of any specific public election (see section 4955); o		ectly,		
any voter registration drive?	• • •	Ye	s X No 3	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			[8	
4945(d)(4)(A)? (see instructions)		☐ Y (es 🔀 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	or oddodronar parpados, or r		es 🗶 No 🗟	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the excentions described i		B X No	
section 53,4945 or in a current notice regarding disaster assistance (see instru	•	ii nogulations	N/A	5 b 1 1 1
Organizations relying on a current notice regarding disaster assistance check h	•			1 32 5
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ınad		
		//A □ Ye	s No	
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945		/A	B NO	
	, ,		1,	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. .	
a personal benefit contract?		Y6	as 🗶 No 📑	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonai benetit contract?		- -	Sb X
If "Yes" to 6b, file Form 8870.			[55]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y	
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	/ \ F
(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	<u>`enter'-0-)'</u>	compensation	allowances
	PRES/SEC/TREA	S		
PO BOX 1538	_			
BILLINGS, MT 59103	0.00	0.	0.	<u> </u>
· · · · · · · · · ·_	DIRECTOR			
PO BOX 1538				
BILLINGS, MT 59103	0.00	0.	0.	<u> </u>
	DIRECTOR			
PO BOX 1538			,	
BILLINGS, MT 59103	0.00	0.	0.	0.
	Ti.	ţ	ļ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	——————————————————————————————————————			
]		
				
		1	1	
				
		1		
Total number of other employees paid over \$50,000	L	L		
Total number of other employees paid over \$50,000			F	990-PF (2016)
			rorm s	7 3U-F F (2016)

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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		
	ļ	
Total number of others receiving over \$50,000 for professional services	>	0
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.		Expenses
1 CONTRIBUTIONS TO PHILANTHROPIC ORGANIZATIONS. TOTAL OF 6		
ORGANIZATIONS.		114,049.
2		111/019.
3		
4		
Part IX-B Summary of Program-Related Investments	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
2		
	\dashv	
All other program-related investments. See instructions.		
3		
	-	
	_	
Total. Add lines 1 through 3		0.
	Forr	n 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	÷ ;	
а	Average monthly fair market value of securities	1a	570,793.
b	Average of monthly cash balances	1b	570,793. 212,771.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	783,564.
e	Reduction claimed for blockage or other factors reported on lines 1a and	* ,	
	1c (attach detailed explanation) 1e 0 •	3-5	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	783,564.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,753.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	771,811.
6	Minimum investment return. Enter 5% of line 5	6	38,591.
P	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	38,591.
2a			
b	Income tax for 2016. (This does not include the tax from Part VI.)] ` .	
C	Add lines 2a and 2b	2c	33.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,558.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	38,558.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	38,558.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	, %	
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	144,948.
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	
3	Amounts set aside for specific charitable projects that satisfy the:	\$	
2	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	144,948.
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	33.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	144,915.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (qualifies for th	ne section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7		, , , , , , , , , , , , , , , , , , ,		38,558.
2 Undistributed income, if any, as of the end of 2016	, , , , , , , , , , , , , , , , , , , ,	\$\$ \$\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(A	31 01 3 4
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		() () () () ()	· 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 3 3 3
a From 2011				
b From 2012 6,317.				
c From 2013 37,540.				
d From 2014 93,233.				
e From 2015 74,192.				
f Total of lines 3a through e	211,282.		₹\$ ^{\$} ; ^{\$} \$	<u> </u>
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 144,948.			,*;* ** , **_	
a Applied to 2015, but not more than line 2a	, ,,,,,	9.3° ^\\$' **	0.	****
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.	2 38 4	
c Treated as distributions out of corpus (Election required - see instructions)	0.	2	approximate the second	
d Applied to 2016 distributable amount	1 1	134 (3 32	, , , , , , , , , , , , , , , , , , ,	38,558.
e Remaining amount distributed out of corpus	106,390.		42 & 11	30,330.
	0.	7.3	*	0.
5 Excess distributions carryover applied to 2016 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	317,672.	***		
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			** **
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.	Constraints of the constraints o	
d Subtract line 6c from line 6b. Taxable			\$4 350 80 5	
amount - see instructions	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.	3 4 1 1 1	***
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.	****
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of		* * * * * *		
corpus to satisfy requirements imposed by		,		
section 170(b)(1)(F) or 4942(g)(3) (Election		, o h		
may be required - see instructions)	0.	\$\$° '\$	3 23,7	
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	217 670			
Subtract lines 7 and 8 from line 6a	317,672.	* **	1	***
10 Analysis of line 9: a Excess from 2012 6,317.				
b Excess from 2013 37,540.				
c Excess from 2014 93, 233.	1			,
d Excess from 2015 74,192.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
e Excess from 2016 106,390.	3, 3, 3, 3	<4 1 3	* * * * * * * * * * * * * * * * * * * *	* **
623581 11-23-16	_		_	Form 990-PF (2016)

Part XIV Private Operating Fo	OUNDATIONS (See Ins	Structions and Part V	II-A. guestion 9)	N/A	4013541 Page 1
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for					
b Check box to indicate whether the found			un section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g louridation described	Prior 3 years	+5+2())(b) bi	1 4342()(3)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(4)====		(-/		(0) 10101
each year listed b 85% of line 2a			-	 	
• • • • • • • • • • • • • • • • • • • •					
e Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				 	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
` .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				†··	
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)			Į.		
(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			/ if the foundation	had \$5,000 or	more in assets
at any time during t	ne year-see instr	ructions.)			
1 Information Regarding Foundatio	_				
a List any managers of the foundation who			ntributions received by the	foundation before the	close of any tax
year (but only if they have contributed m	iore man \$5,000). (See s	ection 507(u)(2).)			
LYN A. FINDLEY	400/				
 b List any managers of the foundation who other entity) of which the foundation has 			i (or an equally large portion	on of the ownership of	a partnership or
NONE					····
2 Information Regarding Contributi Check here if the foundation o	nly makes contributions	to preselected charitabl	e organizations and does r	•	-
the foundation makes gifts, grants, etc. (and u.
a The name, address, and telephone number		ne person to wnom app	Dilications should be addres	ssea:	
KRISTIN GREB, 406-20 PO BOX 1538, BILLING	S, MT 59103			<u> </u>	
b The form in which applications should b THE ORGANIZATION	e submitted and informat	tion and materials they	should include:		
c Any submission deadlines:					
NONE	·				
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable field	s, kinds of institutions, or o	other factors:	
NONE					
		·			Farm 000 PE (0040)

Part XV Supplementary Information 3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.	Payment	T	
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year		1		
	1			
			1	
MSU-BILLINGS FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
1500 UNIVERSITY DR			1	
BILLINGS MT 59101				33,550
			1	
RAPELJE SCHOOL DISTRICT	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
714 MAIN ST	NONE	501(0/(3/	FRILANIROFIC FORFOSE	
RAPELJE MT 59067				2,499
eri Biodi, ili 3700 i				
YELLOWSTONE ASSOCIATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
PO BOX 117				
YNP WY 82190			1	500
			1	
SILVER RUN SKI EDUCATION FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
РО ВОХ 725				
RED LODGE, MT 59068				2,500
RIMROCK HUMANE SOCIETY	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
PO BOX 834				
ROUNDUP MT 59072	OND THE ON CHES	7m (C)		5,000
Total SEE CO	ONTINUATION SHE	<u> </u>	<u>▶ 3a</u>	114 049
B Approved for fature payment				
NONE			ļ	
HONE				
			1	
				
Total			▶ 3b	0

Part XVI-A	Analysis of Income-Producing Activities
I WIL ATI-A	Wildiagia of modulo i roganina vonation

			<u> </u>		
Enter gross amounts unless otherwise indicated.	(a) Business	d business income (b) Amount	(c) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Anount	code	Amount	
a	-				
b	-				
·	1 1		+		
d	-				
e	-		 		
	-	···	+		
g Fees and contracts from government agencies		.			
2 Membership dues and assessments			+-+		
3 Interest on savings and temporary cash					
Investments 4 Dividends and interest from securities			14	10,007.	
5 Net rental income or (loss) from real estate:	3.73	***	.%.5		
a Debt-financed property	7. /	<u> </u>	0% 9 ,	· · · · · · · · · · · · · · · · · · ·	
b Not debt-financed property			+-+-		
6 Net rental income or (loss) from personal			+		
property 7 Other investment income		·			
8 Gain or (loss) from sales of assets other		_	+ +-		
than inventory			18	12,560.	
9 Net income or (loss) from special events			+ + + + -		
10 Gross profit or (loss) from sales of inventory			+ + -		· · · · · · · · · · · · · · · · · · ·
11 Other revenue:			1		·
	İ				
a b			1 1		
C	1 1				_
d					
8		, w-1			
12 Subtotal. Add columns (b), (d), and (e)	₹ <i>₹</i> \$	0	• * *	-2,553.	0.
13 Total. Add line 12, columns (b), (d), and (e)					-2,553.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of F	Exempt P	urnosas	
- Total of on Addition					
Line No. Explain below how each activity for which in			-A contributed	importantly to the accom	plishment of
the foundation's exempt purposes (other than	in by providing fur	nds for such purposes).			
					
					
		·			
					· — · · · —
			···-		
					
					
	,				
					
					
					

623621 11-23-16

Form 990-F	PF (2016) STEPP	ING FORWARD FOU	NDATION	27-401	L35 4 1	Pa	age 13
Part X\	/II. Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonch	aritabl	е	<u> </u>
1 Did th		rectly engage in any of the following	ng with any other organization	described in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						٠	
a Transfers from the reporting foundation to a noncharitable exempt organization of:							. `
(1) 0	Cash				1a(1)		X
(2) C	Other assets				1a(2)	<u> </u>	X
	transactions:				\$^	Ĭ,	
	Sales of assets to a noncharita				1b(1)	<u> </u>	X
` '		ncharitable exempt organization	•		1b(2)		X
	Rental of facilities, equipment,		· · · ·		1b(3)	 	X
	Reimbursement arrangements	•			1b(4)	 	X
	oans or loan guarantees	mbership or fundraising solicitation	one		1b(5)	 -	X
		iling lists, other assets, or paid em	•		1b(6) 1c	_	X
	• • • • •	- · · · · · · · · · · · · · · · · · · ·	• •	ays show the fair market value of the goods		ets	
	•			in any transaction or sharing arrangement,		,,,	
		other assets, or services received.					
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d sharing ar	rangeme	ents
		N/A					
			<u> </u>				
	· · · · · · · · · · · · · · · · · · ·						
						_,	
							
							-
				-			
					_		
	· · · · · ·						
_							
2a Is the	foundation directly or indirec	tly affiliated with, or related to, one	e or more tax-exempt organiza	ations described			
ın sec	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?		Yes Yes	X	No
b If "Ye	s," complete the following sch						
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	iship		
	N/A						
	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
-							
		 					
	Under penalties of periury, I declare	that I have examined this return, include	ng accompanying schedules and s	statements, and to the best of my knowledge			
Sign Here	and belief, it is true, correct, and co	mplete Declaration of preparer (other the	an taxpayer) is based on all informa	FOUNDATION MANAGER	May the IRS of turn with the hown below X Yes	e prepar (see ins	er
	Signature of officer or trustee		Date	Title L. Check if LPTIN			

Phone no. 406-245-5136Form **990-PF** (2016)

P00031554

Firm's EIN ▶ 81-0385940

Paid

Preparer

Use Only

CPA DANIEL S. MILLER, 1
Firm's name ► ANDERSON ZURMUEHLEN & CO., P.C.

BILLINGS, MT 59104-0435

Firm's address ▶ P.O. BOX 20435

self- employed

Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
HWAB CHARITABLE	NONE	501(C)(3)	PHILANTHROPIC PURPOSE	
) BOX 628298	NONE	501(0/(3/	FRIDANIAROPIC PURPOSE	
RLANDO, FL 32862			-	70,0
	•			
				 -
				
		1		
				-
				
		ŀ		
		 		
Total from continuation sheets		<u> </u>		70.00

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

	STEPPING FORWARD FOUNDATION	<u> </u>
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
• •	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to 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)(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 a 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi ıs checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received to ions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively religited to complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc.,
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on eet 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) (2018)

Name of organization

Employer identification number

STEPPING FORWARD FOUNDATION

27-4013541

Part I	Contributors (See instructions). Use duplicate copies of Part		7-4013541
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	RICHARD AND LYN FINDLEY PO BOX 1538 BILLINGS, MT 59103	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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

(Complete Part II for noncash contributions.)

Employer identification number

STEPPING FORWARD FOUNDATION

27-4013541

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		- - - *					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		 _ \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		 \$	000 000-E7 or 000-PE\ (2016)				

Name of orga	nization		Employer identification number				
STEPPI Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the foll	27-4013541 Id in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	s, charitable, etc., contributions of \$1,000	or less for the year (Enter this info once)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of g	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF	DIVIDEND	S AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS	10,007	•	0.	10,007.	10,007.	
TO PART I, LINE 4 =	10,007	•	0.	10,007.	10,007.	
FORM 990-PF		ACCOUNTI	NG F	EES	S	гатемент 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING & LEGAL		30,636.		0.		30,636.
TO FORM 990-PF, PG 1		30,636.		0.		30,636.
FORM 990-PF	O ¹	THER PROFES	SION	IAL FEES	Si	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	_	6,406.		6,406.		0.
TO FORM 990-PF, PG 1		6,406.		6,406.		0.
FORM 990-PF		OTHER E	XPEN	ISES	Sī	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
POSTAGE 2015 990-PF OFFICE FOREIGN TAXES	-	263. 184. 52. 27.		0. 184. 52. 27.		263. 0. 0.
TO FORM 990-PF, PG 1	. LN 23	526.		263.		263.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
UBS	FMV	581,592.	602,587.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	581,592.	602,587.