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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning JUL 1, 2010 , and ending JUN 30, 2011

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation	A Employer identification number
VINCENT GAFFNEY FOUNDATION	36-3507945
Number and street (or P O box number if mail is not delivered to street address) / Room/suite: % AMERICAN STATE BANK & TRUST, BOX 1446	B Telephone number: 701-774-4100
City or town, state, and ZIP code: WILLISTON, ND 58802-1446	C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 684,693.

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)
Revenue	1 Contributions, gifts, grants, etc, received	320,382.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	5,288.	5,288.		STATEMENT 1
	5a Gross rents	115,231.	115,231.		STATEMENT 2
	b Net rental income or (loss) 115,231.				
	6a Net gain or (loss) from sale of assets not on line 10	512.			
	b Gross sales price for all assets on line 6a 512.				
	7 Capital gain net income (from Part IV, line 2)		512.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	9,515.	9,515.		STATEMENT 3
	12 Total. Add lines 1 through 11	450,928.	130,546.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	10,424.	10,424.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 4	950.	950.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 5	212.	212.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	11,586.	11,586.		0.
	25 Contributions, gifts, grants paid	75,107.			75,107.
	26 **Total expenses and disbursements.** Add lines 24 and 25	86,693.	11,586.		75,107.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	364,235.			
	b **Net investment income** (if negative, enter -0-)		118,960.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	2.	149,998.	149,998.
	2 Savings and temporary cash investments	182,687.	394,711.	394,711.
	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			
	b Investments - corporate stock STMT 6	35,458.	35,458.	66,611.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 7	52,881.	55,092.	55,572.
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ MINERAL ACRES)	17,792.	17,796.	17,801.
	16 Total assets (to be completed by all filers)	288,820.	653,055.	684,693.
Liabilities	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 ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	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			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	153,543.	153,543.	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	135,277.	499,512.	
	30 Total net assets or fund balances	288,820.	653,055.	
	31 Total liabilities and net assets/fund balances	288,820.	653,055.	

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 (must agree with end-of-year figure reported on prior year's return)	1	288,820.
2	Enter amount from Part I, line 27a	2	364,235.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	653,055.
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	653,055.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	VANGAURD INTERM TREASURY FUND #35	P	VARIOUS	01/03/11
b	VANGAURD INTERM TREASURY FUND #35	P	VARIOUS	01/03/11
c	VANGAURD INTERM TREASURY FUND #35	P	VARIOUS	03/28/11
d	VANGAURD INTERM TREASURY FUND #35	P	VARIOUS	03/28/11
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	207.			207.
b	291.			291.
c	13.			13.
d	1.			1.
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				207.
b				291.
c				13.
d				1.
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	512.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	53,704.	413,658.	.129827
2008	35,071.	425,912.	.082343
2007	41,095.	344,834.	.119173
2006	12,183.	272,389.	.044726
2005	25,106.	234,013.	.107285

2	**Total** of line 1, column (d)	2	.483354
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.096671
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	800,948.
5	Multiply line 4 by line 3	5	77,428.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,190.
7	Add lines 5 and 6	7	78,618.
8	Enter qualifying distributions from Part XII, line 4	8	75,107.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	2,379.
c	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-)	2	0.
3	Add lines 1 and 2	3	2,379.
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	2,379.
6	Credits/Payments		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	5.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2,384.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 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 definition)? *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.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
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
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/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		X
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MT			
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ AMERICAN STATE BANK & TRUST CO Telephone no ▶ 701-774-4100
Located at ▶ BOX 1446, WILLISTON, ND ZIP+4 ▶ 58802-1446

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A	2b		
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 during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2010 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, Form 4720, to determine if the foundation had excess business holdings in 2010.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

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))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STANLEY LUND RESERVE, MT	ADVISORY COMMITTEE 1.00	0.	0.	0.
AMERICAN STATE BANK & TRUST WILLISTON, ND	TRUSTEE 5.00	10,424.	0.	0.
NANCY JOHNSON MEDICINE LAKE, MT	ADVISORY COMMITTEE 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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 devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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		

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 NO DIRECT CHARITABLE ACTIVITIES	0.
2	
3	
4	

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	Amount
1 NO PROGRAM RELATED INVESTMENTS	0.
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

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	308,239.
b	Average of monthly cash balances		1b	504,906.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	813,145.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	813,145.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	12,197.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	800,948.
6	**Minimum investment return.** Enter 5% of line 5		6	40,047.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6		1	40,047.
2a	Tax on investment income for 2010 from Part VI, line 5	2a 2,379.		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	2,379.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	37,668.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	37,668.
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	37,668.

Part XII Qualifying Distributions (see instructions)

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	75,107.
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		
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	75,107.
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	75,107.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				37,668.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005 11,502.				
b From 2006				
c From 2007 24,317.				
d From 2008 14,185.				
e From 2009 33,445.				
f Total of lines 3a through e	83,449.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 75,107.				
a Applied to 2009, 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 2010 distributable amount				37,668.
e Remaining amount distributed out of corpus	37,439.			
5 Excess distributions carryover applied to 2010 (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:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	120,888.			
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 2009 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	11,502.			
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a	109,386.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007 24,317.				
c Excess from 2008 14,185.				
d Excess from 2009 33,445.				
e Excess from 2010 37,439.				

Part XIV Private Operating Foundations (see instructions and Part VII-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 2010, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed.

SEE STATEMENT 8

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 9				
Total			▶ 3a	75,107.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue					
a					
b					
c					
d					
e					
f					
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	5,288.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property			16	115,231.	
7 Other investment income			15	9,515.	
8 Gain or (loss) from sales of assets other than inventory			18	512.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		130,546.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	130,546.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a nonchantable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

▶ (Jeramy Hansen) 10/25/11 ▶ Assistant Trust Officer

Signature of officer or trustee Date Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NICK VOLLER	NICK VOLLER SEP	27 2011		

Firm's name ▶ VOLLER, LEE, SUESS Firm's EIN ▶

Firm's address ▶ & ASSOCIATES, CPA'S, P.C.
WILLISTON, ND 58802-1387 Phone no (701)577-2157

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

VINCENT GAFFNEY FOUNDATION

Employer identification number

36-3507945

Organization type (check 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	☒ 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 is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of $5,000 or more during the year. ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
VINCENT GAFFNEY FOUNDATION	36-3507945

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VINCENT GAFFNEY TRUST %AMERICAN STATE BANK TRUSTEE, PO BOX 1446 WILLISTON, ND 588021446	$ 320,382.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		$	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
VINCENT GAFFNEY FOUNDATION	36-3507945

Part II Noncash Property (see instructions)

(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
		$	

Name of organization: VINCENT GAFFNEY FOUNDATION

Employer identification number: 36-3507945

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHEVRON CORP	453.	0.	453.
CITIGROUP CAP XVI	323.	0.	323.
FEDERATED GNMA TRUST FUND #016	1,023.	0.	1,023.
FEDERATED GNMA TRUST FUND #016	38.	0.	38.
FEDERATED PRIME OBLIGATIONS	369.	0.	369.
FEDERATED PRIME OBLIGATIONS	120.	0.	120.
FIRST INTL. BANK & TRUST	105.	0.	105.
GREAT NORTHERN DRILLING CO.	1,000.	0.	1,000.
MDU RES GROUP INC	192.	0.	192.
US BANCORP	110.	0.	110.
US BANK	985.	0.	985.
VANGUARD INTERM TREASURY FUND #35	554.	0.	554.
VANGUARD INTERM TREASURY FUND #35	16.	0.	16.
TOTAL TO FM 990-PF, PART I, LN 4	5,288.	0.	5,288.

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OIL LEASE BONUS - GREAT NORTHERN ENERGY	1	3,000.
OIL LEASE BONUS - MARATHON OIL COMPANY	2	112,000.
OIL LEASE BONUS - NEXEN MARKETING U.S.A.	3	231.
TOTAL TO FORM 990-PF, PART I, LINE 5A		115,231.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
OIL ROYALTIES	9,515.	9,515.	
TOTAL TO FORM 990-PF, PART I, LINE 11	9,515.	9,515.	

STATEMENT(S) 1, 2, 3

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
VOLLER, LEE, & SUESS, CPA'S, PC	950.	950.		0.
TO FORM 990-PF, PG 1, LN 16B	950.	950.		0.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INTERNAL REVENUE SERVICE	212.	212.		0.
TO FORM 990-PF, PG 1, LN 18	212.	212.		0.

FORM 990-PF CORPORATE STOCK STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GREAT NORTHERN DRILLING CO	4,000.	29,000.
CHEVRON CORP	5,152.	15,837.
MDU RES GROUP	8,171.	6,750.
US BANCORP	13,135.	10,204.
CITIGROUP CAP XVI	5,000.	4,820.
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,458.	66,611.

FORM 990-PF OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FEDERATED GNMA TRUST FUND #016	COST	27,314.	27,877.
VANGUARD INTERM TRASURY FUND #35	COST	27,778.	27,695.
TOTAL TO FORM 990-PF, PART II, LINE 13		55,092.	55,572.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 8
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LAURIE PEDERSON, V-P & TRUST OFFICER, AMERICAN STATE BANK & TRUST CO.
P O BOX 1446
WILLISTON, ND 588021446

TELEPHONE NUMBER

701-774-4120

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

FOR HEALTH, WELFARE & FEEDING OF NEEDY CHILDREN UNDER AGE 18 YEARS

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 9

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN STATE BANK AND TRUST WILLISTON, ND 58801	NONE TRAVEL DEBIT CARD FOR DAUGHTER OF ELIZABETH STEIN	N/A	508.
COMPREHENSIVE PEDIATRIC CARE WILLISTON, ND 58801	NONE MEDICAL/PHARMACY ON ACCTOUNT #5263	N/A	163.
CONSTANCE DAYCARE PLENTYWOOD, MT 59254	NONE DOMINIC BLACK DAYCARE PRESCHOOL	N/A	1,713.
CONSTANCE DAYCARE PLENTYWOOD, MT 59254	NONE KADEN EMBLER DAYCARE PRESCHOOL	N/A	360.
DAKOTA KIDS DENTISTRY MINOT, ND 58701	NONE KAIANA PUCKETT DENTAL WORK	N/A	1,556.
DANIELS MEMORIAL HEALTHCARE CENTER SCOBEY, MT 59263	NONE SHORT TERM CARE CHARITABLE TRUST DISTRIBUTION	N/A	650.
DR. TONY FISHER WILLISTON, ND 58801	NONE ALEXUS OLSON ORTHODONTICS	N/A	2,112.
DR. TONY FISHER WILLISTON, ND 58801	NONE ALISSA SMITH ORTHODONTICS	N/A	1,215.

DR. TONY FISHER WILLISTON, ND 58801	NONE ANISSA BENOCHEA ORTHODONTICS	N/A	730.
DR. TONY FISHER WILLISTON, ND 58801	NONE BAILEY FUGERE ORTHODINTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE BLAKE BRENESON ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE BRETT NORBY ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE CHANTEL ANDERSON ORTHODONTICS	N/A	983.
DR. TONY FISHER WILLISTON, ND 58801	NONE CHRISTIAN MARMON ORTHODONTICS	N/A	595.
DR. TONY FISHER WILLISTON, ND 58801	NONE COLTON BROWN ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE ESTHER AND HANNAH OSTWALD ORTHODONTICS	N/A	2,430.
DR. TONY FISHER WILLISTON, ND 58801	NONE EVAN DAVIS ORTHODONTICS	N/A	5,346.
DR. TONY FISHER WILLISTON, ND 58801	NONE HANNAH OSTWALD ORTHODONTICS	N/A	1,215.

DR. TONY FISHER WILLISTON, ND 58801	NONE JACEY NELSON ORTHDONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE JASON WILLARD ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE JENNA ROUTH ORTHODONTICS	N/A	2,112.
DR. TONY FISHER WILLISTON, ND 58801	NONE JORDAN MONSON ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE JOSHUA DREW ORTHODONTICS	N/A	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE KENNY JOHNSTON ORTHODONTICS	N/A	2,112.
DR. TONY FISHER WILLISTON, ND 58801	NONE MARCUS BATTIEST ORTHODONTICS	N/A	1,584.
DR. TONY FISHER WILLISTON, ND 58801	NONE MARSHALL BRAGG ORTHODONTICS	N/A	5,491.
DR. TONY FISHER WILLISTON, ND 58801	NONE MARYA LARSON ORTHODONTICS	N/A	694.
DR. TONY FISHER WILLISTON, ND 58801	NONE MASHAYLA CHANDLER ORTHODONTICS	N/A	1,215.

DR. TONY FISHER WILLISTON, ND 58801	NONE SHAY LARSON ORTHODONTICS	N/A	694.
DR. TONY FISHER WILLISTON, ND 58801	NONE TAYLER HOYT ORTHODONTICS	N/A	1,215.
DR. GREG ANDERSON WILLISTON, ND 58801	NONE KAIANA PUCKETT DENTAL WORK	N/A	210.
ECKERT YOUTH HOMES WILLISTON, ND 58801	NONE NONVIOLENT CRISIS INTERVENTION INSTRUCTION CERTIFICATION TRAINING	N/A	2,619.
HI-LINE HOME PROGRAMS, INC. GLASGOW, MT 59230	NONE JERRY & JOANNA HUGHES	N/A	500.
JAMES AND AMBER PUCKETT WILLISTON, ND 58801	NONE KAIANA PUCKETT DENTAL WORK	N/A	33.
MEGHAN JOHNSON WILLISTON, ND 58801	NONE ASHLYN ATEN SURGERY, AND TRAVEL EXPENSES	N/A	1,400.
MERCY MEDICAL CENTER WILLISTON 58801	NONE MEDICAL/PHARMACY ON ACCOUNT #M00009991217	N/A	150.
MERCY MEDICAL CENTER WILLISTON 58801	NONE MEDICAL/PHARMACY ON ACCOUNT #M00009896366	N/A	150.
MERCY MEDICAL CENTER WILLISTON 58801	NONE MEDICAL/PHARMACY ON ACCOUNT #M00010069250	N/A	150.

MERCY PHYSICIAN SERVICES WILLISTON 58801	NONE MICHAEL BERGSTON MEDICAL/PHARMACY	N/A	25.
ND PHARMACY FARGO, ND 58121	NONE MICHAEL BERGSTON MEDICAL/PHARMACY	N/A	349.
NORTH DAKOTA CARING FOUNDATION INC. WILLISTON 58801	NONE CARE FOR 10 CHILDREN	N/A	3,696.
SHERIDAN MEMORIAL HOSPITAL ASSOCIATON PLENTYWOOD, MT 59254	NONE CHILDRENS CHRISTMAS CLOTHING PROGRAM	N/A	10,000.
SHERIDAN MEMORIAL HOSPITAL ASSOCIATON PLENTYWOOD, MT 59254	NONE TO PURCHASE PEDIATRIC ITEMS & HELP START A WELL-BABY PROGRAM	N/A	9,000.
UCD DNA DIAGNOSTIC LABORATORY AURORA , CO 80045	NONE LARISSA ENGET DIAGNOSTIC TESTING	N/A	2,375.
UNIVERSITY OF MINNESOTA PHYSICIANS	NONE MEDICAL/PHARMACY ON ACCOUNT #0051027935	N/A	37.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			75,107.

Vincent Gaffney Foundation
American State Bank & Trust Company
Corporate Trustee
P.O. Box 1446
Williston, ND 58802-1446

(Organization Application) **Date:**_____

Applicant:_____

Address:_____

_____

Phone Number: _____

Authorized Representative: _____

General Information about Organization: _____

_____

Names and Addresses of Board of Directors: _____

_____

_____

Total project costs and time frame for completion: _____

_____

Total amount of funds requested: _____

Total funds availabe to date: _____

What need do you hope to fulfill with funds: _____

_____

How does your project support or meet the goals of the Vincent Gaffney Foundation?

_____

Vincent Gaffney Foundation
American State Bank & Trust Company
Corporate Trustee
P.O. Box 1446
Williston, ND 58802-1446

(Individual Application) **Date:**_____

Applicant:_____

Applicant's Date of Birth_____**Grade/School**_____

Address:_____
_____

Phone Number: _____

Responsible Person/Guardian of Applicant: _____

Relationship to Applicant:_____

Reason for Application: _____
_____
_____

Have you previously applied for a grant from the Vincent Gaffney Foundation and if so how much did you receive: _____

_____

If applicable, who will be implementing request: _____
_____

Total cost and time frame: _____

Total amount of funds requested: _____

Total funds availabe to date: _____

What need do you hope to fulfill with the funds_____
_____

_____

Grants are available for the health, welfare and feeding of needy children under the age of 18.

If applicable, the estimate of any procedure to be performed must accompany this application.

Accompanying this application must be a copy of the most recent tax return of the responsible person/guardian of the applicant.

Also, please provide any additional information that would be deemed helpful to the Committee in determining their decision.

_____

Signature

VINCENT GAFFNEY FOUNDATION 36-3507945

Form **990-W**

(WORKSHEET)

Department of the Treasury
Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-PF

(Keep for your records Do not send to the Internal Revenue Service.)

OMB No 1545-0976

2011

1	Unrelated business taxable income expected in the tax year	1	
2	**Tax on the amount on line 1** See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8 **Note** If less than $500, the organization is not required to make estimated tax payments Private foundations, see instructions	10a	
b	Enter the tax shown on the 2010 return (see instructions) **Caution** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,379.
c	**2011 Estimated Tax.** Enter the smaller of line 10a or line 10b If the organization is required to skip line 10b, enter the amount from line 10a on line 10c ADJUSTED TO	10c	2,400.

		(a)	(b)	(c)	(d)
11	**Installment due dates** (see instructions)	11/15/11	12/15/11	03/15/12	06/15/12
12	**Required installments.** Enter 25% of line 10c in columns **(a)** through **(d)** unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	600.	600.	600.	600.
13	**2010 Overpayment** (see instructions)				
14	**Payment due.** (Subtract line 13 from line 12)	600.	600.	600.	600.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-W** (2011)

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