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

2011

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

For calendar year 2011 or tax year beginning JUL 1, 2011, and ending JUN 30, 2012

Name of foundation VINCENT GAFFNEY FOUNDATION		A Employer identification number 36-3507945
Number and street (or P O box number if mail is not delivered to street address) % AMERICAN STATE BANK & TRUST, BOX 1446	Room/suite	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 ☐
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		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) \$ 655,070.	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____	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)
1 Contributions, gifts, grants, etc., received		29,303.		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		8,165.	8,165.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		1,363.			
b Gross sales price for all assets on line 6a	1,363.				
7 Capital gain net income (from Part IV, line 2)			1,363.		
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		23,414.	22,199.		STATEMENT 2
12 Total Add lines 1 through 11		62,245.	31,727.		
13 Compensation of officers, directors, trustees, etc		6,583.	6,583.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees STMT 3		1,013.	1,013.		0.
b Accounting fees STMT 4		1,050.	1,050.		0.
c Other professional fees					
17 Interest					
18 Taxes STMT 5		4,784.	4,784.		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		13,430.	13,430.		0.
25 Contributions, gifts, grants paid		78,098.			78,098.
26 Total expenses and disbursements Add lines 24 and 25		91,528.	13,430.		78,098.
27 Subtract line 26 from line 12		-29,283.			
a Excess of revenue over expenses and disbursements			18,297.		
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)				N/A	

19

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	149,998.		
	2 Savings and temporary cash investments	394,711.	512,618.	512,618.
	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.	65,514.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 7	55,092.	57,900.	59,133.
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ MINERAL ACRES)	17,796.	17,796.	17,805.
	16 Total assets (to be completed by all filers)	653,055.	623,772.	655,070.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	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.	
	Foundations that follow SFAS 117, check here ▶ ☐			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒			
	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	499,512.	470,229.	
	30 Total net assets or fund balances	653,055.	623,772.	
	31 Total liabilities and net assets/fund balances	653,055.	623,772.	

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	653,055.
2 Enter amount from Part I, line 27a	2	-29,283.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	623,772.
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	623,772.

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			
b SEE ATTACHED STATEMENT			
c			
d			
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			
b			
c			
d			
e 1,363.			1,363.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			1,363.

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	1,363.
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))
2010	75,107.	800,948.	.093773
2009	53,704.	413,658.	.129827
2008	35,071.	425,912.	.082343
2007	41,095.	344,834.	.119173
2006	12,183.	272,389.	.044726

2 Total of line 1, column (d)	2	.469842
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	.093968
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	661,576.
5 Multiply line 4 by line 3	5	62,167.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	183.
7 Add lines 5 and 6	7	62,350.
8 Enter qualifying distributions from Part XII, line 4	8	78,098.

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	183.
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	183.
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	183.
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	2,400.
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	2,400.
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,217.
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ☐ 0. Refunded ☒	11	2,217.

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?		X
1b 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		X
1c Did the foundation file Form 1120-POL for this year?		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		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		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?	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	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	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
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	
16	At any time during calendar year 2011, 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

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 instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A
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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ 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 2011 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 2011.) 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 2011?	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

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7b

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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	6,583.	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.

Form 990-PF (2011)

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	123,805.
b	Average of monthly cash balances	1b	530,041.
c	Fair market value of all other assets	1c	17,805.
d	Total (add lines 1a, b, and c)	1d	671,651.
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	671,651.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,075.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	661,576.
6	Minimum investment return. Enter 5% of line 5	6	33,079.

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	33,079.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	183.
b	Income tax for 2011 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	183.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,896.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,896.
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	32,896.

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	78,098.
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	78,098.
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	183.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	77,915.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				32,896.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				24,317.
c From 2008				14,185.
d From 2009				33,445.
e From 2010				37,439.
f Total of lines 3a through e	109,386.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 78,098.				
a Applied to 2010, 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 2011 distributable amount				32,896.
e Remaining amount distributed out of corpus	45,202.			
5 Excess distributions carryover applied to 2011 (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.	154,588.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 2010 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				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 2006 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	154,588.			
10 Analysis of line 9				
a Excess from 2007				24,317.
b Excess from 2008				14,185.
c Excess from 2009				33,445.
d Excess from 2010				37,439.
e Excess from 2011				45,202.

Part XV Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
AMERICAN STATE BANK AND TRUST WILLISTON, ND 58801	NONE	N/A	TRAVEL DEBIT CARD FOR MICHAEL BERGSTROM	1,200.
AMERICAN STATE BANK AND TRUST WILLISTON, ND 58801	NONE	N/A	TRAVEL DEBIT CARD FOR DAUGHTER OF ELIZABETH STEIN	525.
AMERICAN STATE BANK AND TRUST WILLISTON, MT 58801	NONE	N/A	TRAVEL DEBIT CARD FOR MICHAEL BERGSTROM	2,000.
COMPREHENSIVE PEDIATRIC CARE PLENTYWOOD, MT 59254	NONE	N/A	MEDICAL CARE FOR SCOTT BERGSTROM	570.
DAKOTA KIDS DENTISTRY MINOT, ND 58701	NONE	N/A	DENTAL CARE FOR TONY AND AMBER PUCKETTS CHILDREN	1,051.
Total			SEE CONTINUATION SHEET(S)	78,098.
b Approved for future payment				
NONE				
Total				0.

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

- | | | | | |
|---|--|-------|-----|----|
| 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? | | Yes | No |
| | | | | |
| a | Transfers from the reporting foundation to a noncharitable 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. | | | |

[illegible]

- 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) is based on all information of which preparer has any knowledge.


Signature of officer or trustee

9-20-12
Date

► Trust Officer
Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NICK VOLLER	NICK VOLLER	SEP 10 2012		P00144185
Firm's name ► VOLLER, LEE, SUESS			Firm's EIN ► 45-0371951	
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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

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, total 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 total 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 Part I, 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).

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) (2011)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Employer identification number

36-3507945

Part II

[illegible]

Name of organization

Employer identification number

VINCENT GAFFNEY FOUNDATION

36-3507945

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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	12/30/11
b	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	04/03/12
c	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	12/30/11
d	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	04/03/12
e	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	12/30/11
f	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	04/03/12
g	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	12/30/11
h	VANGAURD	INTERM	TREASURY FUND #35	P	VARIOUS	04/03/12
i						
j						
k						
l						
m						
n						
o						

(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 232.			232.
b 72.			72.
c 851.			851.
d 99.			99.
e 20.			20.
f 7.			7.
g 72.			72.
h 10.			10.
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Losses (from col (h)) Gains (excess of col (h) gain over col (k), but not less than "-0-")
a			232.
b			72.
c			851.
d			99.
e			20.
f			7.
g			72.
h			10.
i			
j			
k			
l			
m			
n			
o			

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	1,363.
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

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
AMERICAN STATE BAK	1,816.	0.	1,816.
CHEVRON CORP	508.	0.	508.
CITIGROUP CAP XVI	242.	0.	242.
FEDERATED GNMA TRUST FUND #016	853.	0.	853.
FEDERATED GNMA TRUST FUND #016	92.	0.	92.
FEDERATED PRIME OBLIGATIONS	134.	0.	134.
FEDERATED PRIME OBLIGATIONS	66.	0.	66.
GATE CITY BANK	1,057.	0.	1,057.
GREAT NORTHERN DRILLING CO.	1,500.	0.	1,500.
MDU RES GROUP INC	198.	0.	198.
US BANCORP	228.	0.	228.
US BANK	989.	0.	989.
VANGUARD INTERM TREASURY FUND #35	443.	0.	443.
VANGUARD INTERM TREASURY FUND #35	39.	0.	39.
TOTAL TO FM 990-PF, PART I, LN 4	8,165.	0.	8,165.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OIL ROYALTIES	22,199.	22,199.	
RETURN UNUSED SCHOLARSHIP	1,215.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	23,414.	22,199.	

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MCKENNETT STENEHJEM FORSBERG & HERMANSON	1,013.	1,013.		0.
TO FM 990-PF, PG 1, LN 16A	1,013.	1,013.		0.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
VOLLER, LEE, & SUESS, CPA'S, PC	1,050.	1,050.		0.
TO FORM 990-PF, PG 1, LN 16B	1,050.	1,050.		0.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INTERNAL REVENUE SERVICE	4,784.	4,784.		0.
TO FORM 990-PF, PG 1, LN 18	4,784.	4,784.		0.

FORM 990-PF	CORPORATE STOCK	STATEMENT	6
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GREAT NORTHERN DRILLING CO	4,000.	25,000.
CHEVRON CORP	5,152.	16,247.
MDU RES GROUP	8,171.	6,483.
US BANCORP	13,135.	12,864.
CITIGROUP CAP XVI	5,000.	4,920.
TOTAL TO FORM 990-PF, PART II, LINE 10B	35,458.	65,514.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FEDERATED GNMA TRUST FUND #016	COST	28,277.	29,031.
VANGUARD INTERM TRASURY FUND #35	COST	29,623.	30,102.
TOTAL TO FORM 990-PF, PART II, LINE 13		57,900.	59,133.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	ALEXUS OLSON ORTHODONTICS	704.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	ARIANNA BUDD ORTHODONTICS	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	BRYNN SALSURY ORTHODONTICS	975.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	CALEB DICKEY ORTHODONTICS	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	CODY VOSS ORTHODONTICS	1,398.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	COOPER BOOTH ORTHODONTICS	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	DESIREE MARTEL ORTHODONTICS	1,215.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	JEANNE SCHNEIDER ORTHODONTICS	3,195.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	JENNA ROUTH ORTHODONTICS	704.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	JERAMY HAVEN	1,215.
Total from continuation sheets				72,752.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	KAYLEE RASMUSSEN ORTHODONTICS	1,120.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	LIBBY OLSON ORTHODONTICS	1,935.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	MARCUS BATTIEST ORTHODONTICS	528.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	MCKENZIE DICKEY ORTHODONTICS	635.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	MISTY VAUGHN EDWARDS ORTHODONTICS	4,345.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	RIO BOOTH ORTHODONTICS	746.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	WHITNEY PFLUG ORTHODONTICS	1,915.
DR. TONY FISHER WILLISTON, ND 58801	NONE	N/A	WILLIAM BROWN ORTHODONTICS	720.
JESSICA MRACHEK WILLISTON, ND 58801	NONE	N/A	JESSICA MRACHEK FOR MEDICAL TRAVEL EXPENSE FOR CHILD	400.
MERCY MEDICAL CENTER WILLISTON, ND 58801	NONE	N/A	MEDICAL FOR ACCT. # M00010412906	90.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
MERCY MEDICAL CENTER WILLISTON, ND 58801	NONE	N/A	MEDICAL/PHARMACY ON ACCOUNT #M00010814036 MICHAEL BERGSTROM	72.
MERCY MEDICAL CENTER WILLISTON, ND 58801	NONE	N/A	MEDICAL/PHARMACY ON ACCOUNT #M00010225696	300.
ND PHARMACY WILLISTON, ND 58801	NONE	N/A	MICHAEL BERGSTON MEDICAL/PHARMACY	421.
NORTHERN PLAINS LABORATORY BISMARCK, ND 58501	NONE	N/A	MEDICAL LABORATORY	26.
ROLLX VANS SAVAGE, MN 55378	NONE	N/A	ROLLX LIFT VAN FOR COURNTY BRUDWICKS CHILD	3,000.
SHERIDAN MEMORIAL HOSPITAL ASSOCIATON PLENTYWOOD, MT 59254	NONE	N/A	CHILDRENS CHRISTMAS CLOTHING PROGRAM	40,000.
WILLISTON BASIN EYECARE WILLISTON, ND 58801	NONE	N/A	OPTICAL CARE FOR MICHAEL BERGSTROM	448.
WILLISTON SCHOOL DISTRICT #1 WILLISTON, ND 58801	NONE	N/A	CHARITABLE CONTRIBUTION FOR HOMELESS CHILDREN	3,000.
Total from continuation sheets				

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 8

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

**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 available 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 available 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