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Form 990-PF

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.

Department of the Treasury

For c	alendar year 2012 or tax year beginning JUL		, and ending	JUN 30, 201	3
Nam	ne of foundation			A Employer identification	ou unmper
7.7	incent Gaffney Foundation			26 250704	E
	ther and street (or P O box number if mail is not delivered to street		Room/suite	36-350794 B Telephone number	3
ક્ર	American State Bank & Tr	ust, Box 144	6	701-774-4	100
	or town, state, and ZIP code			C If exemption application is	
W:	illiston, ND 58802-1446	·· ·	 		
G C	heck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
	Final return	Amended return		2 Foreign organizations n	neeting the 85% test,
<u> </u>	Address change heck type of organization. X Section 501(c)(3) expected to the control of the c	Name change		7	
		Other taxable private founda	tion	E If private foundation st under section 507(b)(
Fa		ing method: X Cash	Accrual	F If the foundation is in a	
	om Part II, col. (c), line 16)	ther (specify)		under section 507(b)(
>	<u> </u>	ımn (d) must be on cash t	oasis)		
Pa	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	31,480.		N/A	
	2 Check I if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,619.	2,619.		Statement 1
	4 Dividends and interest from securities	5,221.	5,221.	<u> </u>	Statement 2
	5a Gross rents				
1	b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10	1,490.			
nue	b Gross sales price for all 309,909.	1,130.			
Revenue	7 Capital gain net income (from Part IV, line 2)		1,490.		
æ	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) 11 Other income	22,960.	20,743.		Statement 3
	12 Total Add lines 1 through 11	63,770.	30,073.		Deacement 5
	13 Compensation of officers, directors, trustees, etc	5,303.	5,303.		0
ļ	14 Other employee salaries and wages			<u> </u>	
S	15 Pension plans, employee benefits	710	710		
and Administrative Expense	16a Legal fees Stmt 4 b Accounting fees Stmt 5	719.	719. 0.		1,050
χb			200.		1,030
ě.	c Other professional fees 17 Interest Semt 6 REC	EIVED 1			
rati	18 Taxes	2.0.2013			
nıst	19 Depreciation and depletion NOV	2 0 2013			
툦	20 Occupancy	88			
φþ	21 Travel, conferences, and meetings	EN, UT			
au	EE Trinking and pablications				
ij	24 Total operating and administrative				
	expenses Add lines 13 through 23	7,272.	6,222.		1,050
Será		45,428.			45,428
Operating	25 Contributions, gifts, grants paid	13/1201			
0	1				ì
0	25 Contributions, gifts, grants paid 26 Total expenses and disbursements	52,700.	6,222.		46,478
0	25 Contributions, gifts, grants paid 26 Total expenses and disbursements	52,700.	6,222.		46,478
0	25 Contributions, gifts, grants paid 26 Total expenses and disbursements				46,478
22350 12-05	25 Contributions, gifts, grants paid 26 Total expenses and disbursements	52,700.	6,222.		46,478

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	1990-PF(2012) Vincent Gaffney Foundation		<u> 35079</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	or 4948	- see in	stru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	ļ		4	<u>77.</u>
	of Part I, line 27b		}			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 2	<u> </u>			<u>0.</u>
3	Add lines 1 and 2	3	 		4	77.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ		4	<u>77.</u>
6	Credits/Payments:					
	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
	Exempt foreign organizations - tax withheld at source To not down to solve the solve to the (5 or 2000)					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld Table and to and accurate Add loss Continues Col	_				^
_	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	 			77.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 		4	//•
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax Refunded art VII-A Statements Regarding Activities	<u>▶ 11</u>	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vono in	<u>1</u>		Yes	No
ıa	any political campaign?	vene in	-	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n\2	-	1b		X
ŭ	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub	•	-	עו		
	distributed by the foundation in connection with the activities	iisneu oi				
	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			16		- 22
٠		0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u> </u>				
Ī	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on, 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		Х
b	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[5		Х
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		1			
	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	1			
	remain in the governing instrument?			6	_X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		1	7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MT					
b	o 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 2012 or the taxable year beginning in 2012 (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
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Pa	rt 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?	13	х	
	Website address ► N/A			
14	The books are in care of ▶ American State Bank & Trust Co. Telephone no ▶701-77	74-4	100	
	Located at ▶PO Box 1446, Williston, ND ZIP+4 ▶58			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			ĪĪ.
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	-10	<u> </u>	
	country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	}		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	1		
	(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)?			
	(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.)	1		
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)?	1 _b		x
	Organizations relying on a current notice regarding disaster assistance check here			 -
С	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 2012?	10		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)):			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
_	before 2012?	1		
	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	1		
	statement - see instructions) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
·	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
h	If "Yes," did it have excess business holdings in 2012 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,		ļ 	
	Form 4720, to determine if the foundation had excess business holdings in 2012) N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	1	x
	The state of the s	עדן		_41

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orm 990-P-(2012) Vincent Gaiiney Foundati Part VII-B ∣Statements Regarding Activities for Which I		Doguiro d	<u>36-35079</u>	<u>45 </u>
	-orm 4/20 May Be F	sequirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	10.15())0		[1]	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	. ,,		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		[TE]	
any voter registration drive?	0		es X No	į į
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es LAL No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?		_	es LAL No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or it		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the eventues departhed i		S LA NO	
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii negulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned		
expenditure responsibility for the grant?		/A	es No	
If "Yes," attach the statement required by Regulations section 53 494		/ 22 16	.5 110]
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,			
a personal benefit contract?	pay promisino on	☐ Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal 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 s	helter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			- · · · · · · · · · · · · · · · · · · ·	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У	
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their		T	L (D a)	
(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	Advisory Comm	ittee		
PO Box 1446	_			
Villiston, ND 58802-1446	1.00	0.	0.	0.
American State Bank & Trust	Trustee			
PO Box 1446				
Villiston, ND 58802-1446	5.00	5,303.	0.	0.
	Advisory Comm	ittee		
PO Box 1446	4 00		_	_
Villiston, ND 58802-1446	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
. Compensation of the highest paid employees totals that those me	(b) Title, and average	enter NONE.	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowalices
NONE				
			-	
	1			
	1			
	1			
Total number of other employees paid over \$50,000			>	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(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	nformation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced	i, etc.	
1 <u>N/A</u>		
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 N/A		
2		
All other program-related investments. See instructions		
3		
Total, Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1 _a	177,796.
	Average of monthly cash balances	1b	363,836.
	Fair market value of all other assets	1c	51,874.
d	Total (add lines 1a, b, and c)	1d	593,506.
е	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	593,506.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,903.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	584,603.
6	Minimum investment return Enter 5% of line 5	6	29,230.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	29,230.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	477.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,753.
4	Recoveries of amounts treated as qualifying distributions	4	_ 0.
5	Add lines 3 and 4	5	28,753.
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	28,753.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	46,478.
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:		
а	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	46,478.
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	46,478.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation of	auglifice for t	ha caction

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				28,753.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 24,317.				
b From 2008 14,185.				
c From 2009 33,445.				
d From 2010 37,439.				
e From 2011 45,202.	154 500			
f Total of lines 3a through e	154,588.			
4 Qualifying distributions for 2012 from		:		
Part XII, line 4: ► \$ 46,478.			,	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
· · · · · · · / · / ·		U•		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				28,753.
e Remaining amount distributed out of corpus	17,725.			20,733.
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	172,313.	e	!	
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 2011 Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007	04 24 7			
not applied on line 5 or line 7	24,317.			
9 Excess distributions carryover to 2013.	147 006			
Subtract lines 7 and 8 from line 6a	147,996.			
IO Analysis of line 9				
a Excess from 2008 14,185.				
b Excess from 2009 33, 445.				
c Excess from 2010 37, 439.				
d Excess from 2011 45,202. e Excess from 2012 17,725.				
e Excess from 2012 17,725.	<u> </u>		L	5 000 DT (0040)

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Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2012, enter the date of	the ruling	•		
b Check box to indicate whether the foun	dation is a private operati	ng foundation described	in section	4942(j)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for			<u> </u>		
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			ļ 		ļ
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			-		
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5.000 or m	ore in assets
at any time during			tilo louilluutio	aa 40 ,000 o	
Information Regarding Foundation List any managers of the foundation why year (but only if they have contributed None	on Managers: no have contributed more	than 2% of the total cor	ntributions received by th	e foundation before the clo	ose of any tax
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	tion of the ownership of a p	partnership or
None					
2 Information Regarding Contribut Check here ▶ if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone num				complete items za, b, c, an	<u>u u.</u>
See Statement 9			ala a cilal ca alcordos		
b The form in which applications should	DE SUDITIFICIEU AND INTORMA	anon and materials they s	snould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	is, such as by geographic	cal areas, charitable fields	s, kinds of institutions, o	other factors:	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	fear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Commodition	
a Paid during the year				
Or Tony Fisher – fbo Indigent Children 215 West Highland Street, Sulte D	None	N/A	For orthodontic work with indigent children each of which was	
Williston, ND 58801			under \$1,000.	15,350
Or. Tony Fisher - fbo C McGorman 215 West Highland Street, Suite D	None	N/A	For orthodontic work	1 015
Williston, ND 58801			children.	1,215,
Dr. Tony Fisher - fbo B Barstad 215 West Highland Street, Suite D	None	N/A	For orthodontic work	1 015
Williston, ND 58801			children.	1,215.
Dr. Tony Fisher – fbo K Burton 215 West Highland Street, Suite D	None	N/A	For orthodontic work	
Williston, ND 58801			children.	1,215.
Dr. Tony Fisher - fbo J Burton 215 West Highland Street, Suite D	None	N/A	For orthodontic work	
Williston ND 58801 Total See CO:	ntinuation she	ht (g)	children. ▶ 3a	1,215
b Approved for future payment	ilemidation sites	(5)	54	45,428,
None				
Total			▶ 3b	0 .

Enter gross amounts unless otherwise indicated.

(e)

Excluded by section 512, 513, or 514

Analysis of Income-Producing Activities Part XVI-A

1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c	l b				····
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,619.	
4 Dividends and interest from securities			14	2,619. 5,221.	
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			1.5	20 742	
7 Other investment income		- 	15	20,743.	
8 Gain or (loss) from sales of assets other			18	1,490.	
than inventory Net income or (loss) from special events	· · · · · · · · · · · · · · · · · · ·		10	1,490.	
10 Gross profit or (loss) from sales of inventory		· ··· · · · · · · ·			
11 Other revenue:					
a Tax Refunds					2,217.
b					
C	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	30,073.	2,217. 32,290.
13 Total Add line 12, columns (b), (d), and (e)				13	32,290.
(See worksheet in line 13 instructions to verify calculation	<u> </u>				
Part XVI-B Relationship of Activit	ies to the Accom	iplishment of	Exempt Pu	urposes	
Line No Explain below how each activity for which	h income is reported in c	olumn (e) of Part X	VI-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other).		
11a Tax refund received	for FY 2012	2			· · · · · · · · · · · · · · · · · · ·
	 				
	· · · · · · · · · · · · · · · · · · ·	 			
	 				
	 				
				· - · · · · · · · · · · · · · · · · · · ·	
223621 12-05-12					
10.05.10					Form 990-PF (2012)

Unrelated business income

Form 990-PF (Information Re				ns an	nd Relations		3507945 ncharitab		age 13
1 Did the o	Exempt Organ rganization directly or indi		of the follows	ag with any other area	neration	deserbed in seed	hon 501/a) af		Yes	No
	(other than section 501(c						11011 50 1(0) 01		162	140
	from the reporting found				organiza	utions.		į		
(1) Cash	1a(1	\ \	x							
(2) Othe	r assets							1a(2		X
b Other trai	nsactions:									
(1) Sale:	s of assets to a noncharita	ble exempt organiza	ation					1b(1	<u> </u>	X
(2) Purc	hases of assets from a no	ncharitable exempt	organization					1b(2	<u> </u>	X
(3) Rental of facilities, equipment, or other assets										X
, ,	nbursement arrangements							1b(4		X
, ,	is or loan guarantees							1b(5		X
	ormance of services or me		=					1b(6	<u> </u>	X
	of facilities, equipment, ma wer to any of the above is				uld alwa	ive chow the fair i	market value of the	1c	L	X
	es given by the reporting for								seis,	
	d) the value of the goods,	other assets, or ser	vices received.							
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization		(d) Description	n of transfers, transaction	ons, and sharing a	тапдет	nts
			N/A							
										
					<u>. </u>					
					· · · - · -					
						 				
										
				 	_					
										
									_	
			. <u> </u>				· · · · · · · · · · · · · · · · · · ·			
0. 1. 1. 1.		<u></u>				<u> </u>				
	indation directly or indirect				organizai	tions described		г	[37	٦.,
	i 501(c) of the Code (other omplete the following sch		(3)) or in sec	11011 527 7				Yes	LX	∐No
<u> </u>	(a) Name of org			(b) Type of organiza	ation	•	(c) Description of re	elationship		
	N/A			(-)			(0) 2000			
							 			
			<u>-</u>							
	r penalties of perjury, I declare eliefzivis true, correct, and con	that Have examined the	is return, includir	ng accompanying schedul in taxpayer) is based on al	les and sta Il informati	atements, and to the	best of my knowledge	May the IHS		
Sign Here	Timeligan	your !	Souff		1/2	\		return with the shown below	v (see ins	er tr)?
	nature of officer or trustee	in Kust 9	Jues_	11/13	10		Officer		s L	J No
	Print/Type preparer's na		Preparer's s	Date /	15	Title Date	Check If	PTIN		
	Tring type proparer 5 Hz	21110	i reparer s s	ignatur 6		ναι σ	self- employed	1: 1 IIN		
Paid	Melissa Wh	ite CPA	Melies	a White	CD 1	1/1//12	con chiployed	P00144	11ΩF	
Preparer	Firm's name ► EID			MILLOE,	<u> 17</u>	<u> </u>	Firm's EIN ▶ 4			
Use Only							I I I I I I I I I I I I I I I I I I I	J 03/13	, , ,	
	Firm's address ▶ 21	0 UNIVERS	SITY AV	E, PO BOX	138	7				
		LLISTON,					Phone no. 7	01-577-	<u>-215</u>	7
							_ 	Form 99 0		

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

2012

Name of the organization Employer identification number Vincent Gaffney Foundation 36-3507945 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 [X] 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 II, 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			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Vincent Gaffney Trust %American State Bank Trustee, PO Box 1446 Williston, ND 58802-1446	\$31,480.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Onncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

Vincent Gaffney Foundation

36-3507945

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

vame of orga	nization		Employer identification number
Vincent Part III	t Gaffney Foundation Exclusively religious, charitable, etc., indiverse Complete columns (a) through (e) and the	vidual contributions to section 501(c	36-3507945 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter
	the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	c., contributions of \$1,000 or less for	the year. (Enter this information once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	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	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient Dr. Tony Fisher - fbo T Weeks None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston, ND 58801 children. 1,215. Dr. Tony Fisher - fbo A Smith None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston ND 58801 children. 1,215. Dr. Tony Fisher - fbo N Acheson None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston, ND 58801 children. 2,540. Dr. Tony Fisher - fbo A Turcotte None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston, ND 58801 1,587. children. Dr. Tony Fisher - fbo T Grotte None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston, ND 58801 children. 1,215. Dr. Tony Fisher - fbo D Baily None For orthodontic work N/A 215 West Highland Street, Suite D with indigent Williston ND 58801 children. 1,545. Dr. Tony Fisher - fbo E Smith None N/A For orthodontic work 215 West Highland Street, Suite D with indigent Williston, ND 58801 children. 1,215. Payment for Hi Line Home Programs, Inc. - fbo M None N/A Simonson pre-school. 605 3rd Avenue South Glasgow, MT 59230 1,120. Sheridan Memorial Hospital N/A None Medical expenses for Association indigent children. 440 Laural Avenue Plentywood, MT 59254 9.877. Alerus Financial NA - fbo P Mueller None N/A Purchase of handicap 15 Broadway accessable van. Fargo, ND 58102 2,000. Total from continuation sheets 25,218,

Part XV Supplementary Information	n				
3 Grants and Contributions Paid During the	Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	runoum	
North Dakota Caring Foundation	None	Public Charity	Health care for		
4510 13th Avenue South			children.	01.2	
Fargo, ND 58121				912.	
ND Pharmacy - fbo Indigent Children	None	N/A	Medical and pharmacy		
20 26th Street East			expenses for indigent		
Williston, ND 58801-3046			children each of which		
			was under \$1,000.	121.	
Irsfeld Pharmacy - fbo Indigent	T = -				
Children	None	N/A	Medical and pharmacy expenses for indigent		
33 9th Street West			children each of which		
Dickinson ND 58601			was under \$1,000.	656.	
			1		
					
Tabel from and analysis - best					
Total from continuation sheets					

Form 990-PF Interest on Sav	ings and Ter	nporary Cash	Investments	Statement	1
Source				Amount	
Bank Deposit Interest			•	2,6	19.
Total to Form 990-PF, Part I	, line 3, Co	olumn A		2,6	19.
Form 990-PF Dividence	ds and Inte	rest from Sec	curities	Statement	2
Source	Gross	Ca S Amount	apital Gains Dividends	Column (A Amount	.)
Dividends	 "	5,221.	0.	5,221	
Total to Fm 990-PF, Part I,	ln 4	5,221.	0.	5,2	21.
Form 990-PF	Other I	Income		Statement	3
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	•	
Oil Royalties Tax Refunds		20,7 4 3 2,217			
Total to Form 990-PF, Part I	, line 11 =	22,960	20,743	•	
Form 990-PF	Lega	l Fees		Statement	4
Description	(a) Expenses Per Books	(b) Net Invest ment Incom			
Legal	719	71	9.		0.
To Fm 990-PF, Pg 1, ln 16a	719	. 71			0.

Accounti	ng Fees	Statement 5	
(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
1,050.	0.		1,050.
1,050.	0.		1,050.
Other Profes	sional Fees		Statement 6
		(c) Adjusted Net Income	(d) Charitable Purposes
200.	200.		0.
200.	200.		0.
Corporat	e Stock	- 70	Statement 7
	Вос		Fair Market Value
.ass B		4,000. 5,152. 16,201. 13,135. 5,000. 9,187. 8,114. 8,084. 7,984. 8,151. 16,017. 8,053. 8,010. 8,144. 8,109. 16,065.	25,000. 18,224. 16,712. 14,460. 5,010. 7,931. 8,624. 8,470. 8,438. 9,571. 18,889. 8,415. 9,058. 8,385. 9,513. 18,122.
	(a) Expenses Per Books 1,050. 1,050. Other Profes (a) Expenses Per Books 200. Corporat	Expenses Net Investment Income 1,050. 0. 1,050. 0. Other Professional Fees (a) (b) Expenses Per Books Met Investment Income 200. 200. Corporate Stock Books	(a) (b) (c) Expenses Net Invest-Per Books ment Income 1,050. 0. 1,050. Other Professional Fees (a) (b) (c) Expenses Net Invest-Per Books ment Income 200. 200. 200. Corporate Stock Book Value 4,000. 5,152. 16,201. 13,135. 5,000. 9,187. 8,114. 8,084. 7,984. 8,151. 16,017. 8,053. 8,010. 8,144.

Form 990-PF	Corporate Bonds		Statement	8
Description		Book Value	Fair Market Value	,
Federated GNMA Trust Fund #016 Vanguard Interm Treasury Fund #3 Dodge & Cox Income Fund # 147 Haror Bond Fund #014 Vanguard Short Term Investment G		28,944. 30,253. 20,290. 20,102. 20,151.	28,35 29,58 19,73 19,39 19,83	4. 8. 2.
Total to Form 990-PF, Part II, 1	ine 10c	119,740.	116,90	7.

Form 990-PF Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

9

Name and Address of Person to Whom Applications Should be Submitted

Laurie Pederson, VP & Trust Officer, American State Bank & Trust Co. PO Box 1446 Williston, ND 58802-1446

Telephone Number

701-774-4120

Form and Content of Applications

In addition to applicants name, date of birth, grade school, address, and phone number, the application requests the name of the applicant's guardian and reason for application. If applicable, the estimate of any procedure to be performed must accompany the application. In addition, the guardians most recent tax return must be included with the application. Call for applications.

Any Submission Deadlines

None

Restrictions and Limitations on Awards

For health, welfare, & feeding of needy children under the age of 18 years.

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2013)

• If y	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		•	\mathbf{x}	
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
	ot complete Part II unless you have already been granted		•	-			
	ronic filing (e-file). You can electronically file Form 8868 if y						
	ed to file Form 990-T), or an additional (not automatic) 3-mo						
	e to file any of the forms listed in Part I or Part II with the ex						
	nal Benefit Contracts, which must be sent to the IRS in page		(see instructions) For more details	on the elec	tronic filing of this	form,	
	/www.irs.gov/efile and click on e-file for Charities & Nonprofits		· · · · · · · · · · · · · · · · · · ·				
Par							
	poration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		_	
Part I	•				•	· []	
	ner corporations (including 1120-C filers), partnerships, REM income tax returns.	IICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
							
Туре	or Name of exempt organization or other filer, see instru	ctions		Employer identification number (EIN) or			
print							
rile by i	Vincent Gaffney Foundation				36-350794	<u>15</u>	
due dat	e for Number, street, and room or suite no. If a P.O. box, s			Social security number (SSI		N)	
filing yo return s	See & Allierran State Bank & II						
nstruct		oreign add	ress, see instructions				
	Williston, ND 58802-1446						
						[]	
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Appli	cation	Return	Application			Return	
ls Fo		Code	ls For	s For			
Form	990 or Form 990-EZ	01	Form 990-T (corporation)	0-T (corporation) 0			
Form	990-BL	02	Form 1041-A			08	
Form	4720 (individual)	03	Form 4720				
Form	990-PF	04				10	
Form	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T (trust other than above)	06	Form 8870			12	
	American State						
	e books are in the care of $ ightharpoonup$ PO Box $1446-1$	Willi:	ston, ND 58802-144	6			
Te	lephone No ► 701-774-4100		FAX No 🕨				
• If t	he organization does not have an office or place of busines	s in the Un	ited States, check this box		•	· 🔲	
• If t	his is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	lf this is foi	the whole group, o	check this	
box]	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension is	for	
1	I request an automatic 3-month (6 months for a corporation						
	February 15, 2014, to file the exemp	t organiza	tion return for the organization name	ed above	The extension		
	is for the organization's return for						
	calendar year or						
	► X tax year beginning JUL 1, 2012	, an	d ending <u>JUN 30, 2013</u>		_		
2	If the tax year entered in line 1 is for less than 12 months, of	heck reaso	on Initial return	Final return	n		
	Change in accounting period						
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nonrefundable credits See instructions	•	,	3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			refundable credits and				
	estimated tax payments made Include any prior year overg	-		3b	\$	0.	
С	Balance due. Subtract line 3b from line 3a Include your pa		······································		. *	<u>-</u>	
	by using EFTPS (Electronic Federal Tax Payment System)	-	· · · · · · · · · · · · · · · · · · ·	3c	\$	0.	
Cauti	on. If you are going to make an electronic fund withdrawal						
	The state of the s			<u> </u>			

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.