

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-PF** Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

	NCE FAMILY FOUNDATION IN ar and street (or PO box number if mail is not delivered to street	<del></del>	Room/suite	26-046918 B Telephone number	<u></u>
29	24 MILLENNIUM CIR STE A			406-867-6	700
-	r town, state or province, country, and ZIP or foreign p LLINGS, MT 59102	ostal code		C If exemption application is	pending, check here
	eck 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	and the REW test
	Address change	Name change		Foreign organizations in check here and attach or	computation Lest,
	eck type of organization: X Section 501(c)(3) ex	· ·		E If private foundation st	
_	141	Other taxable private founda	Accrual	under section 507(b)(	
	market value of all assets at end of year J Accounti in Part II, col. (c), line 16)	her (specify)	Acciual	F If the foundation is in a under section 507(b)(	
<b></b> \$	4,915,482. (Part I, colu	mn (d) must be on cash b	pasis.)	dider section sor(b)(	i)(U), clicck liefe
ar		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
Т	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check X if the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	21,764.	21,764.		STATEMENT 2
	5a Gross rents	-			
	b Net rental income or (loss)	143 081			СТАТЕМЕНТ 1
Kevenue	Gross sales price for all	143,001.			DIMILIMINI I
Š	7 Capital gain net income (from Part IV, line 2)		241,280.		
Ĕ	8 Net short-term capital gain				
	9 Income modifications			RECE	VED
1	0a and allowances			1,1202.	0
	b Less Cost of goods sold				7.7.   <b>9</b>
,	c Gross profit or (loss)  1 Other income			NOV Z Z	12
1	2 Total. Add lines 1 through 11	164,845.	263,044.	OGDER	JUT
1		0.	0.		0.
1	4 Other employee salaries and wages				
	5 Pension plans, employee benefits				
2 1	6a Legal fees				<del> </del>
	b Accounting fees  o Other professional fees  STMT 3	8 419	8 419		0.
1 2 1	·	0,410.	0,115.		<u> </u>
Operating and Administrative Expenses		tal income or (loss)  nor (loss) from sale of assets not on line 10 alles price for all 423,200.  gain net income (from Part IV, line 2) ord-term capital gain  e modifications aliase isser eturns warness lost of goods sold profit or (loss) income  Add lines 1 through 11  nestion of officers, directors, trustees, etc employee salaries and wages on plans, employee benefits fees from part IV, line 2)  O	0.		
1   3	9 Depreciation and depletion				
Ē 2					
2	1 Travel, conferences, and meetings		<u> </u>		
2	_	15	15		0.
E 2	•	13.	1		0.
	expenses. Add lines 13 through 23	11,512.	8,434.		0.
5 <sub>2</sub>	5 Contributions, gifts, grants paid	161,000.			161,000.
- 1	6 Total expenses and disbursements.				
	Add lines 24 and 25	172,512.	8,434.		161,000.
2	7 Subtract line 26 from line 12:	-7 667			
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	<7,667.	254,610.		
	c Adjusted net income (if negative, enter -0-)		2J4,U1U.	N/A	
3501 10-1					Form <b>990-PF</b> (2013)

٠,

Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
ran	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	3,919.	39,993.	39,993.
2	Savings and temporary cash investments	19,070.	34,417.	34,417.
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			<del>,,</del>
	Investments - U.S. and state government obligations			
	Investments - corporate stock STMT 6	2,643,454.	2,585,686.	4,841,072.
	: Investments - corporate bonds	2,013,131.	2,303,000.	±,0±1,072.
١	·			<del></del>
11	Investments - land, buildings, and equipment basis			
1.	Less accumulated depreciation			
12	Investments - mortgage loans	**		
13	Investments - other	*		
14	Land, buildings, and equipment basis			
	Less accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
<u> </u>	instructions. Also, see page 1, item 1)	2,666,443.	2,660,096.	4,915,482.
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			
22	Other liabilities (describe STATEMENT 7)	0.	1,320.	
23	Total liabilities (add lines 17 through 22)	0.	1,320.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
	Permanently restricted			
-	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	0.	0.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29	Retained earnings, accumulated income, endowment, or other funds	2,666,443.	2,658,776.	
30	Total net assets or fund balances	2,666,443.	2,658,776.	
30	TOTAL HEL ASSERS OF THIRD DETAILES	2,000,220.	2,030,770	
94	Total lightilities and not accommund belongs	2,666,443.	2,660,096.	
31	Total liabilities and net assets/fund balances	<del></del>	4,000,030	
art	Analysis of Changes in Net Assets or Fund Ba	alances		
T-4-	Last appets as fixed beloans at because of uses. Dot II column (a) line	20		
	I net assets or fund balances at beginning of year - Part II, column (a), line	3U		2 666 442
•	st agree with end-of-year figure reported on prior year's return)		1	2,666,443.
	r amount from Part I, line 27a		2	<7,667.
	er increases not included in line 2 (itemize)	<del> </del>	3	0.
	lines 1, 2, and 3		4	2,658,776.
	reases not included in line 2 (itemize)		5	0.
Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,658,776.
				Form <b>990-PF</b> (20

Part IV Capital Gains	and Losses for Tax on Ir	ivestmen	t Income						
	tbe the kind(s) of property sold (e.g rehouse; or common stock, 200 sha				iow ac - Purc - Dona	quired hase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a LT CAPITAL GAIL	NS					P			
b PUBLICLY TRADE	· <del> · · · · · · · · · · · · · · · ·</del>			<u> </u>		P			
c PUBLICLY TRADE				<u> </u>		P			
d 2500 SH SM ENE	RGY			<u> </u>		D			
<u>e</u>		<del></del> .		Ц.,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss) is (f) minus (	(g)
a 8,045.									8,045.
ь 160,596.			122,81					·	37,781.
c 53,994.			49,10		. ,				4,889.
d 200,565.			10,00	0.			_		190,565.
Complete only for accept above		<u> </u>	10/01/00						
Complete only for assets snowin	g gain in column (h) and owned by					(l	l) Gains (I I (k) but	Col. (h) gain not less thar	MINUS
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			CO	Losses	(from col. (	h))
a									8,045.
b				$\neg \dagger$					37,781.
C									4,889.
d									190,565.
e									
If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an	ın Part I, line		}	2				241,280.
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) for			للـ	3			N/A	
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	ion 4942 tax on the distributable am	mplete this pa	ırt.						Yes X No
(a)		istructions be	iore making any ci				7		(d) ution ratio
Base periód years Calendar year (or tax year beginnin	(b) Adjusted qualifying dist	ributions	Net value of nor	(c) nchari	ıtable-ı	use assets		Distrib (col. (b) divi	ùtión ratio ided by col. (c))
2012		8,550.		3	, 282	2,199			.051353
2011		9,582.				2,993			.030842
2010	6	1,129.				0,904			.028959
2009	5	2,841.				7,273			.039221
2008		5,334.			989	9,421			.005391
2 Total of line 1, column (d)									.155766
3 Average distribution ratio for the 5	year base period - divide the total c-	on line 2 by 5,	or by the number	of yea	ars		2		•133766
the foundation has been in existen	ce if less than 5 years					-	3		.031153
4 Enter the net value of noncharitable	e-use assets for 2013 from Part X, I	ine 5					4	4	4,155,515.
5 Multiply line 4 by line 3							5		129,457.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		2,546.
7 Add lines 5 and 6							7		132,003.
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line	1b, and comp	lete that part using	ja 1%	6 tax ra	ate.	8		161,000.
See the Part VI instructions.			,						

	990-PF (2013)			FOUNDATION nent Income (Sec		)(a), 4	4940(b),	4940(e)			0469 - <b>see</b> ii			Page 4 ns)
1a	Exempt operating	foundations desc	ribed in section 4	940(d)(2), check here	and en	ter "N/	A" on line 1.	7						
		determination lette		(attach copy o										
b			section 4940(e)	requirements in Part V, cl	heck here 🕨	$\left[ \mathbf{X} \right]$	and enter 1	%	<b>&gt;</b>	1			2,5	46.
	of Part I, line 27b		-		-									
C	All other domesti	c foundati <del>o</del> ns ente	r 2% of line 27b.	Exempt foreign organizat	ions enter 4%	of Pan	t I, line 12, d	:ol. (b). ノ						
2	Tax under section	n 511 (domestic se	ction 4947(a)(1)	trusts and taxable founda	ations only. Oth	ners en	iter -0-)	•		2				0.
-	Add lines 1 and 2						-			3			<u>2,5</u>	46.
				trusts and taxable found		hers ei	nter -0-)			4_				<u>0.</u>
			Subtract line 4 fr	om line 3. If zero or less, i	enter -0-					5			2,5	46.
	Credits/Payments				ı	ı	1				`			
		ax payments and 2				6a								٠,
		rganızatıons - tax v				6b								
		dication for extensi		(Form 8868)		6c								
		ng erroneously wit			į	6đ	L							•
		payments. Add line	•	<del></del>							<del></del>			0.
				. Check here ıf Forn	n 2220 is attac	hed			-	. 8				41.
				7, enter amount owed						9			2,5	87.
				5 and 8, enter the amoun	t overpaid			1		10				
		of line 10 to be: C						Refund	ed 🚩	11				
		atements Re		···							T		Yes	No
		-	on attempt to inti	uence any national, state,	, or local legisla	ation o	r did it parti	cipate or in	tervene	III	}	_	162	
	any political camp		45		-1.41	(		a far tha da	· Endina	<b>.</b> .	}	1a		X
				lirectly or indirectly) for p							1	1b		
				iled description of the	activities and	СОРК	es or arry n	iateriais p	ubiisiie	iu oi				
		he foundation in												v
		n file Form 1120-P			، مطف مصندنات است		•				}	1c		X
				res (section 4955) impos					0					
	(1) On the found	auon. 📂 🌣	d by the foundati	O . (2) On foundate on during the year for po	lun managers. ; liticol evecediti	<b>₽</b> ⊅		n foundatio	0.					
			_	on during the year for po-	illicai experiuili	uie iax	iniposeu o	ii loulluatio	41				;	
	managers. > \$		O •	e not previously been rep	ortad to the IDS	ော						2		х
		a detailed descri			ortea to the inc	J:					ŀ			
3	Has the foundation	on made any chang	es, not previous!	y reported to the IRS, in it	ts governing in:	strume	ent, articles	of incorpor	ation, o	r				
	bylaws, or other s	sımılar instruments	ว If "Yes," attac	ch a conformed copy o	f the changes	s						3		X
4a	Did the foundatio	n have unrelated b	usiness gross ind	ome of \$1,000 or more d	luring the year?	?						4a		X
b	If "Yes," has it file	d a tax return on Fo	orm 990-T for the	s year?						N	/A	4b		
				ubstantial contraction dui	ring the year?							5		<u>X</u>
	If "Yes," attach	the statement re	quired by Gene	eral Instruction T.										1,6
6	Are the requireme	ents of section 508	(e) (relating to se	ctions 4941 through 494	<ol><li>satisfied eith</li></ol>	ner:						χ.		
		the governing inst	•									*	,	٠,
	<ul> <li>By state legislat</li> </ul>	tion that effectively	amends the gove	erning instrument so that	no mandatory	dırectı	ons that co	nflict with t	he state	law				
		erning instrument									ļ	6	X	<u> </u>
7	Did the foundation	n have at least \$5,0	000 in assets at a	ny time during the year?	If "Yes," com	plete i	Part II, col	(c), and F	Part XV		-	7	<u>X</u>	<del></del>
	MT			th which it is registered (								,		,
		-		nished a copy of Form 99 ? If "No," attach explan		orney	General (or	designate)				8b	X	
				ng foundation within the n		tion 40	142(1)(3) or	4942(i)(5)	for cale	ndar				
				instructions for Part XIV)					. J. Juli			9		X
				ing the tax year? if "Yes," :							 	10		X
10	ora urry poraoria i	Societic Substitution	. commodera du	mg mo any your: II res,	auauri a Sureuule	naung	men names a	no accuresses	<u> </u>		Form	990	-PF (	

Part VII-B   Statements Regarding Activities for Which		Required (contin	<u> </u>	.69	Page 6
5a During the year did the foundation pay or incur any amount to:	TOTAL TIES INIUS DC 1	required (contin	1		Г
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	<b>□</b> v	es X No		1
(2) Influence the outcome of any specific public election (see section 4955); of			C3 [22] 140		
any voter registration drive?	in to during only amounty or main		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		ŀ
(4) Provide a grant to an organization other than a charitable, etc., organization	• • •				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere	- ,	▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ined			
expenditure responsibility for the grant?		Γ/A	es LLI No	- 1	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			ŀ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	ļ <del></del>			
a personal benefit contract?		Y <sub>0</sub>	es X No		l
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.	5.00 J	[ <del>]</del> ,,	TT		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	76	
Part VIII Information About Officers, Directors, Trust		nagers Highly		7b	L
Paid Employees, and Contractors	ees, i oundation wa	magers, riiging	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.		-	<u> </u>	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	, other nces
PENELOPE NANCE	PRESIDENT			-	
5033 HIGHWAY 3					
BILLINGS, MT 59106	5.00	0.	0.		0.
ROBERT NANCE	VICE PRESIDEN	T			
5033 HIGHWAY 3					
BILLINGS, MT 59106	5.00	0.	0.		0.
	SECRETARY/TRE	ASURER			
4690 ROCKLEDGE CIRCLE	Г 00				_
BILLINGS, MT 59106	5.00	0.	0.		0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(=) Component	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense
(a) warne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	allowa	nces
NONE					
- PRE-NTANA					
Tabel number of other employees paid over \$50,000	<u> </u>				
otal number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		Eorm	990-PF	
			1 0/111	1 1	(4010)

Foi	m 990-PF (2013) NANCE FAMILY FOUNDATION INC	26-0469189	Page 8
<u> P</u>	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions	)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 4,195	<u>,952.</u>
b	Average of monthly cash balances	1b 22	,845.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 4,218	<u>,797.</u>
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 4,218	,797.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 63	<u>,282.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 4,155	,515.
6	Minimum investment return. Enter 5% of line 5	6 207	,776.
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.)	d certain	
1	Mınımum ınvestment return from Part X, line 6	1 207	,776.
2a	Tax on investment income for 2013 from Part VI, line 5		
ь			
C		2c 2	,546.
3	Distributable amount before adjustments. Subtract line 2c from line 1		,230.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 205	,230.
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	7 205	,230.
P	art XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	, , , , , , , , , , , , , , , , , , , ,	1a 161	<u>,000.</u>
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	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 161	<u>,000.</u>
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 2	<u>,546.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 158	,454.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for the section	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

NANCE FAMILY FOUNDATION INC

	(a) Corpus	(b) Years prior to 2012	(c) - 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				205,230.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			160,959.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
<b>b</b> From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 161,000.			4.40	
a Applied to 2012, but not more than line 2a			160,959.	
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 2013 distributable amount				41.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	,		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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	İ			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	·	0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.		,	0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				205,189.
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 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009			-	
b Excess from 2010				
c Excess from 2011	1			
d Excess from 2012				
e Excess from 2013				
			-	F 000 DE (0040)

Form 990-PF (2013) NANCE F	AMILY FOUND	ATION INC			69189 Page 1
Part XIV   Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2013, enter the date of	the ruling	<b>&gt;</b>		
b Check box to indicate whether the found	lation is a private operati	ng foundation described i	··	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		]
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	<del>_</del>		-		
used directly for active conduct of	i				
exempt activities					
e Qualifying distributions made directly				-	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				<del> </del>	
alternative test relied upon:					
a "Assets" alternative test - enter:				1	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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					i
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				<del>-</del>	
(4) Gross investment income				h - 1 dr 000	
Part XV Supplementary Info			it the foundation	nad \$5,000 or mo	ore in assets
at any time during t		uctions.j			
1 Information Regarding Foundatio	_				
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	foundation before the clos	se of any tax
- ,	ore man 45,000). (566 s	cciion 507 (u)(2).)			
SEE STATEMENT 8  b List any managers of the foundation who	o own 10% or more of the	e stock of a cornoration (	or an equally large ports	on of the ownership of a na	ertnerehin or
other entity) of which the foundation has			or arroquany large porta	on or the ownership of a pe	and and
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here  if the foundation of the foundation makes gifts, grants, etc. (				not accept unsolicited requi complete items 2a, b, c, and	
a The name, address, and telephone numb	<del></del>			<del></del>	· · · · · · · · · · · · · · · · · · ·
ROBERT & PENELOPE NA				· · <del>- ·</del>	
5033 HIGHWAY 3, BILL					
<b>b</b> The form in which applications should be			only include.	·	
CONTACT FOUNDATION	s sasmitted and injullial	and materials mey sil	odia moludo,		
c Any submission deadlines:	·				
CONTACT FOUNDATION					
d Any restrictions or limitations on awards	such as by goographica	ll areae charitable fields I	kinds of institutions, or a	other factore:	
CONTACT FOUNDATION	, autin as by yebynapilica	ii ai cas, ciiai llaule lielus, l	viiras oi ilisaluulolis, Of (	JUIGI 1461015.	
COMPANION					
323601 10-10-13			<del></del>		Form <b>990-PF</b> (2013)

3 Grants and Contributions Paid During the		Payment	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or soodantal contributor	i i i i i i i i i i i i i i i i i i i		
BILLINGS CATHOLIC SCHOOLS FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 31158 BILLINGS MT 59107				ro 00
SILLINGS, MI 39107				50,00
BILLINGS CLINIC FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
PO BOX 31031 BILLINGS MT 59107				05.00
indings, at sylv				95,00
FAMILY SERVICE INC	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
1824 1ST AVE N BILLINGS MT 59101				3,00
SIBBINOD, MI OPIOI				3,00
MT RESCUE MISSION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
2520 1ST AVE N BILLINGS MT 59101				3,00
31221100, M2 03202				3,00
YELLOWSTONE CASA PO BOX 688	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
BILLINGS MT 59103				5,000
	NTINUATION SHEE	T(S)	<b>▶</b> 3a	161,000
b Approved for future payment				
NONE				
110112				
,				
	<u> </u>			
Total			<b>▶</b> 3b	990-PF (201

Form 990-PF (2013) NANCE FAMILY F Part XVI-A Analysis of Income-Produ				26-0	)469189 Page
Enter gross amounts unless otherwise indicated.		usiness income	Excluded b	y section 512, 513, or 514	(2)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	747704111	code	70100111	- Tunction income
ab	-		+		
			<del></del>	·····	
d	1				
e					<del></del>
f		<del></del>			
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments					
3 Interest on savings and temporary cash		·			
investments					
4 Dividends and interest from securities			14	21,764.	
5 Net rental income or (loss) from real estate:		*****		22//010	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
Gain or (loss) from sales of assets other		<del></del>			
than inventory			18	143,081.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b	1 1				
С	1 1				
d		<u> </u>			
e		· · · ·			
Subtotal. Add columns (b), (d), and (e)		0		164,845.	C
Total. Add line 12, columns (b), (d), and (e)				13	164,845
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	Exempt Pu	ırposes	-
Line No. Explain below how each activity for which inco	ome is reported in co	olumn (e) of Part XVI	-A contributed	Importantly to the accomp	lishment of
the foundation's exempt purposes (other than					
				<del></del>	
		***************************************			
l					

Part XVI	Information Re Exempt Organ		sfers To	and Transactions	and Relations	ships With Nonch	aritabl		ige is
1 Did the	organization directly or indir	ectly engage in any	of the following	no with any other organizat	tion described in sec	tion 501(c) of	-	Yes	Nο
	e (other than section 501(c)					1001 30 1(c) 01			
	rs from the reporting founda				Inizations.				
(1) Cas	· -	mon to a noncharia	ibic exempt of	yamzanon or.			1-(1)		v
	•			•			1a(1)		X
• •	er assets	-	-				1a(2)		X
	ansactions:								
	es of assets to a noncharital	, -	-				1b(1)		X
	chases of assets from a nor		organization		•		1b(2)		X
` '	ital of facilities, equipment, (	or other assets	-			•	1b(3)		X
	mbursement arrangements						1b(4)		<u>X</u>
	ns or loan guarantees				-		1b(5)		X
(6) Peri	formance of services or mei	mbership or fundrai	sing solicitatio	ins .			1b(6)		_X
	of facilities, equipment, mai						_1c	l,	_X
	swer to any of the above is es given by the reporting fo							sets,	
column (	(d) the value of the goods, o	other assets, or serv	rices received.			nor sharing arrangement,			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Descriptio	n of transfers, transactions, an	d sharing ar	rangeme	nts
	<u></u>		N/A			·			
				· · · · · · · · · · · · · · · · · · ·					
						***************************************			
		<del></del>							
						T			
						****			
-		<del></del>					•		
					· · ·	·····			
	undation directly or indirectl				izations described				
	n 501(c) of the Code (other		(3)) or in secti	on 527?			Yes	LX.	No
b If Yes, c	complete the following sche				- <sub>1</sub>				
	(a) Name of orga	inization		(b) Type of organization		(c) Description of relation	ship		
	N/A								
							- ,		
Unde	or penalties of perjury, declare the	nat I have examined this	s return, including	g accompanying schedules and	d statements, and to the	best of my knowledge	y the IRS d	ierniee th	ue l
Sigii   L	pelief, it is true, correct, and comp	plete Declaration of pre	eparer (other than	taxpayer) is based on all inform	mation of which prepared	ref	urn with the	prepare	r
Here	Y Jun	•		1 11-19-14	PRESI		X Yes	(366 11150	No.
Sig	nature of officer or trustee		<del></del>	Date	Title	L			
	Print/Type preparer's nar	ne /	Preparer's su	ggature	Date	Check If PTIN			
	DANIEL S. M	/	12.0	1 m.060. 101		self- employed			
Paid	CPA		DANIEL	S. MILLER.	11/17/14		0031	551	
Preparer		ERSON 7ITP		N & CO., P.C		Firm's EIN ▶ 81 – 0	3959		
Use Only	' <u></u>			α co., P.C	• • 	Filli S ENV P O I - U	3037	# U	
	Firm's address ▶ P.(	). BOX 20	435				_		
	<u>BII</u>	LINGS, M	T 5910	4-0435		Phone no. 406-2	45-5	136	

323622 10-10-13

FORM 99	0-PF G	AIN OR (LOSS)	FROM SALE	OF Z	ASSETS		STA	TEMENT	
DESCRIP'	(A) FION OF PROPERTY	<del>_</del>			MANNER CQUIRED	DA ACQU	TE IRED	DATE S	OLD
LT CAPI	TAL GAINS			PUI	RCHASED				
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)	_		(F)	
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOS	S 
_	8,045.	0.		0.		0.		8,0	45.
DESCRIP	(A) FION OF PROPERTY				MANNER CQUIRED	DA ACQU	TE IRED	DATE S	OLD
PUBLICLY	Y TRADED SECURIT	IES		PUI	RCHASED				
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)	s
_	160,596.	122,815.		0.		0.		37,7	81.
	(A) FION OF PROPERTY	_		AC	MANNER CQUIRED	DA'	TE IRED	DATE S	OLD
PUBLICLY	Y TRADED SECURIT	IES		PUF	RCHASED				
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c <b>.</b>		(F) OR LOS	S
	53,994.	49,105.		0.		0.		4,8	89.

(A) DESCRIPTION OF PROPERTY					MANNER ACQUIRED		DATE ACQUIREI		- DATE	SOLD	
2500 SH SM ENERGY	<del></del>			•	DONAT	ED			<del></del> .		
(B) GROSS SALES PRIC	VAL	(C) (D) ALUE AT EXPENSI 3 OF ACQ. SALI		ISE O	SE OF		(E) PREC. GAI		(F) IN OR LOSS		
200,5	<del></del>	108,199.			0.		0.			,366.	
CAPITAL GAINS DIVID	ENDS FROM I	PART IV					_			0.	
TOTAL TO FORM 990-P	F, PART I,	LINE 6A					-		143	,081.	
FORM 990-PF	DIVIDENDS	S AND INTE	REST	FROM	SECUR	ITIES	5	ST	ATEMENT	ր 2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		REV	A) ENUE BOOKS		(B) INVE		(C) ADJUS NET IN	STED	
FIRST INTERSTATE BANK MERRILL	6.		0.		6.			6.			
LYNCH#04073 MERRILL	5,764.		0.		5,764.		5,7				
LYNCH#04110	15,994.		0.	1!	5,994.		15,9	9 <b>4.</b> —— -			
TO PART I, LINE 4	21,764.	·	0. 	2:	1,764.	====	21,7	64. —— =	<del></del>		
FORM 990-PF	ľO	THER PROFES	SSION	AL F	EES			STA	ATEMENT	. 3	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVI T INC		ADJ	C) USTEI INCOI		(D) CHARIT PURPO	ABLE	
MANAGEMENT FEE		8,419.	,	8	,419.				0.		
TO FORM 990-PF, PG	 1, LN 16C	8,419.	<del></del>	8	419.					0.	

FORM 990-PF	TAXES				STATEMENT			
DESCRIPTION	(A) (B) EXPENSES NET INVE							
2012 990-PF 2013 ESTIMATED TAX 990-PF FOREIGN TAXES	1,068. 1,840. 170.		0. 0. 0.			0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18	3,078.		0.			0.		
FORM 990-PF	OTHER EXPENSES				STATEMENT	5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC						
SEC OF STATE	15.		15.			0.		
TO FORM 990-PF, PG 1, LN 23	15.		15.			0.		
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6		
DESCRIPTION			вос	OK VALUE	FAIR MARKE	т		
PUBLICLY TRADED SECURITIES				2,585,686.	4,841,072.			
TOTAL TO FORM 990-PF, PART II, LINE 10B				2,585,686.	4,841,072.			
FORM 990-PF	OTHER LIA	BILITIES	<del> </del>		STATEMENT	7		
DESCRIPTION	·		ВО	AMOUNT	EOY AMOUNT	-		
INVESTMENT DEBT - MERRILL LYN - MM	NCH #04110			0.	1,3	20.		
TOTAL TO FORM 990-PF, PART II, LINE 22				0.	1,320.			

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

8

NAME OF MANAGER

PENELOPE NANCE ROBERT NANCE AMY NANCE-CEBULL

Part XV Supplementary Information 3 - Grants and Contributions Paid During the			-	•
Recipient	If recipient is an individual,			· · · · · · · · · · · · · · · · · · ·
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
UNIVERSITY OF MARY	NONE		PHILANTHROPIC PURPOSES	
7500 UNIVERSITY DRIVE				
BISMARK, ND 58504				5,000.
			1	
	.,			<del></del>
			İ	
				, ,
Total from continuation sheets			1	5.000.

			4					
<u>Form 886</u>	8 (Rev. 1-2014)				<del></del>		Page 2	
	re filing for an Additional (Not Automatic) 3-Month Ex					▶	LX.	
	y complete Part II if you have already been granted an a			iled Form	8868.			
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, comple			<u> </u>			<del></del>	
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies need	ded)		
			Enter filer's	identifyir	ig number, s	<u>see inst</u>	ructions	
Type or	Name of exempt organization or other filer, see instru	Employer	Employer identification number (EIN)					
print								
File by the	NANCE FAMILY FOUNDATION INC				9			
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)		
filing your return See	2924 MILLENNIUM CIR STE A							
instructions.	Crty, town or post office, state, and ZIP code. For a for	oreign add	lress, see instructions.					
	BILLING, MT 59103						<u>-</u>	
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)				0 4	
Application	on	Return	Application				Return	
ls For		Code	ls For					
	or Form 990-EZ	01						
Form 990		02	Form 1041-A				08	
	0 (individual)	03	Form 4720 (other than individual)				09	
Form 990		04	Form 5227					
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T (trust other than above) 06 Form 8870							12	
	not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	riously file	d Form 886	8.		
	AMY CEBULL							
<ul> <li>The bo</li> </ul>	oks are in the care of > 4690 ROCKLEDGE	CIRC	LE - BILLINGS, MT	59106				
	one No. ► (406)245-2550		Fax No. >					
	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶		
	s for a Group Return, enter the organization's four digit					roup, ch	neck this	
box ▶ [	. If it is for part of the group, check this box	٠	· · · · · · · · · · · · · · · · · · ·		_			
	quest an additional 3-month extension of time until		•					
	calendar year 2013, or other tax year beginning		, and endir	ıg				
	e tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn			
<u> </u>	Change in accounting period							
7 Sta	te in detail why you need the extension							
	E ORGANIZATION NEEDS ADDITION	JANC	TIME TO COMPILE AN	D ASS	EMBLE	THE	TAX	
	FORMATION NECESSARY TO FILE							
8a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069.	enter the tentative tax, less any					
nonrefundable credits. See instructions.					s		0.	
	us application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated	8a_				
	payments made. Include any prior year overpayment al							
	eviously with Form 8868.		•	8b	s		0.	
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
	PS (Electronic Federal Tax Payment System). See instr		. , . , .	8c	s		0.	
<del></del>			st be completed for Part II		• • • • • • • • • • • • • • • • • • • •			
Under nen	alties of perjury, I declare that I have examined this form, includ		•	•	of my knowled	ge and br	elief.	
it is true, c	orrect, and complete, and that am authorized to prepare this fo	orm.				7	,	
Signature	$(A \times A) \times (A \times A)$			Date	<b>►</b> 8/14/	14		
					- 12 4	3868 (R	ev. 1-2014)	
						(, 10		