

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



Schedule B

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

Department of the Tre

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization		Employer identification number
Eckroth Music Foundation		45-0476142
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ed as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated a	s a private foundation
	501(c)(3) taxable private foundation	
nstructions.	(c)(7), (8), or (10) organization can check boxes for both t	ле General Kule ало а Special Kule. 599
nstructions. General Rule For an organiza or more (in mon	tion filing Form 990, 990-EZ, or 990-PF that received, du ey or property) from any one contributor Complete Parts al contributions.	ring the year, contributions totaling \$5.000
nstructions. General Rule For an organiza or more (in mon	tion filing Form 990, 990-EZ, or 990-PF that received, du ey or property) from any one contributor. Complete Parts	ring the year, contributions totaling \$5.000
ristructions. General Rule For an organiza or more (in mon contributor's to special Rules For an organizar regulations under 13, 16a, or 16b,	tion filing Form 990, 990-EZ, or 990-PF that received, du ey or property) from any one contributor. Complete Parts	ring the year, contributions totaling \$5,000 at and il. See instructions for determining a EZ that met the 331/3 % support test of the hedule A (Form 990 or 990-EZ), Part II, line ear, total contributions of the greater of (1)
ristructions. General Rule For an organiza or more (in mon contributor's tol.) Special Rules For an organizar regulations undid 13, 16a, or 16b, \$5,000 or (2) 29 For an organizat contributor, duri	tion filing Form 990, 990-EZ, or 990-PF that received, du sy or property) from any one contributor. Complete Parts al contributions. Ition described in section 501(c)(3) filing Form 990 or 990- er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc and that received from any one contributor, during the y	ring the year, contributions totaling \$5,000 is I and II. See instructions for determining a EZ that met the 331/3 % support test of the hedule A (Form 990 or 990-EZ), Part II, line ear, total contributions of the greater of (1) form 990-EZ, line 1. Complete Parts I and II.

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 2
Name of	organization		Employer Identification number
Eckrath A	fusic Foundation		45-0476142
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	ıs needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Eckroth Music Company 1655 N Grandview Lane Suite 201 Bismarck ND 58503		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 3
	organization	F	mployer Identification number
Eckroth M	usic Foundation		<u>45-0476142</u>
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional s	pace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Used Instruments	\$	2/28/14
(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) (aee 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
		\$	
		<u> </u>	1

Schedule B (Farm 990, 990-EZ, or 890-PF) (2014)

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2014)			Page		
Name of or	genization			Employer identification number		
Eckroth Mu Part III	the following line entry. For organization contributions of \$1,000 or less for the	he year from any ons completing Pa year. (Enter this in	one contributor. It III, enter the tota Iformation once. S	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.		
(a) No.	Use duplicate copies of Part III if addit	ional space is nee	ded.			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(a) Trans	for of arth			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
-						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
ļ						

(a) No. from Part I	(b) Purpose of glft	(c) Use	of gift	(d) Description of how gift is held		
ŀ						
	(e) Transfer of gift					
<u> </u>	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee		
į				***************************************		
	<i></i>		***************************************			
(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	Relation	ship of transferor to transferee		
		**				

ľ			***************************************			