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### **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

 ▶ 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 www.irs.gov/form990pf. Internal Revenue Service For calendar year 2014 or tax year beginning , and ending

	ame of fou		•		A Empl	oyer identification number			
		SAM R. RATCLIFF CHARITABLE			4.4	41-2094781			
$\overline{}$		DATION d street (or P O box number if mail is not delivered to street address)		Room/suite	_	hone number (see instruction	e)		
		OX 2306		Roombaute		7-687-4479	<b>&gt;</b> )		
		a, state or province, country, and ZIP or foreign postal code							
	FILL	ETTE WY 82717-2		C If exemption application is pending, check here					
G	Check a	all that apply 🔲 Initial return 🔲 Initial retui	rn of a former public	charity	D 1. Fo	reign organizations, check he	ere 🕨 📗		
		Final return Amended	return		2 Fc	reign organizations meeting t	the		
		Address change Name cha	inge		85	% test, check here and attach	n computation 🕨		
Н	Check t	type of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was terr	minated under		
	Section	n 4947(a)(1) nonexempt charitable trust Other taxabl	le private foundation	1	sectio	n 507(b)(1)(A), check here	▶ [		
I F	air mar	rket value of all assets at J Accounting method	X Cash A	ccrual	F If the	foundation is in a 60-month te	ermination		
€	end of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	nere 🕨		
_	ne 16)	▶ \$ 867,333 (Part I, column (d) must	be on cash basis)	1		<del></del>	1		
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable		
		the amounts in column (a) (see instructions) )	books	inco	ome	income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	363,36	53					
	2	Check ► if the foundation is <b>not</b> required to attach Sch_B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	10,78	30	10,780				
Revenue	5a	Gross rents							
	b	Net rental income or (loss)				***************************************			
	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	29,19	99					
	b	Gross sales price for all assets on line 6a 201, 923	***************************************						
	7	Capital gain net income (from Part IV, line 2)			8,017	·			
	8	Net short-term capital gain				0			
	9	Income modifications					ļ		
	10a	Gross sales less returns and allowances			***************************************	***************************************			
	b	Less Cost of goods sold							
	11	Gross profit or (loss) (attach schedule)  Other income (attach schedule)  STMT 2	241,76	52	15,013				
	12	Total. Add lines 1 through 11	645,10		33,810	0			
	42	Compensation of officers, directors, trustees, etc	010,10	0	33,010				
šes	14	Other employee salaries and wages		1					
en:	15	Pension plans, employee benefits				····	<del></del>		
Expenses	16a	Legal fees (attach schedule)							
		Accounting fees (attach schedule) STMT 3	1,00	00	1,000				
Operating and Administrative	С	Other professional fees (attach schedule) STMT 4	8,72	20	8,720				
Ţ	17	Interest							
is	18	Taxes (attach schedule) (see-instructions)							
Ę	19	Deprectation (attach schedule) and depletion							
₹	20	Occupancy							
g	21	Travel conferences and meetings?							
a	22	Printing and Dublications	20.11		10 710				
bu	23	Other expenses (att. sch.) STMT 5 Total operating and administrative expenses.	32,15	>3	12,743	·			
ati	24	Total operating and administrative expenses.	41 07		22 462	0			
Эe.	25	Addlines 13 through 23	41,87		22,463	0	12 50		
Ö	25	Contributions, gifts, grants paid SEE STATEMENT 6	13,50		22 452	0	13,50 13,50		
	26	Total expenses and disbursements. Add lines 24 and 25	55,37	13	22,463	U	13,50		
	27	Subtract line 26 from line 12  Excess of revenue over expenses and disbursements	589,73	31					
	a b	Net investment income (if negative, enter -0-)	333,73		11,347	······································			
	C	Adjusted net income (if negative, enter -0-)	······	···   · · · · · · · · · · · · · · · · ·	,,	0			
	<u> </u>	Aujusted Het Hicolife (ii hegative, effet -0-)	L				000 DE		

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
T CALL	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	24,468		
2	Savings and temporary cash investments		203,833	203,833
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 (attach schedule) (see			
	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less allowance for doubtful accounts ▶ 0			
र्घ 8	Inventories for sale or use			
Assets 9 10a	Prepaid expenses and deferred charges			
<b>४</b> 10a	Investments – U S. and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule) SEE STMT 7	96,098		
С	Investments – corporate bonds (attach schedule)			
11	Investments – land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch ) ▶			
12	Investments – mortgage loans			
13	Investments – other (attach schedule) SEE STATEMENT 8		490,196	502,251
14	Land, buildings, and equipment basis			
į	Less accumulated depreciation (attach sch ) ▶			
15	Other assets (describe ► SEE STATEMENT 9 )	1	16,269	161,249
16	Total assets (to be completed by all filers – see the			
	instructions Also, see page 1, item I)	120,567	710,298	867,333
17	Accounts payable and accrued expenses			
18	Grants payable			
<u>9</u> 19	Deferred revenue			
Liabilities 20 21 22	Loans from officers, directors, trustees, and other disqualified persons			
<u>ह</u> 21	Mortgages and other notes payable (attach schedule)			
<b>-</b> 22	Other liabilities (describe ▶ )			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here			
es	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	120,567	710,298	
Net Assets or Fund Balances  Net Assets or Fund Balances  22 24 25 30 31	Temporarily restricted			
田 26	Permanently restricted			
Š	Foundations that do not follow SFAS 117, check here			
빈	and complete lines 27 through 31.			
<sup>O</sup> 27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Š 29	Retained earnings, accumulated income, endowment, or other funds			
<b>ਚ</b> 30	Total net assets or fund balances (see instructions)	120,567	710,298	
Z 31	Total liabilities and net assets/fund balances (see			
	instructions)	120,567	710,298	
Part I	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 (mus	st agree with		
end-	of-year figure reported on prior year's return)		1	120,567
2 Ente	r amount from Part I, line 27a		2	589,731
3 Othe	r increases not included in line 2 (itemize) ▶		3	
4 Add	ines 1, 2, and 3		4	710,298
	eases not included in line 2 (itemize) ▶		5	
6 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (I	b), line 30	6	710,298
				000 DE

Part IV Capital Gains a	ind Losses for Tax on Investi	ment Income			
	cribe the kind(s) of property sold (e.g., real estate, rarehouse, 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 CAPITAL GAIN DI	ISTRIBUTIONS				
b		·			
<u>c</u>					
d				<del> </del>	ļ <u> </u>
<u>e</u>	<del></del>	<del></del>	<u> </u>		<u>                                     </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	1	n or (loss) f) minus (g)
a 8,017					8,01
<u>b</u>				<u> </u>	- <del></del>
<u> </u>	<u> </u>	<del> </del>			<u></u>
Complete and for an above		10/04/	200		
Complete only for assets snowin	ng gain in column (h) and owned by the	1	· · · · · · · · · · · · · · · · · · ·		(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) l (j), if any	1 ' '	t less than -0-) or rom col (h))
_a					8,01
b			<del></del>		
<u> </u>					
d					
<u>e</u>					
<ul><li>2 Capital gain net income or (net of</li><li>3 Net short-term capital gain or (lo</li></ul>	lf gain, also enter If (loss), enter -0-uss) as defined in sections 1222(5) and	in Part I, line 7		2	8,01
If gain, also enter in Part I, line 8 Part I, line 8	3, column (c) (see instructions) If (loss	s), enter -0- in		3	
Part V Qualification U	nder Section 4940(e) for Red	uced Tax on Net	<b>Investment Inco</b>	ome	
(For optional use by domestic private	e foundations subject to the section 49	940(a) tax on net inves	tment income)		
If section 4940(d)(2) applies, leave ti	nis part blank				N/A
Mas the foundation liable for the sec	ction 4942 tax on the distributable amo	unt of any year in the l	haaa marrad?		
	ilify under section 4940(e) Do not com		base period?		∐ Yes ∐ No
				<del></del>	
(a)	each column for each year, see the in	istructions before maki	ing any entries	Г	(4)
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ons Net valu	(c) e of noncharitable-use asse		(d) tribution ratio divided by col. (c))
2013					
2012					
2011					
2010					
2009		<u> </u>		<del>-   ,</del>	
2. Total of line 1. column (d)					
2 Total of line 1, column (d)	Even have named about the total			2	
	5-year base period – divide the total o has been in existence if less than 5 year		•	3	
4 Enter the net value of noncharita	able-use assets for 2014 from Part X, I	ine 5		4	· · · · · · · · · · · · · · · · · · ·
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	<del> </del>
8 Enter qualifying distributions from				8	
If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line	1b, and complete that	part using a 1% tax	rate See the	

******	1990-PF (2014) THE SAM R. RATCLIFF CHARITABLE			94781					Р	age 4
P	IFT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c)	e), or	4948 –	see instruct	ions	)				
1a	Exempt operating foundations described in section 4940(d)(2), check here   X and e	enter "	N/A" on	line 1						
	Date of ruling or determination letter (attach copy of letter if nece	essary	/—see i			!				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			N/	A 🕨	1				· · · · ·
	here ▶ and enter 1% of Part I, line 27b					1				
С	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	Other	rs enter	-0-)		2				0
3	Add lines 1 and 2					3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Othe	rs enter	-0-)		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-					5	<u> </u>			0
6	Credits/Payments									
а	2014 estimated tax payments and 2013 overpayment credited to 2014	6a				1				
þ	Exempt foreign organizations – tax withheld at source	6b								
С	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d				1				
7	Total credits and payments Add lines 6a through 6d					7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tache	d			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 overpain	d				10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶			Refunded	<u> </u>	11				
Pa	rt VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local le	gıslat	ion or di	d it					Yes	No
	participate or intervene in any political campaign?							1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	oses	(see							
	Instructions for the definition)?							1b	.,, ,,,	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of a	ny mate	rıals						
	published or distributed by the foundation in connection with the activities						•-			
С	Did the foundation file Form 1120-POL for this year?						N/A	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the									
	(1) On the foundation <b>\Discrept</b> \$ (2) On foundation managers									
е	Enter the reimbursement (if any) paid by the foundation during the year for political exper	nditure	e tax ımı	osed						
	on foundation managers > \$									
2	Has the foundation engaged in any activities that have not previously been reported to the	e IRS	9					2		X
	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	-								
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of		change	S				3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the years.	ear?						4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?							4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?							5		X
	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	r							
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so that no mandate and the state law are set to be a state law and the state law are set to be set to be set to be stated by the state law are set to be set to b	tory d	irections	that					7.5	ŀ
_	conflict with the state law remain in the governing instrument?						_	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co			I, col (c), ar	id Pa	rt XV	•	7	X	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instruct	tions)	•							l
	WY									1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the		rney Ge	neral				<u>_                                   </u>	7.7	1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation of the foundation of the state as required by General Instruction G? If "No," attach explanation of the state of the s		,					8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of									1
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions f	tor Pa	ıπ XIV)?	ır "Yes,"					v	
10	complete Part XIV	-4-	اجاليمان	- Ab				9	X	<del>                                     </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a se	cnedu	ne listing	g tneir				ا مد		<b>.</b>
	names and addresses					—	_	10 orm 99	n Dr	X
								orm T		(2014)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014?

4b X Form 990-PF (2014)

4a

7777777	990-PF (2014) THE SAM R. I			2094781	unuad)		P	Page 6
		ing Activities for Which Forn	11 4/20 Way Be h	xequirea (cont	iriuea)			T
5a	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	` ''		res X No			
	(2) Influence the outcome of any specif		or to carry on,	Π,	res X No			
	directly or indirectly, any voter regist		2		==			
	(3) Provide a grant to an individual for to	• •		<u> </u>	res X No			
	(4) Provide a grant to an organization of	_	on described in		res 🗓 No			
	section 4945(d)(4)(A)? (see instruction (5). Provide for any purpose other than		ar adventional	' لــا	res X No			
	(5) Provide for any purpose other than i	-	, or educational		res X No			
b	purposes, or for the prevention of cr If any answer is "Yes" to 5a(1)–(5), did a	•	ndor the eventues o		res X No		1	
b	Regulations section 53 4945 or in a curr	-			N/A	5b	ĺ	
	Organizations relying on a current notice			•		30		<del> </del>
С	If the answer is "Yes" to question 5a(4),							
C	because it maintained expenditure response	· ·	nom the tax	n/a □ \	es No			
	If "Yes," attach the statement required b	· ·		-17	63 [] 110			
6a	Did the foundation, during the year, rece		nav premilime					
- Ou	on a personal benefit contract?	tive any lulius, unectly of munectly, to	pay premiums		es X No			
b		premiums directly or indirectly on a	nersonal henefit cont		es <u>21</u> 140	6b		x
~	If "Yes" to 6b, file Form 8870	premiums, directly or manestry, on a	personal benefit cont	iact.		00		<del>  **</del>
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?		es X No			
	If "Yes," did the foundation receive any				N/A	7b	1	ĺ
	11 1111	fficers, Directors, Trustees, F		<del></del>				
	and Contractors	,,,,,			p.o,	,		
1 1	ist all officers, directors, trustees, four	ndation managers and their compe	nsation (see instruc	ctions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to	(-) E	pense a	t
	(a) Name and a	address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		er allowa	
PA	TSY LARSON	GILLETTE	TRUSTEE					
P.	O. BOX 2306	WY 82717-2306	1.00	0	0			0
GA	RY MARQUISS	GILLETTE	TRUSTEE	1				
26	53 CLARKELEN ROAD	WY 82718	1.00	0	0			0
TH	OMAS E. LUBNAU II	GILLETTE	TRUSTEE					
P.	O. BOX 1028	WY 82717-1028	1.00	0	0			0
2	Compensation of five highest-paid en "NONE."	nployees (other than those included	d on line 1 – see ins	tructions). If non	e, enter	<u> </u>		
					(d) Contributions to	ı		
	(a) Name and address of each employee	naud more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense a	ccount,
	(a) Name and address of each employee	pard more triain \$30,000	devoted to position	(c) compensation	plans and deferred compensation	othe	er allowa	nces
NO.	NE				compensation	<del> </del>		
		<del>-</del>			-			
						<del> </del>		
	·							
							_	
Tota	number of other employees paid over \$5	0,000				•		0
					F	orm 99	0-PF	(2014)

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Part VIII	Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid E	imployees,
	and Contractors (continued)		<u> </u>
3 Five highe	est-paid independent contractors for professional services (see ins	······································	<del> </del>
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			<del></del>
		i	
		· · · · · · · · · · · · · · · · · · ·	
Total number of	others receiving over \$50,000 for professional services		<b></b>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informati other beneficiaries served, conferences convened, research papers produced, etc	ion such as the number of	Expenses
1 N/A			
2			
3			
	Mark to the state of the state		
**			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	•
Describe the two lar	rgest program-related investments made by the foundation during the tax year on lines 1 and 2	•	Amount
1 N/A			
2			
All athor	Stated to contract		
All other program-re	plated investments. See instructions		
•			

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ions,
	see instructions )	W 4 1 4 1 1 1 1 1 1	
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	55,806
b	Average of monthly cash balances	1b	22,502
С	Fair market value of all other assets (see instructions)	1c	16,109
d	Total (add lines 1a, b, and c)	1d	94,417
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	94,417
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,416
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	93,001
6	Minimum investment return. Enter 5% of line 5	6	4,650
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundatio	ns
	and certain foreign organizations check here ▶X and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	_6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
p,	urt XII Qualifying Distributions (see instructions)		
	Tri XII Qualifying Distributions (see instructions)	1	
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	13,500
b	Program-related investments – total from Part IX-B	1b	
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	13,500
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2014)

d

Excess from 2010 Excess from 2011 Excess from 2012

Excess from 2013 Excess from 2014

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

factors

SEE STATEMENT 10

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 11 13,500 Total 13,500 3a **b** Approved for future payment N/A ▶ 3b Total

Part XVI-A	Analysis of Income-Producing Act	ivities	<del> </del>	<del></del>		
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
7		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue		]	code		(See instructions )
a						
						_
f						
g Fees ar	nd contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on s	savings and temporary cash investments					
	nd interest from securities			14	10,780	
5 Net rental in	ncome or (loss) from real estate					
	anced property					
	t-financed property					
6 Net rental in	ncome or (loss) from personal property					<u> </u>
7 Other invest				15	166,060	
	s) from sales of assets other than inventory			14	29,199	
	or (loss) from special events					····
	or (loss) from sales of inventory					<u> </u>
11 Other reven		-	-	1		<del></del>
	ACE DAMAGES/LEASE BONUSES	011110	06 740	16	48,953	<del></del>
	ING INTEREST PRODUCTION	211110	26,749			-
		·				
e	ddlung - (b) (d)d (c)		26 740		254 002	
	dd columns (b), (d), and (e)		26,749	<u> </u>	254,992	281,741
	line 12, columns (b), (d), and (e)				13	281, /41
Part XVI-B	In line 13 instructions to verify calculations )  Relationship of Activities to the	complishm	ent of Evennt Di	irnoss	<u> </u>	<del></del>
Line No.	Explain below how each activity for which income					
Eine No.	accomplishment of the foundation's exempt purpo	•			• •	
N/A	a seemple seemple purpose	oos (omer mar	r by providing funds for	ouon p	21 p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>
						· · ·
<del></del>	77-1					
	***************************************	-				
				•		<u> </u>
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						-
				·		
			-			

		4) IRE SAM P					2034/01			Pag	e i
Part )		Information Regardate Exempt Organiza	_	ansfers To a	nd Transactio	ns and Relati	ionships Wi	th Noncharitable			
1 Did		inization directly or ind		ne in any of the f	ollowing with any	ther organization	described			Yes	No
	_	01(c) of the Code (other		•	•	-			- 1	103	
			er man secu	on 50 ((c)(5) orga	anizations) or in se	ction 527, relating	y to political				
	anization					_			- 1		
		om the reporting found	lation to a no	oncharitable exer	mpt organization o	f			- 1		
	Cash							1	a(1)		<u> </u>
(2)	Other as	ssets						1:	a(2)		X
b Oth	ner transa	actions							1		
(1)	Sales of	assets to a noncharit	able exempt	organization				1	b(1)		X
		es of assets from a no			ation				b(2)		X
		of facilities, equipment,		. •					b(3)		X
٠,		rsement arrangements		50.0					b(4)	$\neg$	X
			•					<u></u>			X
		r loan guarantees							b(5)	-+	
		ance of services or me	•	•					b(6)		X
	-	acilities, equipment, m	_					_	1c		X
d If th	ne answe	r to any of the above is	s "Yes," com	plete the followi	ng schedule Colu	mn (b) should alw	ays show the fa	ur market			
vali	ue of the	goods, other assets, o	or services g	iven by the repor	rting foundation If	the foundation re	ceived less than	n fair market			
vali	ue in any	transaction or sharing	arrangemei	nt, show in colun	nn (d) the value of	the goods, other	assets, or servi	ces received			
(a) Lir	е по	(b) Amount involved	(c) Name	e of noncharitable exe	empt organization	(d) Descr	iption of transfers, tra	ansactions, and sharing arran	gemen	ts	
N/A											
<u> </u>								<del> </del>			
		-									
								· · · · · · · · · · · · · · · · · · ·			
			<b></b>		-						
			-								
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			1		<del></del>						
		<del></del>		•							
			<u> </u>				<del></del>	<del> </del>			
							<del></del>				
			<u> </u>								
		ation directly or indirec	•	•	•		itions		1		ı
des	scribed in	section 501(c) of the	Code (other	than section 501	l(c)(3)) or in section	n 527?			Ye	s <b>X</b>	No
b  f "\	Yes," con	plete the following scl	hedule			,					
	(a	) Name of organization		(b) Type o	f organization		(c) Descrip	tion of relationship			
N/2	A										
	-										
-											
					<del></del>						
							<del></del>	<del></del>			
$\overline{}$	Under pen	alhes of perjury, I declare the	at I have exami	ned this return, includ	ling accompanying sch	dules and statements	and to the hest of r	my knowledge and helief it i	e true		
ŀ	correct, an	d complete Declaration of p	preparer (other t	han taxpayer) is base	ed on all information of	which preparer has an	y knowledge				
	•	)		1				May the IRS discuss			
Sign								with the preparer should be unstructions)?		'es	No
<del>Y</del> ere	. 1	AN1 (/	$\setminus$	MILLA	. 1/	12 10		(See Michaelle)	<u>LJ</u> .		
		M	$\mathcal{A}$	XWW	//-	13-12	TRUS	TEE			
	Signa	ture of officer or trustee			Date		Title				
	Print/Tvi	pe preparer's name	1	/	Rreparer's signatu	·e \		Date	$\Box$	<u> </u>	<del>-</del> 7 .
	''				\(\)	· / ~	1 ~	ر ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	1	Check (	if
Paid	TAMAE	A J. FISCHER	CDA		Limni	1 4°C	Chus (1	A = 1.777	15	self-emp	лоуеа
reparer		DEADTE		ים מים				PTIN POO	<del>, 4, 7</del>	045	
Jse Only	Firm's n				ERMSTAD,	LLP (					
•	Firm's a		X 2256		. 0056	$\circ$		Firm's EIN ▶ 83-0			
	ــــــــــــــــــــــــــــــــــــــ	GILLE	TTE, V	VY 8271	7-2256		l	Phone no 307-	682	<u> 2 – 5</u> 2	<u> 25(</u>

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

Department of the Treasury Internal Revenue Service

FOUNDATION Organization type (check one)

### Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization THE SAM R. RATCLIFF CHARITABLE 41-2094781

Employer identification number

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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 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)

Name of organization

THE SAM R. RATCLIFF CHARITABLE

Employer identification number 41-2094781

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	Name, addro	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	SAM RATCLIFF EST PO BOX 2306 GILLETTE	<b>ATE WY</b> 82717	\$ 363,363	Person X Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	Name addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	Name. addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization

THE SAM R. RATCLIFF CHARITABLE

Employer identification number 41-2094781

Part II	Noncash Property (see instructions). Use duplicate	copies of Part 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
1	VARIOUS STOCK HELD BY THE ESTATE		
		\$ 319,485	03/07/14
(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) (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
		\$	

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### Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

1 4
4,330
PURCHASE 4,330
14
EUND 9/04/14
CONTRAFUND INC 3/18/14
TY CON'
FIDELITY
42.289

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

Desc	Description		How Received				
Whom	Date	Date	Sale		I	:	Net
Sold	Acquired	Sold	Price	Cost	Expense	Depreciation	Gain / Loss
3.584 GS INTERNATIONAL	SML CAP						
		7/02/14 \$	40 \$	34 \$		৵	9
35.248 MORGAN STANLEY		CAP 6 /2 : /2 :	PURCHASE	,			•
	18/1	9/04/14	1,571	1,620			-49
1.502 MORGAN STANELY I	INST MID CA 4/16/14	CAP GR 4 9/04/14	PURCHASE	308			у 2
44.347 VANGUARD INTERM	INTERMEDIATE TERM	ΕΤ /ΕΟ // W	PURCHASE				67
	13	4/16/14	498	496			2
6.914 VANGUARD SHORT T	$\alpha$	H	PURCHASE				
		4/16/14	74	74			
89.832 VANGUARD SHORT	TERM FEDERAI	AL	PURCHASE				
	2/19/14	4/16/14	964	965			-1
0.708 LKCM SMALL CAP E	EQ		PURCHASE				
		7/02/14	20	17			m
169.145 LKCM SMALL CAP			PURCHASE				
	1/14/13	9/04/14	4,550	3,972			578
1.150 MORGAN STANLEY I	INST MID CA	Ωų	PURCHASE				
	8/31/10	10 7/02/14	50	34			16
76.191 MORGAN STANELY	INST MID C	AP	PURCHASE				
	8/31/10	9/04/14	3,395	2,229			1,166
9.483 OPPENHEIMER DEVE	AR	KETS	PURCHASE				
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		7/02/14	380	307			73
470.588 OPPENHEIMER DE		MARKE	PURCHASE				,
ביים אינו מינות	2/25/11	4/06/14	2,880	3,045			-165
96./3/ I KUWE FRICE EQ	EQUITY INCOME FU 1/14/13 7/02	ME FU 7/02/14	FURCHASE 3,343	2,643			700
47.961 T ROWE PRICE EQ	UITY INCOM	E FD	PURCHASE				•
	4/09/13 7	7/02/14	1,657	1,403			254
87.435 T ROWE PRICE EQ	EQUITY INCOME	E FD	PURCHASE				
	4/09/13	9/04/14	3,020	2,557			463
2.731 T ROWE PRICE MID	_		PURCHASE				
	1/1		06	89			22
6,972.17 FORWARD GROWTH	TH & INCOME		PURCHASE	4			,
	VARIOUS	3/05/14	110,439	860'96			14,341

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

	Net	Gain / Loss	21,182
		Depreciation	\$ 0
		Expense	\$ 0
		Cost	172,724 \$
How Received	Sale	Price	
	Date	Sold	<b> </b>
Description	1	Acquired	
	Whom	Sold	TOTAL

## Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Adjusted Net Income	S.	0 0
t Investment Income	166,060 48,953	215,013
ž	v.	·γ·
evenue per Books	166,060 48,953 26,749	241,762
<u> </u>	ᡐ	w
Description	OIL ROYALTY SURFACE DAMAGES/LEASE BONUSES WORKING INTEREST PRODUCTION	TOTAL

## Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$	\$
Adjusted Net		0
	<u>ა</u>	» پ
Net Investment	1,000	1,000
<u>=</u>	တ	φ.
Total	1,000	1,000
	\$	ψ.
Description	ACCOUNTING FEES	TOTAL

# Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	\$	\$
Adjusted Net		0
	ၯ	က
Net estment	8,720	8,720
In	တ	တ
Total	8,720	8,720
	တ	ω
Description	MANAGEMENT FEES	TOTAL

### Federal Statements

41-2094781

## Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	\$ 22,351	2,03	1,81	6,28	1,17	2,38	7,55	7,91	3,73	, 97	, 65	,87	1,17	5,46	8,92	68,	6,93	96'	, 39	2,00	, 47	96′	11,400	\$ 502,251
Basis of Valuation	COST	מיני	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	ഗ	COST	COST	COST	COST	COST	COST	
End of Year	\$ 23,108	1,65	3,41	8,11	1,19	1,42	5,17	3,67	2,40	,40	, 14	, 54	0,64	7,07	9,42	, 38	5,67	96′	6,59	77,	,87	,37	, 92	\$ 490,196
Beginning of Year	\$																							٠ د
Description	VANGUARD INTERMEDIATE TERM INVEST		OPPENHEIMER INTERNATIONAL BOND FUND	TEMPLETON GLOBAL BOND FUND	DODGE & COX INCOME FUND		T ROWE PRICE EQUITY INCOME FUND	TCW SELECT EQUITIES FUND	VANGUARD 500 INDEX ADMIRAL	LKCM SMALL CAP EQ INSTITUTIONAL	MORGAN STANELY INST MID CAP GRWTH AD	T ROWE PRICE MID CAP VALUE FUND	AMERICAN EUROPACIFIC GROWTH FD	HARBOR INTERNATIONAL FUND	OPPENHEIMER DEVELOPING MARKETS FUND	VANGUARD EMERGING MARKETS STOCK INDE	PRINCIPAL GLOBAL REAL ESTATE	DFA EMERGING MARKETS SML CAP	GS INTERNATIONL SML CAP INSIGHTS FUN	EATON VANCE FI RATE ADV	VANGUARD INFLATION PROTECTED SEC FD	VANGUARD S/T INFL PROT ADML	VANGUARD GNMA FUND ADMIRAL SHARES 53	TOTAL

41-2094781

### **Federal Statements**

### Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	F	Fair Market Value
OIL & GAS MINERAL INTERESTS ROYALTY RECEIVABLE - TIMING DIFF	\$ 1	\$ 2 16,267	\$	144,982 16,267
TOTAL	\$ 1	\$ 16,269	\$	161,249

### Statement 10 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

### Description

MUST BE A CAMPBELL COUNTY RESIDENT FOR AT LEAST 1 YEAR PRIOR TO FILING THE APPLICATION FOR AID OR BE A GRADUATE FROM CCHS. AMOUNTS ARE TO BE USED FOR TUITION, TEXTBOOKS, INSTRUMENTS, TOOLS OR OTHER AIDS TO ENABLE APPLICANT TO ATTEND A VOCATIONAL SCHOOL OR TRADE SCHOOL. AID IS TO BE GRANTED ON THE BASIS OF NEED AND WORTHINESS AS ESTABLISHED BY THE BOARD OF TRUSTEES.

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### **Federal Statements**

# Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
	4408 DOUD DRIVE		
GILLETTE WY 82718		SCHOLARSHIP	200
AUDKIE CONNOK GILLETTE WY 82716	ZUU SEQUIA DRIVE	SCHOLARSHIP	002
:	PO BOX 1233		
WRIGHT WY 82732	,,	SCHOLARSHIP	200
BROOKLIN LAKSON GILLETTE WY 82717	FO BOX /130	SCHOLARSHIP	500
ER	3315 ALBERTA DRIVE		)
GILLETTE WY 82718		SCHOLARSHIP	200
HOLDEN FAUBER WRIGHT WY 82732	FO BOX 1/2	SCHOLARSHIP	007 1
	1105 MEADOWBROOK COURT		000/1
GILLETTE WY 82718		SCHOLARSHIP	1,500
фı	2358 MAHOGANY CIRCLE		
GILLETTE WY 82718 SETH MORDKRDKE	ATOO STIVED SPITE AVENUE	SCHOLARSHIP	200
GILLETTE WY 82718	21 2	SCHOLARSHIP	200
	6806 MATHER AVENUE		
GILLETTE WY 82718		SCHOLARSHIP	1,500
	PO BOX 486		
WRIGHT WY 82732		SCHOLARSHIP	200
	37 BUFFALO CUT ACROSS RD		1
GILLETTE WY 82718	1700 CUANTENITE	SCHOLARSHIP	200
ASHION FEILIGNEW GILLETTE WY 82718	1700 CHAKA AVENOE	SCHOLARSHIP	1,375
AMANDA BEASLEY	204 RICHARDS AVENUE		
		SCHOLARSHIP	200
PERRY SMITH TABAMTE WV 82070	1/04 FETTERMAN DR APT D		1 27.5
<b>₹</b>	4509 HT-T.TNE BOAD	SCHOPPASHIE	0,017
GILLETTE WY 82718		SCHOLARSHIP	625
TLANA TEKKELL CIIIPTTE WV 80716	824 N GURLEY AVE #BIU/		200
<b>-</b>		SCHOLARONIF	C 70

	<u> </u>				-
			Amount	13,500	
	d Contributions Paid During the		Purpose		
Federal Statements	Statement 11 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	Address	Relationship Status		
	Statement 11 -	Name	Address		
41-2094781				TOTAL	

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