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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 www.irs.gov/form990pf.

OMB No 1545-0052

**2014**

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation

DR HENRY HOBART RUGER TRUST

A Employer identification number

45-6071291

Number and street (or P O box number if mail is not delivered to street address) | Room/suite

PO BOX 838

B Telephone number (see instructions)

701-662-4077

City or town, state or province, country, and ZIP or foreign postal code

DEVILS LAKE ND 58301

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1 Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 992,749

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis )

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

**Part I** Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )

| | | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | |
| | 2 | Check ▶ ☒ if the foundation is **not** required to attach Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | 837 | 184 | 837 | |
| | 4 | Dividends and interest from securities | 24,160 | 24,160 | 24,160 | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 23,870 | | | |
| | b | Gross sales price for all assets on line 6a 570,159 | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 23,870 | | |
| | 8 | Net short-term capital gain | | | 0 | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | **Total.** Add lines 1 through 11 | 48,867 | 48,214 | 24,997 | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc | 9,000 | 4,500 | | 4,500 |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | | | | |
| | 16a | Legal fees (attach schedule) SEE STMT 1 | 1,506 | | | 1,506 |
| | b | Accounting fees (attach schedule) STMT 2 | 1,580 | | | 1,580 |
| | c | Other professional fees (attach schedule) STMT 3 | 12,976 | 12,976 | | |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule) (see instructions) STMT 4 | 1,132 | 505 | | |
| | 19 | Depreciation (attach schedule) and depletion | | | | |
| | 20 | Occupancy | | | | |
| | 21 | Travel, conferences, and meetings | 700 | | | 700 |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (attach schedule) STMT 5 | 1,512 | 1,512 | | |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 28,406 | 19,493 | 0 | 8,286 |
| | 25 | Contributions, gifts, grants paid | 57,333 | | | 57,333 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 85,739 | 19,493 | 0 | 65,619 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | a | **Excess of revenue over expenses and disbursements** | -36,872 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 28,721 | | |
| | c | **Adjusted net income** (if negative, enter -0-) | | | 24,997 | |

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| Part II Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year (a) Book Value | End of year (b) Book Value | (c) Fair Market Value |
|---|---|---|---|---|
| Assets | 1 Cash – non-interest-bearing | 10,276 | 19,212 | 19,212 |
| | 2 Savings and temporary cash investments | 23,434 | 30,071 | 30,071 |
| | 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 | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments – U S and state government obligations (attach schedule) | | | |
| | b Investments – corporate stock (attach schedule) SEE STMT 6 | 82,485 | 114,921 | 160,732 |
| | c Investments – corporate bonds (attach schedule) SEE STMT 7 | 7,228 | | |
| | 11 Investments – land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation (attach sch ) ▶ | | | |
| | 12 Investments – mortgage loans | | | |
| | 13 Investments – other (attach schedule) SEE STATEMENT 8 | 801,738 | 724,085 | 782,734 |
| | 14 Land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation (attach sch ) ▶ | | | |
| | 15 Other assets (describe ▶ ) | | | |
| | 16 **Total assets** (to be completed by all filers – see the instructions Also, see page 1, item I) | 925,161 | 888,289 | 992,749 |
| Liabilities | 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 (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ ) | | | |
| | 23 **Total liabilities** (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | **Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.** | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 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 | 847,853 | | |
| | 28 Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 77,308 | 888,289 | |
| | 30 **Total net assets or fund balances** (see instructions) | 925,161 | 888,289 | |
| | 31 **Total liabilities and net assets/fund balances** (see instructions) | 925,161 | 888,289 | |

## Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 925,161 |
| 2 | Enter amount from Part I, line 27a | 2 | -36,872 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 888,289 |
| 5 | Decreases 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 (b), line 30 | 6 | 888,289 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| | (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b) How acquired P – Purchase D – Donation | (c) Date acquired (mo day, yr ) | (d) Date sold (mo , day, yr ) |
|---|---|---|---|---|
| 1a | PUBLICLY TRADED SECURITIES | P | | |
| b | PUBLICLY TRADED SECURITIES | P | | |
| c | WELLS FARGO | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|---|---|---|---|---|
| a | 292,262 | | 298,628 | -6,366 |
| b | 275,612 | | 247,661 | 27,951 |
| c | 2,285 | | | 2,285 |
| d | | | | |
| e | | | | |

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

| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|---|---|---|---|---|
| a | | | | -6,366 |
| b | | | | 27,951 |
| c | | | | 2,285 |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | 23,870 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | 3 | |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|---|---|---|
| 2013 | 46,966 | 1,014,957 | 0.046274 |
| 2012 | 42,906 | 988,836 | 0.043390 |
| 2011 | 42,649 | 1,012,277 | 0.042132 |
| 2010 | 37,054 | 973,222 | 0.038074 |
| 2009 | 44,757 | 896,643 | 0.049916 |

| | | | |
|---|---|---|---|
| 2 | **Total** of line 1, column (d) | 2 | 0.219786 |
| 3 | Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.043957 |
| 4 | Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 | 4 | 1,027,640 |
| 5 | Multiply line 4 by line 3 | 5 | 45,172 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 287 |
| 7 | Add lines 5 and 6 | 7 | 45,459 |
| 8 | Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions | 8 | 65,619 |

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

| | | | | |
|---|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b | | 1 | 287 |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 2 | 0 |
| 3 | Add lines 1 and 2 | | 3 | 287 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | 287 |
| 6 | Credits/Payments | | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | | |
| b | Exempt foreign organizations – tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | |
| 8 | Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached | | 8 | |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶ | | 9 | 287 |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | | 10 | |
| 11 | Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ Refunded ▶ | | 11 | |

**Part VII-A Statements Regarding Activities**

| | | | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes (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 of any materials published or distributed by the foundation in connection with the activities | | | |
| c | 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 year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | 2 | | X |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of $1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | 5 | | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ND | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | 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 2014 or the taxable year beginning in 2014 (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 |

**Part VII-A Statements Regarding Activities** (continued)

| | | | | |
|---|---|---|---|---|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |

Website address ▶ N/A

14 The books are in care of ▶ JOHN T TRAYNOR Telephone no ▶ 701-662-4077
PO BOX 838
Located at ▶ DEVILS LAKE ND ZIP+4 ▶ 58301

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

| | | | | |
|---|---|---|---|---|
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country ▶ | 16 | | X |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

| | | | | | |
|---|---|---|---|---|---|
| 1a | During the year did the foundation (either directly or indirectly) | | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | ☐ Yes | ☒ No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | ☐ Yes | ☒ No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ☐ Yes | ☒ No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | ☐ Yes | ☒ No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | ☐ Yes | ☒ No | | |
| | (6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) | ☐ Yes | ☒ No | | |
| b | If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | | | 1b | |
| | Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? N/A | | | 1c | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? | ☐ Yes | ☒ No | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | | |
| b | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement – see instructions ) N/A | | | 2b | |
| c | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20 | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | ☐ Yes | ☒ No | | |
| b | If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014 ) N/A | | | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | | | 4b | X |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

| | | | | | | |
|---|---|---|---|---|---|---|
| 5a | During the year did the foundation pay or incur any amount to | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | ☐ Yes | ☒ No | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? | ☐ Yes | ☒ No | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | ☒ Yes | ☐ No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) | ☐ Yes | ☒ No | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | ☐ Yes | ☒ No | | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐ | | | 5b | | X |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A | ☐ Yes | ☐ No | | | |
| | If "Yes," attach the statement required by Regulations section 53 4945–5(d) | | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | ☐ Yes | ☒ No | | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 | | | 6b | | X |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | ☐ Yes | ☒ No | | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | | | 7b | | |

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (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 |
|---|---|---|---|---|
| JOHN T TRAYNOR<br>PO BOX 838 DEVILS LAKE ND 58301 | TRUSTEE<br>2 00 | 9,000 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than $50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over $50,000 ▶ 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over $50,000 for professional services ▶ | | |

## Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
|---|---|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

## Part IX-B Summary of Program-Related Investments (see instructions)

| 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<br>3 | |
| Total. Add lines 1 through 3 ▶ | |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions )

| | | | | |
|---|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes | | | |
| a | Average monthly fair market value of securities | | 1a | 1,000,299 |
| b | Average of monthly cash balances | | 1b | 42,990 |
| c | Fair market value of all other assets (see instructions) | | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | | 1d | 1,043,289 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | 2 | 0 |
| 3 | Subtract line 2 from line 1d | | 3 | 1,043,289 |
| 4 | Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions) | | 4 | 15,649 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4 | | 5 | 1,027,640 |
| 6 | **Minimum investment return.** Enter 5% of line 5 | | 6 | 51,382 |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part )

| | | | | |
|---|---|---|---|---|
| 1 | Minimum investment return from Part X, line 6 | | 1 | 51,382 |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | 2a 287 | | |
| b | Income tax for 2014. (This does not include the tax from Part VI ) | 2b | | |
| c | Add lines 2a and 2b | | 2c | 287 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 3 | 51,095 |
| 4 | Recoveries of amounts treated as qualifying distributions | | 4 | |
| 5 | Add lines 3 and 4 | | 5 | 51,095 |
| 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 | 51,095 |

**Part XII Qualifying Distributions** (see instructions)

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | | |
| a | Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 | 1a | 65,619 |
| 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 | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 65,619 |
| 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 | 287 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 65,332 |

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

**Part XIII Undistributed Income** (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|---|---|---|---|---|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | 51,095 |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | 24,124 | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009 | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 | | | | |
| e From 2013 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 65,619 | | | | |
| a Applied to 2013, but not more than line 2a | | | 24,124 | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | 41,495 |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a) ) | | | | |
| 6 **Enter the net total of each column as indicated below:** | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| 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 | | | | |
| d Subtract line 6c from line 6b Taxable amount – see instructions | | | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount – see instructions | | | | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 9,600 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010 | | | | |
| b Excess from 2011 | | | | |
| c Excess from 2012 | | | | |
| d Excess from 2013 | | | | |
| e Excess from 2014 | | | | |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|---|---|---|---|---|---|
| | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for 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 | | | | | |
| 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 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year – see instructions.)**

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2) )

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JOHN T TRAYNOR 701-662-4077
PO BOX 838 DEVILS LAKE ND 58301

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED APPLICATION

c Any submission deadlines

VARIOUS

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

SEE STATEMENT 9

**Part XV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>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<br>SEE STATEMENT 10 | | | | 57,333 |
| Total | | | ▶ 3a | 57,333 |
| b Approved for future payment<br>N/A | | | | |
| Total | | | ▶ 3b | |

## Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions ) |
|---|---|---|---|---|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | 837 |
| 4 Dividends and interest from securities | | | | | 24,160 |
| 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 | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | 23,870 |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 0 | 48,867 |
| 13 **Total.** Add line 12, columns (b), (d), and (e) | | | | 13 | 48,867 |

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions ) |
|---|---|
| N/A | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

John T. Dropper 5/14/15 Trustee

Signature of officer or trustee Date Title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed |
|---|---|---|---|
| STEVEN D BRITSCH, CPA | Steven D Britsch, CPA | 05/13/15 | |

Firm's name ▶ BRITSCH & ASSOCIATES, PC PTIN P00166571

Firm's address ▶ 415 6TH AVE NE DEVILS LAKE, ND 58301 Firm's EIN ▶ 20-1746221

Phone no 701-662-8724

# Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| LEGAL SERVICES | $ 1,506 | $ | $ | $ 1,506 |
| TOTAL | $ 1,506 | $ 0 | $ 0 | $ 1,506 |

## Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| TAX PREPERATION | $ 1,580 | $ | $ | $ 1,580 |
| TOTAL | $ 1,580 | $ 0 | $ 0 | $ 1,580 |

## Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| INVESTMENT FEES | $ 12,976 | $ 12,976 | $ | $ |
| TOTAL | $ 12,976 | $ 12,976 | $ 0 | $ 0 |

## Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| FEDERAL INCOME TAX | $ 627 | $ | $ | $ |
| FOREIGN TAXES PAID | 505 | 505 | | |
| TOTAL | $ 1,132 | $ 505 | $ 0 | $ 0 |

# Federal Statements

## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|---|---|---|---|---|
| | $ | $ | $ | $ |
| EXPENSES | | | | |
| OFFICE EXPENSE | 337 | 337 | | |
| INVESTMENT EXPENSES | 1,175 | 1,175 | | |
| TOTAL | $ 1,512 | $ 1,512 | $ 0 | $ 0 |

## Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| 3M CO | $ 1,990 | $ | COST | $ |
| AFFILIATED MANAGERS GROUP, INC | 1,000 | 1,000 | COST | 2,759 |
| AFLAC INC | 1,828 | | COST | |
| ANHEUSER-BUSCH INVEB | 1,893 | 2,422 | COST | 3,594 |
| APACHE CORP | 2,589 | 3,470 | COST | 2,695 |
| APPLE INC | 2,657 | 4,080 | COST | 8,720 |
| BAXTER INTL INC | 2,787 | 3,209 | COST | 3,371 |
| BERKSHIRE HATHAWAY INC | 2,492 | 3,905 | COST | 6,306 |
| BHP BILLITON LIMITED ADR | 2,033 | | COST | |
| BLACKROCK INC | | 1,881 | COST | 2,145 |
| BOEING CO | 1,737 | 3,601 | COST | 4,939 |
| CAPITAL ONE FINANICAL CORP | 1,182 | | COST | |
| CELANESE CROP | 1,722 | 3,348 | COST | 3,777 |
| CHEVRON CORP | 1,765 | | COST | |
| CISCO SYSTEMS INC | 2,484 | 2,980 | COST | 4,395 |
| CITIGROUP INC | | 3,990 | COST | 4,383 |
| CME GROUP INC | 2,183 | 2,904 | COST | 4,167 |
| COACH INC | 2,378 | | COST | |
| COMCAST CORP CLASS A | 1,669 | 2,495 | COST | 4,351 |
| CUMMINS INC | 2,636 | 4,842 | COST | 5,046 |
| CVS/CAREMARK CORP | 966 | 2,008 | COST | 5,104 |
| DIAGO PLC ADR | 1,433 | 1,433 | COST | 1,940 |
| EATON CORP | 1,805 | 2,279 | COST | 2,786 |
| EMC CORP MASS | 842 | 2,061 | COST | 3,271 |

## Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| GILEAD SCIENCES INC | $ 966 | $ 1,391 | COST | $ 2,922 |
| GOLDMAN SACHS GROUP INC | 1,833 | 1,833 | COST | 2,132 |
| GOOGLE INC | 1,271 | 3,273 | COST | 3,685 |
| HSBC ADR | 2,143 | 3,779 | COST | 3,401 |
| IBM CORP | 1,848 | 1,848 | COST | 1,444 |
| JOHNSON CONTROLS INC | 1,895 | 2,355 | COST | 3,287 |
| JPMORGAN CHASE & CO | 2,688 | 3,488 | COST | 4,819 |
| LAS VEGAS SANDS CORP | | 3,327 | COST | 3,082 |
| MCKESSON CORP | 1,966 | 2,825 | COST | 4,567 |
| MICROSOFT CORP | 1,849 | 3,160 | COST | 4,041 |
| MONSTER BEVERAGE CORP | 1,240 | 930 | COST | 2,167 |
| NATIONAL OILWELL VARCO INC | 1,996 | 4,064 | COST | 3,866 |
| NESTLE SA REGISTERED SHARES ADR | 1,144 | 1,872 | COST | 2,845 |
| ORACLE CORPORATION | 1,554 | 1,943 | COST | 3,103 |
| SCHLUMBERGER LTD | 2,340 | 4,491 | COST | 4,698 |
| TARGET CORP | 2,293 | 2,469 | COST | 3,568 |
| THERMO FISHER SCIENTIFIC INC | 1,257 | 1,740 | COST | 3,007 |
| TJX COS INC | 1,313 | 2,155 | COST | 3,772 |
| TOTAL S.A. ADR | 1,660 | 2,865 | COST | 2,918 |
| UNION PACIFIC CORP | 2,018 | 3,119 | COST | 5,957 |
| UNITED HEALTH GROUP INC | 1,978 | 3,118 | COST | 5,964 |
| UNITED PARCEL SERVICE | 1,565 | 1,999 | COST | 3,002 |
| US BANKCORP | 2,009 | 2,383 | COST | 3,461 |
| WALT DISNEY CO | 1,588 | 2,586 | COST | 5,275 |
| TOTAL | $ 82,485 | $ 114,921 | | $ 160,732 |

## Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| CONOCOPHILLIPS | $ 7,228 | $ | | $ |
| TOTAL | $ 7,228 | $ 0 | | $ 0 |

# Federal Statements

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

| Description | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|---|---|---|---|
| AQR MANAGED FUTURES STATEGY FUND | $ | $ 15,621 | COST | $ 16,005 |
| ASG GLOBAL ALTERNATIVES FUND | 32,104 | 20,490 | COST | 19,944 |
| BARCLAYS BANK PLC IPATH BLOOMBERG | | 35,730 | COST | 33,798 |
| CREDIT SUISSE COMMODITY RETURN | 4,186 | | COST | |
| DIAMOND HILL LONG-SHORT FUND | 15,231 | | COST | |
| DREYFUS EMERGING MARKETS DEBT | 11,299 | 23,897 | COST | 22,039 |
| DREYFUS INTERNATIONAL BOND FUND | | 22,244 | COST | 21,341 |
| DRIEHAUS ACTIVE INCOME FUND | 50,158 | 19,613 | COST | 19,052 |
| EATON VANCE GLOBAL MACRO ABSOLUTE | 10,357 | | COST | |
| FIDELITY ADVISORS EMERGING MARKETS | 15,271 | 14,458 | COST | 13,922 |
| IPATH DOW JONES UBS COMMODITY INDEX | 36,808 | | COST | |
| ISHARE S&P MIDCAP 400 GROWTH | 31,023 | 28,337 | COST | 38,959 |
| ISHARES CORE S&P 500 | 11,501 | 16,863 | COST | 26,066 |
| ISHARES CORE S&P SMALL CAP | 27,407 | 26,109 | COST | 40,263 |
| ISHARES MSCI EAFE | 31,465 | | COST | |
| ISHARES S&P MIDCAP 400 VALUE | 18,238 | 27,305 | COST | 39,116 |
| ISHARES INTERNATIONAL TREASURY | 41,892 | | COST | |
| JPMORGAN HIGH YIELD FUND | | 29,278 | COST | 28,284 |
| LAUDUS MONDRIAN INTERNATIONAL FIXED | 3,124 | | COST | |
| NEUBERGER BERMAN LONG SHORT FUND | | 34,312 | COST | 34,391 |
| MERGER FD SH BEN INT | 30,186 | 14,077 | COST | 13,879 |
| PIMCO FOREIGN BOND FUND | 20,578 | 20,983 | COST | 21,146 |
| PRINCIPAL GLOBAL MULTI-STRATEGY FUND | | 9,906 | COST | 9,844 |
| RIDGEWORTH SEIX HIGH YIELD BOND FUND | 52,363 | | COST | |
| SPDR DJ WILSHIRE INTERNATIONAL REAL | 30,730 | 31,482 | COST | 34,129 |
| T ROWE PRICE INSTITUTIONAL FLOAT | | 14,666 | COST | 14,308 |
| VANGUARD FTSE DEVELOPED MARKETS ETF | 82,767 | 91,490 | COST | 93,071 |
| VANGUARD EMERGING MARKETS ETF | 35,631 | 60,572 | COST | 62,271 |
| VANGUARD INTERMEDIATE TERM B | 48,324 | 52,700 | COST | 52,417 |
| VANGUARD REIT VIPER | 24,760 | 22,272 | COST | 37,746 |
| VANGUARD SHORT TERM BOND ETF | 136,335 | 91,680 | COST | 90,743 |
| TOTAL | $ 801,738 | $ 724,085 | | $ 782,734 |

# Federal Statements

## Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

| Description |
| --- |
| SEE ATTACHED APPLICATION |

## Form 990-PF, Part XV, Line 2c - Submission Deadlines

| Description |
| --- |
| VARIOUS |

## Statement 9 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

| Description |
| --- |
| NEEDY MEDICAL STUDENTS AT THE UNIVERSITY OF NORTH DAKOTA, GRAND FORKS, ND (75%).<br>DEVILS LAKE PARK DISTRICT RECEIVES THE REMAINING 25%. |

## Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

| Name<br>Address | Address<br>Relationship | Status | Purpose | Amount |
|---|---|---|---|---|
| NATALIE BITTNER CRAWFORD<br>GRAND FORKS ND 58203 | 2124 4TH AVE N<br>N/A | INDVIDUAL | ASSIST IN MEDICAL EDUCATION | 5,000 |
| ERIN TRAYNOR FOLLMAN<br>GRAND FORKS ND 58201 | 3074 TIMES SQUARE COURT<br>GRAND DAUGHTER | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 5,000 |
| MICHAEL TRAYNOR<br>FARGO ND 58102 | 374 5TH STREET N APT 505<br>GRANDSON | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 2,000 |
| MANDY SCHWENN<br>GRAND FORKS ND 58201 | 1009 MONROE AVE<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| KELSEY LAMBRECHT<br>GRAND FORKS ND 58201 | 819 DUKE DRIVE #103<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JOSALYNNE HOFF<br>BISMARCK ND 58501 | 1834 E CAPITAL AVE #325<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 2,000 |
| ANDREW M MILLS<br>MANDAN ND 58554 | 4102 SHOAL LOOP SE #206<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 2,000 |
| MATHEW MALEK<br>GRAND FORKS ND 58201 | 1818 DREES DRIVE<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 5,000 |
| JESSICA COREAN<br>EAGLE ID 83616 | 1758 S ASPEN RIVER WAY<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 2,000 |
| JOLEY BEELER<br>GRAND FORKS ND 58203 | 2315 9TH AVE N<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| KATHERINE BENEDICT<br>GRAND FORKS ND 58203 | 606 N COLUMBIA ROAD<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JUSTIN MICHAEL BERGER<br>GRAND FORKS ND 58201 | 1411 11TH AVE S #4<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ELIZABETH BLAIR<br>GRAND FORKS ND 58203 | 1912 1ST AVE N<br>N/A | INDIVIUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JOSHUA MICHAEL ANGIER BRACKETT<br>GRAND FORKS ND 58201 | 2200 S. 34TH ST #502<br>N/A | INDIVIUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ERIC CHRISTENSEN<br>GRAND FORKS ND 58203 | 2601 6TH AVE N<br>N/A | INDIVUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| BROCK DAVIDSON<br>GRAND FORKS ND 58201 | 2815 17TH ST S. #304<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 4,000 |
| EMILY WOODS<br>GRAND FORKS ND 58203 | 901 UNIVERSITGY AVE #403<br>N/A | INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |

## Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| Name / Address | Relationship | Address / Status | Purpose | Amount |
|---|---|---|---|---|
| JOSH GREENE<br>GRAND FORKS ND 58201 | N/A | 4762 CURRAN CT.<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 6,000 |
| MICHAELA HELLER<br>FARGO ND 58103 | N/A | 1543 25TH ST<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| KRISTOPHER WAYNE HOLADAY<br>FARGO ND 58104 | N/A | 4630 33RD AVE S #205<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JEFFREY THOMAS MADDOCK<br>FARGO ND 58104 | N/A | 3700 42ND ST S #316<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| VAMISHI MUGU<br>GRAND FORKS ND 58203 | N/A | 419 TULANE CT.<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| NICOLE ANN SAMSON<br>THOMPSON ND 58278 | N/A | 1006 COLUMBIA AVE NE<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 6,000 |
| ELIZABETH DONNER<br>FARGO ND 58103 | N/A | 902 18TH AVE S<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ANDRE GENEREUX<br>WAHPETON ND 58075 | N/A | 420 N 4TH ST<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| CLIFFORD HALL III<br>GRAND FORKS ND 58201 | N/A | 1766 S 34TH ST<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| AMANDA PETERSON<br>UNDERWOOD MN 56586 | N/A | 33308 TURTLE VIEW TRAIL<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ADAM SWIGOST<br>EAST GRAND FORKS MN 56721 | N/A | 316 4TH ST NW #305<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| SIRI URQUHART<br>GRAND FORKS ND 58201 | N/A | 4000 GARDEN VIEW DR #211<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JILL WIESER<br>GRAND FORKS ND 58203 | N/A | 625 N 43RD ST #307<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| COLLETTE CHORNEY<br>GRAND FORKS ND 58203 | N/A | 500 TULANE DR. #105<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| CASSANDRA PADEN CROSS<br>GRAND FORKS ND 58201 | N/A | 2285 KNIGHTSBRIDGE COURT<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MARCUS GEFFRE<br>GRAND FORKS ND 58203 | N/A | 407 STANFORD RD<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MICHAEL GRUCHALLA<br>FARGO ND 58102 | N/A | 217 30TH AVE N<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |

## Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

| Name / Address | Relationship | Address / Status | Purpose | Amount |
|---|---|---|---|---|
| COLE LABER<br>GRAND FORKS ND 58203 | N/A | 3904 UNIVERISTY AVE #16<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| HEATHER LIEBE<br>GRAND FORKS ND 58201 | N/A | 2961 24TH AVE S #303<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| DAVID PARKER<br>GRAND FORKS ND 58201 | N/A | 3274 36TH AVE S #17<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| LAUREL WESSMAN<br>GRAND FORKS ND 58201 | N/A | 101 4TH AVE S #H3<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JORDAN ERNST<br>GRAND FORKS ND 58201 | N/A | 3941 GARDEN VIEW DR #305<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| JENNIFER GLATT<br>GRAND FORKS ND 58201 | N/A | 4353 PIONEER DR #305<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MARI GOLDADE<br>GRAND FORKS ND 58203 | N/A | 625 NORTH 43RD ST #203<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ANDRIA JOHNSON<br>GRAND FORKS ND 58203 | N/A | 3210 5TH AVE N<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| KATHRYN JOHNSON<br>GRAND FORKS ND 58203 | N/A | 3210 5TH AVE N #2<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ANNA KOZLOWSKI<br>GRAND FORKS ND 58202 | N/A | 1150 HAMLINE ST #135<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| ADEL MERGOUM<br>FARGO ND 58104 | N/A | 2602 39TH AVE S<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MARY REBECCA OGLESBEE<br>GRAND FORKS ND 58201 | N/A | 404 OAK ST #8<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MAXWELL JAMES OTTO<br>PARK RIVER ND 58270 | N/A | 107 OAK LANE<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| LISA ROSE POOLE<br>GRAND FORKS ND 58203 | N/A | 2209.5 UNIVERSITY AVE<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| MEGAN SCHWARTZ<br>GRAND FORKS ND 58201 | N/A | 637 7TH AVE S<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| NATHAN SEVEN<br>GRAND FORKS ND 58203 | N/A | 815 N 39TH ST. #105G<br>INDIVIDUAL | ASSIST IN MEDICAL EDUCATION | 100 |
| DEVILS LAKE PARK BOARD<br>DEVILS LAKE ND 58301 | N/A | PO BOX 446<br>GOVT | MAINTAIN & IMPROVE PUBLIC PARKS | 14,333 |

**Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)**

| Name<br>Address | Address<br>Relationship | Status | Purpose | Amount |
|---|---|---|---|---|
| TOTAL | | | | 57,333 |

# Federal Statements

## Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs ($ or %) |
|---|---|---|---|---|---|
| WESTERN STATE BANK | $ 18 | | | | |
| WELLS FARGO | 166 | | | | |
| TOTAL | $ 184 | | | | |

## Tax-Exempt Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | InState Muni ($ or %) |
|---|---|---|---|---|---|
| WELLS FARGO | $ 653 | | | | |
| TOTAL | $ 653 | | | | |

## Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs ($ or %) |
|---|---|---|---|---|---|
| WELLS FARGO | $ 24,160 | | | | |
| TOTAL | $ 24,160 | | | | |

# APPLICATION FOR GRANT

Please complete and return application to:

**Dr. Henry Hobart Ruger Trust**
**John T. Traynor, Trustee**
**P.O. Box 838**
**Devils Lake, ND 58301-0838**

## INFORMATION

The Henry Hobart Ruger Trust was established under the provisions of the Last Will and Testament of Rosa C. Ruger, daughter of Dr. Ruger. The beneficiaries of the Trust include medical students at the University of North Dakota.

Applicants are requested to complete the following form and submit it to the Trustee. Additional information may be requested by the Trustee and applicants may be asked to attend a personal interview at a time and place convenient to the applicant and the Trustee.

Students who have received a grant in the past from the Ruger Trust are **not** disqualified from receiving additional grants from the Trust.

Once you have completed the application, please either mail it to the address above or else email it to Andrea Miller, whose email address is andrea@traynorlaw.com.

1. Name: _____
2. Mailing Address: _____
3. E-mail Address: _____
4. Telephone number(s): _____
5. Year in medical school (1st, 2nd, etc.): _____
6. Pre-med education (start with high school graduation and list pre-med education giving majors, minors and other pertinent data): _____

_____

_____

_____

_____

7. Pre-med grade point: _____

Please list any honors received whether related to the medical field or otherwise:

_____

_____

_____

8. Give other activities in the medical field, any articles you may have written, subject of the articles, and whether published:

_____

_____

9. Describe financial need for grant: _____

_____

_____

_____

_____

_____

_____

10. Give career objectives: _____

_____

_____

_____

_____

11. What specialty are you considering?: _____

_____

_____

_____

12. Personal data (please give whatever personal data you choose):_____

13. State, in your own words, why you would like a grant and the reasons you believe you should be considered: _____

14. Are you interested in practicing your profession in a rural setting in North Dakota? _____ Please explain your response. _____

15. Please list at least three references, by submitting name, address and telephone number of each reference:

16. Please describe summer activities during your pre-medical and medical school years:

17. Describe any experiences that you have had in the medical field other than the courses of instruction:

_____

_____

_____

_____

_____

18. Indicate any para-medical training that you may have received:_____

_____

_____

_____

_____

*Thank you for your interest.*
*We will be in contact with you once the grant awards have been decided*

## NOTICE OF AVAILABILITY OF ANNUAL RETURN

NOTICE IS HEREBY GIVEN, that the Annual Return of the Dr. Henry Hobart Ruger Trust is available in the office of the Trustee, John T. Traynor, 509 5th St. NE, Suite 1, Devils Lake, North Dakota.

DATED this 11th day of May, 2015.

John T. Tryanor, Trustee
509 5th St. NE, Suite 1
PO Box 838
Devils Lake, ND 58301-0838
TIN: 45-6071291