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Department of the Treasury

Internal Revenue Service

DLN: 93491260000015

OMB No 1545-0052

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 instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public

| For | cale | ndar year 2014, or tax year beginning 07- | 01-2014 | , a | nd ending (| 6-30-2015 | | | | | |
|------------------------------|-----------|--|--|---------------|---|--|--|--|--|--|--|
| | | undation affney Foundation | | A Employer id | entification numbe | er | | | | | |
| VII | iceni Ga | anney i oundation | | | 36-3507945 | | | | | | |
| Num | ber and | I street (or P O box number if mail is not delivered to street address | s) Room/suite | | B Telephone nu | ımber (see ınstructior | าร) | | | | |
| An | nerican : | State Bank Trust Box 1446 | | | (701) 774-4100 |) | | | | | |
| Cıtv | or town | n, state or province, country, and ZIP or foreign postal code | | | C If exemption application is pending, check here ▶ | | | | | | |
| | | 588021446 | | | | | | | | | |
| <u></u> | nack a | Il that apply Initial return Initial return of a | former public charit | ., | D.4 Faraign a | | | | | | |
| G C | теск а | Final return Amended return | Torriller public charic | у | | rganizations, check he rganizations meeting | H- 050/ | | | | |
| | | Address change Name change | | | test, chec | k here and attach co | mputation | | | | |
| | | ype of organization Section 501(c)(3) exempt priva | | | | undation status was t n 507(b)(1)(A), chec | | | | | |
| | | 4947(a)(1) nonexempt charitable trust Other taxa | | | | | | | | | |
| | | ket value of all assets at end from Part II, col. (c), | I Cash I Acc | rual | | ation is in a 60-mont n 507(b)(1)(B), chec | | | | | |
| | | \$ 756,853 (Part I, column (d) must | t be on cash basıs.) | | | ()()() | | | | | |
| Pa | rt 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) N | let investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | | | |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | | | | | |
| | | schedule) | 28,535 | | | | | | | | |
| | 2 | Check ► ┌ If the foundation is not required to attach | | | | | | | | | |
| | | Sch B | | | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 4,107 | | 4,107 | | | | | | |
| | 4 | Dividends and interest from securities | 12,182 | | 12,182 | | | | | | |
| | 5a | Gross rents | | | | | | | | | |
| ds | b | Net rental income or (loss) | 4.666 | | | | | | | | |
| Revenue | 6a . | Net gain or (loss) from sale of assets not on line 10 | 1,666 | | | | | | | | |
| | b | Gross sales price for all assets on line 6 a 1,666 | | | | | | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | | 1,666 | | | | | | |
| | 8 | Net short-term capital gain | | | | | | | | | |
| | 9 | Income modifications | | | | 5,156 | | | | | |
| | 10a | Gross sales less returns and | | | | | | | | | |
| | ь | allowances Less Cost of goods sold | | | | | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | | | | | |
| | 11 | Other income (attach schedule) | 8,534 | | 8,534 | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 55,024 | | 26,489 | 5,156 | | | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 5,982 | | 2,991 | | 2,991 | | | | |
| _ | 14 | Other employee salaries and wages | | | | | | | | | |
| Š | 15 | Pension plans, employee benefits | | | | | | | | | |
| Expenses | 16a | Legal fees (attach schedule) | 057 | | | | 2.450 | | | | |
| EX | Ь | Accounting fees (attach schedule) | 2,450 | | 0 | | 2,450 | | | | |
| | 17 | Other professional fees (attach schedule) Interest | | | | | | | | | |
| rati | 18 | Taxes (attach schedule) (see instructions) | % 1,186 | | 0 | | 0 | | | | |
| ξ | 19 | Depreciation (attach schedule) and depletion | , | | | | | | | | |
| 를 | 20 | Occupancy | | | | | | | | | |
| Ā | 21 | Travel, conferences, and meetings | | | | | | | | | |
| Operating and Administrative | 22 | Printing and publications | | | | | | | | | |
| 9 5 | 23 | Other expenses (attach schedule) | | | | | | | | | |
| atır | 24 | Total operating and administrative expenses. | | | | | | | | | |
| ě | | Add lines 13 through 23 | 9,618 | | 2,991 | | 5,441 | | | | |
| ō | 25 | Contributions, gifts, grants paid | 26,047 | | | | 26,047 | | | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 35,665 | | 2,991 | | 31,488 | | | | |
| | 27 | Subtract line 26 from line 12 | 33,303 | | -,,,,1 | | 31,100 | | | | |
| | a | Excess of revenue over expenses and disbursements | 19,359 | | | | | | | | |
| | ь | Net investment income (If negative, enter -0-) | | | 23,498 | | | | | | |
| | c | Adjusted net income (If negative, enter -0 -) | | | | 5,156 | | | | | |

| 2 Savings and temporary cash investments | Dа | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | | of year |
|---|------|--------------|---|------------------------|----------------|-----------------------|
| 2 Savings and temporary cash investments | | | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 Less allowner for doubtful accounts | | | <u> </u> | | | |
| Less allowance for doubtful accounts > | | _ | | 352,084 | 296,471 | 296,471 |
| Pledges receivable | | 3 | | | | |
| Less allowance for doubtful accounts 5 | | | | | | |
| 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualibed persons (datach schedule) | | 4 | | | | |
| 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | Less allowance for doubtful accounts - | | | |
| 1 | | 5 | | | | |
| 7 Other notes and loans receivable (attach schedule) | | 6 | Receivables due from officers, directors, trustees, and other | | | |
| Less allowance for doubtful accounts | | | disqualified persons (attach schedule) (see instructions) | | | |
| 1 | | 7 | Other notes and loans receivable (attach schedule) 🕨 | | | |
| Prepaid expenses and deferred charges | | | Less allowance for doubtful accounts 🕨 | | | |
| Investments—Corporate bonds (attach schedule) 152,536 | 2 | 8 | Inventories for sale or use | | | |
| b Investments—corporate stock (attach schedule). c Investments—ency buildings, and equipment basis ► Less accumulated depreciation (attach schedule). 11 Investments—land, buildings, and equipment basis ► Less accumulated depreciation (attach schedule). 12 Investments—tend (attach schedule). 13 Investments—cher (attach schedule). 14 Land, buildings, and equipment basis ► Less accumulated depreciation (attach schedule). 15 Other assets (describe ► 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue. 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). 21 Total liabilities (adin lines 17 through 22). 22 Other liabilities (adin lines 17 through 22). 3 Total liabilities (adin lines 17 through 23). 4 Unrestricted. 5 Temporanity restricted. 8 Permanently restricted. 9 Permanently restricted. 10 Loans from officers, directors, trustees, and other disqualified persons and complete lines 24 through 23 and 31. 10 Loans from officers, directors, trustees, and other disqualified persons and complete lines 24 through 23 and 31. 10 Loans from officers, directors, trustees, and other disqualified persons and complete lines 24 through 23 and 31. 22 Capital stock, trust principal, or current funds. 3 Paid in or capital supplus, or land, bldg, and equipment fund on one of the persons of th | ŞΦ | 9 | Prepaid expenses and deferred charges | | | |
| 1 Investments—corporate bonds (attach schedule) | 45 | 10a | $Investments-U\ S\ \ and\ state\ government\ obligations\ (attach\ schedule)$ | | | |
| 11 Investments—land, buildings, and equipment basis | | b | Investments—corporate stock (attach schedule) | 152,536 | 152,537 | 210,924 |
| Less accumulated depreciation (attach schedule) | | c | Investments—corporate bonds (attach schedule) | | | |
| 12 Investments—orthogage loans | | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| 13 Investments—other (attach schedule) 122,616 | | | Less accumulated depreciation (attach schedule) | | | |
| Less accumulated depreciation (attach schedule) Less accumulated depreciation (attach schedule) 15 Other assets (describe 15 Other assets (describe 16 Instructions Also, see page 1, item I) 645,032 669,547 756,853 669,547 | | 12 | Investments—mortgage loans | | | |
| Less accumulated depreciation (attach schedule) ▶ 17,796 17,796 17,792 45,616 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1) 645,032 669,547 756,833 17 Accounts payable and accrued expenses 645,032 669,547 756,833 18 Grants payable 645,032 669,547 756,833 19 Deferred revenue 645,032 669,547 756,833 10 Loans from officers, directors, trustees, and other disqualified persons 645,032 669,547 756,833 10 Loans from officers, directors, trustees, and other disqualified persons 750 Mortgages and other notes payable (attach schedule) 645,032 669,547 756,833 10 Loans from officers, directors, trustees, and other disqualified persons 750 Mortgages and other notes payable (attach schedule) 750 Mortgages and other notes payable 750 Mortgages 75 | | 13 | Investments—other (attach schedule) | 122,616 | 202,747 | 203,842 |
| 15 Other assets (describe | | 14 | Land, buildings, and equipment basis | | | |
| 15 Other assets (describe | | | Less accumulated depreciation (attach schedule) | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 645,032 669,547 756,853 17 Accounts payable and accrued expenses | | 15 | Other assets (describe 🟲) | 17,796 | 17,792 | 45,616 |
| 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 (add lines 17 through 22) 0 0 0 0 0 | | | instructions Also, see page 1, item I) | 645,032 | 669,547 | 756,853 |
| 19 Deferred revenue | | 17 | Accounts payable and accrued expenses | | | |
| Total liabilities (add lines 17 through 22) | | 18 | Grants payable | | | 1 |
| Total liabilities (add lines 17 through 22) | φ | 19 | Deferred revenue | | | 1 |
| Total liabilities (add lines 17 through 22) | ≝ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 22 Other liabilities (describe | ap | 21 | Mortgages and other notes payable (attach schedule) | | | 1 |
| Total liabilities (add lines 17 through 22) | _ | 22 | Other liabilities (describe | | | 1 |
| Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted | | 23 | · | 0 | (| |
| Capital stock, trust principal, or current funds | | | | | | 1 |
| Capital stock, trust principal, or current funds | es | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Capital stock, trust principal, or current funds | nc | 24 | - | | | |
| Capital stock, trust principal, or current funds | 39 E | | Temporarily restricted | | | † |
| Capital stock, trust principal, or current funds | S | | | | | † |
| Capital stock, trust principal, or current funds | nn | | • | | | 1 |
| Capital stock, trust principal, or current funds | Ť | | , | | | |
| Total net assets or fund balances (see instructions) | | 27 | - | 153,543 | 153,543 | 3 |
| Total net assets or fund balances (see instructions) | set | | | 0 | . (| |
| Total net assets or fund balances (see instructions) | ΑS | | | 491,489 | 516,004 | 1 |
| Total liabilities and net assets/fund balances (see instructions) | ¥ | | | | | 7 |
| Part IIII 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) 1 645,032 2 Enter amount from Part I, line 27a 2 19,359 3 Other increases not included in line 2 (itemize) 3 5,156 4 Add lines 1, 2, and 3 4 669,547 5 Decreases not included in line 2 (itemize) 5 0 | Z | | , | | · | 4 |
| 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) | Dа | | | | | |
| with end-of-year figure reported on prior year's return) | | | | ı(a) line 30 (miist a | aree | |
| 2 Enter amount from Part I, line 27a | - | | | | | 645.032 |
| 3 Other increases not included in line 2 (itemize) ► 3 5,156 4 Add lines 1, 2, and 3 | 2 | | | | | |
| 4 Add lines 1, 2, and 3 | | | | | | |
| 5 Decreases not included in line 2 (itemize) 5 0 | | | • | | | |
| | | | | | | |
| | | | | Part II, column (b). l | | |

| | | | s) of property sold (e g , re common stock, 200 shs N | | (b) How acquired P—Purchase D—Donation (c) Date acquired (mo, day, yr) (mo, day, yr) | | | | | |
|--------------------------|---|----------------------------|--|---------|--|--|---|---|--|--|
| 1 a | Capital Gains Divide | nds | | | | Р | | | | |
| b | | | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| (e) |) Gross sales price | | (f) Depreciation allowe (or allowable) | d | | or other basis pense of sale | | or (loss)) mınus (g) | | |
| а | | 1,666 | | | | | | 1,666 | | |
| b | | | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| Cor | nplete only for assets : | showina a | aın ın column (h) and owne | ed by t | he foundation | on 12/31/69 | (I) Gains (Col | (h) gain minus | | |
| (i) F M V as of 12/31/69 | | | (j) Adjusted basis as of 12/31/69 | | (k) Exc | ess of col (I) ol (j), if any | col (k), but not | less than -0-) or om col (h)) | | |
| а | | | | | | | | 1,666 | | |
| b | | | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| 2 3 | | al gaın or | t capital loss) (loss) as defined in sectio e 8, column (c) (see instru | If (los | 22(5) and (6) | n Part I, line 7 In Part I In Part I | 3 | 1,666 | | |
| | onal use by domestic p | orivate foi | ection 4940(e) for Rundations subject to the se | | | | ent Income | | | |
| Was the | | e section | 4942 tax on the distribut | | | | eriod? | ┌ Yes ┌ No | | |
| [f"Yes," | the foundation does n | ot qualify | under section 4940(e) D | o not c | omplete this i | part | | | | |
| 1 Ent | er the appropriate amo | unt ın ead | ch column for each year, s | ee inst | ructions befor | re makıng any ent | ries | | | |
| | (a) period years Calendar r tax year beginning in) | Adjust | (b) eed qualifying distributions | Net v | (c) value of nonchari | table-use assets | (d) Distribution (col (b) divided | | | |
| | 2013 | | 42,986 | | | 701,721 | | 0 061258 | | |
| | 2012 | | 46,478 | | <u> </u> | 584,603 | | 0 079504 | | |
| | 2011 | | 77,915 | | | 661,576 | | 0 117772 | | |
| | 2010 | | 75,107 | | | 800,948 | | 0 093773 | | |
| | 2009 | | 53,704 | | | 413,658 | | 0 129827 | | |
| 2 | Total of line 1, colum | n (d) | | | | | 2 | 0 482134 | | |
| 3 | 3 A verage distribution ratio for the 5-year base period—divide the total on the number of years the foundation has been in existence if less than 5 years. | | | | | | | | | |
| 4 | Enter the net value o | itable-use assets for 2014 | Part X, line 5. | | 744,507 | | | | | |
| 5 | Multiply line 4 by line | 3 | | | 5 | | | | | |
| 6 | Enter 1% of net inve | stment ın | come (1% of Part I, line 2 | 7b). | | [| 6 | 235 | | |
| 7 | Add lines 5 and 6. | | | | | [| 7 | 72,026 | | |
| 8 | Enter qualifying distr | ıbutıons f | rom Part XII, line 4 | | | | 8 | 31,488 | | |
| | | greater t | han line 7, check the box | | | | part using a 1% tax | | | |

| Form | 990-PF (2014) | | Р | age 4 | | | | | |
|--------|--|--|-----|--------------|--|--|--|--|--|
| Pai | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | ructio | ns) | | | | | | |
| 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 | | | | | | | | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 470 | | | | | |
| | here Fand enter 1% of Part I, line 27b | | | | | | | | |
| 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-) | | | 0 | | | | | |
| 3 | Add lines 1 and 2 | | | 470 | | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others | | | | | | | | |
| - | enter -0-) 4 | | | | | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | | | | | | |
| 6 | Credits/Payments | | | | | | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 600 | | | | | | | | |
| 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 | | | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | 600 | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached. | | | | | | | | |
| 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 overpaid 10 | | | 130 | | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax 130 Refunded 11 | | | 0 | | | | | |
| Par | t VII-A Statements Regarding Activities | | 1 | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did | | Yes | No | | | | | |
| | it participate or intervene in any political campaign? | . 1a | | No | | | | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions | | | | | | | | |
| | for definition)? | 1b | | No | | | | | |
| | 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. | ١. | | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | 1c | | No | | | | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | | | | |
| | (1) On the foundation \$\bigs\\$ 0 (2) On foundation managers \$\bigs\\$ 0 | | | | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | | | |
| _ | on foundation managers \$0 | _ | | N | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | No | | | | | |
| _ | If "Yes," attach a detailed description of the activities. | | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | ١, | | NI. | | | | | |
| 4- | of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> | . 3 4a | | No No | | | | | |
| 4a | | 4b | | NO | | | | | |
| ь 5 | If "Yes," has it filed a tax return on Form 990-T for this year? | 5 | | No | | | | | |
| 3 | If "Yes," attach the statement required by General Instruction T. | | | NO | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | | | | |
| 0 | 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 | Yes | | | | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), | Ť | | | | | | | |
| • | and Part XV. | . 7 | Yes | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | | | | |
| | ►MT | | | | | | | | |
| 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 | Yes | | | | | | |
| 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 | | No | | | | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | | | | | | |
| | and addresses. | . 10 | | No | | | | | |

| | Challenge of Department of Parameters Assisting (continued) | | <u> </u> | age c |
|------------|--|------|---------------------------------------|--------------|
| | At any time during the year did the foundation directly or indirectly, own a controlled entity within the | | | |
| 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 | | No |
| 40 | | | | INO |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | 12 | | No. |
| 40 | advisory privileges? If "Yes," attach statement (see instructions) | 12 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | <u> </u> |
| | Website address ►N/A | | | |
| 14 | The books are in care of ▶American State Bank Trust Co Telephone no ▶(701) | 774- | 4100 | |
| | Located at ▶PO Box 1446 Williston ND ZIP+4 ▶5880214 | 46 | | |
| 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 | | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| 10 | a bank, securities, or other financial account in a foreign country? | 16 | 163 | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | 10 | | |
| | Accounts (FBAR) If "Yes", enter the name of the foreign country | | | |
| Pa | tt 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. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period | | | |
| _ | after termination of government service, if terminating within 90 days) | | | |
| 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)? | 1b | | No |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | _ | | ١ |
| _ | that were not corrected before the first day of the tax year beginning in 2014? | 1c | | No |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? | | | |
| | | | | |
| L | If "Yes," list the years > 20, 20, 20, 20 | | | |
| Ь | 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) | 2b | | |
| _ | | 20 | | - |
| С | 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, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| За | | | | |
| L | any time during the year? | | | |
| D | | | | |
| | 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 | | | |
| | | 3b | | |
| 4- | If the foundation had excess business holdings in 2014.) | | | NI- |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | - | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | 4b | | No |
| | - chantaple parpose that had not been removed Holl Jeopaidy before the HISL GAV OF the LAX YEAF DECIMING IN 20147 | , TU | 1 | 140 |

| | rt VIII-B Statements Rega | rdir | a Activities for | · \A/ŀ | nich Form 4720 | May | Re Peguired (cont | inua | d) | rage O | |
|---|---|----------|---|-------------------|------------------------|--------|---|------|------------------|---------------|--|
| 5a | During the year did the foundation | | | | 11011111 4720 | та у | be kequired (cont. | mue | Ι , Ι | | |
| Ju | (1) Carry on propaganda, or othe | | • | | uslation (section 49. | 45(6 |))? | , No | | | |
| | (2) Influence the outcome of any | | • | _ | · | - | • | 140 | | | |
| | on, directly or indirectly, any | | | | | | | - No | | | |
| | (3) Provide a grant to an individu | | | | | • | r Yes □ | | | | |
| | (4) Provide a grant to an organiz | | | | | scrib | · | | | | |
| | in section 4945(d)(4)(A)? (s | | | No | | | | | | | |
| | (5) Provide for any purpose othe | r thar | an religious, charitable, scientific, literary, or | | | | | | | | |
| educational purposes, or for the | | | evention of cruelty t | to ch | nıldren or anımals?. | | T Yes 🔽 | No | | | |
| b If any answer is "Yes" to 5a(1)-(| | (5), d | ıd any of the transac | tion | s fail to qualify unde | r the | exceptions described in | | | | |
| | Regulations section 53 4945 or | ın a c | urrent notice regard | ling (| disaster assistance | (see | ınstructions)? | | . 5b | | |
| | Organizations relying on a currer | nt not | ice regarding disast | eras | ssistance check here | e | ▶↑ | _ | | | |
| c | c If the answer is "Yes" to question 5 | | a(4), does the foundation claim exemption from the | | | | | | | | |
| tax because it maintained expend | | dıture | responsibility for th | ne gr | ant? | | \ Yes \ | No | | | |
| | If "Yes," attach the statement requ | ııred L | by Regulations section | n 53. | .4945–5(d). | | | | | | |
| 6a | Did the foundation, during the ye | ar, re | ceive any funds, directly or indirectly, to pay premiums on | | | | | | | | |
| | a personal benefit contract? | | | | | | | No | | | |
| b | Did the foundation, during the ye | ar, pa | y premiums, directly | penefit contract? | | 6b | No | | | | |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | | | |
| 7a | At any time during the tax year, | was tl | he foundation a party | y to | a prohibited tax shel | ter tr | ansaction? ☐ Yes ☐ | No | | | |
| f b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | | | | | | | | | | |
| Pa | rt VIII Information Abou | t Of | ficers, Directors | s, T | rustees, Founda | itior | n Managers, Highly | Paid | d Emp | loyees, | |
| 1 | List all officers, directors, trustee | s, foi | undation managers a | nd t | heir compensation (| see i | nstructions). | | | | |
| | · | _ | Title, and average | | c) Compensation | | (d) Contributions to | (0) | Evnanc | e account, | |
| | (a) Name and address | ١., | hours per week | (| If not paid, enter | | mployee benefit plans | | | wances | |
| Stanl | ey Lund | 1 | evoted to position | | -0-) | | deferred compensation 0 | | | | |
| | Box 1446 | 1 00 | ısory Committee) | | U | | U | | | | |
| | ston,ND 588021446 | | | | | | | | | | |
| Amer | ncan State Bank Trust | Trus | rustee | | 5,982 | | 0 | | | | |
| PO I | Box 1446 | 5 00 |) | | | | | | | | |
| | ston,ND 588021446 | | | | | | | | | | |
| Nanc | y Johnson | _ | isory Committee | | 0 | | 0 | | | 0 | |
| | Box 1446 | 1 00 |) | | | | | | | | |
| | ston, ND 588021446 | <u> </u> | lavaaa (athay thay | <u> </u> | | | instructions) If your or | | NONE " | | |
| | Compensation of five highest-paid | a emp | loyees (other than) | tnos | | -see | (d) Contributions to | iter | NONE. | | |
| (a) |) Name and address of each emplo | yee | (b) Title, and aver | | (a) Componentia | _ | employee benefit | (e) | Expens | e account, | |
| | paid more than \$50,000 | | hours per week devoted to positi | | (c) Compensation |)[] | plans and deferred | 0 | ther allo | wances | |
| | | | | | | | compensation | | | | |
| ИОИ | N E | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | I number of other employees hald | over | ± 5.0 0.00 | | | | . | l | | ٥ | |

| Part VIII Information About Officers, Directors, Transcription and Contractors (continued) | Paid Employees, | |
|--|---|------------------|
| 3 Five highest-paid independent contractors for professional serv | ices (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 | | |
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| | | |
| Total number of others receiving over \$50,000 for professional servi | ces | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct chantable activities during the tax year. Inclu | do relevant statistical information such as the number of | |
| organizations and other beneficiaries served, conferences convened, research paper | | Expenses |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investmen | | |
| Describe the two largest program-related investments made by the foundation d | luring the tax year on lines 1 and 2 | A mount |
| 1 | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0 |

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 403.003 1h 307.226 1c 45.616 1d 755.845 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 755.845 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 11.338 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 744.507 5 37,225 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 37.225 1 Tax on investment income for 2014 from Part VI, line 5. 470 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 470 2c 36,755 3 3 4 5.156 4 5 5 41.911 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 41.911 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 31.488 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 31,488 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 31,488 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

| Ρ | art XIII Undistributed Income (see instr | uctions) | | | <u> </u> |
|----|---|---------------|----------------------------|-------------|---------------------|
| | | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
| 1 | Distributable amount for 2014 from Part XI, line 7 | | | | 41,911 |
| 2 | Undistributed income, if any, as of the end of 2014 | | | | |
| а | Enter amount for 2013 only | | | 0 | |
| ь | Total for prior years 20, 20, 20 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2014 | | | | |
| а | From 2009 | | | | |
| b | From 2010 | | | | |
| C | From 2011 | | | | |
| d | From 2012 | | | | |
| | From 2013 | | | | |
| | Total of lines 3a through e | 140,541 | | | |
| 4 | Qualifying distributions for 2014 from Part | | | | |
| | XII, line 4 🕨 \$ | | | | |
| | Applied to 2013, but not more than line 2a | | AST | 0 | |
| Ь | Applied to undistributed income of prior years (Election required—see instructions) | | 95 0 | | |
| c | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d | Applied to 2014 distributable amount | | | | 31,488 |
| e | Remaining amount distributed out of corpus | 0 | | | |
| 5 | Excess distributions carryover applied to 2014 | 10,423 | | | 10,423 |
| | (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: Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 130,118 | | | |
| | Prior years' undistributed income Subtract | 130,110 | | | |
| D | line 4b from line 2b | | 0 | | |
| c | Enter the amount of prior years' undistributed | | | | |
| _ | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | 0 | | |
| | tax has been previously assessed | | o o | | |
| d | Subtract line 6c from line 6b Taxable amount —see instructions | | o | | |
| | Undistributed income for 2013 Subtract line | | | | |
| _ | 4a from line 2a Taxable amount—see | | | | |
| | ınstructions | | | 0 | |
| f | Undistributed income for 2014 Subtract | | | | |
| | lines 4d and 5 from line 1 This amount must | | | | (|
| 7 | be distributed in 2015 | | | | |
| • | corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (Election may | | | | |
| | be required - see instructions) | 0 | | | |
| 8 | Excess distributions carryover from 2009 not | 23,022 | | | |
| _ | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 107,096 | | | |
| 10 | Analysis of line 9 | , | | | |
| | Excess from 2010 | | | | |
| b | Excess from 2011 | • | | | |
| _ | Excess from 2012 | 1 | | | |
| d | Excess from 2013 6,730 | 1 | | | |
| e | Excess from 2014 |] | | | |

| <u> </u> | art XIV Private Operating Foun | ı dations (see ıı | nstructions and P | Part VII-A, questi | on 9) | |
|----------|--|--------------------------|---------------------|---|---------------------------------------|------------------------|
| 1a | If the foundation has received a ruling or defoundation, and the ruling is effective for 20 | | | | | |
| b | Check box to indicate whether the organiza | ition is a private o | perating foundation | n described in sectio | on Г 4942(j)(3) (| or - 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) local |
| | investment return from Part X for each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| | 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 | | | | | |
| - | for active conduct of exempt activities | | | | | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon | | | | | |
| а | "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 | | | + | | _ |
| Da | rt XV Supplementary Informatio | n (Complete t | his part only if | the organizati | on had \$5,000 | or more in |
| | assets at any time during | | | the organizati | on naa 45,000 | |
| 1 | Information Regarding Foundation Manage | ers: | | | | |
| а | List any managers of the foundation who ha | | | | · · · · · · · · · · · · · · · · · · · | dation |
| | before the close of any tax year (but only if | they have contrib | outed more than \$5 | ,000) (See Section | 507(a)(2)) | |
| | | | | | | |
| b | List any managers of the foundation who ow | n 10% or more of | the stock of a corp | oration (or an equa | lly large portion of t | he |
| | ownership of a partnership or other entity) | of which the found | atıon has a 10% or | greater interest | | |
| | | | | | | |
| 2 | Information Regarding Contribution, Grant | Cift Loan Schol | archin etc Brogra | mcı | | |
| _ | | | | | | |
| | Check here If the foundation only make unsolicited requests for funds. If the foundation only make unsolicited requests for funds. | es contributions t | o preselected char | ritable organizations setructions) to indiv | and does not acce | pt ons under |
| | other conditions, complete items 2a, b, c, a | | grants, att (see in | iotractions, to mare | radais or organization | one ander |
| | | | | | | |
| а | The name, address, and telephone number | or e-mail address | of the person to w | hom applications sh | nould be addressed | |
| | Laurie Pederson VP Trust Officer Am | | • | | | |
| | PO Box 1446 | | | | | |
| | Williston, ND 588021446 | | | | | |
| | (701) 774-4120 | | | | | |
| b | The form in which applications should be s | | | • | | |
| | In addition to applicants name, date of birt | | | | | |
| | applicant's guardian and reason for application. In addition, the guardian's mo | | | | | |
| | | screcent tax retur | ii muse pe meruded | with the application | n can for application | , 113 |
| С | Any submission deadlines | | | | | |
| | None | | | | | |
| d | Any restrictions or limitations on awards, s factors | sucn as by geogra | pnicai areas, chari | table fields, kinds of | r institutions, or oth | er |
| | For health, welfare, & feeding of needy child | dren under the age | e of 18 vears | | | |
| | ,, | | , | | | |

| Part XV Supplementary Inform | nation (continued) | | | |
|---|--|-------------------------|-------------------------------------|---------------------------------------|
| 3 Grants and Contributions Paid | | proved for F | uture Payment | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | A mount |
| | or substantial contributor | recipient | | |
| a Paid during the year See Additional Data TableSee Additional Data Table | or substantial contributor | recipient | | |
| | | | | |
| | | | | 26,04 |
| b Approved for future payment | | | | , , , , , , , , , , , , , , , , , , , |
| | | | | |
| | | | line 2h | |
| T-4-1 | | | L | |

| Form 990-1 | | | | | | Page 12 |
|----------------------|---|------------------|------------------------|-----------------------|----------------|---------------------------------------|
| | -A Analysis of Income-Produci | | | T | | |
| Enter gross | s amounts unless otherwise indicated | Unrelated be | usiness income | Excluded by section | | (e) Related or exempt function income |
| _ | n service revenue | Business code | (b) A mount | (c) Exclusion code | (d) A mount | (See Instructions) |
| · | | | | | | |
| | | | | | | |
| | | | | | | |
| f | and contracts from government agencies | | | | | |
| 2 Membe 3 Interes | rship dues and assessments | | | 14 | 4,107 | |
| | 4 Dividends and interest from securities | | | 14 | 12,182 | |
| | Ital Income or (loss) from real estate | | | | | |
| b Not d | ebt-financed property | | | | | |
| | ntal income or (loss) from personal ty | | | | | |
| | nvestment income | | | 15 | 8,534 | |
| | r (loss) from sales of assets other than ory | | | 14 | 1,666 | |
| | ome or (loss) from special events | | | 14 | 1,000 | |
| | profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| с | | | | | | |
| | | | | | | |
| 12 Subtota | al Add columns (b), (d), and (e) | | | o e | 26,489 | |
| | Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify c | | | 1 | l3 | 26,489 |
| Part XVI | -B Relationship of Activities to | | | | | LL L- |
| Line No. | Explain below how each activity for which the accomplishment of the foundation's instructions) | | | | | |
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| Form 990-P | F (2014) | | | | | | | | | | Pa | ge 13 |
|-------------------------|--|--------------------------|-------------------|--------------------------|-------------------|------------------------|---------------------|------------------------------|----------------------------|----------------|--------|-----------------|
| Part XVI | I Information Roncharitable | | | | | action | s and F | Relationships | With | | | |
| section 5 | organization directly or i 501(c) of the Code (oth | ndırectly e | engage | ın any of | the following wit | | | | | | Yes | No |
| organiza | | | | | | _ | | | | | | |
| | s from the reporting fou | | | | | | | | | | | |
| | h | | | | | | | | | 1a(1) | | No |
| | erassets | | | | | | | | | 1a(2) | | No |
| b Other tra | | | | | | | | | | 41.44 | | . . |
| | es of assets to a noncha | | | | | | | | | | | No |
| | chases of assets from a | | | | | | | | | | | No |
| | tal of facilities, equipme | | | | | | | | | | | No |
| | nbursement arrangeme | | | | | | | | | 1b(4) | | No |
| | ns or loan guarantees. | | | | | | | | | 1b(5) | | No |
| | rmance of services or r | | | | | | | | | 1b(6) | | No |
| | of facilities, equipment, swer to any of the above | | | | | | | | | | | No |
| of the go | ods, other assets, or se ansaction or sharing arr (b) Amount involved | ervices giv angement, | en by t , show | the reporti in column | ng foundation I | f the fou f the goo | ndation rods, other | eceived less thar | n fair marko es receivo | et value ed | 1 | nts |
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| describe | undation directly or indi d in section 501(c) of t complete the following (a) Name of organizatio | he Code (o schedule | | nan sectio | • | ın sectio | - | | tion of relati | . □Y e | es F | - _{No} |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| Sign the | der penalties of perjury, best of my knowledge a ormation of which prepai | and belief, | ıt ıs tr | ue, correc | t, and complete | | | | n taxpaye | | sed on | all |
| Here | | | | | 2015-09-09 | _ \ | a a section of | | return with the | preparer | shown | |
| | Signature of officer or t | rustee | | | Date | | Tıtle | | below | tr)? 🔽 Y | | |
| | Print/Type preparer's Melissa White CPA | name | Prepa | arer's Sıgn | ature | Date 2015 | -09-09 | Check if self- employed ▶ | PTIN P | 001441 | 185 | |
| Paid Preparer Use | Firm's name ► EIDE BAILLY LLP | | | | | | | Firm's EIN ► 45 | 5-037195 | 1 | | |
| Only | Firm's address • 210 UNIVERSITY AV | /E PO BO | X 1387 | 7 WILLIS | STON, | | | Phone no (701 |)577-21 | 57 | | |
| | ND 588021387 | | | | | | | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| If recipient is an individual, show any relationship to any foundation manager or substantial contributor None | Foundation status of recipient NC | Purpose of grant or contribution For medical and travel expenses for indigent children | A mount 1,000 |
|---|--|---|---|
| or substantial contributor | NC | | 1,000 |
| | | | 1,000 |
| | | | 1,000 |
| None | NC | | |
| | | Medical care for indigent children | 750 |
| None | NC | For orthodontic work with indigent children | 1,800 |
| None | NC | For orthodontic work with indigent children | 1,098 |
| None | NC | For orthodontic work with indigent children | 1,548 |
| None | NC | For orthodontic work with indigent children | 1,116 |
| None | NC | For orthodontic work with indigent children | 2,280 |
| None | NC | For orthodontic work with indigent children | 1,520 |
| None | NC | For orthodontic work with indigent children | 1,488 |
| None | NC | For orthodontic work with indigent children each of which was under \$1,000 | 898 |
| None | NC | For orthodontic work with indigent children | 1,488 |
| None | NC | For orthodontic work with indigent children | 1,215 |
| None | NC | For orthodontic work with indigent children | 1,215 |
| None | NC | For orthodontic work with indigent children | 1,425 |
| None | NC | For orthodontic work with indigent children | 1,500 |
| | None None None None None None None None | None NC | Indigent children NO For orthodontic work with indigent children NON NONE NO For orthodontic work with indigent children NONE NONE NO For orthodontic work with indigent children each of which was under \$1,000 NONE NO For orthodontic work with indigent children NONE NO For orthodontic work with indigent children |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|--|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| Dr Tony Fisher - fbo N Lippert 215 West Highland Street Williston,ND 58801 | None | NC | For orthodontic work with indigent children | 1,425 |
| Marshall Orthodontics - fbo M Spotts 2525 6th Ave S Great Falls,MT 59405 | None | NC | For orthodontic work with indigent children | 2,048 |
| North Dakota Caring Foundation Inc 4510 13th Ave S Fargo,ND 58121 | None | PC | Care for indigent children each of which was under \$1,000 | 1,037 |
| Sheridan Memorial Hospital Association 440 W Laurel Avenue Plentywood,MT 59254 | None | PC | Purchase of Gaymar T Pump | 1,196 |
| Total | | | | 26,047 |

TY 2014 Accounting Fees Schedule

Name: Vincent Gaffney Foundation

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------|--------|--------------------------|------------------------|---|
| Accounting | 2,450 | 0 | | 2,450 |

TY 2014 Applied to Prior Year Election

Name: Vincent Gaffney Foundation

EIN: 36-3507945

Election: The foundation is making an election under Regulation section

53.4942(a)-3(d)(2) to apply part of the remaining qualifying distributions to the year 2000 undistributed income of \$2,193.

TY 2014 Investments Corporate Stock Schedule

Name: Vincent Gaffney Foundation

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------------|---------------------------|----------------------------------|
| Great Northern Drilling Co | 4,000 | 25,000 |
| Chevron Corp New Common | 5,152 | 14,856 |
| MDU Res Group | 16,201 | 12,597 |
| US BanCorp Del Common New | 13,135 | 17,360 |
| Apple Inc Common | 9,187 | 17,560 |
| Coca Cola Co | 8,114 | 8,434 |
| Conocophillips | 8,084 | 8,597 |
| Duke Energy Holding Corp | 7,984 | 8,828 |
| Intel Corp | 8,151 | 12,014 |
| Johnson & Johnson | 16,017 | 21,441 |
| McDonalds Corp | 8,053 | 8,081 |
| Merck and Co Inc. New | 8,010 | 11,101 |
| Southern Co | 8,144 | 7,961 |
| United Parcel Service Inc Class B | 8,109 | 10,660 |
| Verizon Communications Inc | 16,065 | 16,780 |
| Xcel Energy Inc. | 8,131 | 9,654 |

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TY 2014 Investments - Other Schedule

Name: Vincent Gaffney Foundation

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|---|-----------------------|------------|----------------------------------|
| Dodge & Cox Income Fund | AT COST | 21,630 | 21,245 |
| Haror Bond Fund | AT COST | 21,351 | 20,654 |
| Federated Govt Income | AT COST | 30,463 | 30,295 |
| Vanguard Fixed Income Secs Inter-Term | AT COST | 31,537 | 30,947 |
| Vanguard Fixed Income Secs Short-term | AT COST | 21,019 | 20,697 |
| Dodge & Cox Funds Intl Stk Fund | AT COST | 6,087 | 6,159 |
| Federated Equity Funds Strategic Value | AT COST | 11,903 | 11,217 |
| Harbor Fund Cap Appreciation Fund Instl | AT COST | 13,454 | 14,250 |
| Vanguard Index Funds Growth Index Fund | AT COST | 12,783 | 13,714 |
| Vanguard Index Funds Mid Cap Index Fund | AT COST | 9,805 | 10,590 |
| Vanguard Index Funds Small Cap Index | AT COST | 9,823 | 10,722 |
| Vanguard Index Funds Value Index Fund | AT COST | 12,892 | 13,352 |

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TY 2014 Other Assets Schedule

Name: Vincent Gaffney Foundation

| | Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|---|-------------------|-----------------------------------|-----------------------------|------------------------------------|
| Ī | Mineral Interests | 17,796 | 17,792 | 45,616 |

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TY 2014 Other Income Schedule

Name: Vincent Gaffney Foundation

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|----------------|-----------------------------------|--------------------------|---------------------|
| O Il Royalties | 8,534 | 8,534 | 8,534 |



TY 2014 Other Increases Schedule

Name: Vincent Gaffney Foundation

| Description | Amount |
|------------------------------------|--------|
| Refund of prior year scholarships. | 5,156 |

TY 2014 Taxes Schedule

Name: Vincent Gaffney Foundation

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------|--------|--------------------------|------------------------|---|
| Excise Tax | 1,186 | 0 | | 0 |

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As Filed Data -

DLN: 93491260000015

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2014

Employer identification number

| Vilicent Gailley Founda | tion | 36-3507945 |
|---|--|---|
| Organization type (che | eck one) | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated a | 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 | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the rom any one contributor Complete Parts I and II See instruction | |
| Special Rules | | |
| under sections 5 received from ar | ion described in section 501(c)(3) filing Form 990 or 990-EZ that 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form one contributor, during the year, total contributions of the great or (ii) Form 990-EZ, line 1 Complete Parts I and II | 1990 or 990-EZ), Part II, line 13, 16a, or 16b, and that |
| during the year, | ion described in section 501(c)(7), (8), or (10) filing Form 990 ctotal contributions of more than \$1,000 exclusively for religious n of cruelty to children or animals Complete Parts I, II, and III | |
| during the year, this box is check purpose Do not | ion described in section 501(c)(7), (8), or (10) filing Form 990 contributions exclusively for religious, charitable, etc., purpose sed, enter here the total contributions that were received during complete any of the parts unless the General Rule applies to ble, etc., contributions totaling \$5,000 or more during the year. | es, but no such contributions totaled more than \$1,000 lf g the year for an exclusively religious, charitable, etc, this organization because it received nonexclusively |

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 990PF, 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

Vincent Gaffney Foundation

Employer identification number 36-3507945

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed | <u> </u> | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Vincent Gaffney Trust American State Bank Trustee PO Box Williston, ND 588021446 | \$ <u>28,535</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Name of organization **Employer identification number** Vincent Gaffney Foundation 36-3507945 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

| ffney Foundation | | | |
|--|---|--|---|
| | : Gaffney Foundation | | |
| entry For organizations completing Part III, ethe year (Enter this information once See in | from any one enter the total of nstructions) | contributor. Complet | e columns (a) through (e) and the following line |
| (b) Purpose of gift | • | :) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, an | | | onship of transferor to transferee |
| (b) Purpose of gift | (c | :) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, an | | | enship of transferor to transferee |
| (b) Purpose of gift | (c | :) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, an | • • | _ | enship of transferor to transferee |
| (b) Purpose of gift | (c | :) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, an | | _ | enship of transferor to transferee |
| t | the year (Enter this information once. See in Use duplicate copies of Part III if additional is (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift | the year (Enter this information once See instructions) Les duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) (c) Transferee's name, address, and ZIP 4 | Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift |