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Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2015 or tax year beginning 2015, and ending Name of foundation A Employer identification number City or town, state or province, country, and ZIP C If exemption application is pending, check here ▶ Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return ☐ Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change □ Name change check here and attach computation \Box E If private foundation status was terminated under H Check type of organization Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . ▶□ Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c). line 16) ▶ \$ (Part I, column (d) must be on cash basis) 🚅 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income purposes the amounts in column (a) (see instructions).) (cash basis only) 62 Contributions, gifts, grants, etc., received (attach schedule) \rightleftharpoons 2 Check ► ☐ if the foundation is **not** required to attach Sch. B MAY 3 Interest on savings and temporary cash investments 781 4 Dividends and interest from securities . . . Gross rents 5a 800 b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Total. Add lines 1 through 11 12 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) 17 Taxes (attach schedule) (see instructions) RE+ 5x Live 6730 6730 19 Depreciation (attach schedule) and depletion Occupancy . . 20 Travel, conferences, and meetings 21 Printing and publications, 22 Other expenses (attach schedule) 1 6. 2016 Total operating and fadministrative expenses Add lines 13 through 23 . 6730 Contributions, gifts, grants paid GOEN 25 200 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 4032 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Form 990-PF (2015)

Part II		Attached schedules and amounts in the description column	Beginning of year		End of year		
	Iram	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 Valu	e	(c) Fair Market Value	
	1	Cash – non-interest-bearing					
	2	Savings and temporary cash investments	80728	80.62	19	80.629	
	3	Accounts receivable ▶	, ,,	7			
		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 (attach schedule) ▶					
		Less: allowance for doubtful accounts ▶					
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ä	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment: basis ► 196,000					
		Less: accumulated depreciation (attach schedule) ▶	196,000	196,00	<u>o_</u>	<u> 290,000</u>	
	12	Investments—mortgage loans		' '1		1	
	13	Investments—other (attach schedule)	43,165	47, 29	<u>(</u>	53, 139	
	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	210 800	2220-		1122710	
		ınstructions. Also, see page 1, item l)	319,893	323,92	<u> </u>	423,768	
	17	Accounts payable and accrued expenses	,			,	
Se	18	Grants payable					
Ě	19	Deferred revenue				}	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Lis	21 22	Mortgages and other notes payable (attach schedule)					
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)					
	23						
es		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.					
Š	24	Unrestricted					
Balances	25	Temporarily restricted					
	26	Permanently restricted					
pu		Foundations that do not follow SFAS 117, check here ▶ □					
Fun		and complete lines 27 through 31.					
or	27	Capital stock, trust principal, or current funds	196,000	196 00)()		
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	10,000	1 1 4 0 0			
sse	29	Retained earnings, accumulated income, endowment, or other funds	123,893	12793	15		
As	30	Total net assets or fund balances (see instructions) .	219 893	23274	35		
let	31	Total liabilities and net assets/fund balances (see	3117 012				
~		instructions)	319.893	323 9	ふぐ	[
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		1	<u> </u>		
1		I net assets or fund balances at beginning of year—Part II, columof-year figure reported on prior year's return)					
	1	1319 893					
2	Ente	r amount from Part I, line 27a			2	4032	
3	Othe	er increases not included in line 2 (itemize)			3	1, 7, -1, -3, -	
4		lines 1, 2, and 3			4	323.925	
5	Deci	reases not included in line 2 (itemize) ▶			5		
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lı	ne 30	6	323 925	
						Form 990-PF (2015)	

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Part	V Capital Gains an	d Losses for Tax on Invest	ment 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 (mc					(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1</u> a						
b						
<u> </u>						
<u>d</u> e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g)
а						
b						
<u> </u>						
<u>d</u>			+			
ее	Complete only for assets she	u	d by the foundation	on 12/31/69	(D Gains (Co	I (h) gain minus
<u>.</u>	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) . (j), ıf any	col (k), but no	t less than -0-) or from col (h))
а						
<u> </u>						
c			+			
<u>a</u>			- 			
	<u> </u>	, , ,, , (If gain	ı, also enter ın Pa	rt I, line 7		
2	Capital gain net income of	nrinat canital incel i -	s), enter -0- ın Pai	,	2	
3	If gain, also enter in Part	ın or (loss) as defined ın sectior t I, line 8, column (c) (see instru	uctions). If (loss)			
Part		der Section 4940(e) for Rec		let Investment	3 t Income	
		rivate foundations subject to the				
		·	3 00000011 10 10(a)	tax on not invoc	anone moome.,	
If sect	tion 4940(d)(2) applies, leav	e this part blank				
		e section 4942 tax on the distrib t qualify under section 4940(e).			base period?	☐ Yes ☐ No
1		ount in each column for each y	ear; see the instru	uctions before m	akıng any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	ons Net value o	(c) f noncharitable-use a		(d) tnbution ratio divided by col (c))
	2014		<u> </u>			
	2013					
	2012 2011					
	2010		-			•
	2010					
2	Total of line 1, column (d)			. 2	
3		for the 5-year base period—didation has been in existence if			l i	
	number of years the foun	dation has been in existence if	less than 5 years		3	
4	Enter the net value of nor	ncharitable-use assets for 2015	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27	'b)		. 6	
7	Add lines 5 and 6 .				. 7	
8		ons from Part XII, line 4			. 8	
	If line 8 is equal to or gre	eater than line 7, check the box	in Part VI, line 1b	o, and complete	that part using a	1% tax rate. See the

Part '		nstru	ction	s)		
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	48	-			
_	here ▶ □ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
3	Add lines 1 and 2	49	85			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	48	35			
6	Credits/Payments:					
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a					
b	Exempt foreign organizations—tax withheld at source 6b			1		
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c			-		
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	10	,,,,			
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	49	5.5			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded 11					
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		V		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		V		
	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.			Ì		
C	Did the foundation file Form 1120-POL for this year?	1c				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$					
е	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?	2		v		
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		V		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	$\overline{}$	r		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		7		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>/</u>		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			}		
	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?		الترز	J		
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	V			
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	 	-			
	A A A A A A A A A A A A A A A A A A A					
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				
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			نہ ـ م		
	complete Part XIV	9				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10		V		
	r-	aar	1 DE 4	0045		

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		Yes	No
12	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u></u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	V	
14	The books are in care of Maurice McCornick Telephone no. > 701-	22	1-6	983
	Located at \triangleright 218 NP Ave, \neg 21P+4 \triangleright 58	lo:	2	
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 2015, 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?		Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		
	the foreign country ▶			
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.		Yes	No
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 (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 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes			
	(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.)			ļ
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		
С	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 2015?	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)).			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			. !
	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)	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, 20			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			1
D	If "Yes," did it have excess business holdings in 2015 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 2015.)	3b	-	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			لــــــــــــــــــــــــــــــــــــ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	L	

D	4
Page	•

Part	VII-B Statements Regarding Activitie	s for W	hich Form	4720 f	May Be R	equire	d (contir	iued)			
5a	During the year did the foundation pay or incur										
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes Vo										Ī
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?								.		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	, , , , , ,						☐ Yes	☑ No			1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
b									,		
_									5b		
	Organizations relying on a current notice regarding disaster assistance check here										
С	If the answer is "Yes" to question 5a(4), does						П.,	П.,		.]
	because it maintained expenditure responsibility If "Yes," attach the statement required by Regul		-				☐ Yes	∐No			
6a						miums				i	-
							☐ Yes	₽Ño			
b	Did the foundation, during the year, pay premiu	ms, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b		<u></u>
72	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation	a narty t	o a prohibited	l tay she	elter transac	tion?	Yes	19No			
	If "Yes," did the foundation receive any proceed								7b		
Parl	t VIII Information About Officers, Direct	ctors, T	rustees, Fo	oundat	tion Mana	igers,	Highly F	aid E	nploy	ees,	
	and Contractors					.	-4				
1	List all officers, directors, trustees, foundation		e, and average		npensation		ontributions				
	(a) Name and address	hou	rs per week ed to position	i (if n	ot paid, ter -0-)	emplo	yee benefit irred compe	plans	(e) Exper other a	nse acc allowan	
	Steve M'Cornick	Tru	stee		0	:	\wedge			<u> </u>	
<u>_B</u>	is marck, N &	<u> </u>	0,38		0		_0_		(<u>) </u>	
	Ion McCocnick	9 ra	itee		0		\bigcirc		()	
Ma	wrice M.Cormick	Tr	1030 uctee		<u> </u>						
## <i>-</i>	Faras, ND	,,	4		0		0		(2_	
			·				•				
2	Compensation of five highest-paid employe	es (oth	er than tho	se incli	ided on li	ne 1—9	see instr	uctions	s). If no	one. 6	enter
-	"NONE."	, cc (cu.	o. a.a						,,	, .	
			(b) Title, and a				(d) Contribu		(e) Expe	nse acc	count
	(a) Name and address of each employee paid more than \$50,0	000	hours per v devoted to p		(c) Comper	sation	plans and compens	deferred		allowan	
	/ /										
	None					-					
Total	number of other employees paid over \$50,000 .		<u></u>					. ▶			
									Form 99	0-PF	(2015)

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) Compens (d) Name and address of each person paid more than \$50,000 (e) Type of service (c) Compens (e) Compens (f) Type of service (g) Compens (g) Type of service (h) Type of service	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El and Contractors (continued)	mployees,
Ital number of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities Ust the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of program-actions and other beneficianes served, conferences convened, research papers produced, etc 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.		NE."
Ital number of others receiving over \$50,000 for professional services Ital number of others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others received services I	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Ital number of others receiving over \$50,000 for professional services Ital number of others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others receiving over \$50,000 for professional services Ital Number of Others received services I		
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Sart 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 tines 1 and 2. Amount All other program-related investments See instructions Ball. Add lines 1 through 3	,	
Sart 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 tines 1 and 2. Amount All other program-related investments See instructions Ball. Add lines 1 through 3		
Sart 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 tines 1 and 2. Amount All other program-related investments See instructions Ball. Add lines 1 through 3		
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 programizations and other beneficianes served, conferences convened, research papers produced, etc Expenses 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 Amount Lal. Add lines 1 through 3		
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 programizations and other beneficianes served, conferences convened, research papers produced, etc Expenses 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 Amount Lal. Add lines 1 through 3	catal pumber of others recovery and over \$50,000 for professional contract	
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	3	
	otal. Add lines 1 through 3	+
		Form 990-PF (20

Pag	e	8

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
_	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		_
	purposes:	i	
а	Average monthly fair market value of securities	1a	53,000
b	Average of monthly cash balances	1b	91'000
С	Fair market value of all other assets (see instructions)	1c	290,000
d	Total (add lines 1a, b, and c)	1d	430,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		,
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	430,000
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		111/6
	instructions)	4	6450
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	423 5.50
6	Minimum investment return. Enter 5% of line 5	6	21,178
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► □ and do not complete this part.)	ounda	ations '
1	Mınımum investment return from Part X, line 6	1	21 178
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	485
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,693
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	20.693
6	Deduction from distributable amount (see instructions)	6	/ 10
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	<u> 20,693</u>
Part	XII Qualifying Distributions (see instructions)		,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	20745
b	Program-related investments—total from Part IX-B	1b)
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20.745
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		7
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20.745
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

art	Vill Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
_					20,693
2	Undistributed income, if any, as of the end of 2015.			0 -01	,
a	Enter amount for 2014 only		-	2581	
b	Total for prior years: 20,20,20				· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 20.745				
а	Applied to 2014, but not more than line 2a			2581	
				23 g L	
-	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
Ç	required—see instructions)				
			+		10 1111
d	Applied to 2015 distributable amount				18,167
_e	Remaining amount distributed out of corpus				<u> </u>
5	Excess distributions carryover applied to 2015				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				·
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has		1		
	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				
_	Undistributed income for 2014 Subtract line				
e	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2015. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2016				7/20
_					2529
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 2010 not				
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013 .				
d	Excess from 2014				
	Excess from 2015				
е	LAUG33 HUHI 2013		1		

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Part					3)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo	•	•			
b	Check box to indicate whether the four		e operating founda		ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
ь	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					
е	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.					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)					
D	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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			-	the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instructio	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					
	before the close of any tax year (but o	Z /	_	nan \$5,000). (See s	section 507(d)(2).)	
			ne			
b	List any managers of the foundation ownership of a partnership or other e					rge portion of the
		<i>N</i> o	Ne		-	
2	Information Regarding Contribution					
	Check here ► ☐ If the foundation					
	unsolicited requests for funds. If the t		gifts, grants, etc.	(see instructions)	to individuals or or	ganizations under
	other conditions, complete items 2a,		 			
а	The name, address, and telephone no	umber or e-mail a	ddress of the pers	son to whom applic		
		k 218/	1/P Ave.	Fargo, ND	5 8 10 x	V-237-6983
b	The form in which applications should	d be submitted an	d information and	materials they sho	ould include:	
		<u></u>	etter			
С	Any submission deadlines:	1	1000			
d	Any restrictions or limitations on av	vards, such as b	by geographical a	reas, charitable fi	elds, kinds of inst	itutions, or other
_	factors:	1	on +	,	,	
			~ / \ (

Supplementary Information (continued)

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of **Amount** contribution Name and address (home or business) recipient or substantial contributor a Paid dunng the year Charitable 1000 Nokomis 1000 First Choice Clinic Exempl 3200 700d For the Poor Mayville State M. 1000 1000 7M Symphon y Shiloh Christian Schol 1000 St. Mary's High School 1000 JPI Catholic Schools 1000 Carmel of Mary Religious 1000 Cathedral of Holy Spirit Presentation Sisters 1000 1000 st. Mary's Cathedral Sts. Anne & Joachim Ch 1000 1000 St. Paul's Newman Ctr. 5000 3a 20, 200 Approved for future payment Total

Pe	πχ	MFA Analysis of Income-Producing Ac	ctivities				
Ente	er gro	oss amounts unless otherwise indicated.	Unrelated bu	usiness income (b)	Excluded by section (c)	on 512, 513, or 514	(e) Related or exempt
1		ogram service revenue:	Business code	Amount	Exclusion code	(d) Amount	function income (See instructions.)
	a				<u> </u>		
	b C						
	d				-		
	e						
	f				 		
	g	Fees and contracts from government agencies					
2		mbership dues and assessments				<u> </u>	
3		erest on savings and temporary cash investments			14	73	
4	Div	idends and interest from securities			14	781	
5		t rental income or (loss) from real estate:					
		Debt-financed property					
_		Not debt-financed property			16	27,800	
_		rental income or (loss) from personal property		.,,		<u> </u>	
7		ner investment income				- -	
8 9		n or (loss) from sales of assets other than inventory income or (loss) from special events					
10		oss profit or (loss) from sales of inventory				 -	
11		her revenue: a Cap Gain Dist.	<u> </u>		18	2348	
	b	JA GOOD KILL			1.0	<u> </u>	
	С					<u> </u>	
	d						
	е						
		ototal. Add columns (b), (d), and (e)				30 962	
13	Tot	al. Add line 12, columns (b), (d), and (e)				13 / 3	0.962
		ksheet in line 13 instructions to verify calculation					/
	e No	VI-B Relationship of Activities to the A					
	▼	 Explain below how each activity for which accomplishment of the foundation's exempt pur 	ncome is repo poses (other thai	orted in column n by providing fui	e) of Part XVI) nds for such purpe	-A contributed in oses). (See instruc	nportantly to the tions)
					<u> </u>		
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Da 1	•		- December Toon	-f T 1 T		- l - A! l - !	MCM Maraba			ge . .	
Part	XVII		n Regarding Tran ganizations	sfers To and Trans	actions and Re	elationsnips	with Noncha	птарі	е		
1	Did 1			engage in any of the fo	llowing with any	other organiza	tion described	Т	Yes	No	
-	in se			section 501(c)(3) organ							
а	a Transfers from the reporting foundation to a noncharitable exempt organization of										
_			-		-			1a(1)		~	
								1a(2)			
b		er transactions:			· · · · · · · · · · · · · · · · · · ·						
	(1) 5	Sales of assets to	a noncharitable exe	mpt organization .				1b(1)		10	
				ible exempt organization				1b(2)		V	
				r assets				1b(3)		V	
								1b(4)		V	
			_					1b(5)		V	
	(6) F	Performance of se	ervices or membersh	ip or fundraising solicit	tations			1b(6)		V	
С	Shar	ring of facilities, e	quipment, mailing lis	sts, other assets, or par	d employees .			1c		V	
d	If the	e answer to any	of the above is "Yes	s," complete the follow	ring schedule. C	olumn (b) sho	uld always show	w the t	faır m	arket	
				ces given by the repor							
	value	e in any transactio	on or sharing arrang	ement, show in columr	(d) the value of	the goods, oth	er assets, or se	rvices	rece	ved.	
(a) Line	e no	(b) Amount involved	(c) Name of nonch	ıarıtable exempt organization	(d) Descrip	tion of transfers, tr	ansactions, and sha	иng arra	angeme	ents	
	1- 4-			المحقدات معالمات المحقدانا	<u> </u>						
Za	doca	ribed in section 5	501(c) of the Code (c	iliated with, or related other than section 501((3)) or in section	e tax-exempt c 5 5 2 7 2	organizations	7 v		<u></u>	
h			e following schedule		5)(0)) 01 111 3601101	1027:	L	_ res		NO	
		(a) Name of organ		(b) Type of organ	erzation	(c) [Description of relation	nshin			
		(a) Namo or organ	neadori -	(b) Type of organ	iii Zation	(0) 2		попір			
					_						
											
	Und	ler penalties of perjury. I	I declare that I have examine	d this return, including accomp	anying schedules and s	statements, and to the	ne best of my knowle	dge and l	belief, it	is true.	
Sign		ect, and complete Decl	laration of preparer (other th	an taxpayer) is based on all info	rmation of which prepa	rer has any knowled	ge May the I			_	
Here		W/auxi	Trut	P	with the	oreparer	shown	below			
		nature of officer or tru	istee /	Date	Title		(see instru	ctions)?	∐Yes	□No	
De:4		Print/Type preparer		Preparer's signature		Date	Chask [] .	PTIN			
Paid	0ro-	.	\				Check if self-employed				
Prep Use				1		Firm	n's EIN ▶				
USE !	Ulliy	Firm's address ▶				i i	one no				
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RAYMOND JAMES®

October 30 to December 31, 2015 Account # 50670605

Lucile Coghlan McCormick Memorial Annual Summary - #50670605

Registered to MAURICE G & THOMAS D MCCORMICK | & STEPHEN D MCCORMICKTTEE | U/A DTD DEC 28, 1987 LUCILE | COGHLAN MCCORMICK MEMORIAL TRUST | 902 3RD AVE S | FARGO ND 58103-1707026

Capital Access	6		This Statement	Year to Date
Value This Sta		Beginning Balance Deposits	\$0.00 \$80,635 07 \$ 2,652 90	\$0.00 \$80,635 07
\$79,196.30		Income Withdrawals	\$0 00	\$2,652 90 \$0 00
Last Statement	Prior Year-End	Expenses Change in Value	\$0 00 \$(4,091 67)	\$0 00 \$(4,091 67)
\$0 00	\$0 00	Ending Balance	\$79,196.30	\$79,196.30
Dollar-Weighted	Performance*			
YTD (1 79)%	Annualized Since 11/05/2015 (1 79)%			

Performance Inception 11/05/2015
Excludes some limited partnerships, unpriced securities and annuity history prior to the annuity being linked to the account

Important Messages

Your primary objective is Growth, with a medium risk tolerance and a time horizon exceeding 10 years Your secondary objective is Income, with a medium risk tolerance and a time horizon exceeding 10 years

Raymond James Capital Access Client Services 800-759-9797

24 hours a day, 7 days a week, excluding holidays

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For more information. visit raymondiames com/investoraccess

	Quantity	Price	Value	Gain or (Loss)°	Estimated Annual Income
Cash & Cash Alternatives					
Raymond James Bank Deposit Program ^(†) 0 03% - Selected Sweep Option			\$26,057.50		\$7 81
SunTrust Bank			\$26,057 50		
Your bank priority state: ND					

Participating banks recently added: Bank of India 01/11/2016, Pacific Western Bank 12/29/2015

Dlease see the Raymond James Bank Deposit Program on the Understanding Your Statement page

Cash & Cash Alternatives Total

\$26,057.50

\$7.81





Your Portfolio (continued)

	Quantity	Price	Value	Gain or (Loss)°	Estimated
Mutual Funds	Quantity		Value	Call Of (LUSS)	Annual income
CAPITAL INCOME BUILDER FUND CLASS A - AMERICAN FUNDS M/F (CAIBX)	121 562	\$55 850	\$6,789.24	\$1,789 24 ^B	\$243 12
CAPITAL WORLD GROWTH & INCOME FUND CLASS A - AMERICAN FD M/F (CWGIX)	157 912	\$43 360	\$6,847.06	\$1,847 06 ^B	\$138 96
EUROPACIFIC GROWTH FUND CLASS A - AMERICAN FUNDS M/F (AEPGX)	133 607	\$45 370	\$6,061.75	\$1,061 75 ^B	\$106 22
GROWTH FUND OF AMERICA CLASS A - AMERICAN FUNDS M/F (AGTHX)	218 067	\$41 290	\$9,003.99	\$4,003 99 ^B	\$59 31
INVESTMENT COMPANY OF AMERICA CLASS A - AMERICAN FUNDS M/F (AIVSX)	251 258	\$33 370	\$8,384.48	\$3,384 48 ^B	\$145 73
NEW PERSPECTIVE FUND CLASS A - AMERICAN FUNDS M/F (ANWPX)	227 120	\$36 020	\$8,180.86	\$3,180 86 ^B	\$59 05
SMALLCAP WORLD FUND CLASS A - AMERICAN FUNDS M/F (SMCWX)	180 413	\$43 630	\$7,871.42	\$2,871 42 ^B	
Mutual Funds Total			\$53,138.80	\$18,138.80	\$752.39
Portfolio Total		_	\$79,196.30	\$18,138.80	\$760.20

^B Please see Cost Basis on the Understanding Your Statement page regarding Open End Mutual Funds

Your Activity

Date	Activity Type	Check/ Deposit Code	Description	Quantity	Amount
Deposits	,				
12/22/2015	Deposit		Cash Reimb ACAT Fee 50670605 2M22		\$95 00
Deposits	Total				\$95.00



[°] Please see Cost Basis on the Understanding Your Statement page