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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

2015Department of the Treasury
Internal Revenue Service

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► 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 , and ending

Name of foundation DR HENRY HOBART RUGER TRUST		A Employer identification number 45-6071291
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 838	Room/suite	B Telephone number (see instructions) 701-662-4077
City or town, state or province, country, and ZIP or foreign postal code DEVILS LAKE ND 58301		C If exemption application is pending, check here ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 892,783	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check ☒ if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	37	37	37	
4 Dividends and interest from securities	22,446	22,446	22,446	
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-12,162			
b Gross sales price for all assets on line 6a	412,666			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	10,321	22,483	22,483	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	9,000	4,500		4,500
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) SEE STMT 1	833			833
b Accounting fees (attach schedule) STMT 2	1,660			1,660
c Other professional fees (attach schedule) STMT 3	12,142	12,142		
17 Interest				
18 Taxes (attach schedule) (see instructions) STMT 4	887	887		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	1,012			1,012
22 Printing and publications				
23 Other expenses (attach schedule) STMT 5	55	55		
24 Total operating and administrative expenses. Add lines 13 through 23	25,589	17,584	0	8,005
25 Contributions, gifts, grants paid SEE STATEMENT 6	48,400			48,400
26 Total expenses and disbursements. Add lines 24 and 25	73,989	17,584	0	56,405
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-63,668			
b Net investment income (if negative, enter -0-)		4,899		
c Adjusted net income (if negative, enter -0-)			22,483	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

Form 990-PF (2015) **DR HENRY HOBART RUGER TRUST****45-6071291**Page **2**

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	19,212	8,009	8,009
	2 Savings and temporary cash investments	30,071	23,086	23,086
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att schedule) ▶ Less allowance for doubtful accounts ▶	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	114,921	158,025	191,362
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule) SEE STATEMENT 8	724,085	635,501	670,326
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch) ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	888,289	824,621	892,783
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ ☐			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ ☒			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	888,289	824,621	
	30 Total net assets or fund balances (see instructions)	888,289	824,621	
	31 Total liabilities and net assets/fund balances (see instructions)	888,289	824,621	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	888,289
2 Enter amount from Part I, line 27a	2	-63,668
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	824,621
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	824,621

Form **990-PF** (2015)

Form 990-PF (2015) **DR HENRY HOBART RUGER TRUST**
Part IV Capital Gains and Losses for Tax on Investment Income

45-6071291

Page 3

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 114,971		125,404	-10,433
b 238,458		250,111	-11,653
c 58,465		49,313	9,152
d 772			772
e			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-10,433
b			-11,653
c			9,152
d			772
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-12,162
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	65,332	1,027,640	0.063575
2013	46,966	1,014,957	0.046274
2012	42,906	988,836	0.043390
2011	42,649	1,012,277	0.042132
2010	37,054	973,222	0.038074

2 Total of line 1, column (d)	2	0.233445
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046689
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	965,819
5 Multiply line 4 by line 3	5	45,093
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	49
7 Add lines 5 and 6	7	45,142
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	56,405

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	49
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	49
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	49
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	49
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 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		X
c Did the foundation file Form 1120-POL for this year?	N/A	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ☐ \$ _____ (2) On foundation managers ☐ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ ND		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	
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," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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	☒
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	☒
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	☒
14 The books are in care of ► JOHN T TRAYNOR Telephone no ► 701-662-4077 PO BOX 838		
Located at ► DEVILS LAKE ND ZIP+4 ► 58301		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year	15	☐
16 At any time during calendar year 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	☒

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	☒ No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☒ No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☒ No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☒ No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☒ No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☒ No
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	N/A	1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 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	☐ Yes	☒ No
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☒ No
b If "Yes," did it have excess business holdings in 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.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		☒
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		☒

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No
Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN T TRAYNOR PO BOX 838	DEVILS LAKE ND 58301 TRUSTEE 1.00	9,000	0	0

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

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

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	937,011
b	Average of monthly cash balances	1b	43,516
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	980,527
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	980,527
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	14,708
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	965,819
6	Minimum investment return. Enter 5% of line 5	6	48,291

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

1	Minimum investment return from Part X, line 6	1	48,291
2a	Tax on investment income for 2015 from Part VI, line 5	2a	49
b	Income tax for 2015 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	49
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	48,242
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	48,242
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	48,242

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	56,405
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,405
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	49
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,356

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				48,242
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			9,600	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 56,405				
a Applied to 2014, but not more than line 2a			9,600	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				46,805
e Remaining amount distributed out of corpus				
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions				
e Undistributed income for 2014 Subtract line 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				1,437
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				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities
Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test – enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test – enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**1 Information Regarding Foundation Managers**

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

N/A

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

N/A

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

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

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

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

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

SEE ATTACHED APPLICATION

c Any submission deadlines

VARIOUS

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

SEE STATEMENT 9

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE STATEMENT 10				48,400
Total				▶ 3a 48,400
b Approved for future payment N/A				
Total				▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
				37
				22,446
				-12,162
	0		0	10,321

12 Subtotal Add columns (b), (d), and (e)

13 Total. Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

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

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash
- (2) Other assets
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

- b If "Yes," complete the following schedule**

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

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

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

**Sign
Here**


Signature of officer or trustee

Date 5/16/10

TRUSTEE

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if self-employed

STEVEN D BRITSCH, CPA

Stan Porter, CPA

05/12/16

Firm's name ▶ **BRITSCH & ASSOCIATES, PC**

PTIN P00166571

Firm's address ▶ 415 6TH AVE NE
DEVILS LAKE, ND 58301

Firm's EIN ▶ 20-1746221

Phone no 701-662-8724

Form **990-PF** (2015)

Federal Statements

5/12/2016 11:43 AM

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL SERVICES	\$ 833		\$	\$ 833
TOTAL	\$ 833	\$ 0	\$ 0	\$ 833

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TAX PREPERATION	\$ 1,660		\$	\$ 1,660
TOTAL	\$ 1,660	\$ 0	\$ 0	\$ 1,660

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT FEES	\$ 12,142	\$ 12,142	\$	\$
TOTAL	\$ 12,142	\$ 12,142	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL INCOME TAX	\$ 287	\$ 287	\$	\$
FOREIGN TAXES PAID	\$ 600	\$ 600		
TOTAL	\$ 887	\$ 887	\$ 0	\$ 0

Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
OFFICE EXPENSE	49	49		
INVESTMENT EXPENSES	6	6		
TOTAL	55	55	0	0

Statement 6 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
100					12/04/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
3,000					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
3,000					12/07/15
100					12/07/15
2,000					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15

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45-6071291
FYE: 12/31/2015

5/12/2016 11:43 AM

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants
(continued)

Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
2,000					12/07/15
3,000					12/07/15
3,000					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
100					12/07/15
500					12/07/15
2,000					12/07/15
2,000					12/07/15
3,000					12/07/15
2,000					12/07/15
100					12/07/15
100					12/07/15
3,000					12/07/15
100					12/07/15
2,000					12/07/15
3,000					12/07/15

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AFFILIATED MANAGERS GROUP, INC	\$ 1,000	\$ 2,098	COST	\$ 2,876
ALPHABET INC		3,267	COST	5,312
AMERIPRISE INFL INC		4,429	COST	3,938
ANHEUSER-BUSCH INVEB	2,422		COST	
APACHE CORP	3,470		COST	
APPLE INC	4,080	7,570	COST	11,368
BAXTER INTL INC	3,209		COST	
BERKSHIRE HATHAWAY INC	3,905	4,695	COST	6,338
BLACKROCK INC	1,881	2,504	COST	2,724
BOEING CO	3,601	5,211	COST	7,085
CELANESE CROP	3,348	4,309	COST	5,252

Federal Statements

5/12/2016 11:43 AM

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CISCO SYSTEMS INC	\$ 2,980	4,852	COST	\$ 6,110
CITIGROUP INC	3,990	4,948	COST	5,123
CME GROUP INC	2,904	3,820	COST	5,164
COMCAST CORP CLASS A	2,495	3,852	COST	5,474
CUMMINS INC	4,842	5,619	COST	3,696
CVS HEALTH CORP	2,008	3,164	COST	6,257
DIAGO PLC ADR	1,433	2,381	COST	2,836
EATON CORP	2,279	2,212	COST	2,134
EMC CORP MASS	2,061		COST	
GILEAD SCIENCES INC	1,391	1,391	COST	3,137
GOLDMAN SACHS GROUP INC	1,833	3,149	COST	3,244
GOOGLE INC	3,273		COST	
HAIN CELESTIAL GROUP INC		2,748	COST	2,706
HSBC ADR	3,779	4,414	COST	3,473
IBM CORP	1,848		COST	
JOHNSON CONTROLS INC	2,355	3,001	COST	3,278
JPMORGAN CHASE & CO	3,488	4,644	COST	6,273
LAS VEGAS SANDS CORP	3,327	3,327	COST	2,324
MANULIFE FINANCIAL CORP		2,659	COST	2,711
MCKESSON CORP	2,825	3,583	COST	5,128
MICROSOFT CORP	3,160	4,986	COST	6,935
MONSANTO CO		5,744	COST	5,222
MONSTER BEVERAGE CORP	930		COST	
NATIONAL OILWELL VARCO INC	4,064		COST	
NESTLE SA REGISTERED SHARES ADR	1,872	2,487	COST	3,498
ORACLE CORPORATION	1,943	2,775	COST	3,324
PNC FINANCIAL SERVICES GROUP		4,446	COST	4,480
ROCHE HOLDINGS LTD		4,230	COST	4,309
SCHLUMBERGER LTD		5,357	COST	4,673
SUNCOR ENERGY INC	4,491	5,554	COST	5,341
TARGET CORP	2,469	3,718	COST	4,574
THERMO FISHER SCIENTIFIC INC	1,740	2,490	COST	4,256
TJX COM INC	2,155	2,945	COST	4,680
TOTAL S.A. ADR	2,865	4,677	COST	4,225
UNION PACIFIC CORP	3,119	5,170	COST	5,630
UNITED HEALTH GROUP INC	3,118	3,586	COST	6,353
UNITED PARCEL SERVICE	1,999	2,608	COST	3,176

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 45-6071291
 FYE: 12/31/2015

5/12/2016 11:43 AM

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
US BANKCORP	\$ 2,383		COST	\$
WALT DISNEY CO	2,586	3,405	COST	6,725
TOTAL	\$ 114,921	\$ 158,025		\$ 191,362

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AQR MANAGED FUTURES STRATEGY FUND	\$ 15,621	8,757	COST	\$ 8,598
ASG GLOBAL ALTERNATIVES FUND	20,490	16,214	COST	14,929
BARCLAYS BANK PLC IPATH BLOOMBERG	35,730	15,802	COST	15,544
BLACKROCH GLOBAL LONG/SHORT		22,911	COST	21,523
DREYFUS EMERGING MARKETS DEBT	23,897		COST	
DREYFUS INTERNATIONAL BOND FUND	22,244		COST	
DRIEHAUS ACTIVE INCOME FUND	19,613		COST	
EATON VANCE GLOBAL MACRO ABSOLUTE		8,871	COST	8,766
FIDELITY ADVISORS EMERGING MARKETS	14,458	34,393	COST	32,620
ISHARE S&P MIDCAP 400 GROWTH	28,337		COST	
ISHARES CORE S&P 500	16,863		COST	
ISHARES CORE S&P SMALL CAP	26,109	31,685	COST	43,824
ISHARES MSCI EMERGING MARKETS		54,108	COST	52,920
ISHARES S&P MID-CAP 400 GROWTH		28,166	COST	38,952
ISHARES S&P MIDCAP 400 VALUE	27,305	30,197	COST	38,559
JPMORGAN HIGH YIELD FUND	29,278	19,880	COST	17,840
NEUBERGER BERMAN LONG SHORT FUND	34,312	32,176	COST	30,983
MERGER FD SH BEN INT	14,077		COST	
PIMCO FOREIGN BOND FUND	20,983		COST	
PRINCIPAL GLOBAL MULTI-STRATEGY FUND	9,906		COST	
SPDR DJ WILSHIRE INTERNATIONAL REAL	31,482	33,312	COST	35,286
THE MERGER FUND		7,179	COST	6,968
T ROWE PRICE INSTITUTIONAL FLOAT	14,666	6,822	COST	6,479
VANGUARD FTSE DEVELOPED MARKETS ETF	91,490	83,130	COST	82,510
VANGUARD EMERGING MARKETS ETF	60,572	5,174	COST	4,874
VANGUARD INTERMEDIATE TERM B	52,700	60,349	COST	59,803
VANGUARD REIT VIPER	22,272	22,947	COST	37,154
VANGUARD SHORT TERM BOND ETF	91,680	113,428	COST	112,194
TOTAL	\$ 724,085	\$ 635,501		\$ 670,326

Federal Statements**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**Description

SEE ATTACHED APPLICATION

Form 990-PF, Part XV, Line 2c - Submission DeadlinesDescription

VARIOUS

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

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

Federal Statements

45-6071291

FYE: 12/31/2015

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

Name		Address		Relationship		Status	Purpose	Amount
DEVILS LAKE PARK BOARD		PO BOX 446		N/A			GOVT	
DEVILS LAKE ND 58301		4278 RUSSET AVE S.		N/A			INDIVIDUAL	12,100
HOUDA ABDELRAHMAN				N/A			ASSIST IN MEDICAL EDUCATION	100
FARGO ND 58104		3810 BERKELEY DR. #7		N/A			INDIVIDUAL	
NATASHA GARCIA		4240 5TH AVE N #310		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58202		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
MARI GOLDADE		2302 30TH AVE S. #502		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
SEAN JOHNSON		7177 COUNTY RD 181		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58201		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
JANET JULSON		117 NORTHWESTERN DR		N/A			ASSIST IN MEDICAL EDUCATION	100
WAHPETON ND 58075		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
SHELLEY KIRKHAM		1707 S 19TH ST		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58202		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
CHESLIE MOYER		305 N 51ST ST #7		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58201		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
SHAUNA NEWTON		815 DUKE DR.		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
SARA PAULSON		3500 RUEMMELE RD #300		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58201		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
JASON REARDON		324 N 17TH ST		N/A			ASSIST IN MEDICAL EDUCATION	3,000
GRAND FORKS ND 58301		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
ZACHARY STASKYWICZ		1020 4TH AVE N #3		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
KEN THARP		2315 9TH AVE N		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
JOLEY BEELER		606 N COLUMBIA RD		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
KACY BENEDICT		1912 1ST AVE N		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58301		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
ELIZABETH BLAIR		2601 6TH AVE N		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
ERIC CHRISTENSEN		INDIVIDUAL		N/A			ASSIST IN MEDICAL EDUCATION	100
GRAND FORKS ND 58203				N/A				

Federal Statements

5/12/2016 11:43 AM

45-6071291

FYE: 12/31/2015

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

Name		Address		Relationship		Status	Purpose	Amount
BROCK DAVIDSON	GRAND FORKS ND 58201	2815 17TH ST S #304	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			3,000
JENNIFER GLATT	GRAND FORKS ND 58201	4353 PIONEER DRIVE #305	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
KELSEY LAMBRECHT	GRAND FORKS ND 58201	819 DUKE DRIVE #103	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			2,000
AMANDA MCMAHON	FARGO ND 58103	1738 35TH ST S UNIT F	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
LISA POOLE	GRAND FORKS ND 58203	2209.5 UNIVERSITY AVE	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
NATHAN SEVEN	GRAND FORKS ND 58203	815 NORTH 39TH ST #105G	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
SIRI UERQUHART	GRAND FORKS ND 58201	4000 GARDEN VIEW DR #211	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
DELAND WEYRAUCH	GRAND FORKS ND 58203	3904 UNIVERSITY AVE #6	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
AMY BORYS	GRAND FORKS ND 58201	1302 CHESTNUT ST	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			2,000
NATALIE BITTNER CRAWFORD	GRAND FORKS ND 58203	2124 4TH AVE N	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			3,000
ERIN FOLLMAN	GRAND FORKS ND 58203	715 N 40TH ST #101H	GRANDDAUGHTER	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			3,000
MICHAEL GRUCHALLA	FARGO ND 58102	217 30TH AVE N	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
COLE LABER	NAPOLEON ND 58561	PO BOX 275	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
HEATHER LIEBE	MINOT ND 58701	1705 2ND AVE SW #321	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
MATTHEW MCGEE	BISMARCK ND 58503	3900 ALABAMA ST #109	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			100
EMILY WOODS	FARGO ND 58102	374 5TH ST N #304	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			500
SAMANTHA DUSEK	BISMARCK ND 58501	1800 E CAPITOL AVE #354	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION			2,000

Federal Statements

45-6071291

FYE: 12/31/2015

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

Name		Address		Relationship		Status	Purpose	Amount
KATRINA FOSTER	FARGO ND 58104			2312 55TH ST S	N/A	INDIVIDUAL #207	ASSIST IN MEDICAL EDUCATION	2,000
JOSH GREENE	GRAND FORKS ND 58201			4762 CURRAN CT	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	3,000
JOSALYNNE HOFF	BOWDON ND 58481			3938 4TH ST SE	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	2,000
KRISTOPHER HOLADAY	FARGO ND 58104			4630 33RD AVE S #205	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	100
JOSH RIEDINGER	FARGO ND 58103			3048 18TH ST S	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	100
NICOLE SAMSON	THOMPSON ND 58278			1006 COLUMBIA AVE NE	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	3,000
MANDY SCHWENN	GRAND FORKS ND 58201			1009 MONROE AVE	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	100
MICHAEL TRAYNOR, JR	FARGO ND 58102			374 5TH STREET N #505	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	2,000
ELISE DICK	GRAND FORKS ND 58203			3553 13TH AVE N #308	N/A	INDIVIDUAL	ASSIST IN MEDICAL EDUCATION	3,000
TOTAL								48,400

NOTICE OF AVAILABILITY OF ANNUAL RETURN

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

DATED this 9th day of May, 2016.

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

APPLICATION FOR GRANT

Please complete and return application to:

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

INFORMATION

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

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

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

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

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

7. Pre-med grade point: _____

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

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

9. Describe financial need for grant: _____

10. Give _____ career
objectives: _____

11. What specialty are you considering?: _____

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

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

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

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

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

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

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

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