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'Form 990-PF

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Informat

For calendar year 2015 or tax year beginning

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

In beginning DEC 14, 2015, and ending DEC 31,

For c	alen	dar year 2015 or tax year beginning DEC	14, 2015	, and e	nding	DEC 31, 2015	
Nam	e of	foundation				A Employer identification	number
TI	ΗE	BOB AND SALLY CLAYBURG	H FAMILY				
F	נטכ	NDATION				81-0816957	
Num	ber ar	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
4:	20	REEVES DR				701-746-12	00
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
ĞI	RAI	ND FORKS, ND 58201-491	4				
G C	neck	all that apply: X Initial return	Initial return of a fo	rmer public o	charity	D 1 Foreign organizations	s, check here
		Final return	Amended return			2	050()
		Address change	Name change			2 Foreign organizations me check here and attach co	imputation
H C	neck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year J Accounti	ng method: X Cash	Accr	rual	F If the foundation is in a	60-month termination
(fro	om F	Part II, col (c), line 16)	her (specify)			under section 507(b)(1)	(B), check here
		1,000,001. (Part I, colu	mn (d) must be on cash b	pasis.)			T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	Inco	ome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.			N/A	
·~	2	Check If the foundation is not required to attach Sch. 8					
2346	3	Interest on savings and temporary cash investments	1.		1.		STATEMENT 1
	4	Dividends and interest from securities					
€ Ø	5a	Gross rents					
	b	Net rental income or (loss)		<u></u>			
او∑	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
- eu	b	assets on line 6a				}	
آج َ افر	7	Capital gain net income (from Part IV, line 2)			0.		
_	8	Net short-term capital gain					
- 3	9	Income modifications Gross sales less returns					
Revenue	_	and allowances					
Ò		Less Cost of goods sold					
		Gross profit or (loss) Other income					
	11 12	Totat: Add-lines-1-through_11	1,000,001.		1.		
	13	Compensation of difficers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages			<u>_</u>		
	15 (
ès	164	Bension plans, employee benefits 0					
ens	ŀЬ	Accounting-fees			-		
Expense	اد	Other Odessional tees UT					
ě	17	Interest			•		
and Administrative	18	Taxes					
ıst	19	Depreciation and depletion					
Ē	20	Occupancy					
PΑ	21	Travel, conferences, and meetings					
and	22	Printing and publications					
	23	Other expenses					
Operating	24	Total operating and administrative			=		_
be		expenses. Add lines 13 through 23	0.		0.		0.
٥	25	Contributions, gifts, grants paid	0.				0.
	26	Total expenses and disbursements			_		
		Add lines 24 and 25	0.		_0.		0.
	27	Subtract line 26 from line 12:	1 000 001				
		Excess of revenue over expenses and disbursements	1,000,001.				
		Net investment income (if negative, enter -0-)			1.		
	C	Adjusted net income (if negative, enter -0-)	L <u></u>		_	N/A	<u> </u>

.For	m 99	0-PF (2015), FOUNDATION		81-	0816957 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments		1,000,001.	1,000,001.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts ▶			
	I -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the		4 000 001	
		instructions. Also, see page 1, item I)	0.	1,000,001.	1,000,001.
	17	Accounts payable and accrued expenses		- 1-1	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
		T		_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
nce	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
В	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
Ë		•			
P		and complete lines 27 through 31	0.	0.	
its	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1,000,001.	
at A	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,000,001.	
ž	30	Total net assets or fund balances	0.		
	24	Total liabilities and net assets/fund balances	0.	1,000,001.	
_	31			1,000,001	
<u>P</u>	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	1,000,001.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,000,001.
-		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,000,001.

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Capital Gains and Losses for Tax on Investment Income Part IV' (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a NONE b C (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (k) Excess of col. (i) (j) Adjusted basis Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any b d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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). If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income N/A (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. Yes Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) 2014 2013 2012 2011 2010 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years 3 the foundation has been in existence if less than 5 years Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 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.

	n 990-PF (2015) , FOUNDATION Int VI Excise Tax Based on Investment Income (Section 49	940(a) 4940(h)	1940(e) or 4	048 -	OB TO	nstru	ctic	Page 4
			+940(e), 01 4	1340 -	366 1	IISTIU	CLIO	115)
1a	Exempt operating foundations described in section 4940(d)(2), check here							
	Date of ruling or determination letter: (attach copy of letter if							^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 19	/o P	_1				<u>0.</u>
	of Part I, line 27b	40/ 40 111 140						
-	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter		ol. (b). J					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2			3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -U-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6	Credits/Payments:	ا ما			!			
	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		-				
	Exempt foreign organizations - tax withheld at source	6b		-				
	Tax paid with application for extension of time to file (Form 8868)	6c		-				
	Backup withholding erroneously withheld	6 <u>d</u>		ا ہ				^
	Total credits and payments. Add lines 6a through 6d	- 11 t d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	апаспео	_	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			9				0.
	• •	a		10_				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax		Refunded >	11				
	art VII-A Statements Regarding Activities	andation or did it partie	unate or intervene				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local le	egisiation of did it partit	ipate of intervene	; 111		1a		X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political pu	rnocac (cae instruction	for the definition	112		1b		X
D	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities					10		<u> </u>
	distributed by the foundation in connection with the activities	s and copies or any m	ateriais publism	eu oi				
_	Did the foundation file Form 1120-POL for this year?					1c		x
	r blot the roundation life Form 1120-FOC for this year? I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year						
u	(1) On the foundation. \triangleright \$ 0. (2) On foundation manage		0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed or		-				
٠	managers. > \$ 0.	• · · · · · · · · · · · · · · · · · · ·						
2	Has the foundation engaged in any activities that have not previously been reported to the	he IRS?				2		х
-	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governi	ing instrument, articles	of incorporation,	or				
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the					4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	•		N	/A	4b	·	
	Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ear?				5		X
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	ed either:						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mand-	latory directions that coi	iflict with the state	e law				
	remain in the governing instrument?					6	_X_	
7	District to the state of the st	complete Part II, col	(c), and Part X\	/		7	X	
8a	f a Enter the states to which the foundation reports or with which it is registered (see instru	uctions) 🕨						
	ND							
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	he Attorney General (or	designate)					
	of each state as required by General Instruction G? If "No," attach explanation					8b_	<u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of		4942(j)(5) for cal	endar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes		_		_	9		_X_
	Did any paragraph become substantial contributors during the tay year?			יייאייי	つ	1 10	Y	ĺ

	THE BOB AND SALLY CLAYBURGH FAMILY			
		<u>816957</u>	7	Page
Pa	rt 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► 701	-746-1	L200	
•		> 58201		
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	ľ	I/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		<u> </u>	
	foreign country			
Pa	art 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?	No	}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X			1
	(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)?	No	İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	"	1	
	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 X	No		
	of fany 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)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>	 	
	E 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		x
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10	1	
2	defined in section 4942(j)(3) or 4942(j)(5)):			
	t 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		1	
•	before 2015?	No.		
		•		
	If "Yes," list the years >			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	Ì		
	statement - see instructions.)	A 2b		
_	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	 	
(
٥.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
J	during the year?	No		
	o 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 diff or beguest; 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)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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

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4a

N/A

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ıed)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o		ectly.		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No	
(4) Provide a grant to an individual for travel, study, or other similar purposes			3 22 110	
· ·	ii described iii section	□ v _o	s X No	
4945(d)(4)(A)? (see instructions)	ar adventional avenues of a		S A NU	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?			S LAS NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	/-	_
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5 b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				
expenditure responsibility for the grant?	N	I/A	s L No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ĺ	
a personal benefit contract?		☐ Ye	s X No	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust		nagers Highly		
Paid Employees, and Contractors	oco, i ouridation ivia	agoro, riigiii)		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
Telet all ellipsis, all esterois, a decise, reduced in mail age of and a series		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
DODDE II GIAVDIDGII	to position PRESIDENT/TRE	enter -0-)	compensation	allowalices
	 	WOOVEV		
420 REEVES DR	1 00			0
GRAND FORKS, ND 58201	1.00	0.	0.	0.
SARA J. CLAYBURGH	SECRETARY			
420 REEVES DR	1 00			•
GRAND FORKS, ND 58201	1.00	0.	0.	<u> </u>
	DIRECTOR			
420 REEVES DR				
GRAND FORKS, ND 58201	1.00	0.	0.	0.
		[
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Componenties	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
210212				
	†			
	1			
	1			
	-			
		<u> </u>		
Total number of other employees paid over \$50,000				0
			Form 9	990-PF (2015)

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Part VIII Information About Officers, Directors, Trustees, Foundaries, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	itistical information such as the roduced, etc.	Expenses
1 N/A		
2		
3		
4		<u> </u>
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A	on mes rand z.	Amount
11/11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.

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Р	Minimum Investment Return (All domestic foundations must complete this part Foreign	foundations, s	ee 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 _	0
b	Average of monthly cash balances	1b	1,000,001
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,000,001
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,000,001
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,000
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	985,001
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,429
Р	foreign organizations check here and do not complete this part.)	ns and certain	
1	Minimum investment return from Part X, line 6	1	2,429
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,429.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,429.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,429.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	0.
b		1b	0.
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		3a	
b	,	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u> </u>
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat 4940(e) reduction of tax in those years.	ion qualifies for	the section

Form 990-PF (2015)

Part XIII

FOUNDATION

⊍ndistributed	Income	(see	instructions)
---------------	--------	------	---------------

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				2 420
line 7				2,429.
2 Undistributed income, if any, as of the end of 2015			_	
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
,,,,,,		0.		
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	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$0.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		811. 118 1	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		ı	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				2,429.
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)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				***************************************
Subtract lines 7 and 8 from line 6a	0.			
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				
0 EVIOLOGI EQ 10		•		5 000 DE 100 151

THE BOB AND SALLY CLAYBURGH FAMILY 81-0816957 Page 10 FOUNDATION Form 990-PF (2015) Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2012 (b) 2014 (c) 2013 (e) Total (a) 2015 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 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(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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(i)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) 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).) ROBERT H. CLAYBURGH 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.

NONE

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:

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

c Any submission deadlines:

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

FOUNDATION

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Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year NONE **▶** 3a Total b Approved for future payment NONE

▶ 3b

Total

Part XVI-A Analysis of Income-Produc					
nter gross amounts unless otherwise indicated.		usiness income	(C)	y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	<u> </u>		_		
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ				
3 Interest on savings and temporary cash					
investments	<u></u>		14	1.	-
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	ļ				
property					
7 Other investment income	-				
Gain or (loss) from sales of assets other					
than inventory					1
9 Net income or (loss) from special events	—				
O Gross profit or (loss) from sales of inventory	-				
1 Other revenue:	1				
a				·	
b					
<u> </u>					·
d					
e2 Subtotal. Add columns (b), (d), and (e)			0.	1.	· · · · · · · · · · · · · · · · · · ·
3 Total Add line 12, columns (b), (d), and (e)	ļ:- -	<u></u>	<u> </u>		
See worksheet in line 13 instructions to verify calculations.)					
		1.1			
Part XVI-B Relationship of Activities to	o the Accom	iplishment of	Exempt P	urposes	
Line No Explain below how each activity for which incor		-1 (-) -(D1)0	// A + - · · · · · · · · ·		-lish-sank of

	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
	the foundation's exempt purposes (other than by providing funds for such	n purposes).
_		
_		
_		
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_		
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-		
_		

81-0816957 Form 990-PF (2015) FOUNDATION Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No 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: 1a(1) (1) Cash (2) Other assets 1a(2) **b** Other transactions: Х (1) Sales of assets to a noncharitable exempt organization Х (2) Purchases of assets from a noncharitable exempt organization 1b(2) Х (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) Х X (5) Loans or loan guarantees 1b(5) 1b(6) X (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A ned this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I d that I have return with the preparer shown below (see instr)? Sign Here PRESIDENT X Yes Signature of officer or trustee Date Title Check [Print/Type preparer's name s**t**anature

Form **990-PF** (2015)

P00014249

Firm's EIN $\triangleright 45 - 0310328$

Phone no. 701-775-4685

self- employed

04/25/16

AND ASSOCIATES, P.C.

Paid

Preparer

Use Only

PETER HOISTAD

Firm's name ► BRADY, MARTZ

Firm's address ▶ P.O. BOX 14296

GRAND FORKS, ND 58208-4296

Schedule B (Form 990, 990-EŽ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization

THE BOB AND SALLY CLAYBURGH FAMILY FOUNDATION

Employer identification number

81-0816957

Organiza	ation type (check or	ne)				
Filers of	:	Section:				
Form 990	0 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	0-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation				
Note. Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
General	Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II				
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III				
	year, contributions is checked, enter hipurpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.				
but it mi	ust answer "No" on	eat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
THE BOB AND SALLY CLAYBURGH FAMILY
FOUNDATION

Employer identification number

81-0816957

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT AND SALLY CLAYBURGH 520 REEVES DRIVE GRAND FORKS, ND 58201	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

FOUNDATION

81-0816957

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	100 000 E7 or 200 DE) (2015

Employer identification number

THE BOB AND SALLY CLAYBURGH FAMILY

described in section 501(c)(7), (8), or (10) that total more than \$1,000 for and the following line entry. For organizations of \$1,000 or less for the year (Enter this info once) gift (d) Description of how gift is held						
gift (d) Description of how gift is held						
nfor of aift						
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
nationetee o name, address, and an TH netaudiship of dansieror to dansieree						
gift (d) Description of how gift is held						
sfer of gift						
Relationship of transferor to transferee						
gift (d) Description of how gift is held						
sfer of gift						
Relationship of transferor to transferee						
f gift (d) Description of how gift is held						
(e) Transfer of gift						
Relationship of transferor to transferee						

FORM 990-PF INTEREST ON SAVINGS	S AND TEMPORARY	CASH II	NVESTMENTS	STATEMENT	_1
SOURCE	(A) REVENUE PER BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	ì
RBC WEALTH MANAGEMENT	1.		1.		
TOTAL TO PART I, LINE 3	1. 1		1.		
- ·	JBSTANTIAL CONTI		S	STATEMENT	2
- ·			S	STATEMENT	2