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Form 990-PF Dopartment of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

| For calendar year 2015 or tax year beginning JUL | 1, 2015 | , and ending | JUN 30, 2016 | - |
|--|---------------------------------------|---------------------------------|---|--|
| Name of foundation | <u> </u> | | A Employer identification | number |
| Kingsley T Davidson Schola | rship Trust | | 45-6056367 | |
| Number and street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| 223 Main Street | ···· | | 701-774-41 | 20 |
| City or town, state or province, country, and ZIP or foreign p Williston, ND 58801-6020 | | C If exemption application is p | ending, check here | |
| G Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | , check here |
| Final return | | | | |
| Address change | Name change | | Foreign organizations me check here and attach co | eting the 85% test, mputation |
| H Check type of organization: X Section 501(c)(3) ex | empt private foundation | | E If private foundation sta | tus was terminated |
| | Other taxable private founda | tion | under section 507(b)(1) | (A), check here |
| · I — | ng method: 🔼 Cash | Accrual | F If the foundation is in a (| |
| (from Part II, col (c), line 16) | ther (specify) | | under section 507(b)(1) | (B), check here |
| ▶\$ 68,683. (Part I, colu | I | | | (d) Disbursements |
| (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | | | | |
| 2 Check X if the foundation is not required to attach Sch. B | | | | Ctotomost 1 |
| 3 Interest on savings and temporary cash investments | 2,443. | 2. | | Statement 1 Statement 2 |
| 4 Dividends and interest from securities | 2,443. | 2,443. | | Statement 2 |
| 5a Gross rents b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | <147. | > | | <u> </u> |
| b Gross sales price for all assets on line 6a 6,742. | | | | |
| b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) | | 0. | - | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | 600. | |
| 10a Gross sales less returns and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | 2,298. | 2,445. | 600. | |
| 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc | 579. | 203. | 0.00. | 376. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| % 16a Legal fees | | | | |
| 16a Legal fees Stmt 3 C Other professional fees Other professional fees Stmt 3 C Other professional fees Stm | 2,900. | 0. | 0. | 2,900. |
| | | | | |
| 17 Interest | 20 | | | |
| 17 Interest 18 Taxes 19 Depreciation and depletion 2 20 Occupancy 21 Travel, conferences and/meetings 2015 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 | 38. | 0. | 0. | 0. |
| 19 Depreciation and depletion X V L L 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings 2018 | | · | | · · · · · · · · · · · · · · · · · · · |
| 22 Printing and publications | | | | |
| 23 Other expenses Stmt 50 | 86. | 0. | 0. | 86. |
| and administrative UT | | | | 7.0 |
| expenses. Add lines 13 through 23 | 3,603. | 203. | 0. | 3,362. 3,200. |
| 25 Contributions, girts, grants paid | 3,200. | | | 3,200. |
| 26 Total expenses and disbursements. | | 222 | _ | |
| Add lines 24 and 25 | 6,803. | 203. | 0. | 6,562. |
| 27 Subtract line 26 from line 12: | <4,505. | | | |
| a Excess of revenue over expenses and disbursements | <4,505. | > 2,242. | | |
| b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) | · · · · · | 2,474. | 600. | |
| 523501 11-24-15 LHA For Paperwork Reduction Act Notice, see | instructions. | | | Form 990-PF (2015) |

Kingsley T Davidson Scholarship Trust 45-6056367 Form 990-PF (2015) Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 435. 2,612. 2,612. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 37,270. Stmt 7 37,270. 45,444. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 26,891. Stmt 8 20,809. 20,627. 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 64,596. 60,691. 68,683. instructions. Also, see page 1, item I) 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 22 Other liabilities (describe 0 0. 23 Total liabilities (add lines 17 through 22) 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 \triangleright Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 0 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 64,596. 60,691 29 Retained earnings, accumulated income, endowment, or other funds Šet 64,596. 60,691 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 64,596. 60,691 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 64,596. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a See Statement 6 600. 3 Other increases not included in line 2 (itemize) 4 4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5

60,691.

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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.

523521 11-24-15

| | 990-PF (2015) Kingsley T Davidson Scholarship Trust 45-60 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se | | | P tion | age 4 |
|--|--|----------|-----------------|-----------|----------|
| ` 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | <u> </u> |
| | 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 X and enter 1% | | | 2 | 22. |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| 3 | Add lines 1 and 2 | | | | 22. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 7 | 22. |
| 6 | Credits/Payments: | | | | |
| a | 2015 estimated tax payments and 2014 overpayment credited to 2015 | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| d | Backup withholding erroneously withheld 6d | | | | |
| | Total credits and payments. Add lines 6a through 6d | | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | 22. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11 | | | | |
| | rt VII-A Statements Regarding Activities | | | | _ |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Y | es | No |
| | any political campaign? | 1: | a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | 11 | 5 | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities | | | - 1 | |
| c Did the foundation file Form 1120-POL for this year? | | | | | |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | T | |
| | (1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0. | | | - | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | 1 | |
| | managers. ▶ \$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | : | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 | a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | A 4 | Ь | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | | Х |
| | If "Yes," attach the statement required by General Instruction T | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | Ī | | | |
| | remain in the governing instrument? | 6 | | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | | X | |
| | | ĺ | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | - | | | |
| h | 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 | 8 | Ы | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | <u> </u> | 十 | \dashv | |
| · | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | , | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | - +- | \dashv | X |
| | , tool grapher a paragraph from the paragraph of the para | Form 9 | _ | PF (| |

| Forr | n 9904PF (2015) Kingsley T Davidson Scholarship Trust | 45-605 | 6367 | , | Page : |
|------|--|------------------------------------|-------------|--------------|------------|
| P | art VII-A Statements Regarding Activities (continued) | | | | |
| | | | T | 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 | 1 | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person has | ad 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 | | lephone no. $\triangleright 701-7$ | | | |
| | Located at ▶ 223 Main Street, Williston, ND | ZIP+4 ▶5 | <u>8801</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | . • | ـــا |
| | and enter the amount of tax-exempt interest received or accrued during the year | ▶ 15 | N | /A | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a | ı bank, | | Yes | |
| | securities, or other financial account in a foreign country? | | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | | |
| _ | foreign country | | | | <u> </u> |
| Р | art VII-B Statements Regarding Activities for Which Form 4720 May Be Requi | red | | 1 | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | <u> </u> | Yes | No |
| 1 | a During the year did the foundation (either directly or indirectly). | <u> </u> | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes X No | | | ļ |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | 1 | 1 | 1 |
| | a disqualified person? | Yes X No | 1 | ľ | ľ |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes X No | | l | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | X Yes No | | Ì | Ì |
| | (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 X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | } | ļ | 1 |
| | if the foundation agreed to make a grant to or to employ the official for a period after | Yes X No | | | |
| | termination of government service, if terminating within 90 days) | L Yes LA_ NO | | ļ | |
| | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | 1. | 1 | x |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | ▶□ | 1b | | ├ ^ |
| | Organizations relying on a current notice regarding disaster assistance check here | | 1 | 1 | l . |

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

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

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

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

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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?

before the first day of the tax year beginning in 2015?

defined in section 4942(j)(3) or 4942(j)(5)):

before 2015?

during the year?

If "Yes," list the years

statement - see instructions.)

4b X
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4a

X

Yes X No

Yes X No

N/A

N/A

2b

Х

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|--|---|--|--|--------------------------------|-------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | 1 | |
| ` (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | | | | |
| any voter registration drive? | | <u></u> | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 37 | X Ye | es 🔲 No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | in described in section | | i | | |
| 4945(d)(4)(A)? (see instructions) | | Ye | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or | for | | i i | |
| the prevention of cruelty to children or animals? | | Ye | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instri | | 5b | Х | | |
| Organizations relying on a current notice regarding disaster assistance check t | | | | | |
| 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? | | I/A 🔲 Ye | es 🔲 No | | |
| If "Yes," attach the statement required by Regulations section 53 494 | | , | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | |
| a personal benefit contract? | pay promisino on | | es X No | 1 | ĺ |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | nersonal henefit contract? | ٠٠ لــــا | | 6b | х |
| If "Yes" to 6b, file Form 8870 | Joi Johan Deneme Combact. | | | - | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax: | chalter transaction? | | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | ۱۰ لیا | | 7b | \vdash |
| Part VIII Information About Officers, Directors, Trust | | nagere Highly | | 70 | |
| Paid Employees, and Contractors | ees, i oundation inc | inagers, riigin | , | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Exp | ense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | (e) Exp account, allowar | other |
| Brent Lysne | Trustee | citer 0) | compensation | diowai | |
| 223 Main Street | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | |
| Williston, ND 58801 | 1.00 | 0. | 0. | | 0. |
| Fred Whisenand | Trustee | 1 | | | |
| 223 Main Street | 1 | | | | |
| Williston, ND 58801 | 1.00 | 0. | 0. | | 0. |
| Tamara Sogard | Trustee | | | | |
| 223 Main Street | 1145000 | | | | |
| Williston, ND 58801 | 1.00 | 0. | ο. | | 0. |
| American State Bank & Trust | Trustee | - | | | |
| 223 Main Street | 1148000 | | | | |
| Williston, ND 58801 | 1.00 | 579. | 0. | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | | | 0. | <u> </u> | |
| <u> </u> | (b) Title, and average | T | (d) Contributions to | (e) Exp | ense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp account, allowai | other |
| NONE | devoted to position | | compensation | allowal | 1062 |
| NONE | 4 | | | | |
| | | | | | |
| | 4 | | | | |
| | | | | | |
| | 4 | | | | |
| | | | | | |
| | 4 | 1 | | | |
| | | | | | |
| | 4 | | | | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | <u> </u> | <u> 1 </u> | <u> </u> | L | 0 |
| Total number of other employees paid over \$50,000 | | | <u> </u> | 000 PF | |
| | | | Form | 990-PF | (2015) |

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|---|---------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued) | anagers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE | 11 | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | - <u>-</u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | <u>▶</u> 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ation such as the | Expenses |
| N/A | | |
| | | |
| | | , |
| <u> </u> | | |
| | | |
| | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| | | |
| 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 | 12. | Amount |
| N/A | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| | | |
| | | |
| Fabril Add Impo 1 through 2 | • | 0. |
| Total. Add lines 1 through 3 | | Form 990-PF (2015) |
| | | |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, see | e instructions) |
|----|--|------------------|------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; | I ''I | |
| а | Average monthly fair market value of securities | 1a | 66,176. |
| b | | 1b | 66,176. 868. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 67,044. |
| 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 | 67,044. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,006. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 66,038. |
| 6 | Minimum investment return, Enter 5% of line 5 | 6 | 3,302. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | • |
| 1 | Minimum investment return from Part X, line 6 | 1 | 3,302. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 22. | | |
| b | Income tax for 2015. (This does not include the tax from Part VI.) | 1 | |
| C | Add lines 2a and 2b | 2c | 22. |
| 3 | Distributable amount before adjustments, Subtract line 2c from line 1 | 3 | 3,280. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 600. |
| 5 | Add lines 3 and 4 | 5 | 3,880. |
| 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 | 3,880. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 1 | 6 560 |
| а | , | 1a | 6,562. |
| b | | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | <u>-</u> |
| b | Cash distribution test (attach the required schedule) | 3b | 6 560 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 6,562. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 20 |
| | income. Enter 1% of Part I, line 27b | 5 | 22. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 6,540. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualifies for th | e section |

Form **990-PF** (2015)

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 | | | | 3,880. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | 3,000. |
| a Enter amount for 2014 only | | | 1,089. | |
| b Total for prior years: | | · · · · · · | 1,005. | |
| totalion prior years. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | 0. | | |
| 1 | | | | |
| a From 2010 | | | • | |
| b From 2011 | | | | |
| c From 2012 | | | | |
| d From 2013 | | | | |
| e From 2014 | 0. | | | |
| f Total of lines 3a through e | U • | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4: ►\$ 6,562. | | | 1 000 | |
| a Applied to 2014, but not more than line 2a | | | 1,089. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | | | 2 000 |
| d Applied to 2015 distributable amount | 1 502 | | | 3,880. |
| e Remaining amount distributed out of corpus | 1,593. | | | 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. | | | |
| 6 Enter the net total of each column as indicated below; | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,593. | | | |
| 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 | | | | 0. |
| 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 | 1,593. | | | |
| IO Analysis of line 9: | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 1,593. | | | | |
| | | | | Form 000-DE (2015) |

| Part XIV Private Operating F | | n Scholarsh | | | 0-605636/ Page 10 |
|---|----------------------------|------------------------------|---------------------------|----------------------|----------------------------|
| <u> </u> | | | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | İ | | |
| foundation, and the ruling is effective fo | • | • | _ ▶ ∟ | Transport I | 1.0.10/.//53 |
| b Check box to indicate whether the found | | ng foundation described i | | 4942(j)(3) or L | 4942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2015 | (b) 2014 | Prior 3 years (c) 2013 | (d) 2012 | (e) Total |
| income from Part I or the minimum | (a) 2013 | (0) 2014 | (6) 2013 | (0)2012 | (6) 10(4) |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | 1 | |
| 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 | | | | ł | |
| 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) | | <u> </u> | | | |
| 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 Info | | la thin nach ambe | it the foundation | - had 65 000 | or more in cocote |
| Part XV Supplementary Info | | | ir the foundatio | ก กลน จอ,บบบ | or more in assets |
| - | | idetions.) | | · - | |
| 1 Information Regarding Foundation a List any managers of the foundation wh | | than 20/ of the total cont | ributions received by th | a foundation hefore | the close of any tay |
| year (but only if they have contributed in | | | ilbations received by ti | ic iounbation before | the close of any aix |
| None | | | | | |
| b List any managers of the foundation wh | | | or an equally large por | tion of the ownershi | p of a partnership or |
| other entity) of which the foundation ha | s a 10% of greater intere | 5L | | | |
| None | | | | | |
| 2 Information Regarding Contribut | | | | not sesset was also | ted requests for funds. If |
| Check here \(\sum_{\text{\colored}} \) if the foundation of the foundation makes gifts, grants, etc. | | to preselected charitable | | | |
| a The name, address, and telephone num | <u> </u> | | | | 7, 0, 0.10 0. |
| American State Bank | | | cations should be addi | esseu. | |
| 223 Main Street, Wil | | | | | |
| b The form in which applications should to | | | ould include. | | |
| See attached. | oe Submitted and illioinia | mon and materials mey si | iouio incigae, | | |
| c Any submission deadlines: | | | | | |
| April 1st of each ye | ar. | | | | |
| d Any restrictions or limitations on award | | al areas, charitable fields. | kinds of institutions, o | r other factors: | |
| High school graduate | s of Willia | ms, Divide, | and McKen | zie count | ies in North |
| Dakota. | | • | | | |
| 523601 11-24-15 | | | | | Form 990-PF (2015) |

Page 11

Kingsley T Davidson Scholarship Trust

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or contribution Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year University of North Dakota - Lexus None I Scholarship Bublitz 1535 Creekside Drive West Williston, ND 58801 800. Williston State College - Shanel None I Scholarship Kjensmo PO Box 726 800. Williston, ND 58802 I Scholarship University of North Dakota - Alexis None 2101 24th St. W. 800. Williston, ND 58801 Scholarship Williston State College - Rhiannon None Jones PO Box 2452 800. Williston, ND 58802 3,200. ▶ 3a Total **b** Approved for future payment None Ō. **▶** 3b Total

Form 990-PF (2015)

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|------------------------|---------------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | Code | | |
| <u> </u> | - | | | | |
| b | | | | | |
| C | - | | + | | |
| · | | | + - | | |
| 1 | - | | | | |
| g Fees and contracts from government agencies | - | | + | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 2. | |
| 4 Dividends and interest from securities | | · · · · · · | 14 | 2,443. | |
| 5 Net rental income or (loss) from real estate: | | | | · · · · · · · · · · · · · · · · · · · | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | 1.0 | 1.45 | |
| than inventory | | | 18 | <147. | > |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | _ | | |
| 11 Other revenue: | | | | | |
| a | _ | | | | |
| b | _ | | | - | |
| C | _ | | | | |
| d | _ | | _ | | |
| e | _ | | | 0.000 | |
| 12 Subtotal. Add columns (b), (d), and (e) | | |) . | 2,298. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | ¹³ _ | 2,298. |
| (See worksheet in line 13 instructions to verify calculations.) |) | | | | |

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

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
| | |
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| · | |
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| | Form 990-PF /201 |

| Form 990 | | | | | Scholarshi and Transaction | | | | 6056367 | | ige 13 |
|--------------|--------------------------------|---|---|---------------------|--|----------|-------------------|-----------------------------|---|--------------------------------|--|
| , are | <u> </u> | Exempt Organ | | 1131613 10 6 | iliu Italisactioi | is aii | u neiations | sinps with Noi | iciiai itabi | 5 | |
| the | Code (| anization directly or indi- other than section 501(c) | rectly engage in any)(3) organizations) | or in section 52 | 7, relating to political o | | | tion 501(c) of | | Yes | No |
| | Cash | | | | | | | | 1a(1) | _ | X |
| ٠, | Other | assets actions: | | | | | | | 1a(2) | ₩ | X |
| | | of assets to a noncharita | ble exempt organiz | ation | | | | | 16(1) | , | Х |
| | | ases of assets from a no | | | | | | | 1b(2) | | Х |
| (3) | Rental | of facilities, equipment, | or other assets | | | | | | 1b(3) | | X |
| (4) | (4) Reimbursement arrangements | | | | | | | | 1b(4) | + | X |
| | (5) Loans or loan guarantees | | | | | | | | 1b(5) | + | X |
| , , | | mance of services or me | • | - | | | | | 1b(6) | ₩ | X |
| | _ | facilities, equipment, ma er to any of the above is | - · | | | ld alway | re chave the fair | market value of the a | 1c | cete | |
| or s | services | er to any or the above is given by the reporting fo the value of the goods, | oundation. If the fo | undation receive | • • | - | | - | | ,,,, | |
| (a)Line n | | (b) Amount involved | | | exempt organization | | (d) Descriptio | n of transfers, transaction | ns, and sharing a | rrangem | ents |
| | | | | N/A | | | | | | | • |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | _ | | | | | | | | | | |
| | - | | | ··· | | | | | | | |
| ın s | section | dation directly or indirec | r than section 501(| | | rganızat | ions described | | Yes | | No. |
| b_lf "\ | | mplete the following sch | | | (b) Type of organizat | tion T | | (c) Description of re | lationehin | | |
| | | (a) Name of org | janization | | (b) Type of organizat | lion | | (c) Description of re | nationship | | |
| | | N/A | | | | - | | · | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| Sign Here | and be | penalties of perjury, I declare lief, it is true, correct, and con ERICAN STATE BA Court Solo ature of officer or trustee | mplete Declaration of NK & TRUST C | preparer (other tha | n taxpayer) is based on all STON N DAK | | | er has any knowledge | May the IRS return with the shown below | he prepa v (se <u>e in:</u> | rer |
| | Sign | Print/Type preparer's na | | Preparer's s | Date Ignature | | ate | Check if | PTIN | | |
| | | ypo proparor o m | - | 152.5.55 | | آ ا | | self- employed | ** | | |
| Paid | | Melissa Wh | ite, CPA | Meliss | a White, C | P 0 | 9/08/16 | | P00851 | | <u>. </u> |
| Prepa | arer | Firm's name ► EID | | | | | | Firm's EIN ▶ 4 | 5-02509 | 58 | |

Form **990-PF** (2015)

Phone no. 701-577-2157

Use Only

Preparer Firm's name ► EIDE BAILLY LLP

Firm's address ▶ PO BOX 1387

WILLISTON, ND 58802-1387

| Form 990-PF Intere | est on Savi | ngs and Tem | porary Cash In | nvestments S | tatement 1 | |
|--------------------------------|-----------------|------------------------------|--|-----------------------------------|-------------------------------|--|
| Source | | Reve | (a) Revenue Net In Per Books Ind | | (c) Adjusted Net Income | |
| American State Bank | & Trust | | 2. | 2. | 2. | |
| Total to Part I, li | ne 3 | | 2. | 2. | 2. | |
| Form 990-PF | Dividend | s and Inter | est from Secui | rities S | statement 2 | |
| Source | Gross Amount | Capital Gains Dividend | Revenue | (b) Net Invest- ment Income | - | |
| American State Bank & Trust | 2,501 | . 5 | 8. 2,443 | . 2,443. | 2,443. | |
| To Part I, line 4 | 2,501 | . 5 | 8. 2,443 | 2,443. | 2,443. | |
| Form 990-PF | | Accounti | ng Fees | S | Statement 3 | |
| Description | | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Accounting Fees | _ | 2,900. | 0. | 0. | 2,900. | |
| To Form 990-PF, Pg | 1, ln 16b | 2,900. | 0. | 0. | 2,900. | |
| Form 990-PF | | Тах | es | S | Statement 4 | |
| Description | | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | |
| Excise Tax | | 38. | 0. | 0. | 0. | |
| To Form 990-PF, Pg | 1, ln 18 | 38. | 0. | 0. | 0. | |
| | = | | | | | |

| | Other Expenses | | | Stateme | Statement ! | |
|--|------------------------------|-----------------------------------|---|----------------------------|-------------------------|---------------------|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjuste Net Inco | ed Chai | (d) ritabl rposes | |
| Postage | 86. | 0. | | 0. | 86 | 6. |
| To Form 990-PF, Pg 1, ln 23 | 86. | 0. | | 0. | 86 | 6. |
| Form 990-PF Other Increases | in Net Ass | ets or Fund B | alances | Stateme | ent | 6 |
| Description | | | | Amoı | unt | |
| Return of scholarships paid i | in prior yea | r. | | | 600 | 0. |
| | | | | | | |
| Total to Form 990-PF, Part II | II, line 3 | | | | 600 | 0. |
| Total to Form 990-PF, Part II Form 990-PF | Corporat | e Stock | | Stateme | | 7 |
| | | | ok Value | Stateme Fair Ma Valu | ent arket | |
| Form 990-PF | | | ok Value 4,659. 6,083. 2,882. 3,936. 9,049. 797. 7,021. 2,843. | Fair Ma Valı | ent arket | 7 0.4.8.8.0.5.6. |

| Form 990-PF (| Other Investments | | Statement 8 |
|--|---------------------|------------------|----------------------|
| Description | Valuation Method | Book Value | Fair Market Value |
| Federated GNMA Trust Harbor Bond Fund | COST | 7,375. 4,452. | 7,281. 4,294. |
| Vanguard Short-Term Investment Grade Fund #39 | COST | 8,982. | 9,052. |
| Total to Form 990-PF, Part II, 1 | line 13 | 20,809. | 20,627. |

KINGSLEY T. DAVIDSON MEMORIAL SCHOLARSHIP TRUST

American State Bank & Trust Company Corporate Trustee PO Box 1446 Williston, ND 58802-1446 Due April 1

| NAME | SS# |
|---|---|
| | |
| | |
| | |
| | |
| | |
| NUMBER OF SISTERS | NUMBER OF BROTHERS |
| WHAT HIGH SCHOOL ARE/DID YOU | GRADUATE (GRADUATING) FROM |
| DATE GRADUATED OR ANTICIPATE HIGH SCHOOL | GRADUATING· COLLEGE |
| SEVENTH SEMESTER RANK IN HIGH CLASS SIZE | SCHOOL GRADUATING CLASS |
| SCHOOL ACTIVITIES (GRADE 9-12) | COMMUNITY & CHURCH ACTIVITIES |
| 1 | |
| 2. | 2 |
| 3. | 3. |
| 4 | 4. |
| COLLEGE YOU PLAN TO ATTEND/AT CREDITS EARNED TO DATE | TENDING Williston State University of N D |
| WHAT ARE YOUR PRESENT RESOUR | CES AND VALUE? |
| ARE YOU THE RECIPIENT OF ANY OT | THER SCHOLARSHIP/GRANTS? |
| ARE YOUR PARENTS FINANCIALLY (| CAPABLE OF PAYING ALL OR PART OF YOUR IF SO, HOW MUCH? |
| | S AND GOALS? |

YOUR MOST RECENT HIGH SCHOOL OR COLLEGE TRANSCRIPT MUST ACCOMPANY YOUR APPLICATION.

S NOV 0 7 2016 C