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Form 990-PF

Department 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.irs.gov/form990pf.

OMB No 1545-0052

2016

Open to Public Inspection

Fo	r cale	endar year 2016 or tax year beginning , a	nd ending							
Na	me of	foundation			7	A Employe	r identification number	er		
Th	e E	Bob and Sally Clayburgh Family	Foundati	on	į,	31-08	16957			
Ni	mber	and street (or P O box number if mail is not delivered to street address	i) F	Room/suite			e number (see instruct	ions)		
42	0 F	Reeves Drive				(701)	746~1200			
_		own, state or province, country, and ZIP or foreign postal code			$\overline{}$		on application is pendi	ng check here		
	Grand Forks, ND 58201-4914									
G		eck all that apply Initial return Initial return of a for	rmer public charts	,		1 Foreic	n organizations, check	here 🕨 🗔		
_	0.10	Final return Amended return	micr pasie anam	,	ľ	_	-			
		Address change Name change			İ	_	in organizations meetin	• -		
Н	Charles the of exposization V Contract Ed.(a)(2) grammat private foundation									
<u> </u>		ction 4947(a)(1) nonexempt charitable trust Other taxable private			- "	•	foundation status was t 07(b)(1)(A), check here			
<u></u>								_		
'		r market value of all assets at J Accounting method X Cash	Accrual		- 1		ndation is in a 60-month	. –		
		of year (from Part II, col (c), Other (specify) Part I, column (d) must be on cash ba	ieie)			under sei	ction 507(b)(1)(B), chec	Killete		
D.		16) ► \$ 1,139,168. Part I, column (d) must be on cash ba Analysis of Revenue and Expenses (The total of				 -		(d) Disbursements		
	11 (1	_ `	(a) Revenue a	1 , ,		vestment	(c) Adjusted net	for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses p books	er (inc	come	income	purposes		
_		the amounts in column (a) (see instructions))	DOOKS					(cash basis only)		
	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	20.00							
	4	Dividends and interest from securities	39,36	5.		}				
		Gross rents								
4 .		Net rental income or (loss)								
Revenue		Net gain or (loss) from sale of assets not on line 10	<u></u>							
ē	b	Gross sales price for all assets on line 6a								
ě	7	Capital gain net income (from Part IV, line 2)			<u>11</u>	,960.				
Œ	8	Net short-term capital gain					11,960.			
	9	Income modifications								
	10 a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)						<u></u>		
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	39,36	55.	11	<u>,960.</u>	11,960.			
	13	Compensation of officers, directors, trustees, etc								
	14	Other employee salaries and wages								
Ses	15	Pension plans, employee benefits								
=	16 a	Legal fees (attach schedule)		0.						
×	b	Accounting fees (attach schedule)	13,55	57.						
9	С	Other professional fees (attach schedule)								
Operating and Administrative Expe	17	Interest								
istr	18	Taxes (attach schedule) (see instructions)	85	60.		j. · ·				
Ē	19	Depreciation (attach schedule) and depletion				1		• ")		
Adr	20	Occupancy				(C)	<u></u>	حرر =		
힏	21	Travel, conferences, and meetings	L			(3)	MAY 7 9 200	1 1		
8	22	Printing and publications		$ \perp$ $^{-}$		[<>]		∭; [†] H		
Ê	23	Other expenses (attach schedule)					6	, ,		
)era	24	Total operating and administrative expenses.		}		,	ي ور در	U 1		
g	1	Add lines 13 through 23	14,41	17.]		J		
	25	Contributions, gifts, grants paid								
_	26	Total expenses and disbursements. Add lines 24 and 25	14,41	17.						
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	24,94	18.						
	Ь	Net investment income (if negative, enter -0-)			11	,960.				
	i .	Adjusted net Income (if negative, enter -0-)					11,960.			

Form	990-	PF (2016) The Bob and Sally Clayburgh Fami			0816957 Page 2
Pa	rt II	Balance Sheets Attach schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value		
\equiv				(b) Book Value	(c) Fair Market Value
ł	1	Cash – non-interest-bearing	1,000,001.	420	
]	2	Savings and temporary cash investments		86,409	. 86,409.
Ì	3	Accounts receivable			-
i		Less allowance for doubtful accounts			
}	4	Pledges receivable			
١	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	,			
,,		Less allowance for doubtful accounts			
#	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۹	10a	3 4 (4)		=	+
		Investments – corporate stock (attach schedule)	 -	742,059	
	C	Investments – corporate bonds (attach schedule)		310,280	310,280.
- 1	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also,	,		ļ
		see page 1, item I)	1,000,001.	1,139,168	. 1,139,168.
	17	Accounts payable and accrued expenses			
ø	18	Grants payable			
tie	19	Deferred revenue			
ilic	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
/ 0		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			}
	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Assets or Fund Balan		and complete lines 27 through 31.	•		
ō	27	Capital stock, trust principal, or current funds	1,000,001.	1,000,001	
Ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SSe	29	Retained earnings, accumulated income, endowment, or other funds		139,167	
¥	30	Total net assets or fund balances (see instructions)	1,000,001.	1,139,168	3.
Net	31	Total liabilities and net assets/fund balances			
Z		(see instructions)	1,000,001.	1,139,168	3.
Ρ	art		S		
1	To	tal net assets or fund balances at beginning of year - Part II, column (a), line 30		of-year	
		ure reported on prior year's return)			1,000,001.
2	_	iter amount from Part I, line 27a			
3		her increases not included in line 2 (itemize)			
4		Id lines 1, 2, and 3			1,024,949.
5		ecreases not included in line 2 (itemize)			-,
6		otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu			1,024,949.
UYA					Form 990-PF (2016)

Form 9		and Sally Clayburg d Losses for Tax on Investi			n	81-0	816957	Page 3
- urt	(a) List and describe the	and(s) of property sold (e g , real estate, or common stock, 200 shs MLC Co)	nent inioonio	(b) How acquired P - Purchase	(c) Date (mo,	acquired day, yr)	(d) Date sold (mo , day, yr)	
	Mutual Fund			D - Donation	01/07	/2016	12/12/2	016
<u>,,,</u>	Mucual Fund			<u> </u>	01/07	/ 2010	12/12/2	010
				<u> </u>			·	
d							<u> </u>	
				<u> </u>			j · · · · · · · · · · · · · · · · · · ·	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis			n or (loss) f) minus (g)	
	64,398.	(Of allowable)	pius expe	52,438.		(e) plus (i		960.
_ <u>a</u> b	04,370.			32,436.			11,	900.
					-			
<u>c</u>								
<u>d</u>				-				
e	inlete only for secete chawing a	ain in column (h) and owned by the fou	undation on 12/31/					
	(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Exces	ss of col (I)		(k), but no	of (h) gain minus of less than -0-) o	r
		as of 12/31/69	over c	ol (j), if any		Losses ((from col (h))	
a							11,	<u>960.</u>
b								
<u>C</u>						<u>-</u>		
<u>d</u>								
_ <u> </u>					 			
2	Capital gain net income or (net o		n, also enter in Pai s), enter -0- in Pai		2		11	960.
3	Net short-term capital gain or (k	oss) as defined in sections 1222(5) and	•					500.
	, - ,	3, column (c) (see instructions) If (loss	, ,	,				
	Part I, line 8	o, solumni (o) (oso mendenene) ii (isol	5), O.KO. O	}			11	960.
Part		der Section 4940(e) for Red	uced Tax on	Net Investmen	t Incom			500.
Was ti		s part blank on 4942 tax on the distributable amour fy under section 4940(e) Do not comp		e base period?			☐ Yes │	□ No
1		in each column for each year, see the		e making any entrie				
<u> </u>	(a)	(b)		(c) (d)				
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distribution	ons Net value	of noncharitable-use a	ssets		Distribution ratio b) divided by col	(c))
	2015					1001 (1	b) divided by col	(O//
	2014							
	2013							
	2012							
	2011			····				
	Total of load calvers (d)		<u> </u>		2			
2 3					· · · —	+-		
		n in existence if less than 5 years.			3	·		
4	Enter the net value of noncha	ritable-use assets for 2016 from Part	K, line 5		4	<u> </u>		· <u>-</u>
5 Multiply line 4 by line 3								
6	Enter 1% of net investment in	come (1% of Part I, line 27b)			6	,		
7	Add lines 5 and 6					,		
8	Enter qualifying distributions	from Part XII, line 4 · · · · ·			8	,		<u> </u>
J		than line 7, check the box in Part VI, li						
	See the Part VI instructions	into 1 j endon the was lift are VI, III	,					
UYA		· · · · · · · · · · · · · · · · · · ·		- <u>-</u>			Form 990-	PF(2016

Form 99	0-PF (2016) The Bob and Sally Clayburgh Family Foundation 81-08: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec			age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1	111311	actic	113/
ıa	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	39.
	here Dandenter 1% of Part I, line 27b			, , .
_	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 -O-) 2			
3	Add lines 1 and 2			39.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -O-) 4			37.
5	Tax based on Investment Income. Subtract line 4 from line 3 If zero or less, enter -0			39.
6	Credit/Payments			57.
_				
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a Exempt foreign organizations - tax withheld at source 6b			į
b				!
C	Tax paid with application for extension of time to file (Form 8868) 6c			1
_d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2	<u>39.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>0.</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11			0.
	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		Yes	No
	Intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1		
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	10		X
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 ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers > \$	J		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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 changes	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	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) satisfied either	•	,	
	By language in the governing instrument, or	Ì		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			L :
	with the state law 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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	ND	1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of			
-	each state as required by General Instruction G? If "No," attach explanation	8b	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 year 2016 or the taxable year beginning in 2016 (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	10		x
UYA		Form 99	90-PI	

	10-PF (2016) The Bob and Sally Clayburgh Family Foundation 81-081 VII-A Statements Regarding Activities (continued)	<u>695</u>	7 _ F	Page 5
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning		Yes	No
	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	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address			
14	The books are in care of ▶ The Foundation Telephone no ▶ (701)746	-12	00	
	Located at ▶420 Reeves Drive Grand Forks, ND 58201 ZIP+4▶ 58201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes."			
	enter the name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	, —		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person?	1	İ	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	l	Ì	
	foundation agreed to make a grant to or to employ the official for a period after	l		
	termination of government service, if terminating within 90 days)	Į .		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	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.			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		 _	
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
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))	ľ	l	1
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	ļ	}	
	6e, Part XIII) for tax year(s) beginning before 2016?	ļ	}	
	If "yes," list the years ▶	•]	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	}		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		ļ
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ł		
		ł		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ł		
	at any time during the year?	}	}	
b	If "Yes," did it have excess business holdings in 2016 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		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			i
	foundation had excess business holdings in 2016)	3b	 	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	 	1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u></u>	X
UYA	F	orm 9 9	90-Pi	F(2016)

	0-PF (2016) VII-B						yburgh Fami s for Which Form					1-08		7	Page 6
5a		year did the fou	_					1 47 20 may	<u> </u>	quiic	4 100//	uou/	T		T
Ja	-	•				-	ice legislation (section 4	1945(a)\2			□ves	X No	-		, i
							(see section 4955), or					[25] 140			+
	` '				•			•			Yes	X No			,
							her sımılar purposes?				Yes	XNo			
											∐ 168	A NO	1		,
	• •	=	-				able, etc , organization				□v	₩		1	1
											∐ Yes	X No	i		-
	` '	, , ,			•	•	ole, scientific, literary, o						Ì		1
							or animals?				∐ Yes	X No			ŀ
b							ctions fail to qualify und			ibed in					_ ;
	Regulation	s section 53 49	45 or	ın a cu	rrent not	ice regard	ding disaster assistance	e (see instruction	ns)? .				. <u>5b</u>	—	
	Organization	ons relying on a	curre	ent notic	e regard	ding disas	ter assistance check h	ere			•	• 📙			1
C	If the answ	er is "Yes" to q	uestio	on 5a(4)	, does ti	he founda	tion claim exemption fro	om the tax					İ	l	
	because it	maintained exp	enditu	ure resp	onsibilit	y for the g	grant?				Yes	☐ No		l	
	If "Yes," at	tach the staten	nent re	equired	by Reg	ulations s	ection 53 4945-5(d)								
6a	Did the fou	indation, during	the ye	ear, rec	eive any	/ funds, di	rectly or indirectly, to pa	ay premiums					-		
	on a perso	nal benefit cont	ract?								Yes	X No	1		
b	Did the fou	indation, during	the ye	ear, pay	/ premiu	ıms, dırec	tly or indirectly, on a pe	rsonal benefit co	ontract?				. 6b	-	X
		6b, file Form 88			•										
7a	At any time	e during the tax	vear.	was the	e founda	ition a par	ty to a prohibited tax sh	elter transaction	2		□Yes	X No		•	
b							any net income attribu								1
	t VIII						ectors, Trustees							love	
		and Cont			•	J. C,		,		.a.go	-, · · · · · · · · ·	. ,	م	,	,
1	List all off				founda	tion man	agers and their comp	ensation (see i	instruct	ions)		_			-
<u> </u>	2101 411 011						(b) Title, and average	(c) Compensat			ntributions	to	(a) 5:5		
		(a) Name and		SS			hours per week devoted to position	(If not paid, enter -0-)	,	emplo	ee benefit rred comp	plans		allowa	account, ances
Sara	a J Cl	ayburgh					Secretary		1						
		rive Grand		rks,	ND 58	201	01.00						ļ		
Pete	er B C	layburg:	<u>h</u>				Director								
1717 Bo	nita Vista	Drive La Canada	a Flin	ıtridge,	CA 910	11	01.00	<u> </u>							
Robe	ert H	Claybur	gh				President/Treasurer								
420 E	Reeves D	rive Grand	Fo	rks,	ND 58	201	01.00)							
2	Compens	ation of five h	ighes	t-paid	employ	ees (othe	er than those included	on line 1 - sec	e instruc	ctions)	. If none,	enter			
(a) N		ress of each emp	olovee	paid mo	re than 9	50.000	(b) Title, and average	(c) Compensat	tion T		ntributions		(e) Exn	ense :	account,
(4) 11	unic una ada	incom of caon city	Dioyec	paid inc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,00,000	hours per week devoted to position	(c) compensus			yee benefi erred comp			allow	
							devoted to position		1	arid dele	ined comp	Cisation			
NON	 P							†					 		
HOM	<u> </u>														
NON													 		
NON	<u> </u>														
								 					 		
NON	<u> </u>						1		Ì						
								-					ļ		
NON	<u> </u>														
NON	E														
													ļ		
Total	number of o	ther employees	noid o	over \$5	n ann i							•	1		

Form 990-PF (2016) The Bob and Sally Clayburgh Part VIII Information About Officers, Directors, Tru	Family Foundation 81-0 stees, Foundation Managers, Highly Pa	816957 Page 7 nid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional service	es (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		
NONE		
NONE		
NONE		
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 organizations and other beneficiaries served, conferences convened, research papers	relevant statistical information such as the number of produced, etc	Expenses
1		
		_
		
2		-
		-
		
3		-
		- }
4		
		-
		-
Part IX-B Summary of Program-Related Investment	s (see instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1		_ [
		_ }
		
2		_
		-
All other program-related investments. See instructions		-
3		}
		-
Total. Add lines 1 through 3	<u></u>	>
UYA		Form 990-PF (2016

UYA

			undations
Part	see instructions)	gii ioi	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	1,077,668.
b	Average of monthly cash balances	16	i
C	Fair market value of all other assets (see instructions)		
d	$\textbf{Total} \; (\text{add lines 1a, b, and c}) \;\; \dots \;\; \dots \;\; \dots \;\; \dots \;\; \dots \;\; \dots \;\; \dots \;\;$	1d	1,077,668.
е	Reduction claimed for blockage or other factors reported on lines 1a and	STA:	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,077,668.
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	4	16,165.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,061,503.
_6	Minimum investment return. Enter 5% of line 5	6	53,075.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	g four	ndations
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	_1_	53,075.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)		L
С	Add lines 2a and 2b	2c	239.
3	Distributable amount before adjustments Subtract line 2c from line 1	_3	52,836.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		52,836.
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	52,836.
Part	_		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	W	
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found section 4940(e) reduction of tax in those years	ation qu	ialifies for the

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_	Undistributed income (see mandement	(a)	(b)	(c)	(d) 2016
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	52,836.
2	Undistributed income, if any, as of the end of 2016				
- а	Enter amount for 2015 only				1
-	Total for prior years				<u>'</u>
3	Excess distributions carryover, if any, to 2016				
а	From 2011				
b	From 2012		1		
c	From 2013				ļ
d	From 2014				1
e					
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
•	line 4 ▶ \$				
а	Applied to 2015, but not more than line 2a			·	
b	Applied to undistributed income of prior years	 -			
-	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
·	required - see instructions)				
d	Applied to 2016 distributable amount				
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016				
•	(If an amount appears in column (d), the same				İ
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	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				ļ
е	Undistributed income for 2015 Subtract line				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2017				52,836.
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)			ļ	
8	Excess distributions carryover from 2011 not				!
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a			<u> </u>	
10	Analysis of line 9				
а	Excess from 2012	<u> </u>			
b		1		1	
c	Excess from 2014]		1	
d]		ļ	
e					- 000 PE

	VIV Drivete Operating Foundation				01-00.	LOSS/ Page 10
	XIV Private Operating Foundati					
1а	If the foundation has received a ruling or dete			·		
	the ruling is effective for 2016, enter the date	•		, ,	——————————————————————————————————————	
ь	Check box to indicate whether the foundation		ig foundation describe		4942(j)(3) d	or 4942(j)(5) or
2a	Enter the lesser of the adjusted net income	Tax year	(h) 0045	Prior 3 years	(4) 0040	(e) Total
	from Part I or the minimum investment	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	return from Part X for each year listed		ļ			
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4					
	for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				· · · · · · · · · · · · · · · · · · ·	
е	Qualifying distributions made directly for					
	active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative					
	test relied upon					
а	"Assets" alternative test– enter					
	(1) Value of all assets		-			
	(2) Value of assets qualifying under					
ь	section 4942(j)(3)(B)(i)					
_	minimum investment return shown in					
_	Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross invest-					
	ment 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 thi	s part only if th	e foundation ha	d \$5,000 or mo	re in assets at
	any time during the year-					
1	nformation Regarding Foundation Manage					
a l	ist any managers of the foundation who have	contributed more tha	an 2% of the total con	tributions received by t	the foundation before	the close of any
1	ax year (but only if they have contributed more	than \$5,000) (See	section 507(d)(2))			
		·····				
b	List any managers of the foundation who own	10% or more of the s	stock of a corporation	(or an equally large po	rtion of the ownership	of a partnership
(or other entity) of which the foundation has a 1	0% or greater interes	st			
	Information Regarding Contribution, Gran					
	Check here X if the foundation only mak	•		=		
1	funds If the foundation makes gifts, grants, et	c (see instructions)	to individuals or orgai	nizations under other o	conditions, complete it	ems 2a, b, c, and d
	The name, address, and telephone number or	a mail addrage of th	o nomon to whom an	nlications should be as	Idressed	
a	The name, address, and telephone number of	e-mail address of th	e person to whom ap	plications stroute be at	iulesseu	
b	The form in which applications should be subr	mitted and informatio	n and materials they	should include		
	September of the state of					
С	Any submission deadlines.					
d	Any restrictions or limitations on awards, such	as by geographical	areas, charitable field	s, kinds of institutions,	or other factors	

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Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Total. За Approved for future payment 3b Total

Form 990-PF (2016) The Bob and Sally Clayburgh Family Foundation 81-0816957 Page 12 **Analysis of Income-Producing Activities** Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (c) (d) function income Business code Amount Exclusion code Amount (See instructions) Program service revenue d f Fees and contracts from government agencies 523000 12.14 12. Interest on savings and temporary cash investments. . . 39,365.14 523000 39,365. 5 Net rental income or (loss) from real estate a 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 than inventory Gross profit or (loss) from sales of inventory. 11 Other revenue a b 12 Subtotal Add 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 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) (See instructions) funds for distribution

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

			Exempt (Organizations	<u> </u>									
			=	•		any of the following wittions) or in section 527,		-		in section 5	01(c)		Yes	No
			6 11				-					 		
			•	•		aritable exempt organiz						10/1		X
	•	•										1a(1) 1a(2)		X
		-	ransactions						• • • • • •			IA(Z)		^
				noncharitable ever	nnt oras	anization						1b(1)		x
	_	-			-	mpt organization								X
	•	•										1b(3)		X
		•	•											X
		•		•										X
	•	-	-			ndraising solicitations.						1b(6)		X
	•	-			•	assets, or paid employ						1c		X
				•		e the following schedule						the go	ods,	
			-			indation If the foundation			-			_		
					_	goods, other assets, or							_	
(a)	Line) Amount involved			ritable exempt organization			ption of transfe	rs, transactio	ns, and sha	ring arr	angem	ents
	_												_	
														
				 										
		_												
				 										
				 										
		+		 										
				 										
				 										
		\dashv		 										
2		other	than section 501(c ," complete the fol	c)(3)) or in section llowing schedule		, or related to, one or m		· · · · · ·	· · · · · ·	· · · · ·	[] Yes		No
			(a) Name of org	ganization		(b) Type of o	rganizatio	<u> </u>	(c)	Description	of relations	ship		
					-+									
					+			+						
	_					this return, including accompa					wledge and I	belief, it i	s true,	
Siç He			gnature of officer or	Church	offer than	taxpayer) is based on all infor	.		as any knowledge		May the IRS the prepare instructions	or shown		
D-	 		Print/Type preparer			Preparer's signature			Date	Chec	k Dif	PTIÑ	طـــّــ	
Pa		Office of						employed						
	epai e O		Firm's name	 _		<u> </u>				Firm's EIN	>			
US	e U	iiiy	Firm's address							Phone no				
			2 222.200 P											

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

Department of the Treasury Internal Revenue Service Name of the organization **Schedule of Contributors**

▶ Attach to Form 990, 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

Employer identification number

2016

The Bob and Sally Clayburgh Family Foundation 81-0816957
Organization type (check one):

Filers of:	Section:						
Form 990 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-PF	3 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
							
	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						
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.						
Special Rules							
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ^{1/3} % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line I that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any o contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributio totaling \$5,000 or more during the year							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZor on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Bob and Sally Clayburgh Family Foundation

81-0816957

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll 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 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)		

Name of organization

Employer Identification number

The Bob and Sally Clayburgh Family Foundation

81-0816957

Part II	Noncash Property (See instructions). Use duplicate copies of Part 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		
		s _			
(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		

Employer Identification number

Name of organization

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	ob and Sally Clayburgh F			81-0816957		
Part III				described in section 501(c)(7), (8), or		
				Complete columns (a) through (e) and al of exclusively religious, charitable, etc.,		
	contributions of \$1,000 or less for the					
	Use duplicate copies of Part III if additi	-		· · · · · · · · · · · · · · · · · · ·		
(a) No. from	(h) Purpose of gift	(a) Hop of		(d) Description of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of	9111 	(d) Description of how gift is held		
ļ						
Ì				-		
, t		(e) Transfer	of gift			
		• •	-			
<u> </u>	Transferee's name, address,	and ZIP + 4	Rela	ationship of transferor to transferee		
1						
ł						
(a) No.	(In) Programme of with	(2) (12.2.4	-164			
from Part I	(b) Purpose of gift	(c) Use of	gπ ———	(d) Description of how gift is held		
1				_		
			 	-		
l				-		
F		(e) Transfer	of gift			
		(-,	-			
[Transferee's name, address,	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
1						
İ						
(a) No.	(h) Duma a a of wift	(a) Use of		(d) December of how wife in hold		
from Part I	(b) Purpose of gift	(c) Use of	giit	(d) Description of how gift is held		
[_		
				-		
f	(e) Transfer of gift					
Ļ	Transferee's name, address, and ZIP + 4		Rel	ationship of transferor to transferee		
		-				
(a) No. from	(b) Burnoss of sift	(c) Use of	ai#	(d) Description of how gift is held		
Part I	(b) Purpose of gift	(c) Use 01	—————	(d) bescription of flow girt is field		
				_		
j						
Ī	(e) Transfer of gift					
i						
].	Transferee's name, address, and ZIP + 4		Rel	ationship of transferor to transferee		
1		-				
ł						
j						
UYA				Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		

Form 990-PF Professional Fees Expense

Supporting Details for Form 990-PF. Part I, Line 16

(a) Description (b) Revenue and (c) Net investment (d) Adjusted net (e) Disbursement					
	expenses per books	income	ıncome	for charitable purpose	
agalfana.				——————————————————————————————————————	
Legal fees:	10.	0.	0.	0.	
ND State incorporation fe					
	0.	0.	0.	0.	
	0.	0.	0.		
	0.	0.	0.	0.	
	0.	0.	0.		
	0.	0.	0.	0.	
	0.	0.	0.	0.	
	0.	0.	0.	0.	
	0.	0.	0.	0	
	0.	0.	0.	0	
Accounting fees:					
RBC advisory fee	11,357.	0.	0.	0	
Brady Martz Accountants	2,200.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
	0.	0.	0.	0	
Other professional fees:					
	0.	0.	0.	0.	
	0.	0.	0.	0.	
	0.	0.	0.	0.	

	0.	0.	0.	0.
•	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.

.. - --- ---

- -- - -

Form 990-PF Other Expenses

Supporting Details for Form 990-PF. Part II, Line 10a, 10b, and 10c

Investments - U.S. and state government obligations

(a) Description	US Govt. Securities State and Local Gov		Govt Securities	
	(b) End of Year Book Value	(c) End of Year Fair Market	(b) End of Year Book Value	(c) End of Year Fair Market
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	

Investments - corporate stock

(a) Description	(b) End of Year Book Value	(c) End of Year Fair Market
US equities	494,286.	494,286.
international equities	247,773.	247,773.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.

Investments - corporate bonds

(a) Description	(b) End of Year Book Value	(c) End of Year Fair Market
taxable corporate bonds	310,280.	310,280.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.
	0.	0.

Form 990-PF Taxes Expenses Supporting Details for Form 990-PF. Part I, Line 18

(a) Description	(b) Revenue and expenses per books			(e) Disbursement for charitable purpose
1023 IRS filing	850.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.