\_\_\_ 990-PF

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

2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public inspection

	_			<del></del>						
				ax year beginnin	<u>g j</u>	ful 1 , 2016,	and ending Ju		30 , 2017	
Name o								Α	- Employer Identification num	nber
NOR'	TH	L DZ	KOTA MASOI	NIC FOUNDA	rion	ndd na n	Room/suite	<u> </u>	23-7304386	
			-	r if mail is not delivered	to street	address)	Room/suite	В	Telephone number (see instr	•
201	1	411	AVE. N.	and ZIP or foreign pos	tal cada			├	(701) 235-832	<u>:                                    </u>
			s or province, country,	, and air or loreign pos	itai code	MD	50100	c	If exemption application is a	pending, check here. 🕨 🗍
FAR			<del></del>	<u> </u>			58102	-	ii onompiion application is (	
G C	he	ck all	that apply:	Initial return	j,	Initial return of a forme	er public charity	D	1 Foreign organizations, che	ck here ▶
			j	Final return	L	Amended return		ł		
				Address chan	ge (	Name change			2 Foreign organizations meet	ting the 85% test, check
H C	he	ck tvi	e of organization	n: X Sec	tion 501	(c)(3) exempt private fou	indation of		here and attach computation	,,
	Ť			nonexempt charit				E	If private foundation status	was terminated
<del></del>	ㅗ			<del></del>			<del></del>	-	under section 507(b)(1)(A),	
1 F2	air r	narkei	value of all assets a II, column (c), line 16	at end of year	) VC		ash X Accrual	1		لبا
		raiti			L	Other (specify)		F	If the foundation is in a 60-	
	<u> </u>		2,583		(Part I,	column (d) must be on c	ash basis.)		under section 507(b)(1)(B),	check here
Part	47	A A	nalysis of Re	evenue and		\			1	(d) Disbursements
		E	cpenses (The	total of amounts	in	(a) Revenue and	(b) Net investmen	t	(c) Adjusted net	for charitable
		co	lūmns (b), (c), ar	nd (d) may not ne	ces-	expenses per books	income		income	purposes
		sa	nly equal the am	nounts in column	(a)					(cash basis only)
		(50	e instructions))		a de de la	30 600		are I		
_	1	1	_ fi `	is, etc., received (attach sch		30,608.	F			
5.	- {	2	Check ► If the fou	indation is not required to a	tach Sch B	man and a second		وسكدن		
	-	3	Interest on cavines and to	emporary cash investments		123.	1.0	23.		
<b>1</b> .	I	A	Dividends and interest fro			41,097.	41,09		<del> </del>	
4	- [	5 2	Gross rents			41,097.	41,03	,,,	<del>   </del>	
}	-		Net rental income			And the second s		- prince		
	- ]		or (loss) · · · ·							
R	- 1			ale of assets not on line 10	• • • •					
E	- [	L.	Gross sales price for assets on line 6a .							
Ė	- [	7		me (from Part IV, line :	2)		168,10			
N	-[	8	Net short-term capital						168,105.	
U	- [	9	Income modifications	8						
_	- (	10 a	returns and	ļ						
	ı		allowances Less Cost of	<del> </del>						
	- 1	U	goods sold	L						
	1	С	Gross profit or (loss) (atta	ach schedule)	• • • •					
	ì	11	Other income (attach	n schedule)						
)	- 1					i			1	
)	- 1	12	Total. Add lines 1 t	through 11		71,828.	209,32	25.	168,105.	A
3 ——	7	13	Compensation of offi	icers, directors, trustee	s, etc	1	<del></del>			
2	- (	14	Other employee sa	laries and wages .						
<u>.</u>	- (	15		oyee benefits			<del></del>			
j .				medule)					<del> </del>	
- A	3			ach sch)L-16b		1,783.	1,78	12	<del> </del>	<del></del>
	۱ ۱			attach sch)		1,03.		<i></i>	<del> </del>	
Σ Ņ	1	17	Interest	U 53 7517		<del> </del>	<del></del>		<del> </del>	<del></del>
⇒ PS ET	1	18		see Instrs) See Line.	18 Stmt	<del></del>			<del> </del>	<del></del>
<b>∌</b>	۱,				יה המווו	417.	41	17.		
≥4 A		19	Depreciation (attach schedule) and deplet	tion · · · · · · · · · · · · · · · · · · ·		1	}		1	
3 <u>.</u> j	- 1	20				21,767.	21,76	:7	<del>  </del>	Enter a service and a service
ERATING 5 2018		21		and meetings		2,958.	2,95		<del></del>	<del></del>
		22		ions		2,330.		<u>, , , .</u>	<del> </del>	
A E N X D P		23	Other expenses (atta			<del></del>	<del> </del>		<del> </del>	
D P		~~	See Line 23 Str			14,110.	14,11	0		
N S		24	Total operating and			1-1-1-0-	1-11		<del> </del>	<del></del>
S E S		~~	expenses. Add lines			41,035.	41,03	35		
5	1	25	Contributions, gifts, grants	-						85,579.
		26	Total expenses and	•			The state of	44.		00,019.
				· · · · · · · · · · · ·		126,614.	41,03	35.	1	85,579.
	+	27	Subtract line 26 from	line 12:						
			Excess of revenue	over expenses						
			and disbursements			-54,786.				
		b	Net investment inco	ome (if negative, enter	-0-)		168,29	90.		
		c	Adjusted net incom	ne (if negative, enter -0	-)					
				<del></del>		A AND DESCRIPTION OF THE PROPERTY OF THE PROPE	The second secon	7.0	=,	water and the second of the se

Par		osses for Tax on Investmen				
<u> </u>	- (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)  (b) How acq P — Purch D — Dona					ed (d) Date sold ) (mo , day, yr )
1 a	GAIN/LOSS ON STOCK	SALE		P	various	06/30/17
b						
c						·
d				<del></del>		<u> </u>
е			( ) ( ) ( ) ( ) ( ) ( )	:-	#100:	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	9	(n) Gain (e) plus (f)	
a			74	6,190.		168,105.
<u>b</u>					<del></del>	<del> </del>
d					<del></del>	
е			40/04/00			
	Complete only for assets showin	g gain in column (h) and owned by th			(I) Gains	(Col. (h)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minus col. (I than -0-) or Losse	s (from col. (h))
a	0.	0.		0.		168,105.
b	· · · · · · · · · · · · · · · · · · ·					
c	· · · · · · · · · · · · · · · · · · ·	·				
d						
e					<del></del>	
2	Capital gain net income or (net o	capital loss) If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2	168,105.
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	q (e).	Γ		
	If gain, also enter in Part I, line 8	, column (c) (see instructions). If (los	s) enter -n-	İ		
				• • • •	3	168,105.
Par	Qualification Under	Section 4940(e) for Reduce	ed Tax on Net Investr	nent Inco	me	
(For	optional use by domestic private t	foundations subject to the section 494	40(a) tax on net investment	income.)		
If cod	tion 4940(d)(2) applies, leave this	nat blank				
11 560	cion 4940(d)(2) applies, leave this	s part blank.				
Was	the foundation liable for the section	on 4942 tax on the distributable amou	unt of any year in the base p	eriod?	[ ]Y	es X No
		y under section 4940(e). Do not comp				
1	Enter the appropriate amount in	each column for each year; see the i	nstructions before making a	ny entries.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	Distribu	d) tion ratio ded by col. (c))
	2015	85,032.	2.38	0,693.		0.035717
	2014	58,964.		6,595.		0.023809
	2013	52,479.		8,138.		0.024660
	2012	44,372.		3,584.		0.022036
	2011	27,579.		8,613.		0.014081
					2	0.120303
		5-year base period — divide the tota		1		
J	number of years the foundation	has been in existence if less than 5 y	rears	• • • • • • • •	3	0.024061
4	Enter the net value of noncharita	able-use assets for 2016 from Part X	, line 5	• • • • • •	4	0.
5	Multiply line 4 by line 3			• • • • • • • • • • • • • • • • • • • •	5	0.
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	1,683.
7	Add lines 5 and 6				7	1,683.
8		m Part XII, line 4			8	<u>85,579.</u>
	If line 8 is equal to or greater that Part VI instructions.	an line 7, check the box in Part VI, lin	e 1b, and complete that par	t using a 1%	6 tax rate. See the	•

Fom	1 990-PF (2016) NORTH DAKOTA MASONIC FOUNDATION 23-7304386	)	Р	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	ns)		
1:	Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)			
i	Domestic foundations that meet the section 4940(e) requirements in Part V,		1.6	583.
	check here . ► X and enter 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 -0-)			Ο.
	Add lines 1 and 2		1.6	83.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0		1.6	83.
6	Credits/Payments:			
	a 2016 estimated tax pmts and 2015 overpayment credited to 2016 6 a			
	Exempt foreign organizations — tax withheld at source 6 b			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			_ <del>_</del> _
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1.6	83.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		_=/_=	0.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11			<del></del>
	AWII-AN Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	. 1a	1	Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			<u></u>
•	(see Instructions for the definition)?	.   1ь	.]	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.			
	Did the foundation file Form 1120-POL for this year?	. 1c		Х
(	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation > \$ (2) On foundation managers > \$	_		
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$			
•	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		
			<del>  </del>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u>X</u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<del>                                     </del>	
3	If 'Yes,' attach the statement required by General Instruction T.			X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
Ü	By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	. 6	v	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, 'complete Part II, col. (c), and Part XV		X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		Х	
J 6	NORTH DAKOTA			
	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 b	Х	
_				
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		Х
40		<u> </u>		
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	x	ı
BAA		orm 99		2016)
				~ ,

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Par	TVIL-A Statements Regarding Activities (continued)				
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)		<u>1</u>	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquality advisory privileges? If Yes, attach statement (see instructions)	• • • • • • •	· · · · · <u>  1</u>		х
13		n application?		3 X	
14	Website address	phone no. ► +4 ► 581	(701) 2 .02	35-83	21
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	·	15	<b>→</b>	-
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other a bank, securities, or other financial account in a foreign country?			Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country				
Par	TAVIJEB Statements Regarding Activities for Which Form 4720 May Be Requi	ired			
	File Form 4720 if any Item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	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?	· · · Tyes	⊠No	4	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		XNo	4	
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>		X No		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)?	· · · Yes	XNo		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	· · · · []Yes	ΧNο		
t	olf any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions	3)?		1 b	
	Organizations relying on a current notice regarding disaster assistance check here		<u> </u>		
C	bid 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?			1 c	X
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	· · · · []Yes	XNo		
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20				
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions.)	(a)(2) to		2 b	
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here.			-1
	▶ 20,20,20				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		XNo		
t	olf '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 approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)	n red		3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		[	4 a	x
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	· · · · · · · · · · · · · · · · · · ·		4 b	X
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Rart:VII-Bil Statements Regarding Activiti		4720 May Be Req	uired (continued)	Married Street, Street
5 a During the year did the foundation pay or incur a			т., г	
(1) Carry on propaganda, or otherwise attempt t			· · · · · Yes X	No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			No
(3) Provide a grant to an individual for travel, stu			· · · · Yes X	No No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) .	a charitable, etc., organ	ization described	· · · · · · · · Yes · · · · · ·	No No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or an	rary, or nimals?	· · · · · · · Yes X	No
b If any answer is 'Yes' to 5a(1)(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b
Organizations relying on a current notice regardi	ng disaster assistance ch	neck here	▶ [	
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt ility for the grant?	tion from the	· · · · · Yes	No
If 'Yes,' attach the statement required by Regula	tions section 53.4945-5(	(d).		
6 a Did the foundation, during the year, receive any to on a personal benefit contract?				No A
b Did the foundation, during the year, pay premium	ns, directly or indirectly, o	on a personal benefit con	tract?	· · · · 6b X
If 'Yes' to 6b, file Form 8870.			□v □	
7 a At any time during the tax year, was the foundati b If 'Yes,' did the foundation receive any proceeds			<u> </u>	
RartaVIII Information About Officers, D				
and Contractors				
1 List all officers, directors, trustees, foundation				T
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARK WILLIAMSON				
LARIMORE ND 58251	GRAND MASTER 1.00	0.	0.	0.
LON KVASAGER				
FARGO	GRAND SECRETARY			
FARGO ND 58102	1.00	0.	0.	0.
DALE_SANDSTROM				
	DEPT GRAND MASTER			
BISMARCK ND 58501	1.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc.				
		0.	0.	
2 Compensation of five highest-paid employee	s (other than those inc			O.
	(b) Title, and average		(d)Contributions to	T
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
N/A				
	<del></del>	<del></del>	<del> </del>	<del> </del>
				1
				<del> </del>
				ļ
Total number of other employees paid over \$50,000 .		· · · · · · · · · · · · · · · · · · ·		None

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All other program-related investments. See instructions.

Total. Add lines 1 through 3 . . . . . . . . . . . . . . . .

BAA

	see instructions.)	,	4.01.0,
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	1 a	
	Average of monthly cash balances	1 Ь	
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	
(	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum Investment return. Enter 5% of line 5	6	0.
Pa	Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating	foundat	tions
	and certain foreign organizations check here     and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	0.
2 8	Tax on investment income for 2016 from Part VI, line 5		
ı	Income tax for 2016. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2 c	1,683.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
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		0.
Pa	Qualifying Distributions (see instructions)	F 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	05 E70
	Program-related investments total from Part IX-B	1 b	85,579.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
			<del></del>
ŧ	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)		
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	85,579.
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	1,683.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	83,896.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years.	undation	
BAA		F	Form 990-PF (2016)

# Part XIII Undistributed Income (see instructions)

	1 Distributable amounts	(a) Corpus	(b) Years prior to 2015	(c) 2015	(4)
	1 Distributable amount for 2016 from Part XI,		7	2015	(d) 2016
:	2 Undistributed income, if any, as of the end of 2016:	, x = 1			
	a Enter amount for 2015 only				
	101al for prior years 20 20	· R			0.
3	Excess distributions carryover, if any, to 2016	at Tay Car 15		0.	- 4
	- 1 10111 ZU11	· · · · · · · · · · · · · · · · · · ·			<del></del>
	b From 2012				
	c From 2013 44, 372		1	·	· ·
	d From 2014 - 34, 251.		. 1		
•	e From 2015			· · · · · · · · · · · · · · · · · · ·	<b>†</b>
1	Total of lines 3a through e	7	-	, <sub>n</sub> jti	
4	Qualifying distributions of	273,875	'1		<u>.</u> 1
	Qualifying distributions for 2016 from Part XII, line 4:	** To 10/0/0	1		, ,
а	Applied to 2015 but 85, 579.		1 -	1 , 15	
_	to 10, but not more than line 2a				
О	Applied to undistributed income of prior years (Election required — see instructions)	4.2			, , ,
C	I feated on disking a	34 , 3 , 7 , 7 ,	ļ		•
			1 8 1 1 1 1 1		1
	Pricy to 7016 dietribtal.		<del>                                     </del>		
	Find my amount distributed out of a				
7	of an amount of carryover applied to 2016	85,579.		19	
Š	(If an amount appears in column (d), the same amount must be shown in column (a).)	On the state of the		-	
	(a).)				
6 E	inter the net total of each column as				-1
ir	idicated below:				in the second
a C	orpus. Add lines 3f, 4c, and 4e. Subtract line 5.	100	4		
D Pi	fior veam' unatter to the	359,454.	<u>. , , , , , , , , , , , , , , , , , , ,</u>	10 12	
(in	ne 4b from line 2b			The state of the s	3
in	come for which of prior years' undistributed		o. i î	14	
ne	ion leaded			, , , , , , , , , , , , , , , , , , , ,	
tax	k has been previously assessed		F .	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E , +
d Su	btract line so from 1		1		
am	iount — see instructions				
e Und	listributed income to an a			.7	
line	distributed income for 2015 Subtract line 4a from 2a. Taxable amount — see instructions.	X hard	0.		
		7.0	' '	-	
f Und	distributed income for 2016. Subtract lines	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	' '
dist	and 5 from line 1. This amount must be ributed in 2017				
7 Amo	Ounts treated as which			-,	
corp	ous to satisfy requirements imposed by			·,	
may	ion 170(b)(1)(F) or 4942(g)(3) (Election be required — see instructions)			* 1	0.
	i i i i i i i i i i i i i i i i i i i	}			· , · • }
appli	ess distributions carryover from 2011 not ed on line 5 or line 7 (see instructions)				
9 Exce	(see instructions)	27,794.		1	
Subtr	ass distributions carryover to 2017.	27,794.			•
10 Analy	sis of line 9:	331,660.		7 7	· · · · · · · · · · · · · · · · · · ·
a Exces	ss from 2012	33,7,000.		' ,	· · · <del>- ]</del>
b Exces	is from 2012 44, 372.				<del></del>
C Excee	s from 2014		. 1		
d Exces	s from 2014	Free Co.	,		
e Even	- 110/11 2013		4	` ' <sub>''</sub>	, ,
	s from 2016	N. 5.7.7	_	· ·   ·	25.1
BAA	00.5/U L38	'%' '	, ,	in the second	• • • •

Form 990-PF (2016) NORTH DAKOTA MAS	ONIC FOUNDAT	ION	// A	23-7304386	
PartXIV Private Operating Foundation	tions (see instru	ctions and Part V	711-A, question 9	)	N/A
1a If the foundation has received a ruling or det is effective for 2016, enter the date of the ru	termination letter that ling	it is a private operat	ting foundation, and	tne ruling	
b Check box to indicate whether the foundatio				4942(j)(3) or	/4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the atternative test relied upon:					
a 'Assets' alternative test — enter:	]	,	ľ		
(1) Value of all assets				i	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<del></del>
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)					
	/	ļ <del></del>	ļ	<del> </del>	<del></del>
(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	7				
(4) Gross investment income	7				
<u>Part XV</u> Supplementary Information assets at any time during the	(Complete this	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Management					
a List any managers of the foundation who has	ve contributed more	than 2% of the total	contributions receive	d by the foundation b	efore the
close of any tax year (but only if they have c NONE	ontributed more than	: \$5,000). (See section	on 507(d)(2).)		
b List any managers of the foundation who ow	n 10% or more of the	stock of a cornorat	ion (or an equally lar	ge portion of the own	ership of
a partnership or other entity) of which the for NONE	undation has a 10% (	or greater interest.	ion (or an oqually lar	ge polition of the own	
O lefe mation Demantics Contribution Con	A Olf Lass Cale	lambin etc. Decem			
2 Information Regarding Contribution, Gran Check here ☐ if the foundation only ma requests for funds. If the foundation makes g complete items 2a, b, c, and d.	akes contributions to	preselected charital	ole organizations and		
a The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed:	
ND MASOCNIC FOUNDATION	o. o mon addition of	person to mildin	Thursday, our and		
201 14TH AVE N			.1. 005 0001		
FARGO  b The form in which applications should be sul	ND 58102		1) 235-8321	<del></del>	
TYPED: BACKGROUND, COLLEGE			ey snould include.		
c Any submission deadlines:					
JUNE - EACH YEAR					
d Any restrictions or limitations on awards, such	ch as by geographica	l areas, charitable fi	elds, kinds of institut	ions, or other factors:	
NONE			<del></del>		
BAA	TE	EA0310 12/16/16		F	orm 990-PF (2016)

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	ווטטוטטווטטוו	Burnass of supplies	
	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	- Corpicin	<del></del>	
a Paid during the year	D. G.	İ	CHTID	
ND COUNCIL OF EDUCATIONAL LEADE	RS	1	CHILD SPELLING BEE	
121 E ROSSER BISMARCK ND 585	21	N\A	EVENT	15 000
BISMARCK ND 585 STUDENT ASSISTANCE PROGRAM	71	IN \A	EDUCATIONAL	15,000
VARIOUS ND CITIES		j	EDOCATIONAL	
	D2 WWW	N\A	EVENT	26,394
KNOW YOUR STATE CONTEST	02   WWW	14 /23	CHILD	20,394
VARIOUS		1	EDUCATION	
FARGO ND 581	02	N/A	EVENT	11,318
VARIOUS ND COMMUNITIES		1	CHILDHOOD	-1/010
1405 3RD ST N			SAFTEY, EDUCATION	
FARGO ND 581	02	N/A	COMMUNITY WELL BEING	1,000
PEACE GARDEN LODGE BLDG FUND			CHILDHOOD	_,
DUNSEITH		ļ	LANGUAGE DISORDER	
DUNSEITH ND 583	29	N/A	ASSISTANCE	10,100
MASONIC SITE MAINTENANCE		1	MAINTENANCE	•
VARIOUS THROUGH ND		1	MASONIC SITES	
FARGO ND 581	02	NA	]	1,767
ND YOUTH ACTIVITIES			1	
VARIOUSE THROUGHOUT ND		- {	YOUTH	
FARGO ND 581	02	NA	ACTIVITIES	10,500
ND SPECIAL OLYMPICS		1		
2616 S 26TH ST		1	SPECIAL OLYMPICS	
GRAND FORKS ND 582	01	NA	SUPPORT	2,500
GRAND FORKS PARK DISTRICT			GHDDOD#	
1060 47TH AVE S		1,,,	SUPPORT	5 000
GRAND FORKS ND 582		NA	ACTIVITIES	5,000
BISMARCK STATE COLLEGE FOUNDATI	ON	ł	SCHOLARSHIP	
1500 EDWARDS AVE BISMARCK ND 585	06	NA	PROGRAM	2 റവര്
BISMARCK ND 585	U6	IVA	PROGRAM	2,000
Total			3a	05 570
b Approved for future payment	<del>······</del>	<del></del>	3a	85,579
2, pp. 2222 121 121 121 121 121 121 121 121 1			}	
			1	
			]	
			}	
	1			
Total			▶ 3b	

artXVI:A Analysis of Income-Producing	Activities					
ter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(0)	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exem function income (See instructions	
b			1			
cd					<del></del>	
e f					<del></del>	
g Fees and contracts from government agencies						
Membership dues and assessments	1	<del></del>				
Interest on savings and temporary cash investments	1		14	123.		
Dividends and interest from securities			14	41,097.		
Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
Net rental income or (loss) from personal property						
Other investment income	1	<del></del>	+			
Gain or (loss) from sales of assets other than inventory			+			
Net income or (loss) from special events	<del> </del>	<del> </del>	<del>-}</del>		<del></del>	
	<del> </del>		<del>-1</del>			
Gross profit or (loss) from sales of inventory		energia y familia de la Composição		المدام منائب مسريخ فرالتتوام بريدينات بر	e a sa selación en como como en como el mesilen en c	
Other revenue:	<u> </u>				<u> </u>	
1						
o						
;						
d						
<del></del>						
Subtotal. Add columns (b), (d), and (e)				41,220.		
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				41,220.	41,2	
<b>Total.</b> Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions to verify calculation	ns.)			13	41,2	
<b>Total.</b> Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions to verify calculation	ns.)			13	41,2	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation (AXVI-B) Relationship of Activities to the	ns.) ne Accompli	shment of Exen	npt Purpos	13 ses		
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation (EXXI) Relationship of Activities to the	ns.) ne Accompli	shment of Exen	npt Purpos	13 ses		
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Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation [XVI-3] Relationship of Activities to the	ns.) ne Accompli	shment of Exen	npt Purpos	13 ses		
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Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation to the Relationship of Activities to the	ns.) ne Accompli	shment of Exen	npt Purpos	13 ses		

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

ď	escribe	organization directly d in section 501(c) o to political organizati	f the Code (oth	gage in any of er than section	the following with ar n 501(c)(3) organiza	ny other orga tions) or in s	anization ection 527,			Yes	No
	-	s from the reporting		noncharitable	evemnt organizatio	n of:					
		h			•				1 a (1)		X
		er assets									x
	-	ansactions:							387	100	Ŷ
_		es of assets to a none	charitable even	nt organizatio	ND.						
		chases of assets from									<u>X</u>
		tal of facilities, equip									X
•	-	nbursement arrange	-						<del>                                     </del>	<u> </u>	<del></del> -
•	-	nbursement arrange ns or loan guarantee									<u>X</u>
•	-	ormance of services									X
-											X
c S	naring	of facilities, equipme	int, mailing lists	, other assets	, or paid employees.			• • • • • • • • •	1c	_X_	<u> </u>
th a	e good ny trans	swer to any of the at is, other assets, or s saction or sharing ar	ervices given by rangement, sho	y the reporting ow in column (	foundation. If the fo d) the value of the g	oundation recoods, other	ceived less that assets, or sen	an fair market value vices received.	: IR		
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable	exempt organization	(d) De	escription of trans	sfers, transactions, and	sharing arrang	gements	<u>.                                    </u>
<u>1b(3</u>		20,500	.ND GRAND	LODGE -	MASONS	RENT OF	OFFICE	FACILITY			
			<del> </del>			ļ					
<u>lc</u>		0	.ND GRAND	LODGE -	MASONS	USE OF	OFFICE				
	}_		<del> </del>			<del> </del>		<del></del>			
			<del></del>								
			<del> </del>			<del> </del>					
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			<b>↓</b>		<del></del>						
			<b></b>			<b>_</b>					
			<u> </u>								
de	escribe	undation directly or in din section 501(c) on the complete the following the following the following the following the following the complete the following the control of	f the Code (oth	ed with, or rela er than sectio	ated to, one or more n 501(c)(3)) or in se	tax-exempt ction 527? .	organizations		· · XYes		No
	(a)	Name of organization	on	(b)	Type of organization		(c	) Description of rela	tionship		
ND GI	RAND	MASONIC LODG	GE	FRATERNA	AL .	OF	FICERS C	F FOUNDATIO	N ARE M	ASON	1S
				<u> </u>							
~				<u> </u>	<del> </del>						
				ļ			<del> </del>				
				<u> </u>							
	Under po	enalties of penury, I declare and complete Declaration	e that I have examin of preparer (other th	ed this return, incl ian taxpayer) is ba	luding accompanying sche- used on all information of w	Jules and statem hich preparer ha	nents, and to the boas any knowledge	est of my knowledge and	belief, it is true,		
Sign Here		Some	May	~	12-16-	· .	CRETARY		May the lifth this return preparer s	with the	elow ]
	Signat	ure of officer or trustee			Date	Title				Yes	No
		Print/Type preparer's nar	ne	Prepe	reds signature	[1	Date	Check if	PTIN		
Paid		BRYCE ANDER	SON CPA		mych o	M	11/28/17	self-employed	P00395	437	
Prepa	rer	Firm's name	Bryce And	erson &	Associates P	LLC		Firm's EIN ► 26-1			
Use O		. –	1461 Broad						<del></del>		
		1 -	Farqo			ND 5810	)2	Phone no (701	) 293-7	727	
BAA									Form 990		2016)

#### Schedule B

(Form 990, 990-EZ, 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number NORTH DAKOTA MASONIC FOUNDATION 23-7304386 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 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, 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 one 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., contributions 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-EZ or 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).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

	B (FOIII) 990, 990-EZ, 01 990-FF) (2010)	Temployee	r Identification number
Name of org	DAKOTA MASONIC FOUNDATION	1	304386
Partl	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEVILS LAKE  MCCORMICK  DL  DEVILS LAKE  ND 58301	\$20,000.	Person X Payroll  Noncash  (Complete Part II for
(a) Number	DEVILS LAKE ND 58301  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JEFF_NELSON  FARGO  ND 58102	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

NORTH DAKOTA MASONIC F	7304386									
Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt										
Taxes PROVISION FOR INCOME TAX	Rev/Exp Book		Net Inv Inc		Adj Net Inc		Charity Disb			
REAL ESTATE TAXES		417.		417.						
Total	====	417.		417.						
Form 990-PF, Page 1, Part I, Line 23 Stmt	ine 23									
Other expenses: AGENT & BANK FEES	Rev/Exp Book 14,033.		Net Inv Inc 14,033.		Adj Net Inc		Charity Disb			
MISCELLANEOUS		15.		15.	\ 			<del></del>		
TAX PENALTIES		62.	l	62.	l					
Total		14,110.		14,110.						
Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.										
(a) Name and address		(b) Title, and average hours per week devoted to position		(c) Compensa (if not pa enter -0	id,	(d) Contribution to employed benefit plan and deferred	e ns ed	(e) Expense account, other allowances		
Person. X Business .  DOUG MELBY  HILLSBORO  HILLSBORO ND 5  Person. Business .	8045	GRAND TREAS			0.		0.	0.		
Person Business .					···					
Person . Business .										
Person Business .			_							

Person. . X Business .

Total

Form 990-PF, Page 6, Part VIII, Line 1 Continued Information about Officers, Directors, Trustees, Etc.										
(a) Name and		(b) Title, and everage hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
Total			0.	0.	<u> </u>					
Form 990-PF, Page Line 16b - Account	•									
Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
BRYCE ANDERSON & ASSOICIATES	ANNUAL FINANCIAL STATMEN	1,783.	1,783							
Total		1,783	1,783	<u>.</u>						
Form 990-PF, Page L-13 Stmt	2, Part II, Line 13									
L	ine 13 - Investme	End of Year Book Fair Market Value Value								
INVESTMENTS - INVESTMENTS - INVESTMENTS -	BB	101,576. 63,891. 2,012,501.	123,443. 79,142. 2,339,084.							
Total				2,177,968.	2,541,669.					
Form 990-PF, Page Other Liab Stmt	2, Part II, Line 22				·					
	Line 22 - Other L	Beginning Year Book Value	Ending Year Book Value							
DUE TO BB FRO	M OPERATING	0.								

0.