Department of the Treasury

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. Go to www.irs.gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

					and ending	1	, 20
		endar year 2017 or tax year beginning  f foundation		, 2017,	una chang	A Employer identif	<del></del>
							6017325
		FOUNDATION	dan akanak adda\		Poom /guite	B Telephone number	
N	umbe	rand street (or P O. box number if mail is not delivere	a to street address)		Room/suite	b relephone number	er lace mannemonal
_	_	S RAINBOW BLVD STE 300				80	0-352-3705
С	ity or 1	own, state or province, country, and ZIP or foreign po	estal code			C If exemption applica	tron is
1	'.A.S	VEGAS, NV 89118		•	,	pending, check here	<b>&gt;</b> L \
		ck all that apply:   Initial return	Initial return	of a former p	ublic charit	D 1 Foreign organizat	uons, check here
-	Silet	Final return	Amended ret	•		2 Foreign organizat	
		X Address change	Name change			85% test, check h	ere and attach
Ħ_	_	ck type of organization: X Section 501	(c)(3) exempt private fo	oundation	04	E If private foundation	
L		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri			· •	o)(1)(A), check here .
I			ounting method: X Ca	ash Acc	rual		n a 60-month termination
		, , ,	Other (specify)			under section 507(b	a)(1)(B), check here . >
_			, column (d) must be on ca	sh basis)	<del></del>		/d) Dighiirages ====
P	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	e (a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
┑		column (a) (see instructions) )			-	<i>ž</i> - , , ,	2
-	1 2	Contributions, gifts, grants, etc., received (attach schedule).  Check X if the foundation is <b>not</b> required to attach Sch. 8	′		-	* *	
	3	attach Sch B	250		250.		STMT.1
	4	Dividends and interest from securities	25 045	3	4,069.		STMT 2
	т 5а	Gross rents					
		Net rental income or (loss)	*			,	
اه		Net gain or (loss) from sale of assets not on line 10	60,840.			. ^.	
밁	Ъ	Gross sales price for all 228, 423 assets on line 6a		, .		2 -	,
evenue	7	Capital gain net income (from Part IV, line 2) .			0,840.		
Ĕ	8	Net short-term capital gain		* **	2 2 2		
	9	Income modifications				- · · · · · · · · · · · · · ·	7 7
	10a	Gross sales less returns and allowances	:	î .		, k	
	ь	Less Cost of goods sold .			7 ,		,
	С	Gross profit or (loss) (attach schedule)				<del></del>	CIDMIT 4
	11	Other income (attach schedule)		<del>-</del>	<u>,                                    </u>		STMT 4
_	12	Total. Add lines 1 through 11	103,099.		95,159.		
	1	Compensation of officers, directors, trustees, etc			NTONT:	NICATI	<u></u>
ses	14	Other employee salaries and wages	f'	ļ	NONE	NON	
	15	Pension plans, employee benefits	•	<del> </del>	NONE	NONI	
X	16a	Legal fees (attach schedule)	•		-	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
ب	, b	Accounting fees (attach schedule)	. 10 101		10 101		<del></del>
⋛	С	The profess knalfees (attach scheduler. 5	. 19,101	<del>  -</del>	19,101.		<del> </del>
itra	17 <sub>7</sub>		617	-	617.	•	<del> </del>
冒	18	Taxes (attach schedule) (sea instructions). 6		<del>†</del>	01/,	<del>-</del>	
圓		Depte cation Battach Eschedie) and depletion	•	<del> </del>		<del></del>	<del>                                     </del>
Ą	20	Occupancy	1,392	-	NONE	NON	1,392
됞	21	fravelreonterences, guttmeetings	1,394	<del></del>	NONE	NON:	
Q G	15 16a b c 17 18 21 21 22 23 24	Printing and publications	270	<del>                                     </del>	2.	NOIN	268
Ę.	24	Total operating and administrative expenses	•				
er:	24	Add lines 13 through 23	01 200	]	19,720.	NON:	E 1,660
ğ	25	Contributions, gifts, grants paid	62 075	] .		, .^ .	63,975
U	25 26	Total expenses and disbursements Add lines 24 and 29	05 355	]	19,720.	NON	
_	27	Subtract line 26 from line 12				2 7 4 2	
	1	Excess of revenue over expenses and disbursements .	. 17,744				* * * * * * * * * * * * * * * * * * * *
	1	Net investment income (if negative, enter -0-			75,439.	1 - () 1 - () x	,
	1 ~			~"		<del></del>	

c Adjusted net income (If negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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Part II		Attached schedules and amounts in t		Beginning of year	End	of year
نا	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments	74,344.	40,315	. 40,315
	3	Accounts receivable				*
		Less allowance for doub	otful accounts >			
	4	Pledges receivable ▶		1		
		Less allowance for doub	otful accounts >			
	5					
	۰6۰	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			<u></u>
	7	Other notes and loans re	eceivable (attach schedule) >			
		Less, allowance for doub	otful accounts  NONE			
ţ	8		se			
Assets	9	Prepaid expenses and de	eferred charges			
ĕ	10a	Investments - U.S and state	government obligations (attach schedule)			
	ь	Investments - corporate	stock (attach schedule) . STMT .8		893,264	. 1,390,984
		Investments - corporate	bonds (attach schedule). STMT .1.0.		178,304	. 177,393
	11	Investments - land, building and equipment basis	ıs, 🕨	,		
	1	Less accumulated deprecia (attach schedule)	ation >			
	12		loans			
	13	Investments - other (atta	ch schedule) STMT .11.	1,041,104.		-
	1	Land, buildings, and equipment basis	▶	- ;	* * * * * * * * * * * * * * * * * * * *	
		Less accumulated deprecia	ition >			
		Other assets (describe				′
	16	Total assets (to be	completed by all filers - see the			
		instructions. Also, see pa	age 1, Item I)	1,115,448.	1,111,883	1,608,692
	17	Accounts payable and a	ccrued expenses			
	1					
es	19			,		
Liabilities	20	Loans from officers, director	rs, trustees, and other disqualified persons			
abi	21	Mortgages and other no	tes payable (attach schedule)			
Ξ	22	Other liabilities (describe	• ▶) :			
_	23	Total liabilities (add line	s 17 through 22)		NON	<u> </u>
		Foundations that follow	v SFAS 117, check here ▶ 🔠			
lances		and complete lines 24 1	through 26, and lines 30 and 31.			
anc	24	Unrestricted				<u>ا</u>
		Temporarily restricted .				, ×
or Fund Ba	26	•				<u></u>
Ę		Foundations that do no	t follow SFAS 117, check here ▶ X			
ř.	ł	and complete lines 27 t	through 31.			
		Capital stock, trust princ	ipal, or current funds	1,115,448.	1,111,883	
Net Assets	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
ASS	29	Retained earnings, accumul	ated income, endowment, or other funds		-	
it /	30		balances (see instructions)	1,115,448.	1,111,883	
ž	31	Total liabilities and	net assets/fund balances (see			
				1,115,448.	1,111,883	
_			iges in Net Assets or Fund Bala			<del></del>
1			palances at beginning of year - Part			
	end-	of-year figure reported	d on prior year's return)		<u>1</u>	1,115,448.
			line 27a		2	17,744.
			ded in line 2 (itemize) ► ROUNDING			1.
						1,133,193.
		reases not included in		TEMENT 12		21,310.
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus li	ine 5) - Part II. column (I	o), line 30 6	1,111,883.

(a) List and d	ns and Losses for Tax on Invested the kind(s) of property sold (for example 1)	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
<del> </del>	brick warehouse; or common stock, 200	shs. MLC Co.)	P - Purchase D - Donation		(mo , day, yr )
1 a PUBLICLY TRADED	SECURITIES				
<u>b</u>		· · · · · · · · · · · · · · · · · · ·			
<u> </u>		<u> </u>			
<u>d</u>			<del> </del>	·	- <del></del> -
<u>e</u>	T 700	/a) Cost or other book		(1) (1)	>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	us (g))
a 228,423.		167,583.	<u> </u>	<del></del>	60,840.
c					
<u>d</u>					<del></del>
Complete only for accets	showing gain in column (h) and owned b	with foundation on 12/21/69	<del> </del>	_	
Complete only for assets		T		Gains (Col. (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	Losses (from co	. (h))
a					60,840.
b					
<u>c</u>			-		<del></del>
<u>d</u>		<u> </u>	-		
Capital gain net incom	a or (not capital loce)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		60,840.
If gain, also enter in Part I, line 8	Part I, line 8, column (c). See ins	structions. If (loss), enter -0- in }	3		
	or the section 4942 tax on the distrib		ase perio	d?	Yes X
	sn't qualify under section 4940(e). Do amount in each column for each yea		201/00	trios	
(a)		T	ly any en	(d)	
Base period years alendar year (or tax year beginning in	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2016	56,662.	1.446.052.		(cor (b) divided by	0.039184
2015	82,701.	1,452,276.			0.056946
2014	82,432.	1,549,515.			0.053199
2013	81,706.	1,546,743.			0.052825
2012	60,887.	1,417,864.			0.042943
Total of line 1, column	n (d)		2		0.245097
	atio for the 5-year base period - divid		-		2.502
_	ne foundation has been in existence	-	3		0.049019
Enter the net value of	noncharitable-use assets for 2017 fr	rom Part X, line 5	4	1	532,625
Multiply line 4 by line	3		5		75,128
Enter 1% of net invest	ment income (1% of Part I, line 27b)		6	.,	754
Add lines 5 and 6			7		75,882.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstructions)
1a	Exempt operating foundations described in section 4940(d)(2) check here and enter N/A on line 1	The state of the s
	Date of uling or determination letter (attach copy of letter if necessary see instructions)	(0.00
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u>1,509</u>
	here ▶ and enter 1% of Part I line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I line 12 col (b)	أنناقت أسنا
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only others, enter 0-) 2	NONE
3	Add lines 1 and 2	1,509
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only others enter 0.)	NONE
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0.	1,509
6	Credits/Payments	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 235 235 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	了4年 整 海
þ	Exempt foreign organizations tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868)  6c   1,274	
d	Backup witinoiding erroneously withness	
7	Total credits and payments. Add lines 6a through 6d	<u>1,509</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8	<del></del>
9	Tax due If the total of lines 5 and 8 is more than line 7 enter amount owed	
10	Overpayment if line 7 is more than the total of lines 5 and 8, enter the amount overpaid  NONE Refunded by 10 to 2015 and 10 and	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax   NONE Refunded  11  VI-A Statements Regarding Activities	<del></del>
		1 V V 1 NA
13	During the tax year, did the foundation attempt to influence any national, state or local legislation or did it	1a Yes No
L	participate or intervene in any political campaign?	1"
Ŋ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 <sub>b</sub> 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	
c	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	Tab. 1 24 - 11 - 2 1
-	(1) On the foundation S (2) On foundation managers S	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	on foundation managers   \$	
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 the changes	3 X
4a	Did the foundation have unrelated business gross income of \$1 000 or more during the year?	4a X
þ	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	물레.돌.[발]
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	6 X
-	conflict with the state law remain in the governing instrument?	7 X
_	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes' complète Part II, col. (c) and Part XV	يقد المياد ا
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 G7lf 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV if "Yes"	-
	complete Part XIV	<b>9</b> X
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their	
	names and addresses	10 X
	I Fr	rm 990-PF (2017)

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Part	VII-A Statements Regarding Activities (continued)			
		18	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ WELLS FARGO BANK Telephone no. ▶ (800) 352	-370	5	
	Located at ► 100 N MAIN ST D4001-065, WINSTON-SALEM, NC ZIP+4 ► 27101			
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			
16	At any time during calendar year 2017, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		(14.04)	17
	the foreign country		er i b	
Pan	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	p. wasango s	14400.3	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	72.	Yes	No
1.	During the year, did the foundation (either directly)		<b>3</b> 87.31	<b>A</b>
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 . 3		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
			133	4
			<b>表示</b>	- 4
	(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)?			100
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			7
	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.)			
				2
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	4.34.3	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	HANG.		Maria I
	Organizations relying on a current notice regarding disaster assistance, check here		4. (	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		X
_	were not corrected before the first day of the tax year beginning in 2017?	10	580704	5.1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			AGA
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1.50		2
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2017?			4.7
		2	\$ (5-1)	- J
	If "Yes," list the years	2	3 4	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		1.8	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26	-240	v
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				<b>P</b>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	نشتا		A 1
	foundation had excess business holdings in 2017 )	3b	<del> </del>	<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	12.00.200	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	112		7
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
	F.	.rm 99	10-PF	(2017

Par	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	unt to.				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer		n 4945(e))?	Yes X No			
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	1,			• • • • • • • • • • • • • • • • • • • •
	directly or indirectly, any voter registration drive?						-, .,
	(3) Provide a grant to an individual for travel, study, or o						
	(4) Provide a grant to an organization other than a	• •					
	section 4945(d)(4)(A)? See instructions	_	=		-	,	,
	(5) Provide for any purpose other than religious, ch			• — —	ŀ		3
	purposes, or for the prevention of cruelty to children						
b	If any answer is "Yes" to 5a(1)-(5), did any of the				i		,
	Regulations section 53.4945 or in a current notice regard		•	•	5b		''
	Organizations relying on a current notice regarding disas	_	_			-	, ;
c	If the answer is "Yes" to question 5a(4), does the				닠.	,	*
٠	because it maintained expenditure responsibility for the		•			ŀ. '	- 1
	If "Yes," attach the statement required by Regulations see	•					
6a	Did the foundation, during the year, receive any fun		eathy to nay promus	ma.			
va	- · · · · · · · · · · · · · · · · · · ·	•		Yes X No		7 5 -	1
b	on a personal benefit contract?  Did the foundation, during the year, pay premiums, direct			• — —	6ь		X
D	If "Yes" to 6b, file Form 8870.	try or manectry, on a	personal benefit contra	101,	, *		<u> </u>
7.	·			Yes X No	: "	. *	
7a h	At any time during the tax year, was the foundation a pail f"Yes," did the foundation receive any proceeds or have	•		لتنسا ك	ı		,,,
	Information About Officers, Director					L	ــــــــــــــــــــــــــــــــــــــ
	and Contractors		_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	List all officers, directors, trustees, foundation ma						
	(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) Expension	se acco owanc	unt, es
PAULA	S CURTIN	PRESIDENT					
PO BO	X 157, BIG TIMBER, MT 59011	4	-0-	-0-			-0-
ANDRE	A C ANDERSON	SECRETARY					
PO BO	X 52, WEBSTER, MN 55088	2	-0-	-0-			-0-
JOHN	D CURTIN	TREASURER					
2509	AVON DRIVE, MOUND, MN 55364	2	-0-	-0-			-0-
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see instructio	ns). If n	one,	enter
(0)	Name and address of each ample to a need more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	se acco	unt,
(a)	Name and address of each employee pard more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owanc	es
	·			Compondation			
NON			NONE	NONE	N	ONE	
	<u> </u>		1101111	HOLLE		OIVE	
		<u>-</u>					
	· · · · · · · · · · · · · · · · · · ·						
	<del>-</del>	-					
	·			[			
	number of other analysis of the area	)				CATE!	
otal	number of other employees paid over \$50,000		<u> </u>	<u> ▶  </u>	Form 99	ONE	/2017
					rorm JJ	0-1-1-	(2017)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	NONE
ONE	NONE
	<del></del>
otal number of others receiving over \$50,000 for professional services	NONE
	110111
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1NONE .	_
	-
2	
	-
	<del></del>
3	-
	- [
4	_
	-
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	_
<del></del>	-
2	
	_
All other program-related investments See instructions	
3NONE	
	_
	- 1

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes:		
а	Average monthly fair market value of securities	1a	1,512,185.
	Average of monthly cash balances	1b	43,779.
C	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	1,555,964.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	l	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,555,964.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		1,555,562.
·	instructions)	4	23,339.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,532,625.
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	76,631.
_	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		70,031.
, 41	and certain foreign organizations, check here	iuations	
1	Minimum investment return from Part X, line 6	1	76,631.
	· · · · · · · · · · · · · · · · · · ·		70,031.
	Tax on investment income for 2017 from Part VI, line 5 2a 1,509.	4	
b		.	1,509.
C		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<del></del>
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	<u>75,122.</u>
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_   _	EE 100
	line 1	7	<u>75,122.</u>
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	65,635.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
Ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,635.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		031033.
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,635.
J			
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	nculating	whether the loundation
	qualifies for the section 4540(e) reduction of tax in those years.		

Form **990-PF** (2017)

1. Distributable amount or 2017 from Part XI. Inte 7  2. Undestributed score of they as of the and of 2017  3. Enter amount for 2016 only  3. Excess distributions carrover, if any to 2017  3. From 2012  3. From 2013  4. From 2013  5. From 2013  6. From 2016  6. From 2016  7. Total of Inter 3a through is  6. From 2016  6. From 2016  7. Total of Inter 3a through is  7. Total of Inter 3a through is  8. From 2016  6. From 2016  7. Total of Inter 3a through is  8. From 2016  8. MONE  7. Total of Inter 3a through is  8. From 2016  8. MONE  8.	Pa	t XIII Undistributed Income (see insti	ructions)	1		
Time 7  Undestributed snooms if sev as of the end of 2017  Enter amount for 2016 only  broad for provises 20  20  20  32  32  31  32  32  32  32  32  32  32			1			
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before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  N/A  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of townership of a partnership or other entity) of which the foundation has a 10% or greater interest.  N/A  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here  if the foundation only makes contributions to preselected charitable organizations and does not acceled unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other condition complete items 2a, b, c, and d. See instructions.  a The name, address, and telephone number or email address of the person to whom applications should be addressed:  SEE STATEMENT 13  b The form in which applications should be submitted and information and materials they should include.  SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines.  SEE ATTACHED STATEMENT FOR LINE 2					than 20/ of the to		recovered by the formulative
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N/A  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not acce unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other condition complete items 2a, b, c, and d. See instructions.  a The name, address, and telephone number or email address of the person to whom applications should be addressed:  SEE STATEMENT 13  b The form in which applications should be submitted and information and materials they should include.  SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines.  SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other conditions.	_ <u>_</u>		the foundation who	own 10% or more	of the stock of a cou	rnoration (or an e	qually large portion of th
<ul> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not acceunsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other condition complete items 2a, b, c, and d. See instructions.         </li> <li>a The name, address, and telephone number or email address of the person to whom applications should be addressed:</li></ul>	U						quality large persion of the
<ul> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not acceunsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other condition complete items 2a, b, c, and d. See instructions.         </li> <li>a The name, address, and telephone number or email address of the person to whom applications should be addressed:</li></ul>		N/A					
unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other condition complete items 2a, b, c, and d. See instructions.  a The name, address, and telephone number or email address of the person to whom applications should be addressed:  SEE STATEMENT 13  b The form in which applications should be submitted and information and materials they should include.  SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines.  SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other conditions.	2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
<ul> <li>a The name, address, and telephone number or email address of the person to whom applications should be addressed: <ul> <li>SEE STATEMENT 13</li> </ul> </li> <li>b The form in which applications should be submitted and information and materials they should include.</li> <li>SEE ATTACHED STATEMENT FOR LINE 2</li> <li>c Any submission deadlines.</li> <li>SEE ATTACHED STATEMENT FOR LINE 2</li> <li>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other contents.</li> </ul>		unsolicited requests for	or funds. If the found	atıon makes gifts, g	s to preselected cha rants, etc., to individi	arıtable organizatio uals or organizatio	ons and does not acce ns under other condition
SEE STATEMENT 13  b The form in which applications should be submitted and information and materials they should include.  SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines.  SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	<del>-</del> -		·		e person to whom an	plications should b	addressed:
b The form in which applications should be submitted and information and materials they should include.  SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines.  SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	a		·	or email address of th	ie beizou to milotii ab	piications should b	e addressed.
SEE ATTACHED STATEMENT FOR LINE 2  c Any submission deadlines. SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	— <u>—</u>			hmitted and informat	tion and materials they	v should include	<del></del>
SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	_	• • •				,	
SEE ATTACHED STATEMENT FOR LINE 2  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		Any submission deadli	nes.		···		
				INE 2			
	d		mitations on awards	, such as by geog	graphical areas, char	itable fields, kinds	s of institutions, or oth

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 26				63,975.
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Tabel	1,	<u> </u>	<b>&gt;</b> 20	63,975.
Total	<u> </u>	<del></del>		63,973.
<b>b</b> Approved for future payment				
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Total		1	▶ 3b	
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Part XVI-A Analysis of Income-Produ			Freely de d t	540 540 544	(e)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	/ section 512, 513, or 514 (d) Amount	Related or exempt function income
1 Program service revenue			Exclusion code	Amount	(See instructions)
a b			<del> </del>		<del></del>
c	-		<del>                                     </del>	,	
e .					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -			14	250.	
4 Dividends and interest from securities			14	35,945.	
5 Net rental income or (loss) from real estate	*** .* 7.	And the state of the		· ',	* 14.
a Debt-financed property			<del>  .</del> .		
<b>b</b> Not debt-financed property		<u> </u>	<del>                                     </del>		
6 Net rental income or (loss) from personal property			<del> </del> -		
7 Other investment income		<del> </del>	18	60 040	
8 Gain or (loss) from sales of assets other than inventory			1-70	60,840.	<del></del>
9 Net income or (loss) from special events · · ·			<del> </del> -		
10 Gross profit or (loss) from sales of inventory 11 Other revenue a	<u> </u>		<del>                                     </del>		
ь EXCISE TAX REFUND			10	6,064.	
c			1	0,001.	
d					
e					
12 Subtotal Add columns (b), (d), and (e)				103,099.	
13 Total. Add line 12, columns (b), (d), and (e)				13	103,099.
See worksheet in line 13 instructions to verify calcing Part XVI-B Relationship of Activities					
Explain below how each activit accomplishment of the foundation					
		<u>.</u>			
	-				
		NOT APPLICABL	F		
		NOT ATTHICADE			
					<del>_</del>
	<u> </u>	<u> </u>			
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Form 99	0-PF (20	17)			4	1-6017325		Page 13
Ratio	KVIII	Information R Exempt Organ		ansfers to and Trans		Relationships With No	ncharita	
				engage in any of the fol		ation describe	, –	Yes No
			than section	501(c)(3) organizations	s) or in section		1 }	
	rganiza				<b>~</b>	- i'i		
a T	ransfer			a noncharitable exempt				
•	1) Cash			• • • • • • • • • • • • • • • •			1a(1)	X
						× , , , , , , , , , , , , , , , , , , ,	. 1a(2)	X
	-	ansactions:						7
								X
	-						1 .1	X
{:	3) Rent	al of facilities, equip	oment, or other	assets	• • • • • • •		. 1b(3)	X
{*	4) Kein	ibursement arrange	enienis	• • • • • • •	• • • • • • •		. 1b(4) 1b(5)	X
								X
								X
						olumn (b) should always sh		
						f the foundation received le		
						f the goods, other assets, o		
(a) Line	no.	(b) Amount involved	(c) Name of	nonchantable exempt organization	on (d) Descr	iption of transfers, transactions, and s	haring arran	gements
<del></del>								
			· 	<del></del>				
			J					
		-				tax-exempt organizations	$\Box$	[ <del>[</del> ] , ,
			•	ction 501(c)(3)) or in sect	ion 527?		Yes	X No
<u> 0 11</u>	Yes,	complete the follow (a) Name of organization		(h) Tues of organiza		(a) Description of calcul		
		(a) (4ame of organization	<u>'</u>	(b) Typs of organiza	1013	(c) Description of relati	DIISIIID	
						· · · · · · · · · · · · · · · · · · ·		<del></del>
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						atements, and to the best of my know	edge and bel	al, it is true,
n:	correct,	po Complete Declaration of	preparer (other than t	axpayer) is based on all information o	which preparer has any	knowledge		-
Sign	<b>)</b>	11.1: 5 T	11 Fr. 11	05/01/2018	Presi	dent May the	IRS d'scuss preparer sho	
Here	Signal	use of officer or invstee	1-E	Date	Title	See Instruc		~~
	-			~				
	,	Print/Type preparer's nan	ກະ	Preparer's Aprillure	X / N	Date Check II	PTIN	
Paid	-	CYNTHIA J PET	TERS	Umula N	Redon	05/01/2018 self employed	P0011	6953
<sup>2</sup> repa	rer			BANK N A	A	<del></del>	-30807	

٠	Print/Type prep	arer's name	Preparer's Applure		Date	Check	if PTIN
id	CYNTHIA	J PETERS	munia	Willed 4	05/01/20	18 self emplo	P00116953
eparer	Firm's name	► WELLS FARGO	BANK, N.A.		Fi	rm's EliN	94-3080771
e Only	Firm s address	▶ 1525 W W.T.	HARRIS BLVD.	D1114-044			
		CHARLOTTE,	NC	28262	Pł	one no 80	00-691-8916

Form 990-PF (2017)

STATEMENT

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS 

NET INVESTMENT INCOME	1 1 1 1 1	250.	250.	11 11 14 15 11 11 11 11 11 11 11
REVENUE AND EXPENSES PER BOOKS		250.	250.	
•			TOTAL	
, NOILON	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECURED MARKET DEPOSIT ACCOUNT		-
DESCRIPTION		SECURE		

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	686. 342. 530. 468. 342. 530. 468. 756. 342. 342. 342. 350. 366. 320. 320. 320. 320. 320. 320. 320. 320
REVENUE AND EXPENSES PER BOOKS	
DESCRIPTION	AT & T INC.  AUTOMATIC DATA PROCESSING INC BLACKROCK GL L/S CREDIT-K #1940 BRISTOL MYERS SQUIBB CO CHEVRON CORP COMCAST CORP CLASS A DIAGEO PLC - ADR DIAGEO PLC - ADR DRIEHAUS ACTIVE INCOME FUND EMERSON ELECTRIC CO EXXON MOBIL CORPORATION FEDEX CORPORATION FID ADV EMER MKTS INC- CL I #607 GENERAL ELECTRIC CO INTEL CORP ISHARES RUSSELL MID-CAP GROWTH ISHARES RUSSELL MID-CAP GROWTH ISHARES RUSSELL 1000 GROWTH ETF ISHARES RUSSELL CORP ISHARES CORE S&P SMALL-CAP E JPMORGAN CHASE & CO JOHNSON & JOHNSON JOHNSON & JOHNSON MANULIFE FINANCIAL CORP MANULIFE FINANCIAL CORP PEPSICO INC PHILLIP MORRIS INTERNATIONAL IN PRINCIPAL BREFERRED SEC-INS #4929 PRINCIPAL GL MULT STRAT-INST #4684 QUALCOMM INC AMEX TECHNOLOGY SELECT SPDR TRAVELERS COMPANIES, INC TWREDY BROWNE FD GLOBAL VALUE #1 GYK662 5892 06/14/2018 07:50:02

STATEMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET INVESTMENT INCOME	957. 367. 1,072. 2,677. 3,687. 697.	34,069.
66 111 111 111 111 111 111 111 111 111	REVENUE AND EXPENSES PER BOOKS	957. 367. 1,072. 2,677. 5,220. 697.	35,945
	DESCRIPTION	ETRACS ALERIAN MLP UBS AG LDN BR ETN UNITED TECHNOLOGIES CORP VANGUARD SHORT TERM BOND ETF VANGUARD FTSE EMERGING MARKETS ETF VANGUARD REAL ESTATE ETF' VERIZON COMMUNICATIONS	TOTAL

41-6017325 PGN FOUNDATION

FORM 990PF, PART I - OTHER INCOME 

> REVENUE AND<sup>°</sup> **EXPENSES**

DESCRIPTION

PER BOOKS

EXCISE TAX REFUND

6,064.

TOTALS

6,064. ================

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	19,101.
REVENUE AND EXPENSES PER BOOKS	19,101.
	MGMT FEES TOTALS
DESCRIPTION	WELLS FARGO - MGMT FEES

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	159. 327. 131. 
REVENUE AND EXPENSES PER BOOKS	159. 327. 131. 131. 617.
DESCRIPTION	FOREIGN TAXES FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

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CHARITABLE PURPOSES	243.	268.
NET INVESTMENT INCOME	2.	
REVENUE - AND EXPENSES PER BOOKS	243. 25. 2.	270.
		TOTALS
DESCRIPTION	REAL ESTATE TAX MINN ATTORNEY GENERAL ADR FEES	

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## PGN FOUNDATION

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DESCRIPTI	00206R102 053015103 110122108 116764100 20030N101 25243QN205 291011104 30231G102 31428X106 369604103 464287481 464287481 464287481 464287614 713448108 74255H100 87612E106 89417E109 901165100

ENDING FMV	13,608 18,523. 18,384. 24,030. 18,819. 27,608. 10,694. 25,8810. 10,694. 25,8848. 25,391. 11,419. 13,564. 13,564. 14,990. 14,990. 14,990. 13,540.
ENDING BOOK VALUE	39,981. 39,981. 10,915. 10,915. 14,943. 14,943. 10,189. 10,279. 11,612. 13,970. 11,612. 2,4475. 20,288. 130,970. 11,612. 130,970. 130,288. 130,8475. 15,761.

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NC	ı	UNITED TECHNOLOGIES VANGUARD FTSE EMERGI VANGUARD REIT VIPER VERIZON COMMUNICATIO
DESCRIPTION	1 1 1 1 1 1 1 1 1	913017109 922042858 922908553 92343V104 949746101

ENDING	FMV	   1   1	17,222.	96,411.	124,470.	15,879.	24,268.
ENDING	BOOK VALUE		708.	71,856.	120,048.	9,571.	2,595.

1,390,984.

893,264.

TOTALS

FORM 990PF, PART II - CORPORATE BONDS 

PGN FOUNDATION

DESCRIPTION

315920702 FID ADV EMER MKTS IN 4812C0803 JPMORGAN HIGH YIELD-74253Q416 PRINCIPAL PREFERRED 921937827 VANGUARD SHORT TERM

TOTALS

177,393.

178,304.

$\mathtt{ENDING}$ $\mathtt{FMV}$	1 1 1	29,337.	44,989.	23,967.	79,100.
ENDING BOOK VALUE		29,274.	45,900.	23,575.	79,555.

GYK662 5892 06/14/2018 07:50:02

34

41-6017325

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

COST/ FMV C OR F

BEGINNING BOOK VALUE

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1,041,104. 1,041,104.

TOTALS

PGN FOUNDATION

12/31/2016 INVESTMENTS

PGN FOUNDATION 41-6017325

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

MUTUAL FUND POSTING NEXT YR EFF CURR YR

ROC ADJUSTMENT

CAP LOSS POSTING CURR EFF PRIOR YR

TOTAL

TOTAL

21,310.

PGN FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

PGN FOUNDATION, C/O WILLIAM SANDEN

ADDRESS:

800 NICOLLETT MALL 16TH FLOOR

MINNEAPOLIS, MN 55402

RECIPIENT'S PHONE NUMBER: 612-303-3234

FORM, INFORMATION AND MATERIALS:

APPLICATIONS ACCEPTED IN WRITTEN FORM ONLY

SUBMISSION DEADLINES:

APPLICATIONS WILL BE ACCEPTED ANY TIME

RESTRICTIONS OR LIMITATIONS ON AWARDS:

THIS FOUNDATION MAKES GRANTS TO ORGANIZATIONS PRIMARILY IN THE STATES

OF MINNESOTA AND WASHINGTON

AMOUNT OF GRANT PAID ......

5,000.

41-6017325 PGN FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_ RECIPIENT NAME: CHANGING GAITS INC ADDRESS: 26920 MONUMENT ROAD BROOK PARK, MN 55007 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 1,500. RECIPIENT NAME: MONTANA METH PROJECT ADDRESS: PO BOX 8944 MISSOULA, MT 59807 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 375. AMOUNT OF GRANT PAID ... RECIPIENT NAME: SWEET GRASS COMMUNITY FOUNDATION ADDRESS: PO BOX 517 BIG TIMBER, MT 59011 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ......

15

2,000.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CHURCH OF ST NICHOLAS ADDRESS: 7227 PENN AVE S RICHFIELD, MN 55423 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 800. RECIPIENT NAME: POPE PAUL VI INSTITUTE ADDRESS: 6901 MERCY ROAD OMAHA, NE 68106 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 375. RECIPIENT NAME: THE FARMHOUSE FOUNDATION ADDRESS: 7306 NW TIFFANY SPRINGS PKWY STE 21 KANSAS CITY, MŢ 64153 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 2,000. AMOUNT OF GRANT PAID .....

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ALANO SOCIETY ADDRESS: 2218 1ST AVENUE SOUTH MINNEAPOLIS, MN 55404 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 250. RECIPIENT NAME: MT OLIVET LUTHERAN CHURCH CATHEDRAL OF THE PINES ADDRESS: 5025 KNOW AVE S MINNEAPOLIS, MN 55419 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 250. RECIPIENT NAME: BOYS AND GIRLS CLUB OF THE TWIN CITIES ADDRESS: 690 JACKSON ST ST PAUL, MN 55130 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC1,000. AMOUNT OF GRANT PAID ......

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PLANNED PARENTHOOD OF MINNESOTA ADDRESS: 671 VANDALIA STREET ST PAUL, MN 55114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 600. RECIPIENT NAME: REGIONS HOSPITAL ADDRESS: PO BOX 1309 MINNEAPOLIS, MN 55440 RELATIONSHIP: NONE PURPOSE OF GRANT: BURN UNIT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 750. RECIPIENT NAME: LNMV AREA CATHOLIC SCHOOLS ADDRESS: PO BOX 10 LONSDALE, MN 55046 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID .....

STATEMENT 18

PURPOSE OF GRANT: GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

3,500.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: RONALD MCDONALD HOUSE ADDRESS: 818 FULTON ST SE MINNEAPOLIS, MN 55414 RELATIONSHIP: -NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 250. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: MAYO CLINIC FOUNDATION ADDRESS: 301 2ND ST NE NEW PRAGUE, MN 56071 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ... 800. RECIPIENT NAME: CROSSROADS AFTERCARE PROGRAM INC ADDRESS: 2823 WAYZATA BLVD MINNEAPOLIS, MN 55405 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

PC

1,500.

AMOUNT OF GRANT PAID ......

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ST MARK'S EPISCOPAL CHURCH ADDRESS: 519 OAK GROVE ST MINNEAPOLIS, MN 55403 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 500. RECIPIENT NAME: MINNESOTA MEDICAL FOUNDATION ADDRESS: MCNAMARA ALUMNI CENTER 200 MINNEAPOLIS, MN 55455 RELATIONSHIP: NONE PURPOSE OF GRANT: PEDIATRIC CARDIOLOGY FOUNDATION STATUS OF RECIPIENT: 800. AMOUNT OF GRANT PAID ...... RECIPIENT NAME: GRINNELL UNIVERSITY ADDRESS: 11115 8TH AVE GRINNELL, IA 50112 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 5,000.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HENNEPIN COUNTY MEDICAL CENTER ADDRESS: 701 PARK AVE P-1 MINNEAPOLIS, MN 55415 RELATIONSHIP: NONE PURPOSE OF GRANT: TRAUMA UNIT FOUNDATION STATUS OF RECIPIENT: 750. RECIPIENT NAME: YOUNG MEN'S CHRISTIAN ASSOC ADDRESS: 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 600. RECIPIENT NAME: FAMILIA USA CANA FAMILY INSTITUTE ADDRESS: 7301 BASS LAKE RD CRYSTAL, MN 55428 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ......

300.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JAMESON HOUSE ADDRESS: PO BOX 7 ELKO NEW MARKET, MN 55020 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... RECIPIENT NAME: PIONEER MEDICAL CENTER ADDRESS: 301 W 7TH AVE BIG TIMBER, MN 59011 RELATIONSHIP: NONE PURPOSE OF GRANT: PR PERSON FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 11,500. RECIPIENT NAME: HOPE FOR CHILDREN FDN ADDRESS: 4925 GREENVILLE AVE #200 DALLAS, TX 75206 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 750.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MONTANA LAND RELIANCE ADDRESS: PO BOX 355 HELENA, MT 59624 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 375. RECIPIENT NAME: ZOO MONTANA ADDRESS: 2100 S SHILOH ROAD BILLINGS, MT 59106 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 400. RECIPIENT NAME: YELLOWSTONE BOYS AND GIRLS RANCH ADDRESS: 2050 OVERLAND AVE BILLINGS, MT 59108 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

PC

23

400.

PGN FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BIG TIMBER CIVIC CENTER ADDRESS: 301 HOOPER BIG TIMBER BIG TIMBER, MT 59011 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: GOV RECIPIENT NAME: COLORADO CHILDRENS HOSIPITAL ADDRESS: 13123 E 16TH AVE AURORA, CO 80045 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 1,500. AMOUNT OF GRANT PAID ................................... RECIPIENT NAME: LEWA-USA ADDRESS: 38 MILLER AVE #507 MILL VALLEY, CA 94941 RELATIONSHIP: NONE PURPOSE OF GRANT: CHILD CARE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 1,000. PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MONTANA ON A MISSION ADDRESS: PO BOX 696 BIG TIMBER, MT 59011 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 800. RECIPIENT NAME: MAJESTIC HILLS RANCH FDN ADDRESS: 7850 METRO PARKWAY STE 100 BLOOMINGTON, MN 55425 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 600. RECIPIENT NAME: ST JOSEPH'S CATHOLIC CHARITIES ADDRESS: 315 SW 21ST ST GRAND RAPIDS, MN 55744 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ...

25

200.

PGN FOUNDATION 41-6017325 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: POMONA COLLEGE ADDRESS: 150 E EIGHTH PENDLETON BLDG 108 CLAREMONT, CA 91711 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIP FUND FOUNDATION STATUS OF RECIPIENT: 10,000. AMOUNT OF GRANT PAID ...... 63,975. TOTAL GRANTS PAID: