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/Form990PF for instructions and the latest information

| For calcular year 2017 or tax year beginning May 1, 2017 APR 30, 2018 | Depa | rtment of the Treasury | | | | Open to Public Inspection |
|--|------------------|---|-----------------------------|----------------------|---------------------------------|-----------------------------|
| Name of Isouration A Employer identification A Employer identification number A Employer number A Employer number identification number A Employer number A Employer number identification number A Employer number identificati | | | | | | 1 Open to Fublic inspection |
| Maude M. Schuetze Foundation 6/O American State Bank & Trust Co. Number of the report of Total reports of the final as not descents to steel address of PO Box 1446 PO Box 1446 C Check all that apply Inteller than I | | | | | | number |
| Reperted and service per PD Deconventure immail a not according to the post of the PD Box 1446 | М | aude M. Schuetze Foundati | on | | | |
| PO Box 1446 City of trown, state or province, country, and ZIP or foreign postal code Williston, ND 58801-1446 City of trown, state or province, country, and ZIP or foreign postal code Williston, ND 58801-1446 City of trown, state or province, country, and ZIP or foreign postal code Williston, ND 58801-1446 City of trown, state or province City of the City o | _Ć | /O American State Bank & | Trust Co. | | 45-6063398 | |
| Control trains again of processes, country, and ZP or freegap postal code Williston, ND 58801-1446 | | | address) | Room/suite | · • | |
| Williston, ND 58801-1446 6 Oheck all that apply Imital return Amended return of a former public charity 2 emogra organizations, check here 1 former public charity 2 emogra organizations, check here 2 emogra organizations, check here 1 former public charity 2 emogra organizations elections 2 former public charity 2 emogra organizations 2 former public charity 2 former public | _ | | | | (701) 774- | 4100 |
| General Heat apply Indicated that Indicates the Amended return Amended return Amended return Amended return Address change Address change Section 4947(a(11) nonexempt change the amended return (None Part Indicates and amended return Address of the Address change Section 4947(a(11) nonexempt change the amended of the Address change (Part Indicates and Address of the Address of th | | | ostal code | | C If exemption application is p | ending, check here |
| Control of the Cont | | | | | | |
| Address change Check type of organization X Section 501(c)(3) exampl private foundation Section 4947(a)(1) noneempt charitable trials Other tasselbe invade bundation Section 4947(a)(1) noneempt charitable trials Other tasselbe invade bundation Section 4947(a)(1) noneempt charitable trials Other tasselbe invade bundation Fair marker value of all assets at end of year J Accounting method X Sea Accounting from Part N, col (c), lime 16) Other (special) J Accounting method X Sea |) G (| | | ormer public charity | U 1 Foreign organizations | , cneck nere |
| Check type of organization X Section 501(c)(X) exempt private foundation Section 497(a)(1) nonexempt charable trust Other trabble private foundation Far market value of all assests and of organ J According method X Cash Accrual Actual According to the farmation of the control of | // | | | | 2 Foreign organizations me | eting the 85% test, |
| Fair market value of all assets at end of year Jaccuruling method Land Accuruling method Standard Standar | $ u_{\parallel}$ | | | () Å- | 1 | |
| Fair market value of all assets at end of year (norm Part II, cot (c), ine 16) Accounting method X Cash Account (norm Part II, cot (c), ine 16) Cheek person Cheek Part Chee | | | | ation () | | |
| The column (a) must be on cash basis Column (b) must be on cash basis | l Fa | | | | 1 | |
| Part | (fr | rom Part II, col. (c), line 16) | ner (specify) | | | |
| Control of amounts in columns (i), (c), and (of many not | | | nn (d) must be on cash basi | s) | | <u> </u> |
| Consensative years for a security Consensative years Consensative | Pa | (The total of amounts in columns (b) (c), and (d) may not | (a) Revenue and | | | for charitable purposes |
| 2 Cheek | | necessarily equal the amounts in column (a)) | expenses per dooks | mcome | | |
| 2 | <u>රිබ</u> | | | | N/A | |
| 4 Dividends and interest from securities 5,712. 5,712. Statement 2 5,60s rents 5 6 Gross rents 6 Grown and of passets not on line 10 5 5 Gross rents 6 Grown and of passets not on line 10 5 5 Gross rents 6 Grown and of passets not on line 10 5 5 Gross rents 6 Grown and of passets not on line 10 5 Grown and of passets on the passet of passets on the passets of passets of passets on the passets of passets on the passets of passets of passets of passets of passets on the passets of passets on the pa |)Z | a Interest on savings and temporary | 2 913 | 2 913 | | Statement 1 |
| Sa Gross rents Sa Gross rents Shattement 3 Statement 3 Statement 4 Statement 5 Stateme | \$ | 3 cash investments | | | | |
| Net rental income or (loss) 8 , 059 . Statement 4 | | ĺ | | | | |
| 12,459. 12,459. 12,459. | \mathcal{L} | 1 | | | | _ |
| b Less Cost of goods soid c Gross profit or (loss) 11 Other income | (2) (i) | | 12,459. | | | |
| b Less Cost of goods soid c Gross profit or (loss) 11 Other mncome | | b Gross sales price for all 37,575. | | | | |
| b Less Cost of goods soid c Gross profit or (loss) 11 Other mncome | 2 | 7 Capital gain net income (from Part IV, line 2) | | 12,459. | | |
| b Less Cost of goods soid c Gross profit or (loss) 11 Other income | 8 | | | | 1 000 | |
| b Less Cost of goods soid c Gross profit or (loss) 11 Other income | | g income moducations | <u> </u> | | 1,200. | |
| c Gross profit or (loss) 11 Other income C Gross profit or (loss) 12 Total Add lines 1*through** 13 Compensation of officers directors inustees etc 14 Other employee salaries and wages 15 Pension plans employee benefits 16a Legal fees S tmt 6 C Other professional fees 17 Interest 18 Taxes S tmt 8 1 , 395. 1 , 349. O Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions, grifs, grants paid 27 Subtract line 26 from line 12 | 00 | | | | | |
| 11 Other income | | b Less Cost of goods sold | | | | |
| 12 Total Add lines 1*Ithrough**11" 36,146. 36,146. 1,200. | | 1, 1, 2 | - ! | 5.742. | | Statement 5 |
| 14 Other employee salaries and wages 15 Pension plans employee benefits 16a Legal fees Stmt 6 7,089 0 7,089 0 2,400 0 2,400 0 2,400 0 0 2,400 0 0 0 0 0 0 0 0 0 | | | | | | |
| 15 Pension plans employee benefits 16a Legal fees Stmt 6 7,089 0 7,089 | | 13 Compensation of officers directors trustees etc | 6,861. | 2,086. | | 4,775. |
| 16a Legal fees | | , , , , , , , , , , , , , , , , , , , | | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | တွ | ' ' ' | 7.000 | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | nse | l F | | | | 7,089. |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | xpe | · - | 2,400. | | | 2,400. |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | ē E | l · | | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | atì | I F | 1,395. | 1.349. | | 0. |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | ııstı |) | | | | <u></u> |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | <u> </u> | 20 Occupancy | | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | ١Ad | 21 Travel, conferences, and meetings | | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | anc | I - | | | | |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | Ing | ı | 417. | 12. | | 405. |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 | ərat | 1 | 10 160 | 2 117 | | 14 660 |
| 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 39,819 | ŏ | J - T | | <u> </u> | | 14,009. 25 150 |
| Add lines 24 and 25 43,312. 3,447. 39,819 27 Subtract line 26 from line 12 | | l E | 23,130. | | | 20,100. |
| 27 Subtract line 26 from line 12 | | · · · · · · · · · · · · · · · · · · · | 43,312. | 3,447. | | 39,819. |
| a Excess of revenue over expenses and disbursements <7.166.⊳ | | | | | | |
| | | a Excess of revenue over expenses and disbursements | <7,166. | | | |
| b Net investment income (if negative enter -0-) 32,699. | | | | 32,699. | | |
| C Adjusted net Income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see Instructions Form 990-PF (201) | | | | | 1,200. | Form 990-PF (2017) |

Maude M. Schuetze Foundation

C/O American State Bank & Trust Co. 45-6063398 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 237,058. 238,734. 238,734. 2 Savings and temporary cash investments 3 Accounts receivable ► Less' allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S and state government obligations 210,659. Stmt 10 223,938. 258,318. **b** Investments - corporate stock 46,847. 25,926. 24,177. c Investments - corporate bonds Stmt 11 11 Investments - land, buildings and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 54,860. 14 Land, buildings, and equipment: basis 54,860. <u>54,860.</u> 241,000. Less accumulated depreciation 15 Other assets (describe ► Mineral Interests 124,050. 124,050. 93,425. 16 Total assets (to be completed by all filers - see the 667,508. 673,474 855,654. instructions. Also, see page 1, item !) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe > 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31 **Net Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **►** X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 0 673,474 <u>667,508.</u> 29 Retained earnings, accumulated income, endowment, or other funds 673,474. 667,508. 30 Total net assets or fund balances 673,474 667,508 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) <u>673,474.</u> 2 Enter amount from Part I, line 27a <7,166.> Other increases not included in line 2 (itemize) Returned Scholarships 1,200. 667,508. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 667,508. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2017)

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Form 990-PF (2017)

Maude M. Schuetze Foundation
C/O American State Bank & Trust Co.

| Form 990-PF (2017) C/O | American State | Bank & Tr | <u>ust C</u> | Co. 45-6 | | | <u>-6063</u> | 3398 | Page 3 |
|--|---|------------------------------|---------------|--|-------------------------------------|---------------------------------|-------------------------|----------------------------|--------------|
| Part IV Capital Gains a | and Losses for Tax on In | vestment Inc | ome | 14.511 | | T | | | |
| 2-story brick war | he kind(s) of property sold (for exai ehouse; or common stock, 200 shs | | | | ow acquired Purchase Donation | (c) Date acc (mo., day, | quired , yr.) | (d) Dat (mo., d | |
| 1a Publicly Tradeo | | | | ļ | P | | | | |
| ь Capital Gains I | Dividends | | | ļ | | | | | |
| С | | | | ļ | | | | | |
| <u>d</u> | | | | ļ | | | | | |
| <u>e</u> | | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or of plus expens | | | | (h) Gain ((e) plus (f | or (loss)) minus (ç | a))) | |
| a 25,020. | | | 25,11 | 6. | | | | | <96. |
| b 12,555. | | | | | | ** | | 12 | <u>,555.</u> |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| Complete only for assets showin | g gain in column (h) and owned by | the foundation on 12 | /31/69. | | | (I) Gains (Col. | | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess o over col. (j | | | (| còl. (k), but not Losses (fr | less than om col. (h | -0-) or i)) | |
| a | | | | | | | | | <96. |
| b | | | | | | | | 12 | ,555. |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| | (If gain, also enter | r in Dart I ling 7 | | 7 | | | | | |
| 2 Capital gain net income or (net ca | , (, , , , , , , , , , , , , , , , , , | | |) | 2 | | | 12 | <u>,459.</u> |
| 3 Net short-term capital gain or (los | | nd (6) | | ٦ | | | | | |
| If gain, also enter in Part I, line 8, | column (c). | | | } | 2 | | N/A | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | nder Section 4940(e) for | Reduced Tax | on Net | Inve | estment li | ncome | IV/A | | |
| | | | | | | TOTTIC | _ | | |
| (For optional use by domestic private | noundations subject to the section | 4940(a) tax on het it | vestinent it | ncome |) | | | | |
| If section 4940(d)(2) applies, leave th | nis part blank. | | | | | | | | |
| | 10404 | | l l | 10 | | | | X Yes | <u> Пъ.</u> |
| Was the foundation liable for the sec | | | ne base pe | rioaz | | | | Yes | ∟ No |
| If "Yes," the foundation doesn't qualif | <u> </u> | | akına any r | antrioc | | | | | |
| | each column for each year, see the i | ilegractions before it | aking any e | | | 1 | | (d) | |
| (a) Base period years Calendar year (or tax year beginnii | ng in) Adjusted qualifying dis | stributions Net | value of no | (c) onchar | ıtable-use asse | ets (c | Distribi | ution ratio ded by col. | . (c)) |
| 2016 | | | | | | | | | |
| 2015 | | | | | | | | | |
| 2014 | | | | | | | | | |
| 2013 | | | | | | | | | |
| 2012 | | | | | | | | | |
| | | | | | | | | _ | |
| 2 Total of line 1, column (d) | | | | | | 2 | | | |
| 3 Average distribution ratio for the | 5-year base period - divide the total | on line 2 by 5.0, or b | v the numb | er of v | ears | | | | |
| the foundation has been in existe | | , , | • | _ | | 3 | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| 4 Enter the net value of noncharitat | pleause assets for 2017 from Part X | line 5 | | | | 4 | | | |
| 4 Enter the net value of nonchantal | 70 B30 B30 B30 B F F F F F F F F F F F F F F F F F F | | | | | , | | | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | | |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | 6 | | | |
| | • | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | | |
| 8 Enter qualifying distributions from | | | | | | 8 | | | |
| If line 8 is equal to or greater than See the Part VI instructions. | n line 7, check the box in Part VI, line | e 1b, and complete ti | nat part usii | ng a 19 | % tax rate. | | | | |

Maude M. Schuetze Foundation

| | 990-PF(2017) C/O American State Bank & Trust Co. 45-6 | <u> 5063</u> | <u> 3398</u> | | Page 4 |
|----|--|--------------|----------------|------------|--------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | see i | instru | ctior | 1S) |
| 1a | 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) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1 | | | 6 | 5 4. |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | | | 0. |
| 3 | Add fines 1 and 2 | | | 6 | 5 4 . |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | - | | | 0. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 6 | 54. |
| | Credits/Payments: | | | | |
| | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 124. | | | | |
| | Exempt foreign organizations - tax withheld at source 6b 0. | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 0. | | | | |
| | Backup withholding erroneously withheld 6d 0. | | | | |
| | Total credits and payments. Add lines 6a through 6d | | | 1 | 24. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | | 10. |
| | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | 40. |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | 10. |
| | Enter the amount of line 10 to be: Credited to 2018 estimated tax | | | | |
| | rt VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| | any political campaign? | | 1a | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | 1b | | X |
| • | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or | | 10 | | |
| | distributed by the foundation in connection with the activities. | | | | |
| r | 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. | | " | - | |
| · | (1) On the foundation. ► \$ (2) On foundation managers ► \$ 0. | | | | |
| ۵ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| ٠ | managers. > \$ | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | Х |
| _ | If "Yes," attach a detailed description of the activities | | - | | |
| 2 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| J | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 10 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | / a | 4b | | |
| _ | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| J | If "Yes," attach the statement required by General Instruction T | | 3 | | - 11 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| U | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | | |
| | remain in the governing instrument? | | 6 | х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | X | |
| ' | bid the foundation have at least \$5,000 in assets at any time during the year? If Tes, complete rait in, cor (c), and rait XV | | | | |
| 0. | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | |
| Od | MT, ND | | | | |
| L | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| D | , | | 0. | . l | |
| ^ | of each state as required by General Instruction G? If "No," attach explanation | | 8b | <u>X</u> _ | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | v |
| 40 | year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses | | 10 rm 000 | | |
| | | ٥٦ | rm 990 | | (2017) |

Maude M. Schuetze Foundation C/O American State Bank & Trust Co.

| | 990-PF(2017) C/O American State Bank & Trust Co. 45-606 | <u> 33</u> 98 | | Page 5 |
|-----|--|----------------|----------|--|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| | · | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 1 | | |
| | 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 ▶ Scott Snow - American State Bank Tr Telephone no. ▶ (701) | | | 0 |
| | Located at ▶PO Box 1446, Williston, ND ZIP+4 ▶5 | <u> </u> | | |
| 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 | N | [/A | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | | | <u>. </u> |
| Pá | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | Yes | No |
| 1 a | During the year, did the foundation (either directly or indirectly). | 1 | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | İ | İ | 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | - 1 | ļ | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | l | | l |
| | for the benefit or use of a disqualified person)? | | | |
| | (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 | | | Ì |
| | termination of government service, if terminating within 90 days.) Yes X No | | | |
| | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 4. | | 7. |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b_ | | X |
| | Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | ' | ļ | ļ |
| , | before the first day of the tax year beginning in 2017? | 10 | ł | х |
| 9 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 1c | - | <u> </u> |
| 2 | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| | 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? Yes X No | | | |
| | If "Yes," list the years \blacktriangleright ,,, | | | Į |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | 1 | |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | > | | | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | 1 | | |
| | during the year? | | i | |
| | 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 | 1 | | |
| | 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 | | ļ | |
| | 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 2017.) N/A | 3ь | |] |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | 1 | х |
| | b 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 2017? | 4b | <u> </u> | X_ |
| _ | | Form 99 | 0-PF | (2017) |

Maude M. Schuetze Foundation
C/O American State Bank & Trust Co.

| , Madde M. Bendetze Founda | | | | | | |
|--|----------------------------------|------------------|--|--|--------------------------------|-----------------------|
| Form 990-PF (2017) C/O American State Bank Dort VII B Statements Boggrding Activities for Which | | Pograficad (| <u>45-6063</u> | <u> 398</u> | F | age 6 |
| | rom 4/20 Way be r | required (contin | ued) | | Yes | No |
| | n 4945/e)\)2 | □v | s V No | | 103 | -140 |
| • | , ,, | | :S L2L NU | | | |
| • • • | or to durry on, directly or main | | s X No | | } | |
| , , | ;? | | | | | |
| • | | | | | 1 | |
| • | | X Ye | s No | | | |
| | , or educational purposes, or f | | | | | |
| the prevention of cruelty to children or animals? | , , , | | s X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described i | | | | | |
| | | · · | ļ | 5b | | Х |
| Organizations relying on a current notice regarding disaster assistance, check | here | | ▶□ | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | rom the tax because it mainta | ined | | |]] | |
| expenditure responsibility for the grant? | | Y6 | es X No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | J | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance, check here of If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average hours per week devoted (if not paid, either 0-) and deterred hours per week devoted (if not paid, either 0-) and deterred hours per week devoted (if not paid, either 0-) and deterred hours per week devoted (if not paid, either 0-) and deterred to position. American State Bank Trustee PO Box 1446 Williston, ND 58801 2.00 5,961. 0.10 300. 0. Paula Dehmer Advisor PO Box 1446 Williston, ND 58801 0.10 300. 0. Judy Romo PO Box 1446 Williston, ND 58801 0.10 300. 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." | | | | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Ye | es 🗓 No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | utable to the transaction? | | N/A | 7b | | |
| | ees, Foundation Ma | nagers, Highly | y | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | their compensation. | | | | | |
| (a) Name and address | hours per week devoted | (If not paid, | and deterred | 4 | (e) Expo ccount, allowar | ense other ices |
| American State Bank | Trustee | | | 1 | | |
| PO Box 1446 | | | | | | |
| Williston, ND 58801 | 2.00 | 5,961. | 0 | | | 0. |
| Paula Dehner | Advisor | | | | | |
| | | | | | | |
| Williston, ND 58801 | | 300. | 0 | • | | 0. |
| | Advisor | | | 1 | | - |
| |] | | | | | |
| | | 300. | 0 | • | | 0. |
| | Advisor | 1 | | | | |
| | | | | 1 | | |
| | | | 0 | <u>. </u> | | 0. |
| 2 Compensation of five highest-paid employees (other than those inc | · | enter "NONE." | (d) Contributions to | | | |
| | hours per week | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense account, othe allowances | | other |
| NONE | _ | [| | | | |
| | | <u> </u> | | - | | |
| | - | | | | | |
| | | - | | | | |
| | - | | | | | |
| | | | | + | | |
| | 4 | | | | | |
| | | | | + | | |
| | - | | | | | |
| Total number of other ampleyees and over CEO 000 | | <u> </u> | L | Ш | | |
| I otal number of other employees paid over \$50,000 | | | | | | 0 |

Form **990-PF** (2017)

Maude M. Schuetze Foundation

| Form 990-PF (2017) C/O American State Bank & Trust Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued) | | 6063398 Page 7 |
|---|---------------------|--|
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced. | | Expenses |
| 1 <u>N/A</u> | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2 | Amount |
| 1 N/A | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions 3 | | |
| | | |
| | | |
| Total, Add lines 1 through 3 | > | 0. |

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions) |
|--------|---|-------------|--------------------|
| 1, | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | Average monthly fair market value of securities | 1a | 281,440. |
| | Average of monthly cash balances | 1b | 250,815. |
| | Fair market value of all other assets | 10 | 334,425. |
| đ | Total (add lines 1a, b, and c) | 1d_ | 866,680. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 866,680. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 13,000. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 853,680. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 42,684. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 42,684. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017. (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 654. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 42,030. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 1,200. |
| 5 | Add lines 3 and 4 | 5 | 43,230. |
| 6 | Deduction from distributable amount (see instructions) | 6 | <u> </u> |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 43,230. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 39,819. |
| a | Program-related investments - total from Part IX-B | 1b | 0. |
| b | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 2 3 | Amounts set aside for specific charitable projects that satisfy the. | | |
| a | 0 | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 39,819. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | - | |
| J | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 39,819. |
| , | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | <u> </u> | |
| | 4940(e) reduction of tax in those years. | , | |

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

| | | | | |
|--|---------------|----------------------------|---|--------------------|
| ` | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
| 1 Distributable amount for 2017 from Part XI, | | | | 42 220 |
| line 7 | | | | 43,230. |
| 2 Undistributed income, if any, as of the end of 2017 | | | 24 056 | |
| a Enter amount for 2016 only | | | 34,856. | |
| b Total for prior years: | | ا م | | |
| 3 Excess distributions carryover, if any, to 2017: | | 0. | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | 1 | | | |
| d From 2015 | \ | l | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | | | | |
| Part XII, line 4 ►\$ 39,819. | j | | | |
| a Applied to 2016, but not more than line 2a | | | 34,856. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | ** | — ———————————————————————————————————— | |
| (Election required - see instructions) | 0. | Ĭ | | |
| d Applied to 2017 distributable amount | | | | 4,963. |
| e Remaining amount distributed out of corpus | 0. | | | ±, J0J• |
| 5 Excess distributions carryover applied to 2017 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below | | | | |
| Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line | | | | |
| 4a from line 2a, Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017, Subtract | | | <u></u> | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2018 | | | | 38,267. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2012 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| | | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| | | İ | | |
| e Excess from 2017 | | | | 5 000 DE (0047) |

Maude M. Schuetze Foundation C/O American State Bank & Trust Co. Form 990-PF (2017) 45-6063398 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2017 (b) 2016 (c) 2015 (d) 2014(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(µr) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) None b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔛 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds, if the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

American State Bank & Trust Dept., 701-774-4120

PO Box 1446, Williston, ND 58802-1446

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

Written Application

c Any submission deadlines:

N/A

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

Benefits Culbertson, MT and area residents.

C/O American State Bank & Trust Co.

45-6063398 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year Scholarship Abigail Ator None Ι PO Box 102 1,000. Medicine Lake MT 59247 I Scholarship None Alyxandrea Bakke 241 S Adams Street 1,000. Plentywood, MT 59254 To provide soldier American Legion Auxiliary NC boxes to be mailed to PO Box 103 1,000. soldiers deployed, Culbertson, MT 59218 Scholarships I Ariel Phillips None 606 East First Ave 1,000. Plentywood, MT 59254 Scholarship Bailley Christoffersen None Ι P.O. Box 325 1,350. Froid MT 59226 See continuation sheet(s) **▶** 3a 25 150. Total b Approved for future payment None **▶** 3b Total Form **990-PF** (2017)

Form 990-PF (2017)

Form 990-PF (2017) Part XVI-A

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelate | d business income | Exclud | ded by section 512, 513, or 514 | (a) |
|--|---------------------------------------|---------------------------------------|-------------------------------|---|---------------------------------------|
| Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | (e) Related or exempt function income |
| | 0000 | | | | |
| a b | | | | | |
| | | | | 78.40 | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| d e | | | | | |
| e | | <u>-</u> | | | |
| g Fees and contracts from government agencies | | · · · · · · · · · · · · · · · · · · · | \vdash | | |
| 2 Membership dues and assessments | | <u> </u> | \vdash | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 2 212 | |
| 4 Dividends and interest from securities | | | 14 | 2,813. 5,712. | |
| 5 Net rental income or (loss) from real estate: | | | T. 4 | 3,114. | |
| | | | | | |
| a Debt-financed property | | | 16 | 0 050 | |
| b Not debt-financed property6 Net rental income or (loss) from personal | | | 10 | 8,059. | |
| * * * | | | | | |
| property | | | 15 | F 740 | |
| 7 Other investment income | | | 13 | 5,742. | |
| 8 Gain or (loss) from sales of assets other | | | 1.0 | 10 450 | |
| than inventory | | | 18 | 12,459. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | ···· | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | 24 705 | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | L., | 34,785. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 34,785. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Acco | omplishment of Ex | empt | t Purposes | |
| Line No Explain below how each activity for which incom | ne is reported i | n column (e) of Part XVI-A | contrib | uted importantly to the accom | plishment of |
| ▼ the foundation's exempt purposes (other than b | | | | . , | |
| | | | | | |
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7) C/O American State Bank & Trust Co. 45-6063398 Page 13
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| | | | | | with any other organizatio | n described in sectio | on 501(c) | | Yes | NO |
|--|-------------|----------------------------|--------------------------|-------------------|-----------------------------|-----------------------|---|---------------|-------------------|------------------|
| | • | | | | to political organizations? | | | | | |
| а | | om the reporting founda | ation to a noncharitat | ole exempt org | anization of: | | | 4.41 | v | |
| | (1) Cash | | | | | | | 1a(1) | <u>X</u> | X |
| | (2) Other a | | | | | | | 1a(2) | | |
| D | Other trans | | hla avamnt arganizat | IOD | | | | 1b(1) | | x |
| | · · | of assets to a noncharital | | | | | | 1b(2) | | X |
| | | | | ryamzanom | | | | 1b(3) | | X |
| | | | | | | | | 1b(4) | | X X X X |
| | | = | | | | | | 1b(5) | | X |
| | ` ' | • | mbership or fundrais | sıng solıcıtatıor | าร | | | 1b(6) | | Χ_ |
| C | 1-7 | | · | - | | | | 1c | | X |
| | | | | | | vays show the fair m | arket value of the goods, | other ass | ets, | |
| | | | | | | | | | | |
| | column (d) | the value of the goods, | other assets, or serv | ices received | | | | | | |
| a)L | ine no (| <u> </u> | <u> </u> | | | | | sharing ar | rangeme | nts |
| 1 | | 1,000. | American | Legion | Auxiliary | See Sta | tement 12 | | | |
| | | | | | | | | | | |
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| | | | | | - | | | | | |
| 2 a | Is the foun | dation directly or indirec | ctly affiliated with, or | related to, one | or more tax-exempt organi | zations described | | | | |
| | | | | | | | | Yes | X | ☐ No |
| b | | | | | | | | | | |
| | | (a) Name of or | ganization | | (b) Type of organization | (| c) Description of relations | hip | | |
| | | N/A | | | - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| | | | | | | | not of my knowledge | | | |
| (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans to foat guarantees (6) Performance of services or membership or fundations (5) Loans to foat guarantees (7) Endough the services of the sessers of the sessers of paid employees (8) Performance of services or membership or fundations (5) Amount of services green by the reporting foundation. If the foundation received less than fair market value in any fransaction or sharing arrangement, shore column (1) the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (1) Indice the value of the goods, other assets, or services received (2) Indice the value of the goods, other assets, or services received (3) Name of organization (b) Type of organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? If I Yes, complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship N/A Indice the value of private the property of the private that the property of the property of the private that the property of the private that the | | y the IRS urn with th | | | | | | | | |
| | ign 🔪 | Timercan | | Carry - | 18/1/18 | ^ | sh | own below | /? Se <u>è ır</u> | nstr |
| П, | | py sind | golpo | <u>0.</u> | 7//7//0 | · <i></i> | <u>e</u> | X Yes | : L | _ No |
| | Sign | | ·- | Dropararia o | | | Check I if DTIN | | | |
| | | rimvrype preparer's n | Iaiiie | riepaiei S S | ignature | Jaic | | | | |
| P | aid | WIN C IND | יאברים כו כו אווווי | WTM C | THE PARTY OF THE PARTY | 00/13/10 | | 0 1 Q 1 | 560 | i |
| _ | | | | | UTRANTOEN | N2/T2/T0 | | | | |
| | - | rum s name F II | NE DAIDHI | חחב | | | Train Scin P 43-0 | 2000 | | |
| _ | | Firm's address - 43 | 310 17ጥዞ 2 | VE S P | O BOX 2545 | · | | | | |
| | | i e | | | | | Phone no. 701 - 2 | 39-8 | 500 | J |
| | | , F.F. | | . J _ U _ U _ L | | | | orm 99 | | |

| | nentary Information | | | | |
|---|-------------------------|--|----------------------|----------------------------------|-----------------|
| | utions Paid During the | | T | | |
| | pient (hama as huagasa) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | (home or business) | or substantial contributor | recipient | | |
| | | | | |] |
| Bridger Wang | | None | ı | Scholarship | ĺ |
| 616 Hway 5 E | | | | | |
| Plentywood, MT 5925 | 4 | | | | 1,000 |
| | | | | | } |
| Carlie Bowker | | None | ı | Scholarship |] |
| 5957 Road 1017 | | | | | |
| Culbertson MT 5921 | 8 | | <u> </u> | | 1,350 |
| Culbertson Froid Ba | inville Health | None | PC | Operation Comfort | |
| Care Corporation | | | | | |
| 818 2nd Ave East, P | O Box 419 | | j | |] |
| Culbertson, MT 5921 | | | | | 1,000 |
| | | | | | |
| Dominica Granada | | None | ı | Scholarship | |
| 1910 35th Ave SW, A | pt 101AA | | | | |
| Minot MT 58701 | | | | | 1,350 |
| | | | | | |
| Jacob Martin | | None | ı | Scholarship | |
| PO Box 632 | | None | | Beneralanip | |
| Culbertson MT 5921 | 8 | | | | 1,000 |
| | | | | | |
| Jasmine Russell | | None | I | Scholarship | |
| 558 West 1st Ave | | Notice | | Benotalship | |
| Plentywood MT 5925 | 4 | | | | 1,000 |
| 11000,000, 111 0,22 | | | | | 2,000 |
| w 1 Go (1) | | | | | ĺ |
| Kade Guenther PO Box 294 | | None | I | Scholarship | |
| Crosby ND 58730 | | | | | 1,350 |
| | | | | | |
| | | | | | |
| Kevin Rust 203 Stromstads Stre | ot | None | I | Scholarship | |
| Alkabo ND 58845 | ec | | 1 | | 1,350 |
| AIROSO, NO SOSTS | | | | | 1,330 |
| | | | | | |
| Korryn Freeman | | None | I | Scholarship | 1 |
| 606 East First Ave Plentywood, MT 5925 | .4 | | | | 1 000 |
| FIEHCYWOOD, MI 3923 | | | | | 1,000 |
| | | | | | |
| Mollie Simonson | | None | I | Scholarship | |
| 1607 17th Street We | st Apt 230 | | | | |
| Billings, MT 59102 Total from continuati | an abaata | <u> </u> | <u> </u> | | 1,350 19,800 |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor Scholarship Morgan Mason None I PO Box 316 Froid MT 59226 1,000. Nate Harris None Ι Scholarship 612 Polly Ave Plentywood MT 59254 1,000. Renee Granada None Scholarship 1910 35th Ave SW, Apt 101A Minot, ND 58701 1,350. Renee Oelkers None Scholarship Ι P.O. Box 742 Culbertson, MT 59218 1,350. Samantha Fellman Ι Scholarship None P.O. Box 755 Culbertson, MT 59218 1,350. Scholarship Samantha Reuter None I 322 North Adams Street Plentywood, MT 59254 1,000. Whitney Warner Scholarship None 1415 45 St E, Box 343 Williston, ND 58801 1,000. Total from continuation sheets

| Source Bank Interest Total to Part I, line | | | (a) zenue | | | (b) | | (c) | |
|--|-----------------|----------------------------|---------------|------|---------------------|--------------------|------------------------------|----------------------------|-----|
| | | | DOOKS | | | vestment come | (c) Adjusted Net Incom | | ∋ |
| Total to Part I, line | Bank Interest | | | | | 2,813. | | | |
| | e 3 | | 2,813. 2,813. | | | | | | |
| Form 990-PF | Dividends | and Inte | erest | from | Secur | ities | St | atement | 2 |
| Source | Gross Amount | Capita Gains Divider | 3 | Rev | a) enue Books | (b) Net Inves | | (c) Adjusto Net Inco | |
| Dividends | 18,267. | 12,5 | 555. | | 5,712. | 5,71 | .2. | | |
| To Part I, line 4 | 18,267. | 12,5 | 555. | | 5,712. | 5,71 | 12. | | |
| Form 990-PF | | Rental 1 | Income | | | | St | atement | 3 |
| Kind and Location of | Property | | | | | Activity Number | Re | Gross ental Inco | ome |
| Farm Rental | | | | | | 1 | | 9,4 | 20. |
| Total to Form 990-PF | , Part I, l | ine 5a | | | | | | 9,42 | 20. |
| Form 990-PF | R | ental Ex | xpense | s | | | St | atement | 4 |
| Description | | | Activ Numb | | A | mount | | Total | |
| Insurance Real Estate Taxes | - Sub | Total - | | 1 | | 12. 1,349. | | 1,30 | 51. |
| Total rental expenses | 3 | | | | | | | 1,30 | |
| Net rental Income to | | F, Part | I, li | ne 5 | 5b | | | 8,0! | |

| Form 990-PF | Other : | Income | Statement 5 | | |
|--------------------------------------|------------------------------|-----------------------------------|-----------------------------|-------------------------------|--|
| Description | | (a) Revenue Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | |
| Oil Royalties, Net | | 5,742. | 5,742. | | |
| Total to Form 990-PF, Part I, | line 11 = | 5,742. | 5,742. | | |
| Form 990-PF | Lega | l Fees | | Statement 6 | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | _ | (d) Charitable Purposes | |
| Legal Fees | 7,089 | . 0 | • | 7,089. | |
| To Fm 990-PF, Pg 1, ln 16a = | 7,089 | . 0 | • | 7,089. | |
| Form 990-PF | Account | ing Fees | | Statement 7 | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | _ | (d) Charitable Purposes | |
| Accounting | 2,400 | . 0 | • | 2,400. | |
| To Form 990-PF, Pg 1, ln 16b | 2,400 | . 0 | • | 2,400. | |
| Form 990-PF | Та | xes | | Statement 8 | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | • | (d) Charitable Purposes | |
| Tax Refund, net Real Estate Taxes | 46 1,349 | | | 0. | |
| To Form 990-PF, Pg 1, ln 18 | 1,395 | . 1,349 | • | 0. | |

| Appraisal Fee 350. 0. 350 Meeting Expenses 55. 0. 55 Insurance 12. 12. 12. 0 To Form 990-PF, Pg 1, ln 23 417. 12. 405 Form 990-PF Corporate Stock Statement 1 Description Book Value Fair Market Value Dodge & Cox Stk Fund Common 37,028. 41,537 Federated Index Tr Federated Mid-cap Index 43,271. 38,702 Harbor Fund Cap Appreciation Fund Instl Class 29,255. 34,956 Vanguard Horizon Funds Global Equity Fund 30,025. 38,436 Dodge & Cox Balanced Fund Common 4,780. 4,828 Dodge & Cox Funds Intl Stk Fund 1,033. 1,091 Federated Equity Funds Strategic Value Divid Fund Instl 2,125. 2,054 Vanguard Index Funds 500 Index Fund Admiral 35,022. 47,691 Vanguard Index Funds Growth Index Fund 2,029. 2,611 Vanguard Index Funds Small Cap Index Fund 1,627. 1,984 Vanguard Index Funds Value Index Fund 2,059. 2,522 Vanguard Specialized Funds Dividend Growth 34,057. 39,952 Total to Form 990-PF, Part II, line 10b 223,938. 258,318 | Form 990-PF | Other Expenses | | | Statement 9 | | |
|--|--|----------------|-------------|-----|---|---|---|
| Meeting Expenses 55. 0. 55 | Description | Expenses | Net Inve | | Adjusted | d Charita | |
| To Form 990-PF, Pg 1, ln 23 | Appraisal Fee Meeting Expenses | 55. | | 0. | | 3 | 50. |
| Description | | · . | | | . | | 0. |
| Description | To Form 990-PF, Pg 1, In 23 | 417. | | 12. | <u></u> | 4 | 05. |
| Description | Form 990-PF | Corporat | e Stock | - | | Statement | 10 |
| Federated Index Tr Federated Mid-cap Index 43,271. 38,702 Harbor Fund Cap Appreciation Fund Instl Class 29,255. 34,956 Vanguard Horizon Funds Global Equity Fund 30,025. 38,436 Dodge & Cox Balanced Fund Common 4,780. 4,828 Dodge & Cox Funds Intl Stk Fund 1,033. 1,091 Federated Equity Funds Strategic Value Divid 1,033. 1,091 Fund Instl 2,125. 2,054 Vanguard Index Funds Strategic Value Divid 2,125. 2,054 Vanguard Index Funds Strategic Value Divid 35,022. 47,691 Vanguard Index Funds Growth Index Fund 2,029. 2,611 Vanguard Index Funds Small Cap Index Fund 1,627. 1,984 Vanguard Index Funds Value Index Fund 2,059. 2,522 Vanguard Specialized Funds Dividend Growth 34,057. 39,952 Total to Form 990-PF, Part II, line 10b 223,938. 258,318 Form 990-PF Corporate Bonds Statement 1 Harbor Fund Bd Fund Instl Class 6,807. 5,867 Dodge & Cox Income Fund Common 2,055. 2,028 | Description | | | Вос | ok Value | | t |
| Description Book Value Fair Market Value Harbor Fund Bd Fund Instl Class Dodge & Cox Income Fund Common Federated Instl Tr Federated Short Inter Totalreturn Bd Fund Instl Shs Vanguard Fixed Income Secs Fdinc Gnma Vanguard Fixed Income Secs Fdinc Short-term Fair Market Value Fair Market Value 5,867 2,028 7,850 7,980 7,980 7,350 | Federated Index Tr Federated Mid-cap Index Harbor Fund Cap Appreciation Fund lnstl Class Vanguard Horizon Funds Global Equity Fund Dodge & Cox Balanced Fund Common Dodge & Cox Funds Intl Stk Fund Federated Equity Funds Strategic Value Divid Fund Instl Vanguard Index Funds 500 Index Fund Admiral Vanguard Index Funds Growth Index Fund Vanguard Index E1 mds Mid Cap Index Fund Vanguard Index Funds Small Cap Index Fund Vanguard Index Funds Value Index Fund Vanguard Specialized Funds Dividend Growth Total to Form 990-PF, Part II, line 10b | | | | 43,271. 29,255. 30,025. 4,780. 1,033. 2,125. 35,022. 2,029. 1,627. 1,627. 2,059. 34,057. | 38,7 34,9 38,4 4,8 1,0 2,0 47,6 2,6 1,9 1,9 2,5 39,9 | 02. 56. 36. 28. 91. 54. 91. 22. 52. |
| Description Harbor Fund Bd Fund Instl Class Dodge & Cox Income Fund Common Federated Instl Tr Federated Short Inter Totalreturn Bd Fund Instl Shs Vanguard Fixed Income Secs Fdinc Gnma Vanguard Fixed Income Secs Fdinc Short-term Book Value Value 6,807. 5,867 2,028 7,028 7,980 7,435. 6,952 7,350 | | | | | | D C C C C C C C C C C C C C C C C C C C | |
| Dodge & Cox Income Fund Common 2,055. 2,028 Federated Instl Tr Federated Short Inter Totalreturn Bd Fund Instl Shs 2,031. 1,980 Vanguard Fixed Income Secs Fdinc Gnma 7,435. 6,952 Vanguard Fixed Income Secs Fdinc Short-term 7,598. 7,350 | Description | | | Вос | ok Value | | t |
| Total to Form 990-PF, Part II, line 10c 25,926. 24,177 | Dodge & Cox Income Fund Common Federated lnstl Tr Federated Short Inter Totalreturn Bd Fund lnstl Shs Vanguard Fixed Income Secs Fdinc Gnma | | | | 2,055. 2,031. 7,435. | 2,0 1,9 6,9 | 28. 80. 52. |
| | Total to Form 990-PF, Part II, line 10c | | | | 25,926. | 24,1 | 77. |

990-PF Involvement With Noncharitable Organizations
Part XVII, Line 1, Column (d)

Statement

12

Name of Noncharitable Exempt Organization

American Legion Auxiliary

Description of Transfers, Transactions, and Sharing Arrangements

Maude Schuetze provided a grant of \$1,000 to the American Legion Auxiliary to be used to send soldier boxes to soldiers that are deployed.