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	cale	ndar-year 2019 or tax year beginning		, and end	ding			
	Na	më c	of foundation				A Employer identification	number	
	W								
		ok	ey Foundation, Inc.				30-0595769		
			and street (or P O box number if mail is not delivered to street	B Telephone number					
	F	.0). Box 639	701-852-05	44				
			town, state or province, country, and ZIP or foreign p	C If exemption application is pe	ending, check here				
	_ <u>M</u>	<u> </u>	ot, ND 58702						
	G (Chec	k all that apply: Initial return	D 1 Foreign organizations	s, check here-				
			Final return	2 Foreign organizations me	eting the 85% test				
			Address change	Name change			2 Foreign organizations me check here and attach co:	mputation	
	H_(_	k type of organization: X Section 501(c)(3) ex	E If private foundation sta					
	<u>_</u>		ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	<u>q</u>	under section 507(b)(1)	(A), check here	
			arket value of all assets at end of year J Account	•	X Accrua	al	F If the foundation is in a		
				ther (specify)	\		under section 507(b)(1)	(B), check here	
\$ 2,719,507. (Part I, column (d), must be on cash basis.) Part Analysis of Revenue and Expenses (a) Payanue and (b) Not investment (a) Adjusted not									
	17.0	att La	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes	
	_	1		2.42.000 \$3.000.0	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	WANA COM	N/A	(cash basis only)	
		1 2	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B		134 7 8 5 2 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	\$18.85 118.40 	THE STATE OF THE S	27-38-38-38-38-38-38-38-38-38-38-38-38-38-	
			Interest on savings and temporary cash investments	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	কার্যক্রজনারে । কর্মনার্যক্রিক্রট	er vice this	NURWIT OCHRE WY PHYNOLOGIA SOA		
		1	Dividends and interest from securities	117,816.	117	,816.		Statement 1	
		52	Gross rents	117,0100		7010.			
			Net rental income or (loss)						
		ļ	Net gain or (loss) from sale of assets not on line 10	-153,770.			48 84 527 17 TO AND 2	MACHONA PEZZ	
	Revenue		Gross sales price for all 364,737.		3800 PC 85	XXXXX		WAR PARK BOOK	
		7	Capital gain net income (from Part IV, line 2)			0.	ANT WITH A TARK	7. ** O 7. ***	
	. ĕ	8	Net short-term capital gain		tion bear	V. 300 300 4	SI 001	2 2020	
		9	Income modifications				D		
		10a	Gross sales less returns and allowances				THE PARTY OF THE	NY STEEL STATE	
ň		b	Less Cost of goods sold						
		C	Gross profit or (loss)	06.440			l .		
o-		11	Other income	26,440. -9,514.		,330. ,146.		Statement 2	
		12	Total. Add lines 1 through 11	-9,514.	134	0.		0.	
		13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.				<u> </u>	
		15	Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	S		Legal fees		··· · · · · · · · · · · · · · · · · ·				
	nse.	ь	Accounting fees Stmt 3	6,600.		0.	··· · · · · · · ·	6,600.	
	Expenses	c	Other professional fees			****		-,	
•	e E	17	Interest						
	Administrative	18	Taxes Stmt 4	4,792.	2	,687.		0.	
	ist	19	Depreciation and depletion						
7	ä	20	Occupancy						
07N7			Travel, conferences, and meetings						
9	and	22	Printing and publications				,		
>	ū	23	Other expenses Stmt 5	10.		0.	<u> </u>	10.	
ט הר	rat	23 24	Total operating and administrative	11,402.	•	607		<i>C C</i> 10	
2	ō	25	expenses. Add lines 13 through 23	153,400.	101.8018.00.000 du	<u>,687.</u>	CONTRACTOR DELICION	6,610. 153,400.	
j	_	25 26	Contributions, gifts, grants paid Total expenses and disbursements.	133,400.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Carsonaa Raki v	N. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	133,400.	
<u></u>		20	Add lines 24 and 25	164,802.	2	,687.		160,010.	
Ž.	一	27	Subtract line 26 from line 12:		723300000				
SCAINIALL			Excess of revenue over expenses and disbursements	-174,316.		33200			
D			Net investment income (if negative, enter -0-)		131	,459.			
_		С	Adjusted net income (if negative, enter -0-)				N/A		

-174,316.2 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3,670,455. Add lines 1, 2, and 3

198,350. Decreases not included in line 2 (itemize) ► Cost basis adjustments 3,472,105. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Form 990-PF (2019)

30-0595769 Form 990-PF (2019) Gokey Foundation, Inc. Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D - Donation Sale of publicly traded securities P b d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) 518,507. 364,737 -153.770.C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any -153,770. b d If gain, also enter in Part I, line 7 -153,770. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribution ratio (a) Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col (b) divided by col. (c)) 2,559,400 259,209 .101277 2018 2,672,807. 112,810. .042207 2017 201,060. 2,880,024. .069812 2016 .049276 152,051. 3,085,670. 2015 118,414 3,106,464. .038119 2014 .300691 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years .060138 the foundation has been in existence if less than 5 years 3 2,545,855. 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 Multiply line 4 by line 3 5 153,103. 1,315. Enter 1% of net investment income (1% of Part I, line 27b) 6 154,418. 7 Add lines 5 and 6 7 160,010. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rale. See the Part VI instructions.

William Langer and Susan Flickinger Gokey Foundation. Inc.

	int VI Excise Tax Based on Investment Income (Section 4940(a) 4940/b) 4	940(e), or 49		e instructions)
100	Exempt operating foundations described in section 4940(d)(2), check here and ente)		CONTRACTOR
. "	Date of ruling or determination letter: (attach copy of letter if necess		··\		immendification
	1,315.				
Ų	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	A Jano enter 1	70	(800) \$24	
	of Part I, line 27b	f Dort I line 10 o	ol (b)		
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others		UI. (U))	. Xx Xx X X X X X X X X X X X X X X X X	<u>^^^^^^</u>
3	Add lines 1 and 2	s, eiller -0-)	1	3	1,315.
ى 4		ro ontor ()		4	<u> </u>
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	15, etilet -0-)		5	1,315.
6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments:			\$20 K & W	
	2019 estimated tax payments and 2018 overpayment credited to 2019	c.	2,720.	334.43	
		6a	0.		
		6c	0.		
	· · · · · · · · · · · · · · · · · · ·	6d	0.		
	Total credits and payments. Add lines 6a through 6d	ou j		7	2,720.
,	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ad		8	0.
٥	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	ţu		9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	1,405.
	Enter the amount of line 10 to be; Credited to 2020 estimated tax	1 405	Refunded	11	0.
	rt VII-A Statements Regarding Activities	1,405	• I neidilueu	! !	
- 10 - 1	During the tax year, did the foundation attempt to influence any national, state, or local legislation	on or did it nartic	inate or intervene	in	Yes No
• • •	any political campaign?	on or did it pars.	ipries of minimum.		1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes'	? See the instruc	tions for the defini	tion	1h X_
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of all				334364035
	distributed by the foundation in connection with the activities.	, materiale pae			
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	ar:			
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶		0.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure				
	managers. ▶ \$ 0.	•			
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.		-		海温度公司
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instr	rument, articles o	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
b	If "Yes," has it filed a tax return on Form 990-T for this year?				4b X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5 X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	r:			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory dis-	rections that con	flict with the state	law	
	remain in the governing instrument?				6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	Part II, col. (c),	and Part XV		7 X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	ND				
Ď	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attori	ney General (or d	lesignate)	, .	
	of each state as required by General Instruction G? If "No," attach explanation				8b X
9	is the foundation claiming status as a private operating foundation within the meaning of section	n 4942(j)(3) or 4	942(j)(5) for calen	dar	
,	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complet	te Part XIV			9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis	sting their names and	d addresses		10 X
					Earm 990-PF (2010)

Form 990-PF (2019)

Gokey Foundation, Inc.

P	art 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		Х
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	L
	Website address ► N/A			
14	The books are in care of ► William Langer Gokey Telephone no. ► 701-8		544	
	Located at ►P.O. Box 639, Minot, ND ZIP+4 ►5	3702		_
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	NI-
16	At any time during calendar year 2019, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country			
۲۵	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Υ	V	N _a
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ.	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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	1		
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))	l'		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >		l	
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	m n , n	** ***	400 O
	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		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		l	
	during the year? $\qquad \qquad \qquad$	1 1	- 1	
b	If "Yes," did it have excess business holdings in 2019 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		ľ	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	\vdash		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	I Ah I		X

Part VII-B Statements Regarding Activities for Which F	form 4720 May Be F	lequired _{(contin}	ued)			
5a During the year, did the foundation pay or incur any amount to:		-			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
` any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	XY	es		1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? See instructions			es 🗓 No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or					İ
the prevention of cruelty to children or animals?			es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	•	in Regulations	-		•	72
section 53.4945 or in a current notice regarding disaster assistance? See instru				5b		X
Organizations relying on a current notice regarding disaster assistance, check h						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta		,			'
expenditure responsibility for the grant?		Y	es			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			l			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal hanafit contract?	الا لـــا	רא באבי אט	6b		х
If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		F	-00		<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	holter transaction?		es X No	1		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 1\	N/A	7b		
8 is the foundation subject to the section 4960 tax on payment(s) of more than \$			-1,7			
excess parachute payment(s) during the year?	1,000,000 11110111111111111111111111111		es X No			l
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Ma			•		
List all officers, directors, trustees, and foundation managers and the second se	neir compensation.					
, , , , , , , , , , , , , , , , , , , ,	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	Τ (e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	"	count, allowai	other
	to position	enter o j	compensation	1	unovia	1000
See Statement 9		0.	0.			0.
				1		
				1		
				1		
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		_		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	1	allowar	ices
NONE	1]		
				1		
				<u> </u>		
		ļ		<u> </u>		
				$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
				<u> </u>		
Total number of other employees paid over \$50,000			•			0
			Form	990	-PF	(2019)

William Langer and Susan Flickinger Gokev Foundation. Inc.

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e	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		▶ 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	
1N/A		_
· · · · · · · · · · · · · · · · · · ·		4
		<u> </u>
2		4
	··········	1
•		
3		4
		1
4		†
		1
Part IX-B Summary of Program-Related Investments		<u></u>
Describe the two largest program-related investments made by the foundation during the tax year	ir on lines 1 and 2.	Amount
1 N/A		<u> </u>
		1
		1
2		
]
]
All other program-related investments. See instructions.		
3]
]
]
		1
		1
	<u> </u>	
Total Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	2,411,357.
b	Average of monthly cash balances	1b	2,411,357. 173,267.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,584,624.
	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	2,584,624.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,769.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,545,855.
6	Minimum investment return Enter 5% of line 5	6	127,293.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	127,293.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,315.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	125,978.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	125,978.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	125,978.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	160,010.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	160,010.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,315.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158,695.
	Note: The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation of	ualifies fo	r the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				125,978.
2 Undistributed income, if any, as of the end of 2019		· · · · · · · · · · · · · · · · · · ·		2237370
a Enter amount for 2018 only			0.	•
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018 28,679.				
f Total of lines 3a through e	28,679.			
4 Qualifying distributions for 2019 from]	
Part XII, line 4: ► \$ 160,010.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	٠ .			
(Election required - see instructions)	0.			125,978.
d Applied to 2019 distributable amount	34,032.		-	125,976.
e Remaining amount distributed out of corpus	34,032.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	62,711.			
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		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract			-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2020	j			0.
7 Amounts treated as distributions out of			-	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				<i>t</i>
may be required - see instructions)	0.	y III 11	- 1	
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020		·		
Subtract lines 7 and 8 from line 6a	62,711.			
Analysis of line 9.				
a Excess from 2015	1			
b Excess from 2016				
c Excess from 2017				
d Excess from 2018 28,679.				
a Evenes from 2010 34 032	1		l	

William Langer and Susan Flickinger Form 990-PF (2019) Gokey Foundation, Inc. 30-0595769 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 2019, enter the date of the ruling .4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2019 (d) 2016 (b) 2018 (c) 2017(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(i)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income 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).) See Statement 10 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 \(\bigcap \) 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: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Page 11

- art XV Cappicinentally information	- · · · · · · · · · · · · · · · · · · ·			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oom rounds	
a Paid during the year				
Kara Nunziato	Yan a	L	OPGC Vallowhall Comma	
700 16th Ave SE	None	ľ	ORCS Volleyball Camps	
Minot, ND 58701				3,400.
		ŀ		
Minot Area Youth Skating Association	None	₽C	Pledge payment for new	
PO BOX 328			ice rink	
Minot, ND 58702				100,000.
Trinity Health Foundation	None	PC	Pledge payment for the	
PO Box 5020	None	rc	Dale Flickinger	
Minot, ND 58702			surgical suite at TMC	50,000.
		 		
Total	<u>.</u>		▶ 3a	153,400.
b Approved for future payment	1		1	
- 7 pproved for foliare payment				
			1	
None				
			1	
-			1	-
			 	
	<u> </u>	<u> </u>		
Total , , , , , , , , , , , , , , , , , , ,			► 3b	0.

Part XVI-A	Analysis	of Income	-Producing	Activities
------------	-----------------	-----------	------------	-------------------

	L Haralatad hi		1		
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- Sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			↓ ↓		
b			11		
c			$\sqcup \sqcup$		
d			\sqcup		
e					
f			 		
g Fees and contracts from government agencies			\sqcup		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments				- · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	117,816.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			\sqcup		
b Not debt-financed property			$\sqcup \sqcup$		
6 Net rental income or (loss) from personal property					
7 Other investment income	211110	-9,501.	18	35,941.	
8 Gain or (loss) from sales of assets other					
than inventory			18	-153,770.	
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					
2 Subtotal. Add columns (b), (d), and (e)		-9,501.		-13.	
3 Total. Add line 12, columns (b), (d), and (e)				13	-9,514.
See worksheet in line 13 instructions to verify calculat	ions.)				
Part XVI-B Relationship of Activi	ties to the Accompl	ishment of Exe	empt F	Purposes	
Line No Explain below how each activity for wh			contribu	ited importantly to the accomp	olishment of
▼ the foundation's exempt purposes (oth	er than by providing funds fo	r such purposes).			
		_			

William Langer and Susan Flickinger

Form	990-	PF (2019) Gokey	Founda	tion, In	C.	90-	30-09	595769	P:	age 13
	rt X				nd Transactions a	nd Relationships				igo ic
		Exempt Organ								
1	Did t	he organization directly or indi	•	any of the following	on with any other organization	on described in section	501(c)		Yes	No
•		r than section 501(c)(3) organ		-	• •		00 1(0)			
•	•	sfers from the reporting found	•	•						
•	(1)	. •	ation to a nonci	iaritable exempt or	gamzadon or.			1a(1)		X
	٠,	Other assets						1a(2)		X
		r transactions;						14(2)	<u> </u>	
٥		Sales of assets to a noncharita	ble evemet ere	anization				1b(1)	<u> </u>	X
		Purchases of assets from a no						1b(2)		X
		Rental of facilities, equipment,						1b(3)		X
	٠,	Reimbursement arrangements	OI OTHER ASSETS					1b(4)		X
	٠,	oans or loan guarantees						1b(5)		X
		Performance of services or me	mhership or fui	ndraisina solicitatio	ine			1b(6)		X
		ng of facilities, equipment, ma	•	-				10(0)		X
		answer to any of the above is				wave chow the fair mar	ket value of the goo		etc	
·		rvices given by the reporting for							013,	
		nn (d) the value of the goods,			ou 1035 man fair market vale	ic in any transaction or	Silaring arrangemen	it, 5110 W III		
(a) Li		(b) Amount involved			e exempt organization	(d) Description of t	ransfers, transactions,	and sharing arra	ngemer	nts
\-/		(3)	(4)	N/A	<u> </u>	(-/				
		-	·	11/11	· · · · · · · · · · · · · · · · · · ·					
						-				
			· · · · · · · · · · · · · · · · · · ·		** *					
					· · · · · · · · · · · · · · · · · · ·					
						· · · · · · · · · · · · · · · · · · ·		-		
										
						 				
					· · · · · · · · · · · · · · · · · · ·					
			****	• • • • • • • • • • • • • • • • • • • •						
2a	Is the	foundation directly or indirect	ly affiliated with	or related to one	or more tax-exempt organi	zations described				
		tion 501(c) (other than section	-	•	or more tax exempt organi	24110113 003011504		Yes	X	No
		s," complete the following sch		III Sociion SE				100		, ,,,
-	.,	(a) Name of org			(b) Type of organization	(c)	Description of relati	onship		
		N/A			() 31	`.'		·		
										
		······································								
			\sim							
		1	_//							
		Inder penalties of perjury, I declare the	nat I nave examine	d this return, including	accompanying schedules and st	atements, and to the best of	my knowledge	May the IDC	1001100 4	
Sig	JN	nd belief, it is/true/correct, and com	plete Declaration	of preparer (other than	taxpayer) is based on all informat	tion of which preparer has an Secreta:	ryknowledge ry/Treasu	May the IRS d return with the shown below?	prepare	o F
Hei) 1/1 L/9	#Www.	•	19-25-D			Yes	o oo ins	v No
		Signature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's si			eck if PT	IN		

Form **990-PF** (2019)

P01264758

Firm's EIN ► 45-0250958

Phone no. 612-253-6500

self- employed

09/01/20

Paid

Preparer

Use Only

Deb Nelson, CPA

Firm's name ▶ Bide Bailly LLP

Firm's address ► 800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033

Pro latt			_			
Form 990-PF	Dividend	s and Inte	erest	from Secu	rities S	Statement 1
Source	Gross Amount	Capita Gains Divider	3	(a) Revenue Per Books		
Dividend & Interest	117,816	•	0.	117,816	5. 117,816.	
To Part I, line 4	117,816		0.	117,816		
=						
Form 990-PF		Other	Inco	me	2	Statement 2
Description			Re	(a) venue Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Allocated Partnersh Partnership Distrib		-		0. 26,440.	16,330.	
Total to Form 990-P	F, Part I,	line 11	·	26,440.	16,330.	
Form 990-PF		Aggount	ina	Food		statement 3
FOIM 990-PF		Account	. 111g .			
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting		6,600		0.	-	6,600.
To Form 990-PF, Pg	1, ln 16b	6,600	 	0.		6,600.
Form 990-PF		Та	xes		S	tatement 4
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charitable Purposes
Foreign Taxes Excise Taxes		2,687 2,105		2,687. 0.		0.
To Form 990-PF, Pg 1	l, ln 18 _	4,792		2,687.		0.
			_ ===			

Form 990-PF	Other E	xpenses	Statement 5	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
ND Filing Fee	10.	0.		10.
To Form 990-PF, Pg 1, ln 23	10.	0.		10.

Form 990-PF	Corporate Stock		Statement 6
Description		Book Value	Fair Market Value
Frontier Communications Corp		43,646.	1,186
Southern Co		16,340.	31,850
Diamond Offshore Drilling, Inc		249,362.	35,950
Exxon Mobil Corp		163,622.	139,560
AT&T Inc.		327,915.	390,800
Transalta Corp		141,844.	64,440
Verizon Communications		138,193.	184,200
Glaxo Smith Kline		203,546.	234,950
Enbrige Inc		216,117.	278,947
Pattern Energy Group Inc Class .	A	20,959.	26,755
Keurig Dr Pepper Inc		0.	28,950
Altria Group Inc		76,853.	74,865
Abbvie Inc		98,156.	132,810
Total to Form 990-PF, Part II,	line 10b	1,696,553.	1,625,263
Form 990-PF	Corporate Bonds		Statement 7
Description		Book Value	Fair Market Value
Annaly Capital Management, Inc.		176,402.	179,970
Eaton Vance Limited Duration Inc.	come Fund	141,111.	132,500
Total to Form 990-PF, Part II,	line 10c	317,513.	312,470

Form 990-PF	Other Investments		Statement 8
Description	Valuation Method	Book Value	Fair Market Value
Annaly Capital Management, Inc.	COST	194,452.	141,300.
Invictus Capital Inc.	COST	300,000.	0.
RIM San Antonio ACQ LLC	COST	200,000.	0.
Kinder Morgan Inc	COST	212,810.	105,850.
Enterprise Products Partners LP	COST	76,033.	84,480.
Suburban Propane Partners, LP	COST	68,935.	43,700.
Energy Transfer Partners LP	COST	100,000.	96,880.
NGL Energy Partners LP	COST	100,000.	104,840.
GEO Group Inc New Com	COST	102,734.	99,660.
Total to Form 990-PF, Part II,	line 13	1,354,964.	676,710.

Form 990-PF	Part VIII - List Trustees and	of Officers, I Foundation Mana		State	ement 9
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Susan F. Gokey P.O. Box 639 Minot, ND 58702		President 1.00	0.	0.	0.
William L. Gokey P.O. Box 639 Minot, ND 58702		Secretary/Trea	surer 0.	0.	0.
Lydia B. Gokey P.O. Box 639 Minot, ND 58702		Director 1.00	0.	0.	0.
William L. Gokey, P.O. Box 639 Minot, ND 58702	II	Director 1.00	0.	0.	0.
Cady E. Gokey P.O. Box 639 Minot, ND 58702		Director 1.00	0.	0.	0.
Robert C. Gokey P.O. Box 639 Minot, ND 58702		Director 1.00	0.	0.	0.
Totals included or	n 990-PF, Page 6,	Part VIII	0.	0.	0.

Form 990-PF	Part XV - Line 1a	Statement 10
	List of Foundation Managers	

Name of Manager

Susan F. Gokey William L. Gokey