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2019

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| or                                    | cale    | ndar year 2019, or tax year beginning 01-01-2  | 019 , a                            | nd er | nding 12-31-           | 2019  |  |
|---------------------------------------|---------|--|------------------------------------|-------|------------------------|---|--|
|                                       |         | Indation   |                                    |       | A Employer id          | entification numbe                          | er   |
|                                       |         | cota Long Term Care Foundation   |                                    |       | 45-0449962             |   |  |
|                                       |         | I street (or P O box number if mail is not delivered to street address th 11th Street  | ) Room/suite                       |       | <b>B</b> Telephone nu  | mber (see instructio                        | ns)  |
|                                       |         |  |                                    |       | (701) 222-0660         | ı   |  |
|                                       |         | n, state or province, country, and ZIP or foreign postal code<br>D 58501   |                                    |       | <b>C</b> If exemption  | application is pendir                       | g, check here  |
| G Cł                                  | neck al | l that apply 🔲 Initial return 🔲 Initial return of a  | former public charity              |       | <b>D 1.</b> Foreign or | ganızatıons, check h                        | ere  |
|                                       |         | ☐ Final return ☐ Amended return  |                                    |       |                        | ganızatıons meeting                         |  |
|                                       |         | Address change Name change   |                                    |       | test, chec             | k here and attach co                        | mputation 🕨 🔼  |
| <b>1</b> C                            | neck ty | pe of organization Section 501(c)(3) exempt private  | foundation                         |       |                        | ındatıon status was<br>n 507(b)(1)(A), ched |  |
|                                       | Section | n 4947(a)(1) nonexempt charitable trust 🔲 Other taxab  | le private foundation              |       |                        |   |  |
|                                       |         | xet value of all assets at end J Accounting method   | ☐ Cash ☑ Accru                     | ıal   |                        | ition is in a 60-mont                       |  |
|                                       |         | rom Part II, col (c),  ▶\$ 27,534  Other (specify)   | 11                                 |       | under section          | n 507(b)(1)(B), che                         | ck here  |
|                                       |         | (Part I, column (d) musi   | t be on cash basis )               |       |                        |   |  |
| Pa                                    | rt I    | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) | (a) Revenue and expenses per books | (b)   | Net investment income  | (c) Adjusted net income                     | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only) |
|                                       | 1       | Contributions, gifts, grants, etc , received (attach schedule)   | 7,808                              |       |                        |   |  |
|                                       | 2       | Check $\blacktriangleright$ $\boxed{\mathbf{V}}$ if the foundation is <b>not</b> required to attach  | ,,,,,,                             |       |                        |   |  |
|                                       | 3       | Sch B Interest on savings and temporary cash investments   |                                    |       |                        |   |  |
|                                       | 4       | Dividends and interest from securities   |                                    |       |                        |   |  |
|                                       | 5a      | Gross rents  |                                    |       |                        |   |  |
|                                       | ь       | Net rental income or (loss)  |                                    |       |                        |   |  |
| пе                                    | 6a      | Net gain or (loss) from sale of assets not on line 10  |                                    |       |                        |   |  |
| Revenue                               | ь       | Gross sales price for all assets on line 6a  |                                    |       |                        |   |  |
| ž                                     | 7       | Capital gain net income (from Part IV, line 2)   |                                    |       | 0                      |   |  |
|                                       | 8       | Net short-term capital gain  |                                    |       |                        |   |  |
|                                       | 10a     | Income modifications   |                                    |       |                        |   |  |
|                                       | ь       | Gross sales less returns and allowances Less Cost of goods sold  | 1                                  |       |                        |   |  |
|                                       | c       | Gross profit or (loss) (attach schedule)   | <u></u>                            |       |                        |   |  |
|                                       | 11      | Other income (attach schedule)   | 11,607                             |       | 0                      |   |  |
|                                       | 12      | Total. Add lines 1 through 11  | 19,415                             | -     | 0                      |   |  |
|                                       | 13      | Compensation of officers, directors, trustees, etc   | C                                  |       | 0                      |   |  |
|                                       | 14      | Other employee salaries and wages  |                                    |       |                        |   |  |
| Š                                     | 15      | Pension plans, employee benefits   |                                    |       |                        |   |  |
| nse                                   | 16a     | Legal fees (attach schedule)   |                                    |       |                        |   |  |
| <u>8</u>                              | ь       | Accounting fees (attach schedule)  | 1,500                              |       | 0                      |   | 1,50   |
| Operating and Administrative Expenses | c       | Other professional fees (attach schedule)  | <b>9</b>                           |       | 0                      |   |  |
| Ĭ.                                    | 17      | Interest   |                                    |       |                        |   |  |
| e I                                   | 18      | Taxes (attach schedule) (see instructions)   |                                    |       |                        |   |  |
| Ξ                                     | 19      | Depreciation (attach schedule) and depletion   |                                    |       |                        |   |  |
| Ē                                     | 20      | Occupancy  |                                    |       |                        |   |  |
| ₹                                     | 21      | Travel, conferences, and meetings  |                                    |       |                        |   |  |
| Ē                                     | 22      | Printing and publications  |                                    |       |                        |   |  |
| Ď.                                    | 23      | Other expenses (attach schedule)   | 351                                |       | 0                      |   | 1  |
| rati                                  | 24      | Total operating and administrative expenses.   |                                    |       |                        |   |  |
| <u>ğ</u>                              |         | Add lines 13 through 23  | 1,856                              |       | 0                      |   | 1,50   |
| ر                                     | 25      | Contributions, gifts, grants paid  | 10,545                             |       |                        |   | 10,54  |
|                                       | 26      | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 12,401                             |       | 0                      |   | 12,05  |
|                                       | 27      | Subtract line 26 from line 12  |                                    |       |                        |   |  |
|                                       | a       | Excess of revenue over expenses and disbursements  | 7,014                              |       |                        |   |  |
|                                       | ь       | Net investment income (if negative, enter -0-)   | 7,014                              |       | 0                      |   | 1  |
|                                       | c       | Adjusted net income (if negative, enter -0-)   |                                    |       |                        |   |  |
|                                       |         |  | 1                                  |       |                        |   | 1  |

20,295

20.295

20,295

20,295

27,534

27,534

27,534

27,534

1

2

3

4

5

6

20,295

7,014

27,534

27,534 Form **990-PF** (2019)

225

0

27,534

|        | 5   |
|--------|-----|
|        | 6   |
|        | 7   |
| 2      | 8   |
| Assets | 9   |
| As     | 10a |

b c

11

12

13

14

15

16

17

18

19 20

21 22

23

24

25

26

28

30

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 29 Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Accounts payable and accrued expenses . . . . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Less accumulated depreciation (attach schedule) ▶ \_\_\_

Total assets (to be completed by all filers—see the

Deferred revenue . . . . . . . . . . . . . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . .

Less allowance for doubtful accounts ▶ Prepaid expenses and deferred charges . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets with donor restrictions . . . .

Other assets (describe > \_

Other liabilities (describe -

Grants payable

2-story brick warehouse, or common stock, 200 shs MLC Co )

| (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--|-----------------------------------|-------------------------------------|
|  |                                   |                                     |
|  |                                   |                                     |

| 1a |   |  |   |  |   |  |  |
|----|---|--|---|--|---|--|--|
|    |   |  |   |  |   |  |  |
|    |   |  |   |  |   |  |  |
| •  |   |  |   |  |   |  |  |
|    | (e)<br>Gross sales price  | <b>(f)</b><br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other bas<br>plus expense of s                 |  |   | (h)<br>Sain or (loss)<br>lus (f) minus (g) |  |
| a  |   |  |   |  |   |  |  |
| b  |   |  |   |  |   |  |  |
| С  |   |  |   |  |   |  |  |
| d  |   |  |   |  |   |  |  |
| e  |   |  |   |  |   |  |  |
|    | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                 |  |   |  | _ <u></u>   |  |  |
|    | (i)<br>FMV as of 12/31/69   | (j)<br>Adjusted basis<br>as of 12/31/69              | ( <b>k)</b><br>Excess of col(ı)<br>over col(յ), ıf any        |  | Gains (Col (h) gain minus<br>col (k), but not less than -0-) o<br>Losses (from col (h)) |  |  |
| a  |   |  |   |  |   |  |  |
| b  |   |  |   |  |   |  |  |
| С  |   |  |   |  |   |  |  |
| d  |   |  |   |  |   |  |  |
| e  |   |  |   |  |   |  |  |
| 2  | Capital gain net income or (ne  |  | n, also enter in Part I, line<br>s), enter -0- in Part I, lin |  | 2   |  |  |
| 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) (see instructions) If (loss), enter -0- in Part I, line 8 |  |   |  |   |  |  |

Part V (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

(a)

Base period years Calendar

year (or tax year beginning in)

2018

2017

2016

2015

2014

2 Total of line 1, column (d)

**5** Multiply line 4 by line 3

instructions

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

Enter the appropriate amount in each column for each year, see instructions before making any entries

10,498

12,377

13,429

15,120

14,959

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 rate. See the Part VI

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

**6** Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

Net value of noncharitable-use assets

18,875

13,033

7,613

2,765

6,816

2

3

4

5

6

7

8

Page 3

Yes 🗸 No

0 556185

0 949666

1 763956

5 468354

2 194689

10 932850

2 186570

27,378

59,864

59,864

12,050

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0

(d) Distribution ratio

(col (b) divided by col (c))

Page **6** 

| æ    | Statements Regard                                    | ling Activities for Which             | n Form 4/20 May Be                   | : <b>Requirea</b> (continuea)                    | )            |                           |        |       |
|------|--|---------------------------------------|--------------------------------------|--|--------------|---------------------------|--------|-------|
| 5a   | During the year did the foundation                   | pay or incur any amount to            |                                      |  |              |                           | Yes    | No    |
|      | (1) Carry on propaganda, or otherw                   | vise attempt to influence legis       | lation (section 4945(e))?            | ☐ Yes [  | ✓ No         |                           |        |       |
|      | (2) Influence the outcome of any sp                  | pecific public election (see sec      | ction 4955), or to carry             | □ les l  | 110          |                           |        |       |
|      | on, directly or indirectly, any vo                   | ter registration drive?               |                                      | · · · 🗌 Yes [                                    | ✓ No         |                           |        |       |
|      | (3) Provide a grant to an individual                 | for travel, study, or other sin       | nılar purposes?                      | ✓ Yes  | =            |                           |        |       |
|      | (4) Provide a grant to an organizati                 | ion other than a charitable, et       | c , organization describe            |  |              |                           |        |       |
|      | ın section 4945(d)(4)(A)? See ii                     | nstructions                           |                                      | · · □ Yes  | ✓ No         |                           |        |       |
|      | (5) Provide for any purpose other t                  | han religious, charitable, sciei      | ntıfıc, literary, or                 |  |              |                           |        |       |
|      | educational purposes, or for the                     | · ·                                   |                                      | I Yes I  | ✓ No         |                           |        |       |
| b    | If any answer is "Yes" to $5a(1)-(5)$ ,              |                                       |                                      | ceptions described in                            |              |                           |        |       |
|      | Regulations section 53 4945 or in a                  |                                       |                                      | _  |              | 5b                        |        | No    |
|      | Organizations relying on a current n                 |                                       |                                      | •  |              |                           |        |       |
| С    | If the answer is "Yes" to question 5                 | • • •                                 | •                                    |  |              |                           |        |       |
|      | tax because it maintained expenditu                  |                                       |                                      | · · 🗌 Yes [                                      | □ No         |                           |        |       |
|      | If "Yes," attach the statement requi                 | · -                                   |                                      |  |              |                           |        |       |
| 6а   | Did the foundation, during the year,                 | • • • • •                             |                                      | ums on   |              |                           |        |       |
|      | a personal benefit contract?                         |                                       |                                      | ' Yes  | ✓ No         |                           |        |       |
| b    | Did the foundation, during the year,                 | , pay premiums, directly or in        | directly, on a personal be           | enefit contract?                                 |              | 6b                        |        | No    |
| _    | If "Yes" to 6b, file Form 8870                       |                                       |                                      |  |              |                           |        |       |
| 7a   | At any time during the tax year, wa                  |                                       |                                      | ∟ res l  | <b>√</b> No  |                           |        |       |
|      | If "Yes", did the foundation receive                 |                                       |                                      |  |              | 7b                        |        |       |
| В    | Is the foundation subject to the sec                 |                                       |                                      |  |              |                           |        |       |
|      | excess parachute payment during th                   |                                       |                                      |  | <u> ✓ No</u> |                           |        |       |
| Pa   | 3-8-74   | Officers, Directors, Trus             | tees, Foundation Ma                  | anagers, Highly Paid                             | Empl         | oyees,                    |        |       |
|      | and Contractors                                      |                                       |                                      |  |              |                           |        |       |
| 1    | List all officers, directors, truste                 |                                       |                                      |  |              |                           |        |       |
|      | (a) Name and address                                 | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to<br>employee benefit plans a | and (e       | e) Exper                  |        |       |
|      | (a) Name and address                                 | devoted to position                   | -0-)                                 | deferred compensation                            |              | other a                   | lowane | ces   |
| ee . | Addıtıonal Data Table                                |                                       |                                      |  |              |                           |        |       |
|      |  | 1                                     |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  | 1                                     |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  | 1                                     |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  | 1                                     |                                      |  |              |                           |        |       |
| 2    | Compensation of five highest-pa                      | id employees (other than t            | those included on line               | 1—see instructions). If                          | none,        | enter "                   | NONE   | ."    |
|      |  | (b) Title, and average                |                                      | (d) Contributions to                             |              |                           |        |       |
| (a)  | Name and address of each employee more than \$50,000 | hours per week                        | (c) Compensation                     | employee benefit plans and deferred              |              | <b>)</b> Expensiother all |        |       |
|      |  | devoted to position                   |                                      | compensation                                     |              |                           |        |       |
| ЮИ   | E  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
|      |  |                                       |                                      |  |              |                           |        |       |
| ota  | I number of other employees paid ov                  | er \$50,000                           |                                      |  |              |                           |        | 0     |
|      |  |                                       |                                      |  |              |                           | - DE   | /2010 |

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|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)   | Foundation Managers, Highly Pa        | id Employees,             |
| 3 Five highest-paid independent contractors for professional service   | es (see instructions). If none, enter | "NONE".                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                   | (c) Compensation          |
| NONE   |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
| Total number of others receiving over \$50,000 for professional services   |                                       | 0                         |
| Part IX-A Summary of Direct Charitable Activities  |                                       | ·                         |
| List the foundation's four largest direct charitable activities during the tax year. Include rele-<br>organizations and other beneficiaries served, conferences convened, research papers produc |                                       | of Expenses               |
| 1  |                                       |                           |
| 2  |                                       |                           |
|  |                                       |                           |
| 3  |                                       |                           |
|  |                                       |                           |
| 4  |                                       |                           |
| Part IX-B Summary of Program-Related Investments (see II   | nstructions)                          |                           |
| Describe the two largest program-related investments made by the foundation during th  | <u> </u>                              | Amount                    |
| 1  | ,                                     |                           |
|  |                                       |                           |
| 2  |                                       |                           |
| All other program-related investments See instructions   |                                       |                           |
| 3  |                                       |                           |
| Total. Add lines 1 through 3   |                                       | • 0                       |
|  |                                       | Form <b>990-PF</b> (2019) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1b

2

3a 3h

4

5

12.050

12.050

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

**b** Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. . .

c Excess from 2017. . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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) . . . . . . . . 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . Page 9

1,594

1,594

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0

| _ | • | • | _ | _ | _ | _ | _ | , |
|---|---|---|---|---|---|---|---|---|
| X | ī | Ī | 1 |   | I |   | ι |   |

**b** Total for prior years

a From 2014. . . . .

e From 2018. . . . .

**b** From 2015. . . . c From 2016. . .

**d** From 2017. . . .

Part

| )-PF | (20 | )19 | ) |
|------|-----|-----|---|
|      |     |     |   |

| F (20 | 019)                                    |  |
|-------|---|--|
|       | Undistributed Income (see instructions) |  |

| 9)                                      |  |
|---|--|
| Undistributed Income (see instructions) |  |

| )                                      |     |  |  |  |  |
|--|-----|--|--|--|--|
| ndistributed Income (see instructions) |     |  |  |  |  |
|  | (a) |  |  |  |  |

14.618 14,982

12 958

11.725 9,554

14.982 12,958

11.725

9.554

10.456

Corpus

63.837

10.456

74,293

14.618

59,675

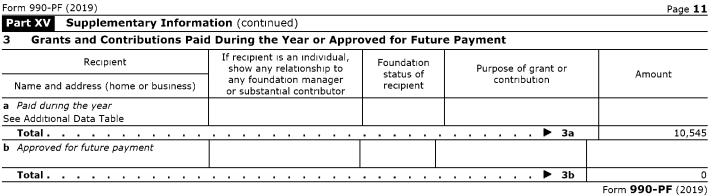
(b)

Years prior to 2018

(c)

2018

| For    | m 990-PF (2019)   |                               |                      |                         |                     | Page <b>10</b> |
|--------|---|-------------------------------|----------------------|-------------------------|---------------------|----------------|
| E      | Part XIV Private Operating Found  | <b>ations</b> (see ınstr      | uctions and Part \   | /II-A, question 9)      |                     |                |
| 1a     | If the foundation has received a ruling or defoundation, and the ruling is effective for 20   |                               |                      | erating                 |                     |                |
| b      | Check box to indicate whether the organization  | on is a private oper          | atıng foundatıon des | scribed in section      | ] 4942(j)(3) or □   | 4942(j)(5)     |
| 2a     | Enter the lesser of the adjusted net  | Tax year                      |                      | Prior 3 years           |                     | (e) Total      |
|        | income from Part I or the minimum investment return from Part X for each year listed  | (a) 2019                      | <b>(b)</b> 2018      | (c) 2017                | (d) 2016            | (e) Total      |
| 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   |                               |                      |                         |                     |                |
| е      | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c  |                               |                      |                         |                     |                |
| 3      | Complete 3a, b, or c for the alternative test relied upon   |                               |                      |                         |                     |                |
| а      | "Assets" alternative test—enter   |                               |                      |                         |                     |                |
|        | (1) Value of all assets   |                               |                      |                         |                     |                |
| b      | under section 4942(j)(3)(B)(i) "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)(iii)   |                               |                      |                         |                     |                |
|        | (3) Largest amount of support from an exempt organization   |                               |                      |                         |                     |                |
|        | (4) Gross investment income   | (0 1                          |                      |                         | <u> </u>            |                |
| Pa     | rt XV Supplementary Information assets at any time during th  |                               |                      | toundation had          | \$5,000 or more i   | n              |
| 1<br>a | Information Regarding Foundation Mana-<br>List any managers of the foundation who have  | agers:<br>re contributed more | than 2% of the tota  |                         |                     | า              |
|        | before the close of any tax year (but only if<br>List any managers of the foundation who own  |                               |                      |                         |                     |                |
| 2      | ownership of a partnership or other entity) of<br>Information Regarding Contribution, Gr.   | of which the foundat          | tion has a 10% or gr | reater interest         | arge portion of the |                |
|        | Check here \(\bigsim \square\) 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. See instructions |                               |                      |                         |                     |                |
| a      | The name, address, and telephone number of  | or email address of           | the person to whom   | applications should     | be addressed        |                |
|        | See Additional Data Table   |                               |                      |                         |                     |                |
| b      | The form in which applications should be sul  | omitted and informa           | tion and materials t | hey should include      |                     |                |
|        | See Additional Data Table   |                               |                      |                         |                     |                |
| С      | Any submission deadlines  |                               |                      |                         |                     |                |
|        | See Additional Data Table   |                               |                      |                         |                     |                |
| d      | Any restrictions or limitations on awards, su factors   | ch as by geographic           | al areas, charitable | fields, kinds of instit | utions, or other    |                |
|        | See Additional Data Table   |                               |                      |                         |                     |                |



| Enter gros          | s amounts unless otherwise indicated   | Unrelated b                              | usiness income                     | Excluded by section                         | 512, 513, or 514   | (e)<br>Related or exempt               |
|---------------------|--|--|------------------------------------|---|--------------------|--|
|                     | m service revenue  | (a)<br>Business code                     | <b>(b)</b><br>Amount               | (c)<br>Exclusion code                       | (d)<br>Amount      | function income<br>(See instructions ) |
|                     |  |  |                                    |   |                    |  |
|                     |  |  |                                    |   |                    |  |
|                     |  |  |                                    |   |                    |  |
| е                   |  |  |                                    |   |                    |  |
| f                   |  |  |                                    |   |                    |  |
|                     | and contracts from government agencies   |  |                                    |   |                    |  |
|                     | ership dues and assessments  |  |                                    |   |                    |  |
|                     | nds and interest from securities   |  |                                    |   |                    |  |
|                     | ntal income or (loss) from real estate   |  |                                    |   |                    |  |
|                     | -financed property   |  |                                    |   |                    |  |
|                     | debt-financed property   |  |                                    |   |                    |  |
|                     | ntal income or (loss) from personal property investment income.  |  |                                    |   |                    |  |
|                     | r (loss) from sales of assets other than   |  |                                    |   |                    |  |
| invent              | • •  |  |                                    |   |                    |  |
| 9 Net in            | come or (loss) from special events   |  |                                    | 10  | 11,607             |  |
| <b>10</b> Gross     | profit or (loss) from sales of inventory   |  |                                    |   |                    |  |
|                     | revenue a  |  |                                    |   |                    |  |
|                     |  |  |                                    |   |                    |  |
|                     |  |  |                                    |   |                    |  |
|                     |  |  |                                    |   |                    |  |
|                     | tal Add columns (b), (d), and (e).   |  | 0                                  |   | 11,607             | (                                      |
| 13 Total.           | Add line 12, columns (b), (d), and (e)   |  |                                    | 1.  | 3                  | 11,607                                 |
|                     | ,  |  |                                    |   |                    |  |
|                     | orksheet in line 13 instructions to verify calcu   | lations )                                |                                    |   |                    |  |
|                     | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | rorksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which   | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |
| Part XV<br>Line No. | I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of | lations )  e Accomplisi income is report | nment of Exempled in column (e) of | <b>pt Purposes</b><br>F Part XVI-A contribu | ted importantly to |  |

| ,          | , , , , , , , , , , , , , , , , , , ,  |   |
|------------|--|---|
| t XVII     | Information Regarding Transfers To and Transactions and Relationships With Noncharitable<br>Exempt Organizations |   |
| d 660 0000 | number disable or indisable angular in any of the following with any other argumentian described in action 501   | Т |

| Part XVI                  | Exempt Organiz  | zations                     |                    | and manbaction                             | and itelatio       |                                | · ciiai itabic                            |         |      |
|---------------------------|---|-----------------------------|--------------------|--|--------------------|--------------------------------|---|---------|------|
| 1 Did the o<br>(c) (other | rganization directly or in<br>than section 501(c)(3)  | directly engage in          | any of the         | following with any<br>527, relating to pol | other organization | on described in sections?      | on 501                                    | Yes     | No   |
| a Transfers               | from the reporting foun   | dation to a nonch           | arıtable exe       | empt organization                          | of                 |                                |   |         |      |
| <b>(1)</b> Cash           | 1   |                             |                    |  |                    |                                | . 1a(1)                                   |         | No   |
| (2) Othe                  | er assets   |                             |                    |  |                    |                                | . 1a(2)                                   |         | No   |
| <b>b</b> Other tra        | nsactions   |                             |                    |  |                    |                                |   |         |      |
| <b>(1)</b> Sale           | s of assets to a noncharı   | table exempt org            | anızatıon.         |  |                    |                                | . 1b(1)                                   |         | No   |
| <b>(2)</b> Purc           | hases of assets from a n  | oncharitable exei           | mpt organiz        | zation                                     |                    |                                | 1b(2)                                     |         | No   |
| <b>(3)</b> Rent           | tal of facilities, equipmen   | it, or other assets         | 5                  |  |                    |                                | 1b(3)                                     |         | No   |
| <b>(4)</b> Rein           | nbursement arrangemen   | ts                          |                    |  |                    |                                | . 1b(4)                                   |         | No   |
|                           | ns or loan guarantees.  |                             |                    |  |                    |                                | . 1b(5)                                   |         | No   |
| (6) Perfo                 | rmance of services or m   | embership or fun            | draising sol       | licitations                                |                    |                                | . 1b(6)                                   |         | No   |
| _                         | of facilities, equipment, n   | •                           | •                  |  |                    |                                |   |         | No   |
| of the go                 | swer to any of the above<br>ods, other assets, or servances<br>ansaction or sharing arra                          | vices given by the          | e reporting        | foundation If the f                        | foundation receive | d less than fair mark          | cet value                                 |         |      |
| (a) Line No               | (b) Amount involved   | (c) Name of nonc            | haritable exei     | mpt organization                           | (d) Description of | transfers, transactions,       | and sharing arra                          | ingemen | ts   |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
| described                 | indation directly or indire<br>I in section 501(c) (other<br>complete the following so<br>(a) Name of organizatio | than section 501<br>thedule | l(c)(3)) or i      | •  |                    | _                              |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
|                           |   |                             |                    |  |                    |                                |   |         |      |
| of r                      | der penalties of perjury,<br>ny knowledge and belief<br>ch preparer has any kno                                   | , it is true, correc        |                    |  |                    |                                |   |         |      |
| Sign<br>Here              | *****   | J                           | 2020-06-01         |  | *****              |                                | May the IRS d<br>return<br>with the prepa |         |      |
| <b> </b>                  | Signature of officer or to  | rustee                      |                    | Date                                       | Title              | _                              | below<br>(see instr )                     | _       |      |
|                           | Print/Type preparer's   | name Pre                    | eparer's Signature |  | Date               | Check if self-<br>employed ▶ □ | PTIN<br>P0126                             | 4758    |      |
| Paid                      | Deb Nelson CPA  |                             |                    |  | 2020-05-28         |                                |   |         |      |
| Prepare<br>Use Only       |   | Bailly LLP                  |                    |  |                    | F                              | Firm's EIN ▶45                            | -02509  | 58   |
|                           |   | 0 Nicollet Mall St          | e 1300             |  |                    |                                |   |         |      |
|                           | Mil   | nneapolis, MN 55            | 54027033           |  |                    | F                              | Phone no (612                             | 253-6   | 5500 |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week (e) other allowances not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation Craig Christianson Chair 0 0 0 70 979 Central Ave N Valley City, ND 58072

| Daniel Kelly                             | Secretary/Treasurer/Region | 0 | 0 | ( |
|--|----------------------------|---|---|---|
| 516 N Main<br>Watford City, ND 588540564 | 0 70                       |   |   |   |
| Pete Antonson                            | Vice Chair/Region II       | 0 | 0 | ( |
| 4 N Park St PO Box 190                   | Director                   |   |   |   |

| Watford City, ND 588540564                        |                      |   |   |   |
|---|----------------------|---|---|---|
| Pete Antonson                                     | Vice Chair/Region II | 0 | 0 | 0 |
| 4 N Park St PO Box 190<br>Northwood, ND 582670190 | Director<br>0 70     |   |   |   |
| Amy Kreidt  | Region III Director  | 0 | 0 | 0 |
| 242 10th St W                                     | 0 70                 |   |   |   |

| Northwood, ND 582670190              | 0 70                |   |   |   |
|--------------------------------------|---------------------|---|---|---|
| Amy Kreidt                           | Region III Director | 0 | 0 | 0 |
| 242 10th St W<br>Dickinson, ND 58601 | 0 70                |   |   |   |
| Tony Elsperger                       | Region IV Director  | 0 | 0 | 0 |
| 4044 D.   D.                         | ] 0 70              |   |   |   |

| Dishard Danner                           | BV Bt               |   | _ |   |
|--|---------------------|---|---|---|
| 1011 Boundary Rd<br>Mandan, ND 585542063 | 0 70                |   |   |   |
| Tony Elsperger                           | Region IV Director  | 0 | 0 | 0 |
| 242 10th St W<br>Dickinson, ND 58601     | 0 70                |   |   |   |
| Amy Kreidt                               | Region III Director | 0 | 0 | 0 |

| PO Box 90<br>Napoleon, ND 58561    | 0 70               | 0 | U | 0 |
|------------------------------------|--------------------|---|---|---|
| Tim Kennedy                        | Region VI Director | 0 | 0 | 0 |
| PO Box 153<br>Lisbon, ND 580540153 | 0 70               |   |   |   |

0

0

CEO

0 70

Shelly Peterson

1900 North 11th Street Bismarck, ND 58501

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

Susan Bahmiller
1900 N 11th St
Bismarck, ND 58501

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

(701) 222-0660

Cherished Hopes Request Form found at http://www.nditca.org/resources/programs-and-services/cherished-hopes/

c Any submission deadlines

No deadline, applications accepted yearly

No deadline, applications accepted yearly

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

The only restrictions we have are as follows - Limit of one (1) wish per resident/tenant per 12 months - Limit of four (4) wishes per facility per 12 months - \$500 maximum donation

| orı | n 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:                     |  |  |  |  |  |
|-----|--|--|--|--|--|--|
| а   | The name, address, and telephone number of the person to whom applications should be addressed   |  |  |  |  |  |
|     | Carol Ternes<br>1900 N 11th St<br>Bismarck, ND 58501<br>(701) 354-9777   |  |  |  |  |  |
| b   | The form in which applications should be submitted and information and materials they should include                                   |  |  |  |  |  |
|     | Applications can be found at http://www.ndltca.org/education/scholarships/   |  |  |  |  |  |
| С   | Any submission deadlines   |  |  |  |  |  |
|     | August 31  |  |  |  |  |  |
| d   | Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors   |  |  |  |  |  |
|     | Currently employed in a NDLTCA member facility and recommended by that facility. Accented into a nursing education program approved by |  |  |  |  |  |

Currently employed in a NDLTCA member facility and recommended by that facility. Accepted into a nursing education program approved by the Board of Nursing

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient | contribution |       |
|-------------------------------------|--|-----------|--------------|-------|
| a Paid during the year              |  |           |              |       |
| Alison Heuther955 39 1/2 Avenue W   | None   | I         | Scholarship  | 1,000 |

| Allison Hook 333 Pameland Avenue                          | None | т | Scholarship |  |
|---|------|---|-------------|--|
| Alison Heuther955 39 1/2 Avenue W<br>West Fargo, ND 58078 | None | I | Scholarship |  |

| ······································                 |      |   |             | 1 |
|--|------|---|-------------|---|
| Allison Hook333 Ramsland Avenue<br>Hannaford, ND 58448 | None | I | Scholarship |   |
|  |      |   |             |   |

Total .

| ı | West Fargo, ND 38078                                   |      |   |             |    |
|---|--|------|---|-------------|----|
| 1 | Allison Hook333 Ramsland Avenue<br>Hannaford, ND 58448 | None | I | Scholarship | 1, |

| West largo, ND 30070                                   |      |   |             |    |
|--|------|---|-------------|----|
| Allison Hook333 Ramsland Avenue<br>Hannaford, ND 58448 | None | I | Scholarship | 1, |

|  |      |   |             | 1  |
|--|------|---|-------------|----|
| Allison Hook333 Ramsland Avenue<br>Hannaford, ND 58448 | None | I | Scholarship | 1, |

| lison Hook333 Ramsland Avenue<br>annaford, ND 58448 | None | I | Scholarship | 1,000 |
|---|------|---|-------------|-------|
|   |      |   |             |       |

| lannaford, ND 58448    |      |   | ·           |       |
|------------------------|------|---|-------------|-------|
| Brooke CarıkPO Box 222 | None | I | Scholarship | 1,000 |

| Brooke CarıkPO Box 222 | None | I | Scholarship |  |
|------------------------|------|---|-------------|--|
| Cavalier, ND 58220     |      |   |             |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

| Name and address (home or business)                | or substantial contributor | recipient |  |     |
|--|----------------------------|-----------|--|-----|
| a Paid during the year                             |                            |           |  |     |
| Cindy Friedman711 14th Ave N<br>Wahpeton, ND 58075 | None                       | I         | Support of Cherished Hopes<br>program Wish Granted Sewing<br>Machine and accessories | 264 |

recipient

|  |      |   | Machine and accessories  |     |
|--|------|---|--|-----|
| Edwin Raile3500 25th St SE<br>Mandan, ND 58554 | None | I | Support of Cherished Hopes<br>program Wish Granted Family<br>Dinner at Red Lobster | 140 |
| · · · · · · · · · · · · · · · · · · ·          |      |   |  |     |

| Mandan, ND 58554  |     | -  | program Wish Granted Family<br>Dinner at Red Lobster | - 1 |
|---|-----|----|--|-----|
| Good Samaritan Society - Oakes<br>213 N 9th St N<br>Oakes, ND 58474 | N/A | PC | Support of Cherished Hopes program Wish Granted      | 200 |

| Total   |     |    | ▶ 3a  | 10,545 |
|---|-----|----|---|--------|
| Good Samaritan Society - Oakes<br>213 N 9th St N<br>Oakes, ND 58474 | N/A | PC | Support of Cherished Hopes program Wish Granted |        |
| Mandan, ND 58554  |     |    | Dinner at Red Lobster                           |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Northwood, ND 58267

Total .

| or substantial contributor |      |  |  |
|----------------------------|------|--|--|
|                            |      |  |  |
| None                       | I    | Support of Cherished Hopes program Wish Granted Pizza party with relatives       | 250  |
| None                       | I    | Support of Cherished Hopes<br>program Wish Granted Attend a<br>bull riding event | 90   |
|                            | None | None I   | None  I Support of Cherished Hopes program Wish Granted Pizza party with relatives  None  I Support of Cherished Hopes program Wish Granted Attend a |

recipient

program Wish Granted Attend grandson's college graduation

308

| ı |   |      |   | party with relatives   |  |
|---|---|------|---|--|--|
|   | Markus Laundreaux1021 N 26th St<br>Bismarck, ND 58501 | None | I | Support of Cherished Hopes<br>program Wish Granted Attend a<br>bull riding event |  |
| 1 | Marlo Ann Gade4 North Park Street                     | None | I | Support of Cherished Hopes   |  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year                                |      |   |   |     |
|---|------|---|---|-----|
| Meredith Pratt2425 Hillview Ave<br>Bismarck, ND 58501 | None | I | Support of Cherished Hopes<br>program Wish Granted Sewing<br>machine and material | 500 |
|   |      |   |   |     |

|   |      |   | machine and material |       |
|---|------|---|----------------------|-------|
| Monica Rivers4202 Shoal Loop SE 107<br>Mandan, ND 58554 | None | I | Scholarship          | 1,000 |
| Natalie Lawson  | None | I | Scholarship          | 1,000 |

| Monica Rivers4202 Shoal Loop SE 107<br>Mandan, ND 58554           | None | I | Scholarship | 1,000 |
|---|------|---|-------------|-------|
| Natalie Lawson<br>1362 Westport Beach Way<br>West Fargo, ND 58078 | None | I | Scholarship | 1,000 |

Total .

. . . . . . . **>** 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

| Name and address (home or business)               | or substantial contributor | 1.00/p10/10 |   |     |
|---|----------------------------|-------------|---|-----|
| a Paid during the year                            |                            |             |   |     |
| Robert Brenna242 W 10th St<br>Dickinson, ND 58601 | None                       | I           | Support of Cherished Hopes<br>program Wish Granted Cowboy<br>boots and western clothing | 176 |

recipient

10,545

|  |      |   | boots and western clothing  |     |
|--|------|---|---|-----|
| Robert Radke2900 14th Ave S<br>Grand Forks, ND 58201 | None | I | Support of Cherished Hopes<br>program Wish Granted Attend<br>the Garth Brooks concert in<br>Minneapolis | 500 |

| Grand Forks, ND 58201              | None |   | program Wish Granted Attend<br>the Garth Brooks concert in<br>Minneapolis | 500   |
|------------------------------------|------|---|---|-------|
| Sarah Bockheim201 Boundary RD East | None | I | Scholarship   | 1,000 |

| Robert Radke2900 14th Ave S<br>Grand Forks, ND 58201 | None | Support of Cherished Hopes<br>program Wish Granted Attend<br>the Garth Brooks concert in<br>Minneapolis | ! |
|--|------|---|---|
|  |      |   |   |

Total .

| Sarah Bockheim201 Boundary RD East | None | I | Scholarship | 1,000 |
|------------------------------------|------|---|-------------|-------|
| Cavalier, ND 58220                 |      |   |             |       |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year             |      |   |             |       |
|------------------------------------|------|---|-------------|-------|
| Shelia Ripplinger221 Oehlke Avenue | None | I | Scholarship | 1,000 |

Enderlin, ND 58027

or substantial contributor

Name and address (home or business)

Total . .

| Mandan, ND 58554                                    | None | 1 | Scholarship                |  |
|---|------|---|----------------------------|--|
| Vayne Schultz201 S University Dr<br>Fargo, ND 58103 | None | I | Support of Cherished Hopes |  |

| None | 1    | 1' _3 | 117   |
|------|------|-------|---|
|      | None | I I   | None I Support of Cherished Hopes program Wish Granted Refrigerator |

1,000

| Wayne Schultz201 S University Dr | None | I | Support of Cherished Hopes |  |
|----------------------------------|------|---|----------------------------|--|
| Fargo, ND 58103                  |      |   | program Wish Granted       |  |
|                                  |      |   | Refrigerator               |  |

| efile GRAPHIC print - DO NOT PROCESS         |     | As Filed D | ata - | -                    |            | DI | DLN: 93491244002040                         |  |
|--|-----|------------|-------|----------------------|------------|----|---|--|
| TY 2019 Accounting Fees Schedule             |     |            |       |                      |            |    |   |  |
|  |     |            |       |                      |            |    |   |  |
| Name: North Dakota Long Term Care Foundation |     |            |       |                      |            |    |   |  |
| <b>EIN:</b> 45-0449962                       |     |            |       |                      |            |    |   |  |
| 1  |     |            |       |                      |            |    |   |  |
| Category                                     | Amo | ount       | Net   | Investment<br>Income | Adjusted I |    | Disbursements<br>for Charitable<br>Purposes |  |
| Tax prep fees                                |     | 1,500      |       | 0                    |            |    | 1,500                                       |  |

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data -                      |                          | DLN:                   | 93491244002040                              |  |  |
|--|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Other Expenses Schedule              |                                      |                          |                        |   |  |  |
|  |                                      |                          |                        |   |  |  |
| Name: North Dakota Long Term Care Foundation |                                      |                          |                        |   |  |  |
| <b>EIN:</b> 45-0449962                       |                                      |                          |                        |   |  |  |
| Other Expenses Schedule                      |                                      | ,                        |                        |   |  |  |
| Description                                  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |

28

323

Fun Run Expenses

Cherished Hopes Expenses

DLN: 93491244002040

11,607

Name: North Dakota Long Term Care Foundation

11,607

ETN: 45 044006

**EIN:** 45-0449962

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Gross Income from Special Fundraising Events

| Other Income Schedule |                                   |                          |                     |
|-----------------------|-----------------------------------|--------------------------|---------------------|
| Description           | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|                       |                                   |                          |                     |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |  | DLN: 93491244002040 |  |  |  |
|--------------------------------------|-----------------|--|---------------------|--|--|--|
| TY 2019 Other Increases Schedule     |                 |  |                     |  |  |  |
|                                      |                 |  |                     |  |  |  |
| Name:                                |                 |  |                     |  |  |  |
| EIN:                                 | 45-0449962      |  |                     |  |  |  |
| Description                          |                 |  | Amount              |  |  |  |

Refund of 2015 Expense

| efile GRAPHIC print - DO NOT PROCES                          | S As Filed Data | DLN: 934912              |                        | N: 93491244002040                           |  |  |  |
|--|-----------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Other Professional Fees Schedule                     |                 |                          |                        |   |  |  |  |
|  |                 |                          |                        |   |  |  |  |
| Name: North Dakota Long Term Care Foundation EIN: 45-0449962 |                 |                          |                        |   |  |  |  |
| Category   | Amount          | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |

Bank Fees