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# **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Does to Public Inspection.

			and ending				
Nai	ne of fou	Indation			A Emplo	yer identification number	
_	و_ د					400000	
		ardson Family Foundation	·			-4032933	
		street (or PO box number if mail is not delivered to street address) <b>Kielmeyer Ave</b>	Ro	om/suite	•	none number (see instructions 7-332-6808	)
		, state or province, country, and ZIP or foreign postal code	<u></u>		30	7-332-6606	
		trand MN 55053			C If exen	nption application is pending,	check here
			rn of a former public ch	arity	<b>D</b> 1. For	reign organizations, check he	re 🕨 🗍
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return Amended	•	lailty			
		Address change Name cha				reign organizations meeting to test, check here and attach	
	Nh a ale A					•	. —
		ype of organization: X Section 501(c)(3) exempt private				ate foundation status was term n 507(b)(1)(A), check here	ninated under
			e private foundation				
		ket value of all assets at  J Accounting method:	X Cash Acc	rual		oundation is in a 60-month te section 507(b)(1)(B), check h	- i I
	-	ear (from Part II, col. (c), Uther (specify)			andor	3001011 001 (2)( 1)(2); 0100011	
-	ne 16) l						(d) Disbursements
<b>37</b> (	ext f	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	incom	•	нсоте	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	80,000	` .			,
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B	: '				
	3	Interest on savings and temporary cash investments	83		49	83	
Revenue	4	Dividends and interest from securities	12,740	1	2,740	12,740	· . · · · · · · ·
	5a	Gross rents					•
	b	Net rental income or (loss)					, , , , , , , , , , , , , , , , , , , ,
	6a	Net gain or (loss) from sale of assets not on line 10	-58,552	<u> </u>		<u> </u>	
	b	Gross sales price for all assets on line 6a 1,231,424	3				•
	7	Capital gain net income (from Pan Wilne 2) ED			0		
	8	Net short-term capital gain	<b>,</b>			0	<u> </u>
	9	Income modifications	ĎĮ				
	10a	Gross sales less returns and allowances MAY 2 0 2016	0				
	b	Less: Cost of goods sold (C)	L	<b>[</b>			
	C	Gross profit or (loss) (attach schedule)	<u> </u>	<u> </u>	100	106	<u> </u>
	11	Other income (attach schedule)	-106 34,165		-106 2,683	-106 12,717	
	12	Total. Add lines 1 through 11	34,165		.2,003	12,111	
es	13	Compensation of officers, directors, trustees, etc.	<u> </u>	<del> </del>			
sesued	14 15	Other employee salaries and wages Pension plans, employee benefits					
8	16a	Legal fees (attach schedule)				· · · · · · · · · · · · · · · · · · ·	
Ω	Ь	Accounting fees (attach schedule) Stmt 2	1,400		700	700	
<u>\$</u>	C	Other professional fees (attach schedule)					
缍	17	Interest					
ist9	18	Taxes (attach schedule) (see instructions) Stmt 3	109			109	
ջ	19	Depreciation (attach schedule) and depletion					)
4	20	Occupancy					
*	21	Travel, conferences, and meetings					
¥ģ.	22	Printing and publications		<u> </u>	·		
SGANNEDadUNAM RISHALIVE EX	23	Other expenses (att. sch.) Stmt 4 Stmt 5	10,259	<u> </u>	9,926	9,926	
選	24	Total operating and administrative expenses.					
茎		Add lines 13 through 23	11,768		.0,626	10,735	
经	25	Contributions, gifts, grants paid	34,405		`		34,405
ത്_	26	Total expenses and disbursements. Add lines 24 and 25	46,173		LO,626	10,735	34,405
	27	Subtract line 26 from line 12:			,		
	a	Excess of revenue over expenses and disbursements	-12,008				<b></b>
	b	Net investment income (if negative, enter -0-)			2,057		<b></b>
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		1,982	

Fo	orm 990	PF (2015) Richardson Family Foundation	27-40329	33	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
	L. WEST T	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	357	407	407
	2	Savings and temporary cash investments	263,902	140,726	140,726
	3	Accounts receivable ▶			, ,
į		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable		7	
	·	Less: allowance for doubtful accounts ▶		İ	:
	5	Grants receivable			
	6	,			
	۰	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see		i	
	_	instructions)			· :
	7	Other notes and loans receivable (att schedule)		` ' '	'
	_	Less: allowance for doubtful accounts ▶			
its	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) See Stmt 6	545,987	626,199	626,199
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less; accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
1	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ► 4,997			`
		Less: accumulated depreciation (attach sch.) ▶ Stmt 7 1,721	3,609	3,276	
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	813,855	770,608	767,332
	17	Accounts payable and accrued expenses			
	18	Grants payable			, ` .
S	19	Deferred revenue			13 1 N
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			^ '
ab.	21	Mortgages and other notes payable (attach schedule)			
Ë	22	Other liabilities (describe )		<del></del>	
	23	Total liabilities (add lines 17 through 22)	0	0	
-	20	Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			` ` ` ` ` `
ĕ	24		813,855	770,608	<b>.</b> (
an	24	Unrestricted	813,833	770,000	
Ba	25	Temporarily restricted	ļ		
ᅙ	26	Permanently restricted			
٦		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds			
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund		<u> </u>	
As	29	Retained earnings, accumulated income, endowment, or other funds	242 255	550 600	
ĕ	30	Total net assets or fund balances (see instructions)	813,855	770,608	
~	31	Total liabilities and net assets/fund balances (see			3
لـ		instructions)	813,855	770,608	<u> </u>
_	Part I	······································			I
1		net assets or fund balances at beginning of year - Part II, column (a), line 30 (mus	at agree with		
		of-year figure reported on prior year's return)		. 1	813,855
2	Ente	r amount from Part I, line 27a		2	-12,008
3	Othe	r increases not included in line 2 (itemize) ▶		. 3	
4	Add	ines 1, 2, and 3		<u>4</u>	801,847
		eases not included in line 2 (itemize) ▶ See Statement 8	•	5	31,239
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	), line 30 .	. 6	770,608

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
(a) List and desc	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date a (mo , da	•	(d) Date sold (mo , day, yr )
1a See Worksheet						
b						
C						
d						
θ	<del></del>	<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain (e) plus (f)	
a					<del></del>	
<u>c</u>						
d						
Complete only for accets about	g gain in column (h) and owned by the fo	 	20			<del></del>
Complete only for assets showing				• • •		(h) gain minus less than -0-) <b>or</b>
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (1) ol (j), if any	ωi	Losses (fro	
а						
b						
С						
d					<del></del>	·
<u>e</u>		<u> </u>				
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in			2		-58,552
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	):				
If gain, also enter in Part I, line 8,	, column (c) (see instructions). If (loss), e	nter -0- in				
Part I, line 8 Part V Qualification U	nder Section 4940(e) for Reduc			3		-50,471
	nis part blank. tion 4942 tax on the distributable amount lify under section 4940(e). Do not comple		pase period?			Yes X No
1 Enter the appropriate amount in	each column for each year; see the instru	ictions before makii	ng any entries.			
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	: Net val	(c) ue of noncharitable-use assets			(d) ribution ratio divided by col. (c))
2014	18	,200	675,3	307		0.026951
2013	20	,538	502,1	.90		0.040897
2012		,850	351,2			0.030889
2011	6	,723	192,8	377		0.034856
2010			89,1	.59		
2 Total of line 1, column (d)				2		0.133593
-	5-year base period - divide the total on li			į		
number of years the foundation h	nas been in existence if less than 5 years			3	+	0.033398
4 Enter the net value of noncharita	ble-use assets for 2015 from Part X, line	5		4	-	757,270
5 Multiply line 4 by line 3			•	5	-	25,291
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6		21
7 Add lines 5 and 6				7	<u> </u>	25,312
8 Enter qualifying distributions from		and populate that	mad using a 40/ km	8		34,405
Part VI instructions.	n line 7, check the box in Part VI, line 1b,	and complete that	pait using a 1% tax rate	e. See the		

Form	990-PF (2015) Richardson Family Foundation 27-4032933				, Pa	age 4
Pe	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				۸	
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		<u>.</u>			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				21
	here ▶ X and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	,	ł			
	Part I, line 12, col (b).		Ť			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3				21
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del> </del>			21
6	Credits/Payments.	<del></del>	1	***************************************		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	. • `	1		,v` 	4
b	Exempt foreign organizations – tax withheld at source  6b		1	7,		**
c				10		•
d	Tax paid with application for extension of time to file (Form 8868)  Backup withholding access on by withhold	·				
7	Backup withholding erroneously withheld  Table and the provide Add these California Cali		} '		•	
	Total credits and payments. Add lines 6a through 6d	<u>_7</u> _	<del> </del>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del>			21
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del> </del>			21
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶	11				
	INT VII-A Statements Regarding Activities			т	1	<del></del> -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			1		
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				1	: •
	published or distributed by the foundation in connection with the activities.				1	
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				I	S.
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	"	:
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				1	i
	on foundation managers. > \$			13		
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.			1:1	. 1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				Í	
	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?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.		·			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				\ .i.\	
	By language in the governing instrument, or			```		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			i	. 1	į
	conflict 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 X	ΚV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		••	5,4		,
	MN				. 1	É
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			(		k
	(or designate) 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 4942(j)(3) or					
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			[ ]	•	ĺ
	complete Part XIV			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		•	<del></del>		
	names and addresses			10		x
			F		0-PF	(2015)

Form 9	990-PF (2015) Richardson Fami	ly Foundation	27-4	032933		, Page	<u>6</u>
Pai	t VII-B Statements Regarding A	tivities for Which Form	4720 May Be R	equired (conti	nued)		<del></del>
5a	During the year did the foundation pay or incur a						
	(1) Carry on propaganda, or otherwise attempt	•	945(e))?		es 🗓 No		
	(2) Influence the outcome of any specific public	•			_ [		
	directly or indirectly, any voter registration di	· ·		<b>□ Y</b>	es 🗓 No		
	(3) Provide a grant to an individual for travel, st			☐ Y	es X No	,	
	(4) Provide a grant to an organization other than		described in				
	section 4945(d)(4)(A)? (see instructions)				es 🕱 No		
	(5) Provide for any purpose other than religious	charitable scientific literary or	educational	- لــا	[		
	purposes, or for the prevention of cruelty to	<del>-</del>	Cadadanan	☐ <b>Y</b>	es 🗓 No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the		r the excentions des		[] [	1 1	
	Regulations section 53.4945 or in a current notice	· ·		, o, i, b o a iii	N/A	5b	
	Organizations relying on a current notice regard	• •	•		▶ □		
	If the answer is "Yes" to question 5a(4), does the	<del>-</del>				1 1	•
	•		II (IIIG tax	N/A 🗌 Y	es No		٠
	because it maintained expenditure responsibility	-		.,		11	
	If "Yes," attach the statement required by Regula		v promiumo		Į.		
	Did the foundation, during the year, receive any	runus, unecuy or indirectly, to pay	y premiums	□ •	es X No	]/ [	
	on a personal benefit contract?	سماله ماله ماله ماله ما	and honefit contra		110	6b 3	X
	Did the foundation, during the year, pay premiur	ns, directly or indirectly, on a pers	sonai penetit contra	GLF	ŀ		<del></del>
	If "Yes" to 6b, file Form 8870.		# t		es X No		,
	At any time during the tax year, was the foundat				es X No N/A	7b	,
	If "Yes," did the foundation receive any proceed	s or have any net income attribute	able to the transacti	on?			
Pat	t VIII Information About Officer	s, Directors, Trustees, Fo	undation mana	agers, mignly	Paid Employe	<del>1</del> 69,	
4 11	and Contractors			tions)			
<u> </u>	st all officers, directors, trustees, foundation	n managers and their compens	ation (see instruc	lions).	(d) Contributions to		—
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense accou other allowance	
Car	l G Richardson	Nerstrand	President				
420	Kielmeyer Ave	MN 55053	0.25	0	0		_ 0
She	rlyn S Richardson	Nerstrand	Treasurer	1			
420	Kielmeyer Ave	MN 55053	0.25	0	0		0
Kir	k Sandager	Nerstrand	Secretary				
184	42 Kane Ave	MN 55053	0.12	0	0		0
Ale	x Richardson	Minneapolis	Board Member				
411	7 17th Ave S	MN 55407	0.12	0	0	ł	0
	Compensation of five highest-paid employe "NONE."	es (other than those included	on line 1 - see ins	tructions). If non-	e, enter		
	(a) Name and address of each employee paid mon	e than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense acco	
NON	E						
		,					
Total							0

	15) Richardson Family Foundation	27-4032933	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	indation Managers, Highly Paid I	Employees,
3 Five highe	est-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		ŀ	
	•		
		·	
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical informather beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N/A			
_	•		
3	•		
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A			
2			
	•	•	
	elated investments. See instructions		
3	•		
•			
Total, Add lines	1 through 3	<u> </u>	.

Form **990-PF** (2015)

Form 990-PF (2015)

34,405

3b

4

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

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

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Pa	# XIII Undistributed Income (see instructions)	)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				37,843
2	Undistributed income, if any, as of the end of 2015.				
а	Enter amount for 2014 only			33,535	
b	Total for prior years: 20 , 20 , 20				*********
3	Excess distributions carryover, if any, to 2015:				*
а	From 2010				
b	From 2011				
C	From 2012		·		,
d	From 2013		,	,	
0	From 2014				
f	Total of lines 3a through e				,
4	Qualifying distributions for 2015 from Part XII,		,		
	line 4 <sup>.</sup> ▶ \$ 34,405				
а	Applied to 2014, but not more than line 2a	<u> </u>		33,535	***************************************
b	Applied to undistributed income of prior years				, ,
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election		`		·
	required – see instructions)				
d	Applied to 2015 distributable amount				870
е	Remaining amount distributed out of corpus		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		`
5	Excess distributions carryover applied to 2015		3		
	(If an amount appears in column (d), the same		1	1	,
	amount must be shown in column (a).)		,		
6	Enter the net total of each column as		<b>!</b> '	`	11
	indicated below:			,	
а		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	
þ	Prior years' undistributed income. Subtract			ľ	,
	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)		1	<u> </u>	,
	tax has been previously assessed				***************************************
d	Subtract line 6c from line 6b. Taxable	, , ,		,	
	amount – see instructions		1	<u> </u>	
е	Undistributed income for 2014. Subtract line		<b>!</b>		
	4a from line 2a. Taxable amount – see				
	instructions	<u> </u>		, ,	`
f	Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be		Ĭ '		
	distributed in 2016			<i>'</i>	36,973
7	Amounts treated as distributions out of corpus			<del> </del>	
′	to satisfy requirements imposed by section			,	
	170(b)(1)(F) or 4942(g)(3) (Election may be		,	100	·
	required—see instructions)				•
8	Excess distributions carryover from 2010 not			<b>4</b> • • • • • • • • • • • • • • • • • • •	
•	applied on line 5 or line 7 (see instructions)				<b></b>
9	Excess distributions carryover to 2016.			• • • • • • • • • • • • • • • • • • •	[
•	Subtract lines 7 and 8 from line 6a			·	
10	Analysis of line 9:		<u> </u>		<u></u>
a	Excess from 2011		:		<b>!</b>
b	Excess from 2012	1			
C	Excess from 2013	1			<b>!</b>
d	Excess from 2014	1	1		· ·
u	Excess from 2015	1	1		I ' /

factors: N/A

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Bethleham Baptist Church 720 13th Ave. South 2,400 Minneapolis MN 55415 Continuing Support Campus Outreach PO Box 43737 24,900 Birmingham AL 35243 Continuing support Compassion International 12290 Voyager Parkway Colorado Springs CO 80997 Continuing Support 505 Elic PO Box 3000 Fort Collins CO 80522 Support 3,600 Missio Nexus 600 Village Square Drive, Support 875 Stone Mountain GA 30083 Pioneers 10123 William Carey Dr. Continuing Support 625 Orlando FL 32832 Sports Outreach 13415 Reese Blvd. West Continuing Support Huntersville NC 28078 1,500 ▶ 3a 34,405 **Total** b Approved for future payment N/A

▶ 3b

**Total** 

it XVI-A Analysis of Income-Producing A	ctivitiee		-4032933		
it XVI-A Analysis of Income-Producing Adgress amounts unless otherwise indicated.		business income	Excluded by	section 512, 513, or 514	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exemp function income (See instructions
	_		_   -		
)	_				
	-		_		
	-	<del></del>			
	-				
Fees and contracts from government agencies		<del></del>			
Membership dues and assessments					
nterest on savings and temporary cash investments			14	83	
Dividends and interest from securities			14	12,740	
let rental income or (loss) from real estate:					,, , ,
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
ther investment income			14	-106	
ain or (loss) from sales of assets other than inventory		· · · · · · · · · · · · · · · · · · ·	14	-58,552	
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue: a	-				
	-				
	-				
	<del>-</del>	<del></del>			
Ulbtatal Add columns (b) (d) and (c)	-		nl l	_45 Q35	
ubtotal. Add columns (b), (d), and (e)	ì		0	-45,835 13	-45,
otal. Add columns (b), (d), and (e)			0		-45,
oubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)		nt of Exemp			-45,
oubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)	Accomplishme		t Purposes	13	-45,
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.)  TEXTICE Relationship of Activities to the Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colo	ımn (e) of Part X	t Purposes	13	
worksheet in line 13 instructions to verify calculations.)  **T XVI-B**  Relationship of Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colo	ımn (e) of Part X	t Purposes	13	
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tubtotal. Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  THE Relationship of Activities to the Anne No.  Explain below how each activity for which income	Accomplishme e is reported in colo	ımn (e) of Part X	t Purposes	13	
worksheet in line 13 instructions to verify calculations.)  **T XVI-B**  Relationship of Activities to the Activities to the Accomplishment of the foundation's exempt purpose.	Accomplishme e is reported in colo	ımn (e) of Part X	t Purposes	13	
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	1		
d€	· · · · · · · · · · · · · · · · · · ·	liated with, or related to, one or more tax-exemp (other than section 501(c)(3)) or in section 527?	·
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/	'A		
			statements, and to the best of my knowledge and belief, it is true,
Sign	Correct, and complete Declaration of preparer	(other than taxpayer) is based on all information of which prep	May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

nere	Im		=/12	/16 > 000			
		1018 Min 12	- 5/11		esident		
	Signature of officer	or trustee	Date	Title			
	Print/Type preparer's	name	Preparer's signature	P. (		Date	Check f
Paid	Leota Goods	ney	Leota Goodney	dede goor	Lun	05/11/16	
Preparer	Firm's name ▶	Goodney & Associates	, PA		PTIN	P01263	3718
Use Only	Firm's address	319 Division St., PC	Вож 347		Firm's EIN	41-192	7912
		Northfield, MN 5505	57-0347		Phone no	507-66	3-0861

Form 990-PF (2015)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

Richardson F	amily Founda	ation	27-4032933
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)(	) (enter number) organization	
	4947(a)(1) nor	nexempt charitable trust not treated as a private foundation	
	527 political or	rganization	
Form 990-PF	<b>X</b> 501(c)(3) exer	mpt private foundation	
	4947(a)(1) nor	nexempt charitable trust treated as a private foundation	
	501(c)(3) taxa	able private foundation	
Check if your organization Note. Only a section 501(c instructions.		ral Rule or a Special Rule. ation can check boxes for both the General Rule and a Spec	ial Rule See
General Rule			-
	or property) from any on	Z, or 990-PF that received, during the year, contributions totane contributor. Complete Parts I and II See instructions for d	
Special Rules			
regulations under s 13, 16a, or 16b, ar	sections 509(a)(1) and 1 d that received from any	01(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % supp 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-ly one contributor, during the year, total contributions of the gin 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete	EZ), Part II, line reater of (1)
contributor, during	the year, total contribution	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received one of more than \$1,000 exclusively for religious, charitable, prevention of cruelty to children or animals. Complete Parts	scientific,
contributor, during contributions totale during the year for General Rule app	the year, contributions e d more than \$1,000. If the an exclusively religious,	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received exclusively for religious, charitable, etc., purposes, but no suchs box is checked, enter here the total contributions that we, charitable, etc., purpose. Do not complete any of the parts to because it received nonexclusively religious, charitable, etc.	ch re received unless the
990-EZ, or 990-PF), but it i	<b>nus</b> t answer "No" on Pa	e General Rule and/or the Special Rules does not file Sched art IV, line 2, of its Form 990; or check the box on line H of its of meet the filing requirements of Schedule B (Form 990, 990	Form 990-EZ or on its

Page 1 of 1

⊃aqé2

Name of organization

Richardson Family Foundation

Employer identification number 27-4032933

Part L Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 Carl and Sheryln Richardson Person 420 Kielmeyer Ave NE Payroll 80,000 Noncash Nerstrand MN 55053 (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payrol! Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part il for noncash contributions.)

Form 990-PF	apital Gains and Losses	for Tax on Investme	nt Income	2015
For calenda	ar year 2015, or tax year beginning	, and e	nding	
Name			Employer k	dentification Number
Richardson Family	Foundation		27-403	32933
(a) List and describe 2-story brick ware	the kind(s) of property sold, e.g., real estate, induse, or common stock, 200 shs. MLC Co	(b) How a P-Puro D-Done	chase ( mo, day, yr)	(d) Date sold (mo , day, yr )
1) See Attached- #:	29922691	P	Various	Various
2) See Attached-# :		P	Various	Various
		P	Various	Various
4) See Attached-#		P	Various	Various
<ul><li>5) See Attached- #</li><li>6) See Attached- #</li></ul>	29881775 29881775	P	Various	Various
<ul><li>6) See Attached- #</li><li>7) Etf Silver trus</li></ul>		P	Various Various	Various
8) See Attched- #		P	Various	Various
9) US 12 Month Oil		P	Various	Various
10) Capital Gain Di		<u>-</u> -		
11)				
12)				
13)				
14)				
15)				
<u></u>	<u> </u>	<u>;</u>	<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	( <b>h)</b> (e) plu	iain or (loss) s (f) minus (g)
1) 371,766		398,012		-26,246
21,086		24,151		-3,065
3) 431,630		443,221		-11,591
4) 70,342		66,785		3,557
5) 202,779		208,572		-5,793
52,062 7) <b>4</b>		62,622	4	-10,560 4
7) <b>4</b> 8) <b>79,768</b>		81,918	·	-2,150
9)		4,695		-4,695
10) 1,987				1,987
11)				
12)				
13)				<del></del>
14)		<u> </u>		
15)				
Complete and for exacts the starting	anin in column (b) and some of highly for			······································
(i) FMV as of 12/31/69	gain in column (h) and owned by the fo (j) Adjusted basis as of 12/31/69	(k) Excess of col (i)	(I) Gains col (k), but not	(Col (h) gain minus less than -0-) <b>Of</b> rom col (h))
4)	as of 12/31/69	over col (j), if any	Losses (f	
1)		<del> </del>		-26,246 -3,065
<u>2)</u> 3)		<del> </del>		-11,591
4)				3,557
5)				-5,793
6)				-10,560
7)				4
8)				-2,150
9)				<u>-4,695</u>
10)				1,987
11)				<del></del>
12)				
(12) (13) (14)				

RFF Richardson Family Foundation 27-4032933 FYE: 12/31/2015	Federal S	Federal Statements		5/11/2016 3:34 PM
Staten	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	Part I, Line 11 - Othe	r Income	
		Revenue Books	Net Invest	Adjusted
US 12 Mo Oil fund - K-1 Total		\$ -106	\$ -106	\$ -106
Stateme	Statement 2 - Form 990-PF, Pa	PF, Part I, Line 16b - Accounting Fees	Inting Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting Total	\$ 1,400	\$ 700	\$ 700	w w
<b>15</b>	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	PF, Part I, Line 18 - T	axes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Federal Excise Tax Foreign taxes	\$ 109	ഗ	\$ 109	٧٠ د
Total	\$ 109	\$	\$ 109	\$
				1-3

RFF Richardson Family Foundation 27-4032933 FYE: 12/31/2015		Federal Statements	atemen	ts		5/11/2016 3:34 PM
ØΙ	Statement 4 -	- Form 990-PF, P	art I, Line	90-PF, Part I, Line 23 - Amortization	tion	
Description						4 A
Date Acquired	Cost Basis	Prior Year Amortization	Life	Current Year Amortization	Net Investment Income	Adjusted Net Income COGS
Incorporation costs 11/01/10 \$ Total	4,997	\$ 1,388	요 당 당 상	333	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O   O   O   O   O   O   O   O   O   O
Sta	Statement 5 - Fo	- Form 990-PF, Par	rt I, Line 2	Part I, Line 23 - Other Expenses	nses	
Description		Total	Net Investment	st ment	Adjusted Net	Charitable Purpose
	\$		w	· •		\$
Expenses Minnesota Annual Registration Investment Fees	c	25 9,901		25 9,901	25 9,901	
Total	တ တ	9,926	\$	9,926	9,926	\$
Statement	6 - Form 990	Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	e 10b - Cc	rporate Stock	Investments	
Description		Beginning of Year		End of Year	Basis of Valuation	Fair Market Value
Raymond James #81775 Raymond James #22691 Raymond James #22766 Raymond James # 54876	<i>o</i> ,	193,688 185,267 167,032	w.	140,342 193,737 196,757 95,363	Market Market Market Market	\$ 140,342 193,737 196,757 95,363
avaliable on otal	` <b>•</b>	545,987	ا <sub>ي</sub> ا	626,199		\$ 626,199
						!
						4-6

	0	<b></b>			
	Net PMV				
1 Equipment	End Accumulated Depreciation \$ 1,721 \$ 1,721				
Land, Building, and	End Cost / Basis 4, 997 4, 997				
ո 990-PF, Part II, Line 14 -	Beginning Net Book \$ 3,609 \$				
Statement 7 - Form	Description				
	Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment  Beginning End Accumulated Net Book Net Book \$ 2,997 \$ 1,721 \$	Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment  Beginning End Accumulated Net Book Cost / Basis Depreciation  \$ 3,609 \$ 4,997 \$ 1,721 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Beginning End Accumulated Net Book Cost / Basis 3, 609 \$ 4,997 \$ 1,721 \$ \$ \$ 1,721 \$ \$ \$ \$ \$ 1,721 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment   Beginning

5/11/2016 3:34 PM

RFF Richardson Family Foundation

27-4032933

# **Federal Statements**

FYE: 12/31/2015

### Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 <u>Amount</u>
Unrealized Losses on Securities	\$ 31,239
Total	\$ 31,239

# Statement 9 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

	<u>Na</u>	ame of Ma	nager	 Am	ount
Carl Richardson Alex Richardson Kirk Sandager	and	Sherlyn	Richardson	\$ 	80,000
Total				\$	80,000