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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.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Name of foundation THE JOSEPH DURDA FOUNDATION Number and street (or P O box number if mail is not delivered to street address) 351 SECOND STREET, SUITE B Gity or town, state or province, country, and ZIP or foreign postal code EXCELSIOR, MN 55331 G Check all that apply: Initial return Amended return Final return Amended return Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (free total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b). (c) and interest on savings and temporary 1 Contributions, gifts, grants, etc., received 2 Check I squince (nosa) from seal of assets not on line 10 3 Section for foundation or colosa) 1 Contributions, gifts, grants, etc., received 2 Check I squince (nosa) from seal of assets not on line 10 5 Gross rails 6 Sea Not gain or floss) from seal of assets not on line 10 5 Gross sales price for all 7 Capital gain net morems (from Part IV, line 2) 1 Revenue and search or column (c) 1 Revenue and expenses (not color of amounts in column (c)) 1 Contributions, gifts, grants, etc., received 2 Check I squince (nosa) from seal or assets not on line 10 5 Gross rails 1 Revenue and expenses for saving seal temporary 8 A 0.82 . 8 A 0.82 . STATEMENT 1 STA
Number and street (or PO box number of mail is not delivered to street address) 351 SECOND STREET, SUITE B City or town, state or province, country, and ZIP or foreign postal code EXCELSIOR, MN 55331 G Check all that apply: Initial return Amended return Final return Amended return
351 SECOND STREET, SUITE B City or town, state or province, country, and ZIP or foreign postal code EXCELSIOR, MN 55331 G Check all that apply: Initial return Amended return Final return Amended return Amended return Amended return Amen
City or town, state or province, country, and ZIP or foreign postal code EXCELSIOR, MN 55331 G Check all that apply: Initial return Amended return Amended return Amended return Amended return Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$875,662. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (Cash basis only) 1 Contributions, gifts, grants, etc., received 2 Check \$\infty X\infty II the foundation in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (c), and (d) may not necessarily equal the amounts in columns (c), (d) provided the amounts in columns (c), (d) provided to attach sch as not necessarily equal the amounts in columns (c), (d) provided to attach sch as not necessarily equal the amounts in colum
EXCELSIOR, MN 55331 G Check all that apply: Initial return Amended return Amende
G Check all that apply:
Final return Address change Name change H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$\\$ \\$ 875, 662. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (e)) 1 Contributions, gifts, grants, etc., received 2 Check \(\) \(\) \(\) If the foundation is not required to attach Sch B all interest on savings and temporary cash investments 1 Dividends and interest from securities 5 Net rental income of (loss) 6 Net gain or (loss) from sale of assets not on line 10 b assets on line 6a 7 Capital gain net income (from Part IV, line 2) Address change Name change 2 Check beck here and attach computation Other taxable private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Other (assh basis of)(b)(1)(A), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-month termination under section 507(b)(1)(B), check here If the foundation is in a 60-m
Address change Name change Name change Name change
H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 875, 662. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B 1 Interest on savings and temporary as historises and interest from securities 10, 721. 10, 721. STATEMENT 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 3 291, 343. 7 Capital gain net income (from Part IV, line 2) 1 Capital gain net income (from Part IV, line 2) 1 Capital gain net income (from Part IV, line 2)
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Sample
Part 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)) 1 Contributions, gifts, grants, etc., received 2 Check ► X if the foundation is not required to attach Sch B interest on savings and temporary cash investments 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 of Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) (a) Revenue and (b) Net investment income (c) Adjusted net
The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) 1 Contributions, gifts, grants, etc., received 2 Check ► X if the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 1 Contributions, gifts, grants, etc., received 5 00 • N/A 1 STATEMENT 1 10 , 721 • 10 , 721 • STATEMENT 1 182 , 685 • RECEIVED 1 182 , 685 • RECEIVED
1 Contributions, gifts, grants, etc., received 2 Check ► X if the foundation is not required to attach Sch 8 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 assets on line 6a 7 Capital gain net income (from Part IV, line 2) 1 Contributions, gifts, grants, etc., received 500. N/A STATEMENT 10, 721. 10, 721. 182, 685.
2 Check X if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 , 082 . 8 , 082 . STATEMENT 10 , 721 . 10 , 721 . STATEMENT 182 , 685 . RECEIVED
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3 Interest on savings and temporary ash not necessarily ash novestments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 assets on line 6a 7 Capital gain net income (from Part IV, line 2) 182,685. STATEMENT 10,721. 10,721. 10,721. 110,721. 120,721. 120,721. 120,721. 120,721. 120,721. 120,721. 120,721. 120,721.
4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 5 Gross sales price for all 791,343. 7 Capital gain net income (from Part IV, line 2) 10,721. 10,721. 10,721. STATEMENT 182,685.
b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 67 Gross sales price for all 791,343. 7 Capital gain net income (from Part IV, line 2) 182,685.
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 791,343. 7 Capital gain net income (from Part IV, line 2) 182,685. RECEIVED
b Gross sales price for all assets on line 6a 791,343. 7 Capital gain net income (from Part IV, line 2) 182,685.
b Gross sales price for all assets on line 6a 791,343. 7 Capital gain net income (from Part IV, line 2) 182,685.
7 Capital gain net income (from Part IV, line 2) 182,685.
~
[™] 8 Net short-term capital gain
9 Income modifications
10a Gross sales less returns and allowances
D Less Cost of goods sold
c Gross profit or (loss)
11 Other income
12 Total. Add lines 1 through 11 201, 988. 201, 488.
13 Compensation of officers, directors, trustees, etc 3,500. 0.
14 Other employee salaries and wages
15 Pension plans, employee benefits
16a Legal fees
16a Legal fees b Accounting fees STMT 3 4,000. 1,000. 3,00
9 17 Interest
c Other professional fees 17 Interest 18 Taxes STMT 4 425. 0. 42 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions of the greater and th
19 Depreciation and depletion
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses STMT 5 14,511. 13,319. 1,19
24 Total operating and administrative
expenses. Add lines 13 through 23 22, 436. 14, 319. 4, 61
expenses. Add lines 13 through 23 22,436. 14,319. 4,61 25 Contributions, gifts, grants paid 33,250. 33,25
26 Total expenses and disbursements.
Add lines 24 and 25 55,686. 14,319. 37,86
27 Subtract line 26 from line 12:
176 300
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 187,169.
C Adjusted net income (if negative, enter -0-) N/A
523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

523511 11-24-15

875,662.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV | Capital Gains and Losses for Tax on Investment Income

		(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How ac - Purci - Dona	11456	(c) Date ad (mo., day	equired y, yr.)	(d) Date sold (mo., day, yr.)
	•	,	CURITIES	,		۳	יוטטו -	111011	<u> </u>		
<u>, u</u>	10001001 114000	<u> </u>				 				-	
	·										·
d	·	-									
е					·	✝					
_	(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale					n or (loss) (f) minus (
	791,343.				608,65	8.					182,685.
	,										•
C			·············								
ď	·										
е											
	Complete only for assets showing	ig gain in	column (h) and owned by	the foundation	on 12/31/69					l. (h) gaın	
	(i) F.M.V. as of 12/31/69	1	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			col.	(k), but no Losses (1	ot less than from col. (I	ı -0-) o r h))
a											182,685.
											·
C			 .								<u> </u>
d			1.								***
e											
2	Capital gain net income or (net ca	pital loss)	If gain, also ente	r in Part I, line I- in Part I. line	7 7	}	2				182,685.
	Net short-term capital gain or (los		ned in sections 1222(5) ar		•	7					·
	If gain, also enter in Part I, line 8,	column (d	C).			 				N/A	
	If (loss), enter -0- in Part I, line 8 art V Qualification U	nder S	ection 4940(e) for	Reduced	Tay on Net	Inv	estn	ent Inc	ome	IV/A	
Was	ection 4940(d)(2) applies, leave the s the foundation liable for the sectives," the foundation does not qual Enter the appropriate amount in a	tion 4942 Ify under	tax on the distributable an section 4940(e). Do not co	mplete this pa	art.						Yes X No
<u>'</u>	(a)	Bacil Colui		ilstructions be	iore making any e				1		(4)
,	Base period years		(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncha		use assets	"	Distrib	(d) ution ratio ided by col. (c))
_	Calendar year (or tax year beginnii 2014	ilg iii)		8,081.	1101 14100 07 110			4,914		JOI. (D) div	• 052552
_	2013			3,041.				$\frac{4,314}{7,672}$.038524
_	2012			0,490.				4,849			.025458
	2011			5,668.				$\frac{1,045}{7,285}$.021843
	2010			7,160.				2,297			.215674
_				.,				_,	1 1		
2	Total of line 1, column (d)								2		.354051
	Average distribution ratio for the	5-vear bas	se period - divide the total	on line 2 by 5.	or by the number	of ve	ars				
	the foundation has been in exister	-		,	•				3		.070810
	Enter the net value of noncharitab		-	lino 6					4		903,590.
7	Contact and that value of HUHGHAHIAD	no uso asi	JOES TO LO TO HOTH FAILA,	mio J					 		200,000.
5	Multiply line 4 by line 3								5		63,983.
6	Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		1,872.
		•	•								
7	Add lines 5 and 6								7	-	65,855.
8	Enter qualifying distributions from	n Part XII,	line 4						8		37,867.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, ch	eck the box in Part VI, line	tb, and comp	olete that part usin	ıg a 1	% tax ı	rate.			

Form 990-PF (2015) THE JOSEPH DURDA FOU		41-1672			Page 4
Part VI Excise Tax Based on Investment Income		1948 - see	ınstru	CTIO	ns)
1a Exempt operating foundations described in section 4940(d)(2), check	here \[\bigsim \] and enter "N/A" on line 1.				
· · · · · · · · · · · · · · · · · · ·	h copy of letter if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in P	'art V, check here ▶ 🔲 and enter 1%	1		3,7	43.
of Part I, line 27b		1 1			
c All other domestic foundations enter 2% of line 27b. Exempt foreign of	rganizations enter 4% of Part I, line 12, col. (b). 🤳				_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	e foundations only. Others enter -0-)	2			0.
3 Add lines 1 and 2		3		3,7	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable	The state of the s	4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero of	or less, enter -0-	5		3,7	<u>43.</u>
6 Credits/Payments:		1			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 172.	<u>.</u>			
b Exempt foreign organizations - tax withheld at source	6b	1 1			
c Tax paid with application for extension of time to file (Form 8868)	6c	1 1			
d Backup withholding erroneously withheld	6d]			
7 Total credits and payments. Add lines 6a through 6d	_	7		1	72.
8 Enter any penalty for underpayment of estimated tax. Check here	ıf Form 2220 ıs attached	8			8.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount	owed	9		3,5	<u>79.</u>
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			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any nation	al, state, or local legislation or did it participate or interven	e in		Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirect	ly) for political purposes (see instructions for the definitio	1)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description	of the activities and copies of any materials publish	ed or			1
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					
(1) On the foundation. \triangleright \$ 0 . (2) On	foundation managers. > \$ 0	<u>.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year	r for political expenditure tax imposed on foundation				
managers. ► \$0.			_		
2 Has the foundation engaged in any activities that have not previously b	peen reported to the IRS?		2		X
If "Yes," attach a detailed description of the activities.					,
3 Has the foundation made any changes, not previously reported to the	IRS, in its governing instrument, articles of incorporation,	or			
bylaws, or other similar instruments? If "Yes," attach a conformed	copy of the changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or	r more during the year?		4a		Х
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 contract	ction during the year?		5		Х
If "Yes," attach the statement required by General Instruction	Τ				
6 Are the requirements of section 508(e) (relating to sections 4941 thro	ugh 4945) satisfied either:				
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument 	t so that no mandatory directions that conflict with the sta	te law			
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during th	e year? If "Yes," complete Part II, col (c), and Part X	v	7	X	
8a Enter the states to which the foundation reports or with which it is regi	istered (see instructions)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of	Form 990-PF to the Attorney General (or designate)			١.	
of each state as required by General Instruction G? If "No," attach	n explanation		8b	X] ~
9 Is the foundation claiming status as a private operating foundation wit	•	endar			<u> </u>
year 2015 or the taxable year beginning in 2015 (see instructions for F	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		Х
10 Did any persons become substantial contributors during the tax year?			10		Х
, ,			2rm QQ	DE	(2015)

Part VII-A Statements Regarding Activities (continued)	-			
		Y	es	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		_X_
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privately and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of a disqualified person had advisory private formula and the foundation of th	rileges?			
If "Yes," attach statement (see instructions)		12		<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
Website address JOSEPHDURDAFOUNDATION.ORG	050 00	4 00	~ -	
14 The books are in care of ► MILES J. COHEN Telephone no. ►			8 /	
	IP+4 ► 55	34/		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	ae I	N/	ר א	ш
	15			No
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	ſ	16	E3	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	-	10	\dashv	
foreign country				
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Y	es	No
1a During the year did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		Ì		
	X No			
	X No	1		1
(1) Lay compensation to, or pay or remindation the expension of a disqualities person	└── No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	X No			
(6) Agree to pay money or property to a government official? (Exception. Check "No"	(ZX 140			
if the foundation agreed to make a grant to or to employ the official for a period after				
	X No			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			İ	
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		X
Organizations relying on a current notice regarding disaster assistance check here				
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2015?		1c	_	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	X No			
before 2015?	۱۷۷ لخ∡ب			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				!
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		•		
statement - see instructions.)	N/A	2b		3
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		- t	\neg	
>		*		•
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?	X No	ì		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after				
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	oose			1
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	3T / 3			
Form 4720, to determine if the foundation had excess business holdings in 2015)	N/A	3b	\dashv	_ <u>x</u>
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose to	hat	4a	\dashv	
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose thad not been removed from jeopardy before the first day of the tax year beginning in 2015?	ııal	4b	`	X
had not book to moved from journal books and mot day of the tax year beginning in 2010.	For	m 990 -	PF (

Form 990-PF (2015) THE JUSEPH DURDA FUUNDAT		Samuel and a	41-16/25	50	Pag	ge 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be I	Requirea (contin	ued)			
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No		1	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire					
any voter registration drive?			es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es 🗶 No	.		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? (see instructions)		Ye	es X No		1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			٠. ا		
the prevention of cruelty to children or animals?		Ye	s X No	·		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	L	
Organizations relying on a current notice regarding disaster assistance check h	ere					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined				
expenditure responsibility for the grant?	\mathbf{N}	[/A 🔲 Ye	es 🔲 No		- 1	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)		İ	- 1	´ .	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					-	
a personal benefit contract?	31	☐ Ye	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	1:	X
If "Yes" to 6b, file Form 8870					t-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	İ		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trust		nagers Highly				
Paid Employees, and Contractors	ccs, i candation inc	inagers, riigin				
1 List all officers, directors, trustees, foundation managers and their	compensation.					—
	(b) Title, and average	(c) Compensation	(d) Contributions to	(6	Expen	se
(a) Name and address	hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acc	e) Expen count, of llowance	iher
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	"	iio wance	
SEE STATEMENT 9		3,500.	0.			0.
SEE STATEMENT 9		3,300.	<u> </u>	+		<u>·</u>
				 		
				<u> </u>		
				1		
			<u></u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 .	1 Eunan	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	Expencount, of count, of	ther
	hours per week devoted to position	(0)	compensation	a	llowance	es
NONE				1		
				1		
		<u> </u>		<u> L</u>		
				1		
· · · · · · · · · · · · · · · · · · ·			- "	1		_
· ·				1		
Total number of other employees paid over \$50,000			▶	•		0
			Form	990	- PF (2	015)

Total. Add lines 1 through 3

	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	see instructions)
<u>_</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<u></u>
-	Average monthly fair market value of securities	1a	899.762.
	Average of monthly cash balances	1b	899,762. 17,588.
	Fair market value of all other assets	1c	
d		1d	917,350.
	Reduction claimed for blockage or other factors reported on lines 1a and	مَا مُا	
	1c (attach detailed explanation) 1e 0.	الكوسات م	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	917,350.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,760.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	903,590.
6	Minimum investment return. Enter 5% of line 5	6	45,180.
P	foreign organizations check here and do not complete this part.) in Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	45,180.
2a			-
b		i	
C	Add lines 2a and 2b	2c	3,743.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	41,437.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	41,437.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	41,437.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	I I	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	37,867. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	37,867.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,867.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Corpus	rears prior to 2014	2014	2010
line 7				41,437.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 5,728.				
b From 2011				
c From 2012				
d From 2013				
e From 2014 2,883.				
f Total of lines 3a through e	8,611.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 37,867.			-	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			27 067
d Applied to 2015 distributable amount				37,867.
e Remaining amount distributed out of corpus	0. 3,570.			3,570.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	3,370.			3,370.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,041.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		· · · · · · · · · · · · · · · · · · ·		*
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				-
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	2,158.	· ·		<u></u>
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	2,883.			····
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 d Excess from 2014 2,883.				
e Excess from 2015				
6 EXCESS HUIII 2013				Form QQ0-DF (2015)

Reppent Name and address (home or business) ** Purpose of paint of contribution of substantial contribution of s	Part XV Supplementary Information 3 Grants and Contributions Paid During the You	`	Payment		·
Name and address (home of business) a Paid during the year LIVING WELL DISABILITY SERVICES 680 0'NEILL DRIVE EAGAN, ME 55121 LIVING WELL DISABILITY SERVICES 680 0'NEILL DRIVE EAGAN, ME 55121 MINNEAPOLIS HEART INSTITUTE FORINATION 910 EAGAN, ME 55121 MINNEAPOLIS HEART INSTITUTE FORINATION 920 EAST 254H STREET, SUITE 100 MINNEAPOLIS, NE 55407 MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 80 11(C)(3) STORE-TO-DOOR 93.113 10 ELIVER GROCERIES 93117 HOLD 11 ELIVER GROCERIES 93117 FAUL, ME 55113 STORE-TO-DOOR 95113 TO DELIVER GROCERIES 93118 ELORENT ON NEED VISIABLED ELORENT CLEET A THEIR NOMES, 1,00 U.S. ELECTRIC WHEELCHAIR HOCKEY ASSOCIATION 9113 ME SUPPORT A DUALTY HOCKEY FROGRAM NOW FOR ELORENT FROM 10 ME SUITE 10		If recipient is an individual,			
LIVING WELL DISABILITY SERVICES 680 O'NEILL DAINE ERGAN, ME 55121 MINNEAPOLIS HEART INSTITUTE POUNDATION 920 EAST 28TH STREET, SUITE 100 MINNEAPOLIS, MN 55407 MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 100 ROBERT STREET N, SUITE 306 SAINT PAUL, MN 55101 STORE-TO-DOOR 1935 WEST COUNTY ROAD B2, SUITE 250 ROSEVILLE, NN 55113 STORE-TO-DOOR 1935 WEST COUNTY ROAD B2, SUITE 250 ROSEVILLE, NN 55113 STORE-TO-DOOR 1935 WEST COUNTY ROAD B2, SUITE 250 ROSEVILLE, NN 55113 SOURCE STORED NO SOURTH STREET N, SUITE 306 SOURCE, NN 55113 SOURCE STORED NO SOURTH STREET N, SUITE 306 SOURCE STORED NO SOURTH SOURTH ROAD B2, SUITE 250 ROSEVILLE, NN 55113 SOURCE STORED NO SOURTH SOURTH HORSE N THEIR HORSE N THE STORED N SOURTH SOU	·	any foundation manager	status of	contribution	Amount
FOR THE MENTALLY HALLENGED AND PRYSICALLY DISABLED. 5,00 MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST JOHN STREET, SUITE 100 MINNEAPOLIS, NN 55407 7,00 MINNEAPOLIS, NN 55407 501(C)(3) FOR FOUNDATION 920 EAST JOHN STREET, SUITE 100 MINNEAPOLIS, NN 55407 7,00 MINNEAPOLIS, NN 55407 501(C)(3) FOR FOUNDATION 501(C)(3) FOR FOUNDATION 501(C)(3) FOR FOUNDATION FOR THE MENTALLY HALLENEED AND PART RESEARCH 7,00 FOR THE MENTALLY HALLENEED AND PART RESEARCH 7,00 FOR THE MENTALLY HALLENEED AND PART RESEARCH 7,00 FOR FULL MINNEAPOLIS FOR THE MENTALLY HALLENEED AND PART RESEARCH 7,00 FOR FULL MINNEAPOLIS FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED AND FOR THE MENTALLY HALLENEED FOR THE MENTALLY HALLENE	a Paid during the year	or substantial contributor	123,410		
POURDATION #INNESOTA ASSISTANCE COUNCIL FOR WINNESOTA ASSISTANCE COUNCIL FOR WETERANS #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE COUNCIL FOR #INNESOTA ASSISTANCE #INNESOTA #INNESOTA ASSISTANCE #INDESOTA ASSISTANCE #INNESOTA ASSIST	LIVING WELL DISABILITY SERVICES 680 O'NEILL DRIVE EAGAN, MN 55121		501(C)(3)	FOR THE MENTALLY CHALLENGED AND	5,000
VETERANS THROUGHOUT MINNESOTA TO VETERANS AND THEIR SAINT PAUL, MN 55101 STORE-TO-DOOR 1935 WEST COUNTY ROAD B2, SUITE 250 ROSEVILLE, NN 55113 U.S. ELECTRIC WHEELCHAIR HOCKEY ASSOCIATION 7216 397H AVE NORTH MINNEAPOLIS, MN 55427 Total SEE CONTINUATION SHEET(S) THROUGHOUT MINNESOTA TO VETERANS AND THEIR EXPERIENCING LIFE 2,00 TO DELIVER GROCERIES AND POODSTUPES TO WEEDLY/DISABLED ELDERLY CLIENTS AT THEIR HOWES. 1,00 TO HELP SUPPORT A DUALITY HOCKEY PROGRAM FOR DISABLED PERSONS REQUIRING THE USE OF ELECTRIC WHEELCHAIRS 1,00 Total SEE CONTINUATION SHEET(S) NONE	MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 EAST 28TH STREET, SUITE 100 MINNEAPOLIS, MN 55407		501(C)(3)		7,000
AND FOODSTUFFS TO NEEDY/DISABLED ELDERLY CLIENTS AT THEIR HOMES. 1,00 U.S. ELECTRIC WHEELCHAIR HOCKEY ASSOCIATION 7216 39TH AVE NORTH MINNEAPOLIS, MN 55427 Total SEE CONTINUATION SHEET(S) 32 33,25 NONE	MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 360 ROBERT STREET N, SUITE 306 SAINT PAUL, MN 55101		501(C)(3)	THROUGHOUT MINNESOTA TO VETERANS AND THEIR FAMILIES WHO ARE	2,000
U.S. ELECTRIC WHEELCHAIR HOCKEY ASSOCIATION 7216 39TH AVE NORTH FOR DISABLED PERSONS REQUIRING THE USE OF ELECTRIC WHEELCHAIRS 1,00 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE	STORE-TO-DOOR 1935 WEST COUNTY ROAD B2, SUITE 250 ROSEVILLE, MN 55113		501(C)(3)	AND FOODSTUFFS TO NEEDY/DISABLED ELDERLY CLIENTS AT THEIR	1,000
Total SEE CONTINUATION SHEET(S) Approved for future payment NONE 1 3a 33,25	U.S. ELECTRIC WHEELCHAIR HOCKEY ASSOCIATION 7216 39TH AVE NORTH MINNEAPOLIS, MN 55427		501(C)(3)	QUALITY HOCKEY PROGRAM FOR DISABLED PERSONS REQUIRING THE USE OF	1,000
NONE NONE	Total SEE CON	TINUATION SHEE	T(S)		33,250
		<u> </u>			

** SEE PURPOSE OF GRANT CONTINUATIONS

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
Effici gross amounts unioss offici wise indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			1 1		
b					
C			1 1		
d	_		1 1		
e	- 		1 1		
1	-		† †		
g Fees and contracts from government agencies	-		 		
2 Membership dues and assessments	1		 		
3 Interest on savings and temporary cash	<u> </u>		 		
investments			14	8,082.	
Dividends and interest from securities			14	10,721.	
5 Net rental income or (loss) from real estate:			+	<u> </u>	
a Debt-financed property			╁		
b Not debt-financed property	 		 		
6 Net rental income or (loss) from personal	-		 -		
, , ,					
property			 		
7 Other investment income			├		
8 Gain or (loss) from sales of assets other			18	182,685.	
than inventory			1 10	102,003.	
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory	ļ		+		
11 Other revenue:			1 i		
a	_		↓		
b	_		+		
C	_				
d	_		\bot		
e	_		ļ	0.04 4.00	
12 Subtotal. Add columns (b), (d), and (e)		0.		201,488.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	201,488.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Accor	mplishment of Ex	xempt	Purposes	
					1-1
Explain below how each activity for which in the foundation's exempt purposes (other the			A CONTRIBUI	ted importantly to the accomp	distinent of
the foundation's exempt purposes (other thi	an by providing fund	us for such purposes).			
				· · · · · · · · · · · · · · · · · · ·	
					#

Form 990)-PF (2	015) THE J	OSEPH DU	RDA I	OU:	NDATION		41-1	672558	Pa	ge 13
Part)	(VII			nsfers	To a	and Transactions a	nd Relations	ships With None	haritable		
4 5 :		Exempt Organ								IV	I NI -
						g with any other organization		tion 501(c) of		Yes	NO
						7, relating to political organ	izations?				
	Cash	from the reporting found	ation to a noncharii	iadie exem	ibr or	gamzauon or.			19/1)		х
• •		assets							1a(1) 1a(2)		X
		assets sactions;							18(2)		
		of assets to a noncharita	ahle evemnt organiz	noite					1b(1)		Х
		lases of assets from a no			ion				1b(1)		X
		l of facilities, equipment,		or gurnzut	.1011				1b(3)		X
٠,		oursement arrangements							1b(4)	 	X
		s or loan guarantees	,						1b(5)		Х
		rmance of services or m	embership or fundra	aising soli	citatio	ns			1b(6)		Х
		facilities, equipment, ma	•	•					10		Х
d If th	e ansv	ver to any of the above is	"Yes," complete the	e following	sche	dule. Column (b) should alv	ways show the fair	market value of the god	ds, other as:	sets,	
						ed less than fair market valu					
colu) the value of the goods,	other assets, or ser	rvices rece	eived.						
(a)Line no	,	(b) Amount involved	(c) Name			exempt organization	(d) Descriptio	n of transfers, transactions	and sharing ai	rangeme	ents
				N/	<u>/A</u>						
	_								_		
	4		 								
			 								
	-		 			 					
	+		 								
	+		 								
	+		1								
			 						•		
			 				<u> </u>				
	+		 								
	+						-				
	+		 								
											
-			<u>† </u>				- 				
2a Is th	ne four	idation directly or indirec	tly affiliated with, or	r related to	o, one	or more tax-exempt organi	zations described				
ın s	ection	501(c) of the Code (othe	r than section 501(c)(3)) or ii	n sect	ion 527?			Yes	X	☐ No
b If "Y	es," co	mplete the following sch									
		(a) Name of or	ganization			(b) Type of organization		(c) Description of rela	ionship		
		N/A									
											
			<u> </u>								
	Under	nenalties of persury. I declare	that I have examined t	his return ii	neludir	g accompanying schedules and	statements and to the	hest of my knowledge			
Sign	and be	lief, it is true, correct, and co	mplete Declaration of	preparer (oth	ner tha	n taxpayer) is based on all inform	nation of which prepare	haa any knowledge	May the IRS return with th	ne prepa	rer
Here		M. Jon	10 A			14/26/16	SECRE		shown below		_
	Sian	ature of officer or trustee	, <u>, , , , , , , , , , , , , , , , , , ,</u>		_	Date	Title	141/1	LAL YES	· L	J No
		Print/Type preparer's n		Prepar	er's s	ignature	Date	Check if P	TIN		
		- 76 - 6 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7	-	1 _		-		self- employed			
Paid		LANCE R. M	IADSON	13	~ 1	LML CPA	04/08/16		P00131	.735	;
Prepa	rer	Firm's name ► BOU						Firm's EIN ▶ 41			

Phone no. 952-893-9320

Use Only

Firm's address ▶ 7500 FLYING CLOUD DRIVE, #800 MINNEAPOLIS, MN 55344

THE JOSEPH DURDA FOUNDATION

3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
UNION GOSPEL MISSION		501(C)(3)	SUPPORT FOR FOOD,	
77 NINTH STREET EAST			SHELTER, AND	
SAINT PAUL, MN 55101			COUNSELING FOR THE	
			TWIN CITIES' HOMELESS	
			AND INDIGENT.	2,000
UNIVERSITY OF MINNESOTA		501(C)(3)	TO FUND THE JOSEPH	
200 OAK STREET, SUITE 500			DURDA FAMILY	
MINNEAPOLIS, MN 55455			SCHOLARHIP.	5,000
WILLIAM WINGSHIP COLLEGE OF THE		E01/0\/2\		
WILLIAM MITCHELL COLLEGE OF LAW		501(C)(3)	TO FUND THE JOSEPH	
875 SUMMIT AVENUE			DURDA VETERAN'S	C 050
SAINT PAUL, MN 55105		E01/0\/3\	SCHOLARSHIP AT WMCL.	6,250
WINGS OF MERCY PO BOX 1921		501(C)(3)	TO PROVIDE EMERGENCY	
MAPLE GROVE, MN 55311			MEDICAL FLIGHT SERVICES TO PATIENTS	
MAPLE GROVE, MN 33311			IN "REMOTE" LOCATIONS	
			IN THE UPPER MIDWEST.	1,000
LIFEWORKS	·	501(C)(3)	PROVIDE WORK-DAY	1,000
2965 LONE OAK DRIVE #160			TRAINING, EDUCATION,	
EAGAN, MN 55121			ART/MUSIC AND OTHER	
,			SERVICES TO THE	
			DISABLED COMMUNITY	1,000
MINNESOTA WILLS FOR HEROES		501(C)(3)	TO PROVIDE SUPPORT FOR	
600 NICOLLET MALL, SUITE 380			LEGAL SERVICES TO VETS	
MINNEAPOLIS, MN 55402			AND FIRST RESPONDERS	1,000
HELPING PAWS		501(C)(3)	PROVIDE TRAINED	
PO BOX 634			SERVICE DOGS TO	
HOPKINS, MN 55343			MINNESOTA INDIVIDUALS	
			OR VETERANS WITH PTSD	
			OR OTHER SERIOUS	1,000
				17,250

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
WELLS FARGO			8,082.		8,082.		
TOTAL TO PART I, LI	NE 3		8,082.		8,082.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
WELLS FARGO	10,721	•	0.	10,721.	10,72	21.	
TO PART I, LINE 4	10,721	•	0.	10,721.	10,72	21.	
FORM 990-PF		ACCOUNTI	NG FEES	S		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	_	4,000.		1,000.		3,0	00.
TO FORM 990-PF, PG	1, LN 16B =	4,000.		1,000.		3,0	00.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		3) IVEST- INCOME	(C) ADJUSTED NET INCOM		
FEDERAL TAXES STATE TAXES		400. 25.		0.			00. 25.
TO FORM 990-PF, PG	1, LN 18	425.		0.		4	25.

FORM 990-PF	OTHER EXPENSES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM		
OUTSIDE SERVICES OFFICE EXPENSES MEETING EXPENSE	13,319. 887. 305.		319. 0. 0.			
TO FORM 990-PF, PG 1, LN 23	14,511.	13,319.			1,192.	
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'	-	BOOK VALUE		FAIR MARKET VALUE	
WELLS FARGO INVESTMENTS	X	-		273,815.	273,81	.5.
TOTAL U.S. GOVERNMENT OBLIGATIONS			273,815.		273,81	.5.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS		·		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			273,815.	273,81	.5.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE	ը
WELLS FARGO INVESTMENTS				533,408.	533,40	8.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			533,408.	533,40	8.

FORM 990-PF	CORPORATE BONDS	STATEMENT 8			
DESCRIPTION	BOOK VALUI		FAIR MARKET VALUE		
WELLS FARGO INVESTMENTS	53,0	59.	53,059.		
TOTAL TO FORM 990-PF, PART II, LINE 10C		53,0	59.	53,059.	
	LIST OF OFFICERS, DO AND FOUNDATION MANAGE		STATI	EMENT 9	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
DANIEL J. DURDA 5770 HARDSCRABBLE CIRCLE MOUND, MN 55364	PRESIDENT 2.00	500.	0.	0.	
MILES J. COHEN 10040 INDIGO DRIVE EDEN PRAIRIE, MN 55347	SECRETARY 10.00	500.	0.	0.	
CHERI DURDA COHEN 10040 INDIGO DRIVE EDEN PRAIRIE, MN 55347	VICE PRESIDENT	/DIRECTOR 500.	0.	0.	
PEG DURDA KNAPP 7201 YORK AVENUE SOUTH #311 EDINA, MN 55435	VICE PRESIDENT	CE PRESIDENT/DIRECTOR 2.00 500.		0.	
BRIAN J. COHEN 2060 PINEHURST DRIVE CHANHASSEN, MN 55317	DIRECTOR 2.00	500.	0.	0.	
MICHAEL J. COHEN 4031 PIPEWOOD LANE EXCELSIOR, MN 55331	DIRECTOR 2.00	500.	0.	0.	
CHRISTOPHER J. COHEN 7661 CENTURY BLVD CHANHASSEN, MN 55317	DIRECTOR 2.00	500.	0.	0.	
DAVID M. DURDA 5221 BAPTIST CIRCLE VIRGINIA BEACH, VA 23464	NON-VOTING MEM	BER	0.	0.	

THE JOSEPH DURDA FOUNDATION			41-1672558	
LANCE R. MADSON 5975 MCKINLEY PLACE SHOREWOOD, MN 55331	TREASURER 1.00	0.	0.	0.
SUSAN J. LINK 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55402	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	3,500.	0.	0.
FORM 990-PF	PART XV - LINE 1A ST OF FOUNDATION MANAGERS	STATEME GERS		10

NAME OF MANAGER

DANIEL J. DURDA MILES J. COHEN CHERI DURDA COHEN

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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DANIEL J. DURDA 351 SECOND STREET, SUITE B EXCELSIOR, MN 55331

TELEPHONE NUMBER

952.934.2987

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

REQUESTS CAN BE MADE ONLY BY A LETTER DESCRIBING THE NEED FOR A GRANT. A COPY OF THE GRANT APPLICANT'S IRS NOTICE OF TAX-EXEMPT STATUS MUST BE ATTACHED TO THE LETTER. REQUESTS CAN ALSO BE MADE VIA THE ORGANIZATION'S WEBSITE AT JOSEPHDURDAFOUNDATION.ORG

ANY SUBMISSION DEADLINES

NOVEMBER 1 OF THE CURRENT CALENDAR YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION WILL ONLY MAKE CONTRIBUTIONS TO NON-PROFIT, TAX-EXEMPT ENTITIES REGISTERED WITHIN THE STATE OF MINNESOTA AND DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, WHICH ARE PUBLIC CHARITIES (I.E., NOT PRIVATE FOUNDATIONS) UNDER SECTION 509(A)(1) OR (2) OF THE CODE, AND WHICH CARRY OUT CHARITABLE AND/OR SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF SAID CODE. THE FOUNDATION REQUIRES GRANT APPLICANTS TO SUPPLY THEIR IRS TAX-EXEMPTION LETTER AS PART OF THE APPLICATION PROCESS. GENERAL GUIDELINE FUNCTIONAL THRUST AREAS AS DEFINED BY THE BOARD ARE: EDUCATION, HEALTHCARE, DISABLED SERVICES, VETERANS AFFAIRS, CHILDREN'S NEEDS, AND INDIGENT NEEDS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MILES J. COHEN 351 SECOND STREET, SUITE B EXCELSIOR, MN 55331

TELEPHONE NUMBER

952.934.2987

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BRIAN J. COHEN 351 SECOND STREET, SUITE B EXCELSIOR, MN 55331

TELEPHONE NUMBER

952.934.2987

EMAIL ADDRESS

N/A

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