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### **Return of Private Foundation**

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

OMB No 1545-0052

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2015 or tax year beginning , 2015, and ending A Employer identification number Name of foundation DOUGLAS & CAROL SKANSE FAMILY FOUNDATION 46-4811031 080017804100 B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 0634 651-466-8710 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. MILWAUKEE, WI 53201-0634 G Check all that apply: Initial return Initial return of a former public charity 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test check here and attach Final return Amended return Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust    Section 4947(a)(1) nonexempt charitable trust   Section 4947(a)(1) nonexempt charitable trust   Fair market value of all assets at end of year (from Part II, col. (c), line of year (from Part II, line year (from Part II	ents e e nly)
end of year (from Part II, col. (c), line  16) \$\\$ 14,107,681. (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 (a) (see instructions)  1 Contributions, gifts, grants, etc, received (attach schedule) . 2 Check \[ \begin{array}{c} \text{if the foundation is not required to attach Sch B.} \] 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities	ents le nily)  PMT 11
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) (see instructions)   (a) Revenue and expenses per books   (b) Net investment income   (c) Adjusted net income	ents le nily)  PMT 11
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) (see instructions)   1 Contributions, gifts, grants, etc., received (attach schedule) attach Sch B.  3 Interest on savings and temporary cash investments 4 Dividends and interest from securities	Index of the second sec
1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check	/ED
attach Sch B.  Interest on savings and temporary cash investments-  Dividends and interest from securities	/ED
Interest on savings and temporary cash investments.  Dividends and interest from securities	/ED
4 Dividends and interest from securities	/ED
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 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances  b Less Cost of goods sold  c Gross profit or (loss) (attach schedule)	, , , , , , , , , , , , , , , , , , ,
A 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 Net short-term capital gain	, , , , , , , , , , , , , , , , , , ,
b Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2) .  8 Net short-term capital gain .  9 Income modifications .  10a Gross sales less returns and allowances  b Less Cost of goods sold .  c Gross profit or (loss) (attach schedule)	, , , , , , , , , , , , , , , , , , ,
b Gross sales price for all assets on line 6a 28,504 28,504.  7 Capital gain net income (from Part IV, line 2) .  8 Net short-term capital gain	2016
9 Income modifications	2016
9 Income modifications	2016 - +
10a Gross sales less returns and allowances b Less Cost of goods sold	<u> </u>
b Less Cost of goods sold .  c Gross profit or (loss) (attach schedule)	
b Less Cost of goods sold . SERVICE CENTER c Gross profit or (loss) (attach schedule)	
144 Other income (attack askedula)	
11 Other income (attach schedule)	121
12 Total. Add lines 1 through 11 2,398,197. 149,378.	
13 Compensation of officers, directors, trustees, etc	
14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees (attach schedule)STMT 2	
15 Pension plans, employee benefits NONE NONE	
16a Legal fees (attach schedule) STMT . 2 . 8,072 . NONE NONE 8,07	<u>,072</u> .
	<u>,500</u> .
c Other professional fees (attach schedular. 4. 21,627. 19,464. 2,16	<u>,163</u> .
17 Interest	
18 Taxes (attach schedule) (see instructions). 5.	
c Other professional fees (attach schedule) (see instruction).  17 Interest	
20 Occupancy	
21 Travel, conferences, and meetings NONE NONE	
21 Travel, conferences, and meetings	
23 Other expenses (attach schedule) STMT. 6. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	<u>25</u> .
24 Total operating and administrative expenses.	
Add lines 13 through 23	<u>.,760</u> .
26 Total expenses and disbursements Add lines 24 and 25 176, 150. 19, 958. NONE 153, 76	<u>, 760</u> .
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements . 2,222,U47.	1
b Net investment income (if negative, enter -0-) 129, 420.	
c Adjusted net income (if negative, enter -0-).	

JSA For Paperwork Reduction Act Notice, see instructions.

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Part		Attached schedules and amounts in the description column should be for end-of-year			End of year		
	art II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		1,032			
	2	Savings and temporary cash investments	12,003,361.	7,241,054	7,241,054		
	3	Accounts receivable					
		Less: allowance for doubtful accounts ▶		The state of the s			
	4	Pledges receivable ▶			The second secon		
		Less: allowance for doubtful accounts			<del></del>		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)	X0.54				
	7	Other notes and loans receivable (attach schedule)					
		Less: allowance for doubtful accounts ►NONE	<del></del>				
Assets	8	Inventories for sale or use	1	-			
SS	9	Prepaid expenses and deferred charges					
٩		Investments - U S and state government obligations (attach schedule)		1 000 105	052 420		
		Investments - corporate stock (attach schedule) . STMT .7		1,000,105			
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule) . <b>STMT</b> .8 Investments - land, buildings,		5,979,900	5,901,900		
	• •	and equipment basis Less accumulated depreciation					
		(attach schedule)					
		Investments - mortgage loans					
		Investments - other (attach schedule)	Real Control of the C				
		equipment basis Less, accumulated depreciation			The second secon		
	15	(attach schedule) Other assets (describe  MUTUAL FUND TIMING DIFFERENCE )	2,039.	10,257	10,257		
	l	Total assets (to be completed by all filers - see the		10,257	10/257		
	l	instructions. Also, see page 1, item I)	· ·	14,232,348	14,107,681		
_		Accounts payable and accrued expenses		21/232/310	88 (Carrier S. 1948)		
	1	Grants payable					
S	19	Deferred revenue		100			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
ide	1	Mortgages and other notes payable (attach schedule)			and the second		
ؾ	ł	Other liabilities (describe ▶)					
_	23	Total liabilities (add lines 17 through 22)		NON			
		Foundations that follow SFAS 117, check here . ▶					
ces		and complete lines 24 through 26 and lines 30 and 31	,				
aŭ	24	Unrestricted					
Bal	25	Temporarily restricted					
٦	26	Permanently restricted	<u> </u>		_		
Net Assets or Fund Balan		Foundations that do not follow SFAS 117,			The state of the s		
5		check here and complete lines 27 through 31.	10 000 000	14 000 046			
Ś	27	Capital stock, trust principal, or current funds		14,232,348	<u> </u>		
Set	28	Paid-in or capital surplus, or land, bldg , and equipment fund	- 400				
As	29	Retained earnings, accumulated income, endowment, or other funds		14,232,348			
let	30 31	Total liabilities and net assets/fund balances (see		14,232,340			
~	3 '	instructions)	1	14,232,348			
P	art III	Analysis of Changes in Net Assets or Fund Bal		11,232,310	<u> </u>		
		al net assets or fund balances at beginning of year - Part		must agree with			
•		of-year figure reported on prior year's return)			12,005,400.		
2		er amount from Part I, line 27a		2,222,047.			
3		er increases not included in line 2 (itemize) > SEE STA	3	4,901.			
4		lines 1, 2, and 3	4	14,232,348.			
5 Decreases not included in line 2 (itemize) ▶ 5							
_6		al net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	14,232,348.		
					Form <b>990-PF</b> (2015)		

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold ( rick warehouse; or common stock, 200		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo., day, yr.)
	PUBLICLY TRADED		SIIS. IVILO CO./	D - Donation	(mo., day, yr)	
<u>b</u>	TODETCET TREBES	020001120				
<u>c</u>				-		
_ <u>d</u> e	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
		(or allowable)	plus expense of sale		(e) plus (f) min	28,504.
_ <u>a</u> b	28,504.					20,304.
<u>c</u>						
_d						
<u>e</u>	Complete only for assets	l showing gain in column (h) and owned	by the foundation on 12/31/69	(0)	Gains (Col. (h) g	ain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col. (k), but not less than -0-) or Losses (from col. (h))		
<u>a</u>						28,504.
_ <u>b</u>				<u> </u>		<u></u>
<u>d</u>						
<u>e</u>		14	noin also anton in Dont I line 7			
2	Capital gain net income	or (net capital loss) $ \left\{ \begin{array}{c} \Pi \\ \text{lf} \end{array} \right.$ sin or (loss) as defined in sections 1	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 (222(5) and (6):	2		28,504.
		tructions). If (loss), enter -0- in $\}$				
		Index Costing 4040/s) for Dad		3		
_			uced Tax on Net Investment In section 4940(a) tax on net investr			
	Yes," the foundation does	not qualify under section 4940(e).	putable amount of any year in the b Do not complete this part.  r; see the instructions before makin  (c)		ries.	Yes X No
_Ca	Base period years lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	col (c))
_	2014	12.	11,821,569.			0.000001
	2013 2012					
	2011					
_	2010			<u> </u>		
2	Total of line 1, column (	d)		2		0.000001
3	Average distribution ration	o for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	number of years the four	ndation has been in existence if les	s than 5 years	3	<del></del>	0.000001
4	Enter the net value of no	oncharitable-use assets for 2015 from	om Part X, line 5	4	12	,980,681.
5	Multiply line 4 by line 3			5		13.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,294.
7	Add lines 5 and 6			7		1,307.
8	Enter qualifying distribut If line 8 is equal to or generated to the Part VI instructions.	cions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	153,760. x rate. See the
JSA 5E1	430 1 000	/13/2016 10:40:37	080017804100		Form	10 -

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		-	,
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,2	294.
	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 J		-	
	Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		1 0	294.
3	Add lines 1 and 2			IONE
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			294.
5	Tax based on investment income. Subtract line 4 from line 3. If 2010 of 1655, enter -0-	26 6	1,2	<u>. 7 </u>
6	Credits/Payments:  2015 estimated tax payments and 2014 overpayment credited to 2015   6a   2,324.	3		* Ø 1
a b	2015 estimated tax payments and 2014 overpayment credited to 2015   6a   2,324 .    Exempt foreign organizations - tax withheld at source   6b   NONE			ļ
C	Tax paid with application for extension of time to file (Form 8868)	é	,	· 🕍
d	Backup withholding erroneously withheld	4.		
7	Total credits and payments. Add lines 6a through 6d		2,3	324.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,0	)30.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 1,030. Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	١		
	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	3,		
	published or distributed by the foundation in connection with the activities.	1c		X
	Did the foundation file Form 1120-POL for this year?			, A
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ▶ \$	7000	>	;
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	€ .		Ι.
Ū	foundation managers. > \$	5.70		أرين
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			Š.
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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del>  ,,</del>
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	J		1
	By language in the governing instrument, or			l.,
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	XXx J
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			i
Ja	MN			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			<u> </u>
-	(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,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	<u> </u>

Pari	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶N/A			
14	The books are in care of ▶ <u>US_BANK_NATIONAL_ASSOCIATION</u> Telephone no ▶ <u>65146687</u>	1		
	Located at ▶ 101 E 5TH STREET, SAINT PAUL, MN ZIP+4 ▶ 55101			,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year		r. <del></del> 1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		ે. સં	
	the foreign country			Labi
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	MO
1a	During the year did the foundation (either directly or indirectly).		3.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			le li
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1142		
	disqualified person?		1	
	(1), and compensation to pay or removal to the compensation of the	۵		
	(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)?			
	the benefit or use of a disqualified person)?	1. 5	1.4%	196.464
	foundation agreed to make a grant to or to employ the official for a period after			X
	termination of government service, if terminating within 90 days)		7.7	
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	(C)		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		***	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	, ,		1
	were not corrected before the first day of the tax year beginning in 20157	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			2.02
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			S
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		40	
	6e, Part XIII) for tax year(s) beginning before 2015?	100		l'al
	If "Yes," list the years	NA PARTY		
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.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
_	at any time during the year?			è.
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 dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b		İ
An	foundation had excess business holdings in 2015.)	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
ນ	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
		orm 99	O DE	

	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (continued)		
5a	During the year did the foundation pay or incur any amou		<u> </u>			**
	(1) Carry on propaganda, or otherwise attempt to influen		n 4945(e))?	. Yes X No		
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955); or to carry or			
	directly or indirectly, any voter registration drive?					
	(3) Provide a grant to an individual for travel, study, or of	her similar purposes?		. Yes X No		200 %
	(4) Provide a grant to an organization other than a				*	
	section 4945(d)(4)(A)? (see instructions)					`
	(5) Provide for any purpose other than religious, ch	arıtable, scientific, l	iterary, or educationa	ı <u> </u>		*
	purposes, or for the prevention of cruelty to children					
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	- ·	
	Regulations section 53.4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas	ter assistance check	here	▶[		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax		
because it maintained expenditure responsibility for the grant?						
	If "Yes," attach the statement required by Regulations sec					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6a	Did the foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premiur	ns	* `	
	on a personal benefit contract?			37		1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00
b	Did the foundation, during the year, pay premiums, direct				6b	X
	If "Yes" to 6b, file Form 8870.					
7a	At any time during the tax year, was the foundation a pai	ty to a prohibited tax	shelter transaction?.	. Yes X No		
b	If "Yes," did the foundation receive any proceeds or have				7b	
Par	Information About Officers, Director	rs, Trustees, Fou	ındation Manager	s, Highly Paid Emp	loyees,	
1	and Contractors  List all officers, directors, trustees, foundation ma	nagers and their	compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		se account,
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	otner ai	lowances
	CMA MENUTANA A A					
SEE	STATEMENT 11		<del></del>	_		
			<del>-</del>	_	_	
	Compensation of five highest-paid employees	(other than thes	e included on line	1 - see instructio	ns) If n	one enter
2	"NONE."	totilei tilali tilos	e included on any	c i see mondone		
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	se account,
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other al	lowances
				compensation		
NON	F.		NONE	NONE	N	IONE
11011	<u> </u>		110112	31931	<del></del>	
				1		
			·			
Total	number of other employees paid over \$50,000				1	ONE
	, , , , , , , , , , , , , , , , , , , ,				Form 99	<b>0-PF</b> (2015)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	MONE
ONE	NONE
	<u> </u>
	17017
otal number of others receiving over \$50,000 for professional services	NONE
art IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1NONE	_
	-
2	
	-
3	-
	-
4	_
	-
art IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	_
	-
2	
	-
All other program-related investments See instructions	
3 NONE	
<u> </u>	-
otal. Add lines 1 through 3	
	Form <b>990-PF</b> (20

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
а	purposes:  Average monthly fair market value of securities	1a	5,130,244.
b		-	6,874,962.
C			1,173,150.
d		<del></del>	13,178,356.
e	_	<u>K</u> É	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		13,178,356.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)		197,675.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,980,681.
6	Minimum investment return. Enter 5% of line 5	6	649,034.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	649,034.
2a		· (%)	
b	Income tax for 2015. (This does not include the tax from Part VI.)	];; _	
С	Add lines 2a and 2b	2c	1,294.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	647,740.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		647,740.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	647,740.
	Qualifying Distributions (see instructions)	1 .50,0000	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		152 760
a b	and the second district and the second secon		153,760.
2	Program-related investments - total from Part IX-B	1b	
2			NONE
3	purposes	2	NONE
э a	Amounts set aside for specific charitable projects that satisfy the:	20	NOME
a b			NONE NONE
4	- and distribution took (attack the required confedered)		153,760.
5	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.		155,160.
•	Enter 1% of Part I, line 27b (see instructions)		1,294.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	152,466.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		
	qualifies for the section 4940(e) reduction of tax in those years.	alculating	Wildlight the loundation

Form **990-PF** (2015)

	1990-PF (2015)				Page 3
Pai	t XIII Undistributed Income (see instr				
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
•	line 7	*	*		647,740.
2	Undistributed income, if any, as of the end of 2015				
a	Enter amount for 2014 only	, , , , , , , , , , , , , , , , , , ,		135,909.	
	Total for prior years 20_13_,20,20		NONE		i
	Excess distributions carryover, if any, to 2015.	,			1
	From 2010 NONE	, , , , , , , , , , , , , , , , , , , ,		* **	· · · · · · · · · · · · · · · · · · ·
	From 2011 NONE	· `		, N	** \
	From 2012 NONE		*	,83 435	
	From 2013 · · · · · NONE		€	·	! 
	From 2014 NONE				
	Total of lines 3a through e	NONE	,	,	i
	Qualifying distributions for 2015 from Part XII,		282	w. 30.c.	
•	line 4. ▶ \$153,760.				,
а	Applied to 2014, but not more than line 2a			135,909.	
a	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
_	Treated as distributions out of corpus (Election			€.	,
С	required - see instructions)	NONE		* * * *	
4	Applied to 2015 distributable amount	* 2" , 3, 587	, , , , , ,	, **	17,851.
	Remaining amount distributed out of corpus	NONE	\" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 14. <b>37</b> 9 \$	(A)
	Excess distributions carryover applied to 2015.	NONE			NONE
J	(If an amount appears in column (d), the same	ž.			
	amount must be shown in column (a) )	, ,		,	, i. ć
6	Enter the net total of each column as indicated below:			*:	}
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE	, , , } F	, , ,	, .
	Prior years' undistributed income Subtract	; <b>%</b> · • · · · · · · · · · · · · · · · · ·		š 4,4,	
	line 4b from line 2b		NONE	· ·	
c	Enter the amount of prior years' undistributed	***			
	income for which a notice of deficiency has	<b>4</b>			
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		-
	Subtract line 6c from line 6b Taxable				!
·	amount - see instructions	· 4:2	NONE		^, [
е	Undistributed income for 2014 Subtract line	# # # # # # # # # # # # # # # # # # #			***
	4a from line 2a. Taxable amount - see				
_					
f	Undistributed income for 2015. Subtract lines		•		
	4d and 5 from line 1. This amount must be distributed in 2016	***			629,889.
7	Amounts treated as distributions out of corpus		**		
,	to satisfy requirements imposed by section	1	. 41,	- 1. Cap.	. 4
	170(b)(1)(F) or 4942(g)(3) (Election may be	1		1 2 2 2	
	required - see instructions)	NONE			ļ
8	Excess distributions carryover from 2010 not				1
U	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2016.				
•	Subtract lines 7 and 8 from line 6a	NONE	,		
10	Analysis of line 9		\$		
	Excess from 2011 NONE				
	Excess from 2012 NONE	1			
	Excess from 2013 NONE	1			
	Excess from 2014 NONE	1			
	E Excess from 2015 NONE	1			
	2	<u> </u>		<del></del>	Form <b>990-PF</b> (2015)

	(4) Gross investment income .
Pai	Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)
1	Information Regarding Foundation Managers:
а	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
	N/A
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
	N/A
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
	Check here $\blacktriangleright$ $\boxed{X}$ 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
а	The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
b	The form in which applications should be submitted and information and materials they should include:
С	Any submission deadlines.
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Par	Part XV Supplementary Information (continued)								
3_	<b>Grants and Contributions Paid Durin</b>	g the Year or Appro	ved for F	uture Payment					
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
а	Paid during the year		}						
	SEE STATEMENT 22				142,000.				
				-					
			ŀ						
			<u> </u>						
	Total			▶ 3a	142,000.				
b	Approved for future payment								
		ł							

Form **990-PF** (2015)

Part XVI-	A Analysis of Income-Produ	ucing Acti	vities			
Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by	section 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						(oco manadaono)
f						
g Fees	and contracts from government agencies		<del>-</del>			
2 Members	ship dues and assessments					
3 Interest of	n savings and temporary cash investments •					
4 Dividend	s and interest from securities	3 .2		14	120,874.	
5 Net renta	al income or (loss) from real estate.	·	>	<del></del>		
a Debt-	financed property					
	lebt-financed property					
6 Net rental	income or (loss) from personal property-			<del>                                     </del>		
	vestment income			10	20 504	
	oss) from sales of assets other than inventory			18	28,504.	
	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory			<del> </del>		
	venue. a			<del> </del>		
				<del>                                     </del>		
				<del>                                     </del>		
12 Subtotal	. Add columns (b), (d), and (e)	20 % ,		*;	149,378.	-
	dd line 12, columns (b), (d), and (e)					149,378.
	eet in line 13 instructions to verify calcu					
Part XVI-	B Relationship of Activities	to the A	complishment of E	xempt Purp	poses	
Line No.  ▼	Explain below how each activit accomplishment of the foundation					
			<del></del>			
		-	<del>-</del>			
			NOT APPLICABL	ιE		
	1					
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			<del></del>	<del></del>		
	<u> </u>		····		· · · · · · · · · · · · · · · · · · ·	- 000 DE

roitii 990-ri	(2015)	40-4011031	rag
Part XV	Information Regarding Transfers To Exempt Organizations	and Transactions and Relationships With Nor	ncharitable
1 Did	the organization directly or indirectly engage in an	y of the following with any other organization described	Yes Yes

b	in section organization organization organization organization organization (1) Cash (2) Other tr (1) Sale (2) Puro (3) Rent (4) Rein (5) Loar (6) Perf Sharing If the avalue organization	on 501(c) of the Codations?  rs from the reporting  rs from the reporting  rs arsets  ransactions:  rs of assets to a none  chases of assets fron  tal of facilities, equip  mbursement arrange  ns or loan guarantee  formance of services  of facilities, equipm  answer to any of the  f the goods, other a	de (other than some foundation to a charitable exemple a noncharitable exemple and the comments of the comment	pt organization e exempt organization assets or fundraising solicita s, other assets, or paid s," complete the followers given by the report	t organizations) or torganizationstionsemployees wing schedurting founda		1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X 1c X w the fair market is than fair market
(a) L	ine no	(b) Amount involved		oncharitable exempt organiza		d) Description of transfers, transactions, and sh	
		1-7	15, 14,110 01 11			a, a a a a a a a a a a a a a a a a a a	ag a.rongomorna
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				<del></del>	<del></del>		
	+	<del></del>					<del></del>
				<del></del>	<del></del>		
			<del> </del>			<del></del>	
	describ		of the Code (ot ving schedule.		c)(3)) or in se	more tax-exempt organizations ection 527?	Yes X No
	<del> ,</del> .	,		,-, , , po o. o. gu		(5, 5557, 557, 517, 517, 517, 517, 517, 5	
	<del></del>						
				<del></del>			
_							
				ned this return, including accor expayer) is based on all information		les and statements, and to the best of my knowle	dge and belief, it is true,
Sig	,	0	- 2	1 /	S. O, M. II. O, P. II. O	· · · · · · · · · · · · · · · · · · ·	RS discuss this return
He	re   💆	carl a	Shan	Date 5/12/1	Title	PRESIDENT with the	preparer shown below
	· · · · · · · · · · · · · · · · · · ·	Print/Type preparer's na	ame	Preparer's signature		Date Check X if	PTIN
Pai	id	1	MAN	Dock	<b>-</b>	05/06/2016 self-employed	P00364310
Pre	eparer		RICEWATERHO	USECOOPERS PAR			-4008324
Us	e Only		00 GRANT ST				
_		1	TTSBURGH,	PA	15219		355-6000 Form <b>990-PF</b> (2015)

### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2015

Employer identification number Name of the organization DOUGLAS & CAROL SKANSE FAMILY FOUNDATION 46-4811031 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
DOUGLAS & CAROL SKANSE FAMILY FOUNDATION

Employer identification number 46-4811031

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (c) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X DOUGLAS R SKANSE IRREVOCABLE TRUST 1 Person **Pavroll** C/O CAROL A SKANSE 2,248,819. Noncash (Complete Part II for BLOOMINGTON, MN 55438-2408 noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroli** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroli** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroli** Noncash (Complete Part II for noncash contributions)

Name of organization

DOUGLAS & CAROL SKANSE FAMILY FOUNDATION

Employer identification number

46-4811031

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	97,990 SHARES OF NUVEEN SHORT TERM BOND FUN		
		\$975,000.	06/25/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u> -		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

NET INVESTMENT INCOME	290. 164. 264. 338. 1,421.	16,738. 15,297. 120,874.
REVENUE AND EXPENSES PER BOOKS	290. 164. 264. 338. 85,160. 1,421.	16,738. 15,297. 120,874.
DESCRIPTION	BARON EMERGING MARKETS INSTITUTIONAL DB X TRACKERS MSCI EAFE HEDGED ETF PARAMETRIC EMERGING MARKETS INSTL ISHARES CORE MSCI EAFE ETF NUVEEN SHORT TERM BOND FUND CL I NUVEEN GLOBAL INFRASTR FD CL I	WE PRICE INTL GRINC FD WE PRICE SMALL CAP STOCK FD JARD EQUITY INCOME ADM ANK PRIVATE CLIENT MMKT SAV

STATEMENT

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	!	8,072.	8,072.	
CHARI' PURP	1 1 1	1		                
ADJUSTED NET INCOME	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	
NET INVESTMENT INCOME	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1	8,072.	8,072.	
		(ALLOCA	TOTALS	
		PRINCIPAL (ALLOCA		
DESCRIPTION	 	LEGAL FEES -		
DESC	 	LEGA		

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,500.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	======================================
REVENUE AND EXPENSES PER BOOKS	1,500.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

STATEMENT

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	             	2,163.	2,163.	
NET INVESTMENT INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	19,464.	19,464.	11 11 11 11 11 11 11 11
REVENUE AND EXPENSES PER BOOKS		21,627.	21,627.	
DESCRIPTION		INVESTMENT MANAGEMENT FEES	TOTALS	

|

TAXES	H
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NET INVESTMENT INCOME	490.		4.	494.
REVENUE AND EXPENSES PER BOOKS	490.	108. 324. 2,000.	4.	2,926.
DESCRIPTION	FOREIGN TAXES	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - INCOME FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON NONQUALIFIED	TOTALS

ъ

- OTHER EXPENSES FORM 990PF, PART I

DESCRIPTION

EXPENSES PER BOOKS REVENUE AND

CHARITABLE PURPOSES

25.

TOTALS

25.

25.

MN AG FILING FEE

25. 

## DOUGLAS & CAROL SKANSE FAMILY FOUNDATION

STOCK	
CORPORATE	
1	
ΙI	
PART	
990PF,	
FORM	

DESCRIPTION	BOOK VALUE	FMV
T ROWE PRICE MID CAP GRWOID T ROWE PRICE SC STOCK	52,000.	43,950.
UITY INC ADM	.000,009	571,788.
DB X TRACKERS MSCI EAFE HEDGED	30,051.	30,718.
E MSCI EAFE ETF	40,054.	40,459.
NUVEEN GLOBAL INFRASTR FD CL I	.000,000	49,291.
T ROWE PRICE INTL GR & INC FD	30,000.	29,152.
ING MKTS INST	.000,000	51,209.
PARAMETRIC EMERGING MKTS INSTL	.000,00	
S.TATOT	, 000 T	953,438.
	- II	. 11

FORM 990PF, PART II - CORPORATE BONDS 

DESCRIPTION

NUVEEN SHORT TEM BOND FD CL I

ENDING	FMV	1 1 1
ENDING	BOOK VALUE	1 1 1 1 1 1 1

TOTALS

5,901,900.

5,979,900.

STATEMENT

FORM 990PF,	PART	III	OTHER	INCREASES	IN :	NET	WORTH	OR	FUND	BALANCES	
DESCRIPTION										AMOUNT	
EXCESS FMV C	VER B	BV OF	CONTRI	BUTION						4,900 1	
				TOT	AL					4,901	•

DOUGLAS & CAROL SKANSE FAMILY FOUNDATION

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS \_\_\_\_\_

NAME AND ADDRESS

DOUGLAS R SKANSE IRREVOCABLE TRUST C/O CAROL A SKANSE BLOOMINGTON, MN 55438-2408

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

OFFICER NAME:

CAROL A SKANSE

ADDRESS:

C/O US BANK NATL ASSN ST. PAUL, MN 55101

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

LINDA C PARKER

ADDRESS:

C/O US BANK NATL ASSN ST PAUL, MN 55101

TITLE:

VICE PRES / ASST SEC

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

RONALD D SKANSE

ADDRESS:

C/O US BANK NATL ASSN

ST PAUL, MN 55101

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

ART GLASSMAN

ADDRESS:

C/O US BANKNATL ASSN

ST PAUL, MN 55101

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

RICHARD KELBER

ADDRESS:

150 SOUTH 5TH STREET #1200

MINNEAPOLIS, MN 55402

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

RECIPIENT NAME: AMERICAN DIABETES ASSOCIATION ADDRESS: PO BOX 11454 ALEXANDRIA, VA 22312 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: ALZHEIMER'S ASSOCIATION ADDRESS: PO BOX 96011 WASHINGTON, DC 20090 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 3,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: DOCTORS WITHOUT BORDERS ADDRESS: 333 7TH AVE, 2ND FLOOR NEW YORK, NY 10001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: 5,000.

AMOUNT OF GRANT PAID .....

RECIPIENT NAME:

SMILE TRAIN

ADDRESS:

PO BOX 96246

WASHINGTON, DC 20090

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 5,000.

RECIPIENT NAME:

LEUKEMIA & LYMPHOMA SOCIETY

ADDRESS:

1711 BROADWAY STREET NORTHEAST

MINNEAPOLIS, MN 55413

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WOUNDED WARRIORS

ADDRESS:

PO BOX 96860

WASHINGTON, DC 20077

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

**JDRF** 

ADDRESS:

3001 METRO DRIVE 100 BLOOMINGTON, MN 55425

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE HERITAGE FOUNDATION

ADDRESS:

214 MASSACHUSETTS AVE NE

WASHINGTON, DC 20002

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SHARING & CARING HANDS

ADDRESS:

525 NORTH 7TH STREET

MINNEAPOLIS, MN 55405

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MINNEHAHA ACADEMY

ADDRESS:

3100 W. RIVER PARKWAY MINNEAPOLIS, MN 55406

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHILDREN'S HOME SOCIETY

ADDRESS:

1605 EUSTIS ST

ST. PAUL, MN 55108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOSPITALITY HOUSE

ADDRESS:

PO BOX 11008

MINNEAPOLIS, MN 55411

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: DAMASCUS WAY ADDRESS:

1515 E. 66TH ST

MINNEAPOLIS, MN 55423

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ORDWAY CENTER FOR THE

PERFORMING ARTS

ADDRESS:

345 WASHINGTON ST.

ST. PAUL, MN 55407

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

AVENUES FOR THE HOMELESS YOUTH

ADDRESS:

1708 OAK PARK AVE N

MINNEAPOLIS, MN 55411

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 5,000.

46-4811031 DOUGLAS & CAROL SKANSE FAMILY FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_

RECIPIENT NAME: MINNESOTA TEEN CHALLENGE ADDRESS: 1619 PORTLAND AVE S MINNEAPOLIS, MN 55404 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ......

5,000.

RECIPIENT NAME:

CHILDREN'S CANCER RESEARCH FUND

ADDRESS:

PO BOX 7006

ALBERTA LEA, MN 56007

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

4,000. AMOUNT OF GRANT PAID ......

RECIPIENT NAME:

MINNESOTA OVARIAN CANCER

ALLIANCE

ADDRESS:

4604 CHICAGO AVE S

MINNEAPOLIS, MN 55407

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

FMX170 P27Y 05/13/2016 10:40:37

PC

2,500. AMOUNT OF GRANT PAID .....

RECIPIENT NAME:
HENNEPIN THEATRE TRUST
ADDRESS:
615 HENNEPIN AVE 140
MINNEAPOLIS, MN 55403
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
FELLOWSHIP OF CHRISTIAN ATHLETES
ADDRESS:
8701 LEEDS RD
KANSAS CITY, MO 64129
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
RED CLOUD INDIAN SCHOOL
ADDRESS:
100 MISSION DRIVE
PINE RIDGE, SD 57770

PINE RIDGE, SD 57770
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID ..... 5,000.

46-4811031 DOUGLAS & CAROL SKANSE FAMILY FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: UNION GOSPEL MISSION ADDRESS: 7 EAST BALTIMORE ST. BALTIMORE, MD 21202 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 5,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: AMERICAN RED CROSS TWIN CITIES CHAPTER ADDRESS: 1201 W RIVER PARKWAY 1201 W. RIVER PARKWAY, MN 55454 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC5,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: SALVATION ARMY ADDRESS: 2445 PRIOR AVE ROSEVILLE, MN 55113 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

GENERAL SUPPORT

PC

FOUNDATION STATUS OF RECIPIENT:

10,000.

RECIPIENT NAME: MAKE-A-WISH FOUNDATION ADDRESS: 615 FIRST AVE. NE STE 415 MINNEAPOLIS, MN 55413 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 3,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: FRIENDS OF THE AMERICAS ADDRESS: PO BOX 10 GREENWELL SPRING, LA 70739 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 8,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: HABITAT FOR HUMANITY ADDRESS: 121 HABITAT STREET AMERICUS, GA 31709 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

3,000.

TOTAL GRANTS PAID: 142,000.

AMOUNT OF GRANT PAID .....

PC

5,000.