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EXTENDED TO NOVEMBER 15, 2016

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.

Ford	alen	dar year 2015 or tax year beginning		, and ending			
Name of foundation A Employer identification number							
S	CO	TT RICHARDS NORTH STAR					
C	HA.	RITABLE FOUNDATION			76-0764527	'	
Num	ber a	nd street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number			
2	70	1 UNIVERSITY AVE SE			612-617-60	00	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here	
M	IN.	NEAPOLIS, MN 55414			ļ		
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here	
		Final return	Amended return		2 5		
		Address change	Name change		Foreign organizations me check here and attach co	omputation by	
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated	
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	(A), check here	
I Fa	ır ma	rket value of all assets at end of year J Accounts	ng method: 🔼 Cash	Accrual	F If the foundation is in a	60-month termination	
(fr	om F		her (specify)		under section 507(b)(1)	(B), check here	
	\$	1,542,779. (Part I, colu	mn (d) must be on cash	basis.)	<u> </u>		
Pa	<u>rt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., received	665,218.				
	2	Check If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	115.	115.	<u> </u>	STATEMENT 1	
	4	Dividends and interest from securities	12,994.	12,542.		STATEMENT 2	
	5a	Gross rents		 			
	b	Net rental income or (loss)					
٥	6a	Net gain or (loss) from sale of assets not on line 10	82,503.				
Revenue	b	Gross sales price for all assets on line 6a 173,141.					
eve	7	Capital gain net income (from Part IV, line 2)	N N: N N N: N	82,503.	1 1 6 1 1 1 1 1		
Œ.	8	Net short-term capital gain					
	9	Income modifications Gross sales less returns					
	10a	and allowances					
	b	Less Cost of goods sold				3 3 4 6	
	C	Gross profit or (loss)					
	11	Other income	760 000	05-460			
	12	Total. Add lines 1 through 11	760,830.	95,160.	0.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	13	Compensation of officers, directors, trustees, etc	0.			0.	
	14	Other employee salaries and wages		RE(EIVED	 	
s	15	Pension plans, employee benefits			S .		
enses	16a	Legal fees		NOV	21 2016 9		
per		Accounting fees			(%)		
Ä		Other professional fees			DEN, UT		
tive		Interest					
tra	1	Taxes STMT 3	273.	7 248.	0.	25.	
inis	19	Depreciation and depletion	<u></u>			* * * *	
Ę.	20	Оссиралсу	<u> </u>			<u> </u>	
Ą,	21	Travel, conferences, and meetings	<u> </u>				
E.	22	Printing and publications			45 445		
gu	23	Other expenses STMT 4	47,561.	0.	47,447.	114.	
Operating and Administrative Expo	24	Total operating and administrative	42.00.				
a		expenses. Add lines 13 through 23	47,834.	248.	47,447.	139.	
		Contributions, gifts, grants paid	366,966.		 	366,966.	
İ	26	Total expenses and disbursements.	414 000		45 445	265 40-	
		Add lines 24 and 25	414,800.	248.	47,447.	367,105.	
i	27	Subtract line 26 from line 12:	1				
		Excess of revenue over expenses and disbursements	346,030.	04 04 0	<u>}</u>	ļ	
		Net investment income (if negative, enter -0-)		94,912.	 	ļ ————	
5005		Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	0.	5 600 55	
52350 11-24	i-15	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2015)	

SCOTT RICHARDS NORTH STAR CHARITABLE FOUNDATION 76-0764527 Form 990-PF (2015) Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 258,548. 409,259. 409,259. 1 Cash - non-interest-bearing 557,855. 205,481. 205,481. 2 Savings and temporary cash investments 3 Accounts receivable Less; allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 952,314 STMT 5 441,864 921,662. b Investments - corporate stock 91,948. STMT 6 91,948. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation STATEMENT 7 734 6,377. 6,377. 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 1,350,949 1,665,379 1.542.779. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Assets or 0 27 Capital stock, trust principal, or current funds Ō 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 1,350,949. 1,665,379. 29 Retained earnings, accumulated income, endowment, or other funds 1,350,949. 1,665,379. 30 Total net assets or fund balances 1,350,949 1,665,379 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1,350,949, 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 4 1,696,979. 5 Decreases not included in line 2 (itemize) ▶ BOOK TAX BASIS DIFFERENCE 5 31,600.

523511 11-24-15

6 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 a	and Losses for Tax on Ir	vestment	Income							
(a) List and descr 2-story brick wa	P-F	w acquired Purchase Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)					
1a										
b SEE ATTACHED	STATEMENT			 						
<u>-c</u>				 -						
<u>d</u>										
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale							Gain or (loss s (f) minus (
_a										
<u>b</u>				-						
<u>c</u>										
d e 173,141.		<u> </u>	90,63	a l				82,503.		
	g gain in column (h) and owned by	he foundation				(I) Gaine (C	Col. (h) gain			
Complete only for account	(j) Adjusted basis		cess of col. (i)		C	ol. (k), but	not less than	n -0-) or		
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col. (h))		
_a										
<u>b</u>										
<u>c</u>				-4-						
<u>d</u>			_ 	-+-				82,503.		
_e		L		\	1			02,303.		
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} If \text{ gain, also enter} \\ If (loss), \text{ enter -0} \end{cases} $				2			82,503.		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an	d (6):			}					
If gain, also enter in Part I, line 8,				\mathbf{I}	}					
If (loss), enter -0- in Part I, line 8	ndon Spotion 4040/oV for	Dadwaad	Table San Mark		3		N/A			
Part V Qualification U					stment in	come				
(For optional use by domestic private	foundations subject to the section a	1940(a) tax on	net investment in	come.)						
If section 4940(d)(2) applies, leave th	us part blank.									
Was the foundation liable for the sect	on 4042 tay on the distributable am	ount of any vo	ar in the bace per	10d2				Yes X No		
If "Yes," the foundation does not quali			•	iou r				LTES LAL INU		
	each column for each year; see the in			ntries.						
(a)	(b)			(c)		\top	Diatrib	(d) ution ratio		
Base periód years Calendar year (or tax year beginnir	ng in) Adjusted qualifying dis	tributions	Net value of no		ble-use assets	3	(col. (b) divided by col. (c))			
2014		3,792.		1,3	224,119	F.				
2013		6,831.			70,04			.398776		
2012		4,384.			966,978			.201022		
2011	16	7,460.			12,01			.183615		
2010		3,294.			48,980	<u> </u>		.214224		
2 Total of line 1, column (d)						2		1.319331		
3 Average distribution ratio for the 5	5-year base period - divide the total o	on line 2 by 5,	or by the number	of years	;					
the foundation has been in exister	nce if less than 5 years					3		.263866		
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4		1,426,815.			
5 Multiply line 4 by line 3				5		376,488.				
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	<u> </u>	949.		
7 Add lines 5 and 6						7		377,437.		
8 Enter qualifying distributions from	•					8		367,105.		
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% t	ax rate.					

SCOTT RICHARDS NORTH STAR

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Pa	rt VI Exc	cise Tax Based or	ı Inve	estment Inc	ome (Section 494	10(a), 4940	0(b), 4940(e), o	r 4948	- see	instr	uctio	ns)
1a	Exempt operati	ing foundations described							T		,	
	_				attach copy of letter if ne							
b	Domestic found	dations that meet the secti	on 494	D(e) requirements	s in Part V, check here	and e	enter 1%		1		1,8	398.
	of Part I, line 2	7b					j			>		
C	All other dome:	stic foundations enter 2%	of line	27b. Exempt forei	gn organizations enter 49	% of Part I, line	e 12, col. (b).	l				,
2	Tax under sect	ion 511 (domestic section	4947(2	i)(1) trusts and ta	xable foundations only. (Others enter -0	-)	2				0.
3	Add lines 1 and	i 2						3			1,8	398.
4	Subtitle A (inco	ome) tax (domestic section	14947(a)(1) trusts and ta	axable foundations only. I	Others enter -0)-)	4				0.
5	Tax based on i	in <mark>vestment income.</mark> Subtr	ract line	4 from line 3. If a	zero or less, enter -0-			5			1,8	398.
6	Credits/Payme	nts;										
а	2015 estimated	d tax payments and 2014 o	overpay	ment credited to	2015	6a	1,540).	١,	A		, ,
b	Exempt foreign	organizations - tax withhe	eld at so	ource		66] · .	,	•	
C	Tax paid with a	pplication for extension of	time to	file (Form 8868)		6c			1 3		,	, »
đ	Backup withho	lding erroneously withheld	j			6d		,		222		S N
7	Total credits an	nd payments. Add lines 6a	through	h 6d				7			1,5	40.
8	Enter any pena	alty for underpayment of e	stimate	d tax. Check here	if Form 2220 is att	ached		8				
9	Tax due. If the	total of lines 5 and 8 is mo	ore than	line 7, enter am	ount owed SE	E STATI	EMENT 8	9			3	58.
10	Overpayment.	If line 7 is more than the t	otal of l	ines 5 and 8, ente	er the amount overpaid		•	10				
		int of line 10 to be: Credite			< ▶		Refunded	1 1				
Pa	rt VII-A S	Statements Regar	ding	Activities	 							
1a	During the tax y	year, did the foundation at	tempt to	o influence any na	ational, state, or local legi	slation or did i	t participate or intervi	អាe អា		· * <u>·</u> · ·	Yes	No
	any political cai									1a		X
b	Did it spend me	ore than \$100 during the y	ear (eit	her directly or ind	lirectly) for political purpo	oses (see instri	uctions for the definit	iou)s		1b		X
	If the answer	ıs "Yes" to 1a or 1b, att	ach a	detailed descrip	otion of the activities ai	nd copies of	any materials publi	shed or				
	-	the foundation in conr			ties						3.	3.74.
		tion file Form 1120-POL fo								1c		X
d	Enter the amou	int (if any) of tax on politic	al expe	_			_	_		* * * ,		
	· ·	ndation. 🕨 \$			On foundation manager			<u>) .</u>				
е		ursement (if any) paid by	_	ndation during the	e year for political expend	liture tax impo	sed on foundation					
	managers. > 3		0.								*	2 2 3
		tion engaged in any activit			sly been reported to the l	RS?				2	<u> </u>	X
	•	ch a detailed description								3 3 6	" " * «	1.55
		tion made any changes, no					ticles of incorporation	ı, or			. ,	. S
	•	r sımılar ınstruments? If "	,		. ,					3		X
		tion have unrelated busines	-	· ·	30 or more during the yea	31'7			7/3	4a		X
		iled a tax return on Form 9				_		r	N/A	4b		
		uidation, termination, disso				,				5		X
		th the statement require								3 .	3 . 3	
	•	ments of section 508(e) (r	-	to sections 4941	through 4945) satisfied e	ither:				11.		,
		in the governing instrumer								1. : :		1
		lation that effectively amer	ias tne	governing instrut	ment so that no mandator	ry airections tr	iat conflict with the si	ate law				~ #
	•	overning instrument?			n dha wand to live. II					6	X	
1	Dia the foundat	tion have at least \$5,000 in	assets	at any time durin	ig the year? If "Yes," col	mplete Part I	i, coi (c), and Part	ΧV		7	X	
0 -	Enter the state -	to which the form dation in	000	د. به خاصیطانی وطورین می	romintored (see	na\ -				,		Ĭ.,
øä	Enter the states	to which the foundation re	eports (WILLI WINCH IT IS	registeren (see instructio	ліs) –				1. 1	, 1	
		"Yes" to line 7, has the fou	ındatıcı	furnished a see	of Form 000 DE to the	Harnay Care-	al (as decises to)				. 1	
		· ·				ationney Genera	ai (oi uesignate)			1 ::	۵- 4	X
		s required by General Inst on claiming status as a priv				oction 4049/4/	2) or 1012(1)(E) for -	alandar		8b	,	
		e taxable year beginning ir						aichudi		9		X
		s become substantial cont				-				10		X
. •				army and man ye	ii icə, aliacii d'schedi	ore nauric Dieli' Na	arros arra auditosts				. ,	

CHARITABLE FOUNDATION 76-0764527 Form 990-PF (2015) Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) X 11 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) X 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address > WWW.NORTHSTARFINANCIAL.COM/FOUNDATION 14 The books are in care of TIMOTHY WHITE Telephone no. ► 612-617-6064 Located at ▶ 2701 UNIVERSITY AVE, MINNEAPOLIS ZIP+4 ▶55414 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114, if "Yes," enter the name of the 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. Yes 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 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? 10 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 Yes X No before 2015? If "Yes." list the years 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? 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

Form **990-PF** (2015)

36

4a

N/A

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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Total number of other employees paid over \$50,000

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Form 990-PF (2015) CHARITABLE FOUNDATION	76-	0764527 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	VE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	· 	
		}
		j
]
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, e	tc.	
1		
SEE STATEMENT 12		27,207.
2		
		
3		
4		
Part IV-RI Common of Program Palated Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 N/A		Amount
I N/A		
1		
2		
All other program-related investments, See instructions.		
3		
Total. Add lines 1 through 3	—	0.
<u> </u>	·	Form 990-PF (2015)

Form 990-PF (2015)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 621,381. 827,162. b Average of monthly cash balances 1b c Fair market value of all other assets 10 1,448,543. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 2 448,543. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 1,426,815. 71,341. Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) Minimum investment return from Part X, line 6 71,341. 2a Tax on investment income for 2015 from Part VI, line 5 1,898 b Income tax for 2015. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 0. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 367,105. b Program-related investments - total from Part IX-B 16 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: a 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 4 367,105. 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instruction

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		Tours prior to Editi	2017	2013
line 7			į	69,443
2 Undistributed income, if any, as of the end of 2015	<u></u>	<u> </u>		\ <u>\</u>
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:			,	
a From 2010	1			
b From 2011]	*		
c From 2012]	~		*
dFrom 2013 341,607.	, ,	, , ,	_	
eFrom 2014 333,064.		, , , , , , , , ,		
f Total of lines 3a through e	674,671.		· · · ·	
4 Qualifying distributions for 2015 from				, , , , , , , , , , , , , , , , , , ,
Part XII, line 4; ►\$ 367, 105.				
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				13 to 1 (1) (1)
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				69,443.
e Remaining amount distributed out of corpus	297,662.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	972,333.			
b Prior years' undistributed income. Subtract		. [
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			**	``
4a from line 2a. Taxable amount - see instr.			0.	```
f Undistributed income for 2015. Subtract			1000	· · · · · · · · · · · · · · · · · · ·
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	0.		1	
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	972,333.			
O Analysis of line 9:				
a Excess from 2011		1	1	
b Excess from 2012				
c Excess from 2013 341,607.		ļ	Ì	
d Excess from 2014 333,064.		1	1	
e Excess from 2015 297,662.				
23581 11-24-15				Form 990-PF (2015)

	BLE FOUNDAT				764527 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for	•	-	▶	10.10()(0)	
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years	(4) 2032	(a) Tatal
income from Part I or the minimum	(a) 2013	(0) 20 14	(c) 2013	(d) 2012	(e) Total
investment return from Part X for		}	}		
each year listed	L	<u> </u>	}	ļ	
b 85% of line 2a		 			<u> </u>
c Qualifying distributions from Part XII,	ĺ	ł	1		
line 4 for each year listed	ļ				<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of		j	}		
exempt activities				<u></u>	<u> </u>
e Qualifying distributions made directly		{			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:		}	}		· I
a "Assets" alternative test - enter:		1	ĺ		
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying				1	
under section 4942(j)(3)(B)(i)				<u> </u>	
b "Endowment" alternative test - enter 2/3 of minimum investment return	'				
shown in Part X, line 6 for each year			į		
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross			}	}	
investment income (interest, dividends, rents, payments on			l		
securities loans (section			1	1	
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in				}	
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	ļ			{	
an exempt organization			 		
(4) Gross investment income		A Abra a a A		1 45 560	<u> </u>
Part XV Supplementary Info			it the foundation	nad \$5,000 or m	ore in assets
					
1 Information Regarding Foundation		than 20% of the total contr	chutians recoved by the	foundation before the ele	an of any tay
a List any managers of the foundation who year (but only if they have contributed m			toudons received by the	ioungation before the cio	ise of any tax
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a cornoration (or an equally large portio	n of the ownership of a n	artnarchin or
other entity) of which the foundation has			or an equally large portio	ii oi tiic owiici siiip oi a p	arthership or
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarshin, etc. Pr	ograms.		
		o preselected charitable		ot accept unsolicited repr	iests for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	er or e-mail address of the	he person to whom applie	cations should be address	sed:	
		, , , , , , , , , , , , , , , , , , , ,			
SEE STATEMENT 13					
b The form in which applications should be	submitted and informat	ion and materials they sh	ould include;	· · · · · · · · · · · · · · · · · · ·	
c Any submission deadlines;					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kınds of institutions, or o	ther factors;	· · · · · · · · · · · · · · · · · · ·
		·	····		
23601 11-24-15		4.0			Form 990-PF (2015)

SCOTT RICHARDS NORTH STAR CHARITABLE FOUNDATION

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to Foundation any foundation manager status of		Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid duning the year				
ACADEMY OF HOLY ANGELS	NONE	N/A	GENERAL	
6600 NICOLLET AVE		1		
MINNEAPOLIS, MN 55423		ļ		25
ALEX HAUNTY'S THEATER AND ARTS FUND	NONE	N/A	GENERAL	
MINNEAPOLIS				r.0
MINNEAPOLIS, MN 55404		 		50
ALZHEIMER'S ASSOCIATION	NONE	N/A	GENERAL	
7900 W 78TH ST #100		,,,,		
MINNEAPOLIS, MN 55439				200,32
AMERICAN DIABETES ASSOCIATION	NONE	N/A	GENERAL	
800 W 78TH STREET	ļ			
MINNEAPOLIS, MN 55439		 	-	500
ANIMAL HUMANE SOCIETY 1115 BEAULAH LANE	NONE	N/A	GENERAL	
ST. PAUL, MN 55108				1,600
	NTINUATION SHEE	T(S)	▶ 3a	366,966
b Approved for future payment				
NONE				
			 	
			 	·····
		}		
Total		4	▶ 3b	0

Form 990-PF (2015) CHARITABLE FO	UNDATION			76-	0764527 Page
Part XVI-A Analysis of Income-Prod	ducing Activi	ties			
Enter gross amounts unless otherwise indicated.	I Unrelate	d business income	Excl	uded by section 512, 513, or 514	1 (2)
Emer gross amounts unless otherwise mulcated.	<u> </u>	(b)	(C) Exclu-		(e) Related or exempt
4.8	(a) Business	Amount	SION	Amount	function income
1 Program service revenue:	code		code	7 11100111	tanotion atoping
å	-		 	ļ	
b			 	·	
C			ļ		
d			1	} ************************************	
e	_		<u> </u>		
f					
g Fees and contracts from government agencies			T		
2 Membership dues and assessments		'			
3 Interest on savings and temporary cash				 	
investments	1 1		14	115.	
4 Dividends and interest from securities			14		
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***********	+		
5 Net rental income or (loss) from real estate:				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
a Debt-financed property					
b Not debt-financed property	ļ		ļ		
6 Net rental income or (loss) from personal	- {				
property			<u> </u>		
7 Other investment income			I		
8 Gain or (loss) from sales of assets other					
than inventory	- } - }		18	82,503.	
9 Net income or (loss) from special events			05	<u> </u>	
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:			 		
	1 1		}		
a			 -		
b					
c	_				
d	_				
e	_	···			
12 Subtotal, Add columns (b), (d), and (e)		0.	4 2 2 4	48,165.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	48,165
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities		mplishment of Fy	emn	t Purnoses	
		·			
Line No. Explain below how each activity for which in			contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other th	an by providing fur	ias for such purposes).			
					·
					·····
					
		·		······································	
					
					
		· · · · · · · · · · · · · · · · · · ·			
		····			
				· · · · · · · · · · · · · · · · · · ·	

523621 11-24-15

Form **990-PF** (2015)

CHARITABLE FOUNDATION

Part		Information Re	egarding Tran	sfers To	and Transa	ctions a	and Relations		ncharitabl		iye is
		Exempt Organ						·			
1 Did	the or	ganization directly or indi	rectly engage in any	of the following	ng with any othe	r organizatio	on described in sect	tion 501(c) of		Yes	No
the	Code (other than section 501(c))(3) organizations) c	or in section 52	27, relating to po	olitical organ	iizations?		' ' \	8	. "> «
a Tra	nsfers	from the reporting foundation to a noncharitable exempt organization of:									
(1)	Cash										
(2)	Other	assets							1a(2)		X
b Oth	er tran	sactions:								7	1 v
(1)	Sales	of assets to a noncharita	ble exempt organiza	ition					1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization											X
(3) Rental of facilities, equipment, or other assets											X
(4)	Reiml	bursement arrangements							1b(4)		X
(5)	Loans	s or loan guarantees							1b(5)		X
(6)	Perfo	rmance of services or me	mbership or fundra	ising solicitatio	ons				1b(6)		X
c Sha	arıng of	i facilities, equipment, ma	iling lists, other asse	ets, or paid em	ployees				1c		X
d if ti	ne ansv	ver to any of the above is	"Yes," complete the	following sche	edule. Column (I	b) should alv	ways show the fair r	narket value of the o	goods, other ass	sets,	
or:	services	s given by the reporting fo	oundation. If the fou	ndation receiv	ed less than fair	market valu	ie in any transaction	n or sharing arrange	ment, show in		
col	umn (d) the value of the goods,	other assets, or serv	rices received.							
(a)Line n	٥	(b) Amount involved	(c) Name of	f noncharitable	e exempt organi	zation	(d) Description	of transfers, transaction	ons, and sharing ar	тапдете	nts
				N/A							
	1										
	7										
	7		,								
	一						1				
	7										
							1				
	\top						1				
	\top						1				
	\top										
							1				
							1				
							7				
2a Ist	he foun	dation directly or indirect	ily affiliated with, or i	related to, one	or more tax-exe	empt organiz	zations described				
រា ទ	ection	501(c) of the Code (other	than section 501(c))(3)) or in sect	tion 527?				Yes	X] No
b lf "	es," co	mplete the following sch	edule								
		(a) Name of org	anization		(b) Type of or	ganization		(c) Description of re	lationship		
		N/A									
					<u> </u>						
				<u> </u>	<u> </u>		<u> </u>				
	Under .	penalties of perjury, ideclare the first true, correct, and con-	that Lilave exempled the	return, includir enarer (other tha	ng accompanying s n taxnaver) is base	chedules and	statements, and to the	best of my knowledge	May the IRS o	iscuss ti	าเร
Sign		1/1/10/	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				N		shown below	(see inst	л ()?
Here		MYZU			<u> </u>	14-16	VICE F	PRESIDENT	_ X Yes	Ĺ	No
	Sign	ature of officer of trustee			Date		Title				
		Print/Type preparer's na	ime	Preparer's s	ignature		Date		PTIN		
					_			self- employed			
Paid		DAVID D. B		DAVID	D. BRAU	ER	11/10/16		P00528		
Prepa		Firm's name ► LUR	IE, LLP		_	· - -		Firm's EIN ► 4	1-07217	34	
Use (Only							L			
		Firm's address ▶ 25									
	MINNEAPOLIS, MN 55405 Phone no. (612)377-4404								4		

523622 11-24-15

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 www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

SCOTT RICHARDS NORTH STAR CHARITABLE FOUNDATION

Employer identification number

76-0764527

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note. Or	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
(X)		Ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it m u	ıst answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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 SCOTT RICHARDS NORTH STAR Employer identification number

CHARI	TABLE FOUNDATION		0-0764527
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTH STAR CONSULTANTS, INC 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	\$302,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MINNESOTA LIFE INSURANCE 400 N ROBERT ST ST. PAUL, MN 55101	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PHILLIP RICHARDS 16001 COLLINS AVE SUNNY ISLE, FL 33160	\$100,400.	Person X Payroll
(a)	(b)	(c)	(d)
4	Name, address, and ZIP + 4 SOUTHERN FARM BUREAU CASUALTY INSURANCE 1800 E COUNTY LINE RD #400 RIDGELAND, MS 39157	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	P. SHAUN MCDUFFEE 2001 RESACA BOULEVARD AUSTIN, TX 78738	\$170,642.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
523452 10-26	3-15	\$Schedule B (Form	Payroll Noncash (Complete Part II for noncash contributions)

14401110 766681 60615.650

Name of organization
SCOTT RICHARDS NORTH STAR
CHARITABLE FOUNDATION

Employer identification number 76-0764527

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 568,	01 SH EXXON MOBILE CORP - COST 799; FMV \$100,400	\$\$100,400.	02/18/15
(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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. rom Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	(Form 990, 990-EZ, or 990-PF) (2015)		Page · Employer identification number					
=	RICHARDS NORTH STAR		Linginger identification findinger					
	ABLE FOUNDATION		76-0764527					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 o	r less for the year (Enterthis info once) \$					
(a) No.	Use duplicate copies of Part III if addition	al space is needed						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
) .								
<u> </u>		(e) Transfer of git						
ļ		.,						
ļ.	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(2) (1)								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-	(e) Transfer of gift							
	(=,							
<u> </u> _	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
} .								
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
, until		·						
		·						
 -	(e) Transfer of gift							
}-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
1								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
j .			_					
T	(e) Transfer of gift							
	Total and and 210 of							
<u> </u> -	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee					
523454 10-26-	15		Schedule B (Form 990, 990-EZ, or 990-PF) (2015)					

CHARITABLE FOUNDATION 76-0764527 PAGE 1 OF Part IV | Capital Gains and Losses for Tax on investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 1a EXXON MOBILE CORP COM D 12/10/14/10/14/15 b ABBVIE INC COM D 08/15/14/10/14/15 C EXXON MOBILE CORP COM D 09/10/13/10/14/15 d FOOT LOCKER INC COM 06/02/11|10/14/15 D e GENERAL MTRS CO COM P 06/12/12/10/14/15 f ABBVIE INC COM 06/10/09/10/14/15 D q EXXON MOBILE CORP COM 06/24/1010/14/15 $\overline{\mathtt{D}}$ 12/26/0610/14/15 h GENERAL MTRS CO COM P CAPITAL GAINS DIVIDENDS m п 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 2,917. 3,323 -406. 5,274. 3,400. 1,874. b 5,167. 5,384. -217.C 8,298. 23,472. 15,174. d 871 1,718. 847. 21,682. 9,270. 12,412. 60,092. 80,033. 19,941. 12,738 12,738. h 20,140. 20,140. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") over col. (j), if any as of 12/31/69 -406. 1,874. -217.C d 15,174. 847. 12,412. 19,941. 12,738. 20,140. m n $\{\begin{array}{ll} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) 82,503. 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6);

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

N/A

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient BEST PREP NONE N/A GENERAL 7100 NORTHLAND CIRCLE N BROOKLYN PARK, MN 55428 15,500. BETHLEHEM ACADEMY NONE GENERAL N/A 105 THIRD AVE SW FARIBAULT, MN 55021 500. BIG BROTHERS BIG SISTERS NONE N/A GENERAL 2550 UNIVERSITY AVE ST, PAUL, MN 55114 2,500. BREAST CANCER AWARENESS A NONE GENERAL N/A 1027 W ROSELAWN AVE ROSEVILLE, MN 55113 10,348. CANOPY CENTER, INC. NONE N/A GENERAL 1457 E WASHINTON AVE #102 MADISON, WI 53703 500. NONE N/A GENERAL CENTRAL MN HABITAT 701 2ND ST N ST CLOUD, MN 56303 875. CYSTIC FYBROSIS NONE N/A GENERAL 100 N 6TH STREET MINNEAPOLIS, MN 55403 500. FELLOWSHIP OF CHRISTIAN ATHLETES NONE GENERAL N/A 10331 KENSIGNTON WAY LAKEVILLE, MN 55044 600. FOUNDATION FOR INTERNATIONAL MEDICAL N/A GENERAL RELIEF OF CHILDREN 1518 WALNUT ST. SUITE 1504 PHILADELPHIA, PA 19102 500. NONE N/A GENERAL IMRAN KHAN CANCER APPEAL USA 195 FARMINGTON AVE STE 201 FARMINGTON, CT 06032 500. 163,794. Total from continuation sheets

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	+	
				}
JDRF WESTERN WISCONSIN	NONE	N/A	GENERAL	!
434 S. YELLOWSTONE DRIVE STE 201				
MADISON, WI 53719	 	 	 	20
KIDS AGAINST HUNGER	NONE	N/A	GENERAL	
P.O. BOX 7550		İ		
ST CLOUD, MN 56302		 	 	50
KINSHIP PARTNERS	NONE	N/A	GENERAL	
PO BOX 642	[[''	- Lanten	
BRAINERD, MN 56401				50
MACALASTER COLLEGE	NONE	N/A	GENERAL	
1600 GRAND AVENUE	}	ì		
ST. PAUL, MN 55105		 		1,00
MARCH FORTH WITH HOPE FOUNDATION	NONE	N/A	GENERAL	
3116 WEDDINGTON RD #900	}	İ		
MATTHEWS, NC 28105	 	 	 	1,00
MYELOFIBROSIS RESEARCH FOUNDATION	NONE	N/A	GENERAL	
180 N MICHIGAN AVENUE STE 1870	HONE	N/ A	GINERAD	
CHICAGO, IL 60601				10
NATIONAL ALLIANCE ON MENTAL ILLNESS	NONE	N/A	GENERAL	
3803 N. FAIRFAX DRIVE STE 100		ĺ		
ARLINGTON, VA 22203		<u> </u>		50
NAME OF THE POST O	TOVE	.,,		l
NATIONAL ATAXIA FOUNDATION 2600 FERNBROOK LN N	NONE	N/A	GENERAL	
PLYMOUTH, MN 55447		<u> </u>		20,420
NATIONAL INTERSCHOLASTIC CYCLING	NONE	N/A	GENERAL	_
ASSOCIATION				
2414 6TH ST		1		
BERKLEY, CA 94710	ļ	 		50
RHINO'S FOUNDATION	NONE	N/A	GENERAL	
P.O. BOX 689		Ì		F.0-
Total from continuation sheets			<u> </u>	50

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MINNEAPOLIS, MN 55419 UNITED WAY 404 S 8TH STREET MINNEAPOLIS, MN 55404 UNIVERSITY OF MN FOUNDATION 200 OAK ST SE #300 MINNEAPOLIS, MN 55455			.,		
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200 OAK ST SE #300 MINNEAPOLIS, MN 55455 YOUTH ON THEIR OWN 1660 N ALVERNON WAY					1,18
200 OAK ST SE #300 MINNEAPOLIS, MN 55455 YOUTH ON THEIR OWN NONE N/A GENERAL 1660 N ALVERNON WAY					
YOUTH ON THEIR OWN NONE N/A GENERAL 1660 N ALVERNON WAY		NONE	N/A	ATAXIA RESEARCH	
1660 N ALVERNON WAY					50
1660 N ALVERNON WAY					
		NONE	N/A	GENERAL	
]		50
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FORM 990-PF INTEREST	ON SAVIN	GS AND TEM	PORARY CA	SH IN	VESTMENTS	STATEMENT 1	
SOURCE		REVE	(A) REVENUE N PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
WELLS FARGO			115.		115.	115.	
TOTAL TO PART I, LINE		115.		115.	115.		
FORM 990-PF	DIVIDENDS	AND INTER	EST FROM	SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE	NUE	(B) NET INVES MENT INCO	(C) T- ADJUSTED ME NET INCOME	
PERSHING LLC PERSHING LLC PERSHING LLC -	12,542. 20,140. 452.	20,14		0.		0.	
NON-DIV DIST TO PART I, LINE 4	33,134.				12,54	0. 452. 2. 12,994.	
FORM 990-PF		TAX	ES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS		ST-		(D) CHARITABLE E PURPOSES	
MN CHARITABLE ANNUAL FOREIGN TAX	FEE	25. 248.		0. 248.		0. 25. 0. 0.	
TO FORM 990-PF, PG 1,	LN 18	273.		248.		0. 25.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
SUPPLIES EVENT EXPENSES DONATED BIKES AND HELMETS	114. 20,240. 27,207.		0. 0. 0.	20,24 27,20	.0.	14.	
TO FORM 990-PF, PG 1, LN 23	47,561.	====	0.	47,44	17. 1	14.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	5	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т	
CRI SECURITIES - CORPORATE SECURITIES				952,314.	921,6	921,662.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B			952,314.	921,6	62.	
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т	
CRI SECURITIES - CORPORATE BO	NDS			91,948.		0.	
TOTAL TO FORM 990-PF, PART II	, LINE 10C			91,948.		0.	
FORM 990-PF	OTHER	ASSETS			STATEMENT	7	
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	т	
DIVIDENDS RECEIVABLE		734.		6,377.	6,3	77.	
TO FORM 990-PF, PART II, LINE	: 15	734.		6,377.	6,3	77.	
	=						

FORM '990-PF	INTERES	r and pen	ALTIES		STAT	PEMENT	8
TAX DUE FROM FORM 990 LATE PAYMENT INTERE LATE PAYMENT PENALT	ST	I					58. 7. 11.
TOTAL AMOUNT DUE					 	3	76.
FORM 990-PF	LAT	E PAYMENT	PENALTY		STAT	PEMENT	9
DESCRIPTION	DATE	AMO	UNT	BALANCE	MONTHS	PENAL	ΥΥ
TAX DUE DATE FILED	05/15/ 11/15/		358.	358. 358.	-		11.
TOTAL LATE PAYMENT PEN	ALTY						11.
FORM 990-PF	LAT	E PAYMENT	INTEREST	יי	STAT	EMENT	10
DESCRIPTION	DATE	AMOUNT	BALAN	ICE RAT	E DAYS	INTER	EST
	05/15/16 11/15/16	358	•	35804 365.	184		7.
TOTAL LATE PAYMENT INT	EREST						7.

FORM '990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 11 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
PHILLIP C RICHARDS 2701 UNIVERSITY AVE SE MPLS, MN 55414	PRESIDENT 0.00	0.	0.	0.
SUSAN B RICHARDS 2701 UNIVERSITY AVE SE MPLS, MN 55414	ASST VP 0.00	0.	0.	0.
DAVID VASOS 2701 UNIVERSITY AVE SE MPLS, MN 55414	VP 0.00	0.	0.	0.
EDWARD G DEUTSCHLANDER 2701 UNIVERSITY AVE SE MPLS, MN 55414	VP 0.00	0.	0.	0.
SHAUN MCDUFFEE 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0.00	0.	0.	0.
ROBERT KAUFER 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0.00	0.	0.	0.
JAMES QUANDT 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0.00	0.	0.	0.
ANDREW ROLNICK 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0.00	0.	0.	0.
MARSHALL GIFFORD 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	AT-LARGE 0.00	0.	0.	0.
MARK BONNETT 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	AT-LARGE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

12

ACTIVITY ONE

THE FOUNDATION OPERATES A MINNEAPOLIS BIKES FOR KIDS EVENT WHERE LOCAL UNDERPRIVILEDGED CHILDREN ARE PRESENTED WITH T-SHIRTS, HELMETS, LOCKS AND BICYCLES OF THEIR OWN. THE CHILDREN ARE INSTRUCTED IN BICYCLE SAFETY, TAUGHT THE IMPORTANCE AND BENEFITS OF REGULAR EXERCISE AND INSPIRED TO BE MORE CONFIDENT AND SELF-RELIANT.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

27,207.

FORM 990-PF

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

STATEMENT

13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TIMOTHY WHITE 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

612-617-6000

N/A

FORM AND CONTENT OF APPLICATIONS

STANDARD GRANT REQUEST

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

PRIORITY TO GRANTS TO SUPPORT AND CONDUCT NON-PARTISAN RESEARCH, EDUCATION, AND INFORMATIONAL ACTIVITIES TO AID IN THE CHARITABLE CAUSES OF BREAST CANCER, ALZHEIMER'S DISEASE AND CYSTIC FIBROSIS.