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# Form **990-PF**

### **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.

Department of the Treasury Internal Revenue Service

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

	OMB No 1545-0052
	2015
0	pen to Public Inspection

For cale	ndar year 2015 or tax year beginning		, and ending		
Name o	f foundation			A Employer identification	n number
ALL	POINTS NORTH FOUNDATIO	ON		80-6208801	
Number a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
87	SUMMIT AVE.			703-346-09	38
	town, state or province, country, and ZIP or foreign p	ostal code	•	C If exemption application is p	
	OKLINE, MA 02446				
	k all that apply: Initial return	Initial return of a fo	ermer public charity	D 1. Foreign organization	s check here
u Onco	Final return	Amended return	minor public ontinty	1. Foreign organization	o, orrook noro
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
U. Chool	k type of organization: X Section 501(c)(3) ex		2.2		
	<u> </u>	• •	stron	E If private foundation sta	
		Other taxable private foundaring method: X Cash		under section 507(b)(1	
	arket value of all assets at end of year   J Account	•	Accrual	F If the foundation is in a	
٠	Part II, col. (c), line 16)	ther (specify)	2000	under section 507(b)(1	)(B), cneck nere
\$	T				(4)
Part	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net income	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	<u>'</u>	income		(cash basis only)
دلج	Contributions, gifts, grants, etc., received	2,400,000.		N/A	1
<b>A</b>	Check froundation is not required to attach Sch. B				
<b>_3</b>	Interest on savings and temporary cash investments	602.	602.		STATEMENT 1
<b>4</b>	Dividends and interest from securities	55.	55.		STATEMENT 2
5a	Gross rents			ļ	
_ <b>.</b> \$5 €	Net rental income or (loss)		*		
6a	Net gain or (loss) from sale of assets not on line 10				
Ž, t	Gross sales price for all assets on line 6a				- AFILIED ]
onus 7	Capital gain net income (from Part IV, line 2)		0.		TEULIVED
8	Net short-term capital gain			110	Silver
2 9	Income modifications			188	MAY 1 8 2016 9
ر بن <sub>10a</sub>	Gross sales less returns			m	182
Ι.	Less Cost of goods sold				OF DEAL LIT
	Gross profit or (loss)		•		PODEN, UI
11	Other income		<del> </del>	<u> </u>	
12	Total Add lines 1 through 11	2,400,657.	657.		<del>                                     </del>
		0.	0.		0.
13	Compensation of officers, directors, trustees, etc Other employee salaries and wages				0.
14	. ,		<del> </del>		
9 16:	Pension plans, employee benefits	13,808.	0.		0.
8 16a	Legarices Dilli				
g t	Accounting fees STMT 4	5,777.	0.		0.
	Other professional fees STMT 5	118,417.	<u> </u>		0.
<u>\$</u> 17					
18 T	Taxes		-		
SE 19	Depreciation and depletion			<del> </del>	
통 20	Occupancy	20 700			
<b>ĕ</b> 21	Travel, conferences, and meetings	30,738.	0.		0.
E 22	Printing and publications				
වු 23	Other expenses STMT 6	17,183.	30.	<del> </del>	0.
; 24	Total operating and administrative			1	
<u> </u>	expenses. Add lines 13 through 23	185,923.	30.	ļ	0.
0 25	Contributions, gifts, grants paid	270,000.			270,000.
26	Total expenses and disbursements				
	Add lines 24 and 25	455,923.	30.		270,000.
27					
	2 Excess of revenue over expenses and disbursements	1,944,734.			
	Net investment income (if negative, enter -0-)		627.		12V
	Adjusted net income (if negative, enter -0-)			N/A	U.
523501	LUA For Panaryork Peduction Act Notice con	instructions.		J	Form 990-PF (2015)

For	m 99	0-PF (2015) ALL POINTS NORTH FOUNDA		80-	6208801 Page 2
D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	83,232.	34,052.	34,052. 2,176,201.
	2	Savings and temporary cash investments	170,574.	2,176,201.	2,176,201.
	3	Accounts receivable ►	***	į	e
		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 ▶	200 2 000 000		
y,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	_	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	_	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			,
	''	Less accumulated depreciation	•		- 1
	12	Investments - mortgage loans			
	13	Investments - other			
	l	Land, buildings, and equipment basis			
	' '	Less accumulated depreciation			
	45	Other assets (describe ► INTANGIBLE ASSETS )	22,848.	11,135.	11,135.
	15	Total assets (to be completed by all filers - see the	22,040.		11,133.
	16	Instructions. Also, see page 1, item 1)	276,654.	2,221,388.	2,221,388.
	17		270,034.	2,221,300.	<u> </u>
	l	Accounts payable and accrued expenses			
	18	Grants payable			
ties	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			· ·
Ę	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
		7	0.	0.	
	23	Total liabilities (add lines 17 through 22)			1
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			į.
Net Assets or Fund Balances	24	Unrestricted			
ala	25	Temporarily restricted			
d B	26	Permanently restricted	-		
Ē		Foundations that do not follow SFAS 117, check here			
2		and complete lines 27 through 31		0	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	276,654.	2,221,388.	
ž	30	Total net assets or fund balances	276,654.	2,221,388.	;
			276 654	2 221 200	,
	31	Total liabilities and net assets/fund balances	276,654.	2,221,388.	*
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	276,654.
2	•	r amount from Part I, line 27a		2	1,944,734.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,221,388.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,221,388.
<u> </u>		the state of the s			

523511 11-24-15

Form **990-PF** (2015)

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

5 Multiply line 4 by line 3

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

Add lines 5 and 6

h

Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Form **990-PF** (2015)

	nd 990-PF (2015)  ALL POINTS NORTH FOUNDATION  Introduction Introduction (Section 4940(a), 4940(b), 4940(e), 4940(c), 49			20880 ee inst		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.		$\top$	×		7,31
10	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		4 ×			**************************************
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%		.	*		13.
٠	of Part I, line 27b			*		; **
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		4	*4	\$	, ,
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	, أ ``			0.
	Add lines 1 and 2					13.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					13.
6		<u> </u>	_		Z	,«, A ·
	2015 estimated tax payments and 2014 overpayment credited to 2015		-		•	
	Exempt foreign organizations - tax withheld at source			<b>-</b> 5	5	
	Tax paid with application for extension of time to file (Form 8868)  6c		1	´ : .	4 5	* **
	Backup withholding erroneously withheld  6d	-				*,
	Total credits and payments. Add lines 6a through 6d	$\dashv$ ,	,			Ő.
	<u> </u>	<u> </u>				<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					13.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					13.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded Int VII-A Statements Regarding Activities	<u> </u>	1			
					Ye	o No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in				
	any political campaign?			12		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defin			11		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	lished c	ır			
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			10	<b>:</b>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				3	0.
	managers. ► \$O.				. 6 .	
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				/ ""	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	on, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48	1	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	41		
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:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state law	,	` '	Ι,	
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pai	t XV		7	Х	.
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					<u></u>
	MA			_		1.
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_	*	
-	of each state as required by General Instruction G? If "No," attach explanation			81	$\mathbf{x} \mid \mathbf{x}$	.
9		calenda	r	<u>                                   </u>	T-	
-	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	•		9		x
10		STM	IT_ 7	_		

At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)  11 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
section 512(b)(13)? If "Yes," attach schedule (see instructions)  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?  Website address   WWW.ALLPOINTSNORTHFOUNDATION.ORG  14 The books are in care of  THE FOUNDATION  Located at  87 SUMMIT AVE., BROOKLINE, MA  ZIP+4   2446  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
section 512(b)(13)? If "Yes," attach schedule (see instructions)  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?  Website address   WWW.ALLPOINTSNORTHFOUNDATION.ORG  14 The books are in care of  THE FOUNDATION  Located at  87 SUMMIT AVE., BROOKLINE, MA  ZIP+4   2446  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
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 ► WWW.ALLPOINTSNORTHFOUNDATION.ORG  14 The books are in care of ► THE FOUNDATION  Located at ► 87 SUMMIT AVE., BROOKLINE, MA  ZIP+4 ►02446  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
If "Yes," attach statement (see instructions)  12
Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► WWW.ALLPOINTSNORTHFOUNDATION.ORG  14 The books are in care of ► THE FOUNDATION Telephone no. ►703-346-0938  Located at ► 87 SUMMIT AVE., BROOKLINE, MA  2IP+4 ►02446  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
Website address ► WWW.ALLPOINTSNORTHFOUNDATION.ORG  14 The books are in care of ► THE FOUNDATION Telephone no. ► 703-346-0938  Located at ► 87 SUMMIT AVE., BROOKLINE, MA  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
14 The books are in care of ► THE FOUNDATION  Located at ► 87 SUMMIT AVE., BROOKLINE, MA  Telephone no. ► 703-346-0938  ZIP+4 ► 02446  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
Located at ► 87 SUMMIT AVE., BROOKLINE, MA  ZIP+4 ►02446  15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
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· · · · · · · · · · · · · · · · · · ·
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
1a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(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 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
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A  1b
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?
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
before 2015?
If "Yes," list the years , , , , , , , , , , , , , , , , , , ,
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach
statement - see instructions.)  N/A 2b
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?
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 foundation had excess business holdings in 2015)  N/A  3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that
had not been removed from jeopardy before the first day of the tax year beginning in 2015?  4b X  Form 990-PF (2015)

orm 990-PF (2015) ALL POINTS NORTH FOUNDAT		Daminad ( )	80-6208	301	Page 6
Part VII-B Statements Regarding Activities for Which F	form 4720 May Be	Required (contin	ued)	<del></del>	<del></del>
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul>	1/0/15/6))2		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o			3 22 110		,
'any voter registration drive?	i to ourly on, unoutly or mun		s X No	- 1	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		-			1
4945(d)(4)(A)? (see instructions)		Y	es X No		,
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?	, ,		es X No		és.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	ľ	√I/A L Yo	es L  No		1
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on				
a personal benefit contract?		Ľ J Y€	es X No	.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870	h - M A O		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		7b	
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trusto		nagers Highly	N/A	70	
Paid Employees, and Contractors	ces, i outladation wit	inagers, riigin			
List all officers, directors, trustees, foundation managers and their	compensation.				
4 N N	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e	Expense count, other
(a) Name and address	to position	enter -0-)	and deferred compensation	ala	llowances
<u> </u>					
		_	_		
SEE STATEMENT 8	***	0.	0	•	<u> </u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ļ		<del>-</del>	
		<del></del>		+	
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	acc	e) Expense count, other llowances
NONE					
.,		<u> </u>		ļ	
		<u> </u>	<del>,</del>		
Total number of other employees paid over \$50,000	<u></u>	<u> </u>	L	_L	0
Total number of other employees paid over 300,000		<del> </del>		. 000	DE (2015)

523551 11-24-15

. Form 990-PF (2015) ALL POINTS NORTH FOUNDATION	80-620	8801 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
YU CREW LLC	CONSULTING/PROFESSION	<b>D</b>
9207 GATEWATER TERRACE, POTOMAC, MD 20854	NAL SERVICE	108,227.
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 static number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the induced, etc.	Expenses
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A 2		
All other program-related investments See instructions.  3		

Form **990-PF** (2015)

Total. Add lines 1 through 3

	m 990-PF (2015) ALL POINTS NORTH FOUNDATION	<u>80-</u>	6208801 Page 8
Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	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	0.
b	Average of monthly cash balances	1b	1,011,624.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,011,624.
е	Reduction claimed for blockage or other factors reported on lines 1a and	****	
	1c (attach detailed explanation) 1e 0.	ř	
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	1,011,624.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u> 15,174.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	996,450.
6	Minimum investment return. Enter 5% of line 5	6	<u>49,823.</u>
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here   and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	49,823.
2a	Tax on investment income for 2015 from Part VI, line 5		
Ь	Income tax for 2015. (This does not include the tax from Part VI.)	\$ 4	
C	Add lines 2a and 2b	2c	13.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	49,810.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49,810.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	49,810.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	270,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	<del></del>
þ	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	270,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	270,000.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation is	qualifies for	the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

(a) (b) (c) Corpus Years prior to 2014 2014	<b>(d)</b> 2015
1 00100 10000 10000 10000 10000	2010
1 Distributable amount for 2015 from Part XI,	
line 7	49,810.
2 Undistributed income, if any, as of the end of 2015	
a Enter amount for 2014 only	
b Total for prior years:	
3 Excess distributions carryover, if any, to 2015:	
a From 2010	ı
b From 2011	
c From 2012 87,592.	
d From 2013 177, 802.	
e From 2014 78, 286.	
f Total of lines 3a through e 343,680.	
4 Qualifying distributions for 2015 from  Part XII, line 4: ► \$ 270,000.	
a Applied to 2014, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)  0 •	
c Treated as distributions out of corpus	
(Election required - see instructions)	t
d Applied to 2015 distributable amount	49,810.
e Remaining amount distributed out of corpus 220 , 190 .	15/0201
5 Excess distributions carryover applied to 2015 0.	0.
(If an amount appears in column (d), the same amount 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 5 563,870.	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c Enter the amount of prior years'	
undistributed income for which a notice of	
deficiency has been issued, or on which the section 4942(a) tax has been previously	
assessed 0.	
d Subtract line 6c from line 6b. Taxable	
amount - see instructions 0 •	
e Undistributed income for 2014. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2015. Subtract	
lines 4d and 5 from line 1. This amount must	0
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)	
8 Excess distributions carryover from 2010	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2016	
Subtract lines 7 and 8 from line 6a 563,870.	
10 Analysis of line 9:	
a Excess from 2011	
<b>b</b> Excess from 2012 87,592.	
c Excess from 2013 177, 802.	
d Excess from 2014 78, 286.	
e Excess from 2015 220, 190.	000 PF (0045)

523581 11-24-15

	NTS NORTH				08801 Page 10
Part XIV Private Operating F	oundations (see in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	at it is a private operating			
foundation, and the ruling is effective fo	•	*	<b>▶</b>		
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0044	Prior 3 years	1	ļ ,, <u>-</u> , ,
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed				ļ	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				]	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or me	ore in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See	section 507(a)(2).)			
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porte	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	<del>'</del>				· · · · · · · · · · · · · · · · · · ·
b The form in which applications should t	pe submitted and inform	ation and materials they s	hould include:		
c Any submission deadlines:		<del> </del>			·
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:	
523601 11-24-15					Form <b>990-PF</b> (2015)

Part XV Supplementary Information		Daymant		<del> </del>
3 Grants and Contributions Paid During the	If recipient is an individual,	rayment		
Recipient Name and address (home or business)	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	**	
a Paid during the year				
CENTER FOR RESOURCE CONSERVATION		CHARITABLE	SUPPORT RENEW OUR	
2639 SPRUCE STREET		ORGANIZATION	SCHOOLS PROGRAM WHICH	
BOULDER, CO 80302			IMPLEMENTS SCHOOL	
			COMPETITIONS, THE	
			WINNING SCHOOL	60,000
GRID ALTERNATIVE		CHARITABLE	SUPPORT PROJECTS TO	
1171 OCEAN AVENUE, SUITE 200		ORGANIZATION	BRING THE BENEFITS OF	
OAKLAND, CA 94608			SOLAR POWER AND SOLAR	
			JOB TRAINING TO COMMUNITIES.	60,000
			COMMONITIES.	00,000
CDADY DDOCDAM THO		CHARITABLE	SUPPORT SPARK	
SPARK PROGRAM INC 223 W. JACKSON BLVD., SUITE 520		ORGANIZATION	WEB-BASED RESOURCE	
		DRGANIZATION	PORTAL FOR STUDENTS,	
CHICAGO, IL 60606			EDUCATORS AND MENTORS.	60,000
		<del> </del>	EDUCATORS AND MENTORS.	00,000
DELL' ARTE INC.		CHARITABLE	SUPPORT A PROJECT OF	
131 H STREET		ORGANIZATION	DESIGN AND	
BLUE LAKE, CA 95525			INSTALLATION OF A	
,			SOLAR ELECTRICITY	
			GENERATION SYSTEM AT	60,000
EVERYBODY SOLAR		CHARITABLE	SUPPORT A PROJECT TO	
362A 11TH AVENUE		ORGANIZATION	BRING A SOLAR	
SAN FRANCISCO, CA 94118			TECHNOLOGY SYSTEM TO	
			WILDLIFE ASSOCIATES, A	20.000
Total		<u> </u>	CHARITABLE  3a	30,000 270,000
b Approved for future payment				270,000
,,				
NONE				
110112				
				<del>-</del>
				<del></del>
<u>Total</u>			▶ 3b	(

\*\* SEE PURPOSE OF GRANT CONTINUATIONS

Form **990-PF** (2015)

nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
<u> </u>	ſ				
b	- I I				
C					
d					
e			<del>  </del>		
g Fees and contracts from government agencies					7, -,
g Fees and contracts from government agencies  Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	602.	
Dividends and interest from securities			14	55.	
Net rental income or (loss) from real estate:			<del>  *  </del>		·
a Debt-financed property	-				
b Not debt-financed property		· · ·			
Net rental income or (loss) from personal property					
Other investment income	-				<del>.</del>
Gain or (loss) from sales of assets other		<del></del>			<del></del> .
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:			_		
a					
U.					-
C				·-·	
d					
c d			0.	657.	
c d E Subtotal. Add columns (b), (d), and (e)		(	0.	657.	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.	657.	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	ons )			13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	ons )			13	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) be worksheet in line 13 instructions to verify calculation  art XVI-B Relationship of Activit	ons)	nplishment of	Exempt P	urposes	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ert XVI-B Relationship of Activit ne No. Explain below how each activity for whice	ons ) ies to the Accor	nplishment of	Exempt P	urposes	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculation  Relationship of Activit	ies to the Accor	nplishment of	Exempt P	urposes	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ert XVI-B Relationship of Activit ne No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit sine No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	65
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit sine No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	
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c d d E Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculationart XVI-B  Relationship of Activit ne No.   Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation ert XVI-B Relationship of Activit ne No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit sine No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	
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c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit ine No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit ine No. Explain below how each activity for whice	ies to the Accor	nplishment of	Exempt P	urposes	

orm 99	0-PF (2	015) <b>ALL</b>	POINTS NO	ORTH FOU	JNDATION		80-6	208801	Page 13
Part :			Regarding Tra		and Transactions	and Relations			
		ganization directly or	ındırectiy engage ın a		ng with any other organizat 27, relating to political orga		cion 501(c) of		Yes No
		from the reporting for		-					
(1)	Cash						-	1a(1)	X
• •	Other							1a(2)	X
		sactions:						45/4	X
٠,		of assets to a noncha ases of assets from a						1b(1) 1b(2)	X
		l of facilities, equipme		prorganization				1b(2)	X
٠,		oursement arrangeme						1b(4)	X
٠,,		or loan guarantees						1b(5)	X
(6)	Perfo	rmance of services or	membership or fund	fraising solicitation	ons			1b(6)	X
	_	facilities, equipment,						1c	X
or :	services		ng foundation. If the f	foundation receiv	edule. Column <b>(b)</b> should a ved less than fair market va				ets,
(a) Line n	0	(b) Amount involved	(c) Namo	e of noncharitabl	e exempt organization	(d) Description	of transfers, transactions,	and sharing arr	angements
				N/A					
					·				<del></del>
			-	<u></u>					
	_						<del></del>	<del></del>	
	_								
	+							<del></del>	
	+								
		idation directly or ind 501(c) of the Code (o			e or more tax-exempt organ	nizations described		Yes	X No
		mplete the following		-(-)(-)/					
		(a) Name of	organization		(b) Type of organization		(c) Description of relat	ionship	
		N/2	A						
			•			-			
					<del></del>	<del> </del>			
								<del>,</del>	
Sign Here	Under and be	penalties of perjury, I dea	pare that I have examined complete Declaration of	this return, including the preparer (other the	ng accompanying schedules an an taxpayer) is based on all infor	d statements, and to the mation of which prepare EXECU.	has any knowledge	May the IRS of return with the shown below	(see instr.)?
	Sign	ature of officer or tru	stee		Date	Title		LX. Yes	No
		Print/Type preparer'	<del></del>	Preparer's s	signature	Date ,	Check if P	ΓIN	
			/		J. () 5	72/2/110	self- employed		
Paid		MERLE L.		·		1		200171	
Prep	arer	Firm's name ► Si	ANTOS, POS	STAL & C	COMPANY, P.C.	•	Firm's EIN ► 52	-16593	52

Form **990-PF** (2015)

Phone no. 240 499-2040

**Use Only** 

Firm's address ▶ 11 N WASHINGTON ST, #600

ROCKVILLE, MD 20850-4229

# Schedule E

Department of the Treasury

Department of the Treasury internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

2015

ALL POINTS NORTH FOUNDATION 80-6208801 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 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, chantable, etc., contributions totaling \$5,000 or more during the year 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)

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

Employer identification number

# ALL POINTS NORTH FOUNDATION

80-6208801

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILIP W. RUEDI AND LAURA A. STAICH  87 SUMMIT AVENUE  BROOKLINE, MA 02446	\$ <u>2,400,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   -   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   -   \$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# ALL POINTS NORTH FOUNDATION

80-6208801

art II	Noncash Property (see instructions) Use duplicate copies of F	art 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
(a) No. rom 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
		\$	
(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

Name of orga	nization		Employer identification num	nber				
AT.T. PO	INTS NORTH FOUNDATION		80-6208801					
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	butions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,	,000 for				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	or less for the year (Enter this info once)					
(a) No.	Use duplicate copies of Part III if additiona	space is needed						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d				
10.11								
		(e) Transfer of git	ft					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
(a) No.	1							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	đ				
				<del> </del>				
		(e) Transfer of git	ft					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's flame, address, and		nerationship of transler of to transleree					
(a) No. from	(h) Durnoon of sift	(a) Has of sift	(d) Description of how gift is held					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is freit					
				-				
	1	, , <del>, , , , , , , , , , , , , , , , , </del>						
		(e) Transfer of git	π					
_	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	d .				
Part I								
	(e) Transfer of gift							
}		(-),a						
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee					
			<u> </u>					

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOM	E
BOSTON PRIVATE BANK COMPANY	& TRUST		602.		602.		
TOTAL TO PART I, LI	NE 3		602.		602.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SECUI	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		CAPITAL GAINS RE DIVIDENDS PER		(B) NET INVES MENT INCO		
TRIAD ADVISORS-FIDELITY MONEY MARKET FUND	55	•	0.	55	. 5	55.	
TO PART I, LINE 4	55	•	0.	55	. 5	55.	
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME			
LEGAL		13,808.		0.	<u>,, </u>		0.
TO FM 990-PF, PG 1,	LN 16A	13,808.		0.			0.

FORM 990-PF	ACCOUNTI	NG FEES	S'	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING	5,777.	0.		0.		
TO FORM 990-PF, PG 1, LN 16B	5,777.	0.		0.		
FORM 990-PF C	OTHER PROFES	SIONAL FEES	S'	ratement 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PROFESSIONAL FEES	118,417.	0.		0.		
TO FORM 990-PF, PG 1, LN 16C	118,417.	0.		0.		
FORM 990-PF	OTHER E	XPENSES	S'	ratement 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
COMPUTER EXPENSE BANK CHARGE LICENSE AND PERMITS OFFICE EXPENSE DUES AND SUBSCRIPTIONS AMORTIZATION	1,955. 30. 125. 310. 3,050. 11,713.	0. 30. 0. 0. 0.		0. 0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	17,183.	30.		0.		

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 7 PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

PHILIP W. RUEDI AND LAURA A. STAICH 87 SUMMIT AVE

BROOKLINE, MA 02446

FORM 990-PF PART VIII - I	LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	·		EXPENSE
RENA WHITNEY 14524 TRIPLE CROWN PLACE NORTH POTOMAC, MD 20878	BOARD OF DIREC 2.50	TOR 0.	0.	0.
LAURA STAICH 87 SUMMIT AVE BROOKLINE, MA 02446	EXECUTIVE DIRE 20.00	CTOR/TRUSTER 0.	0.	0.
PHILIP W. RUEDI 87 SUMMIT AVE BROOKLINE, MA 02446	TRUSTEE 0.00	0.	0.	0.
THEO BEACK 13735 WAYNE PLACE N SEATTLE, WA 98133	BOARD OF DIREC 2.50	TOR 0.	0.	0.
MARK DUDZINSKI 440 CREPE MYRTLE TERRACE ALPHARETTA, GA 30005	BOARD OF DIREC 2.50	TOR 0.	0.	0.
ANDREA GULLO 256 EUCLID AVENUE LONG BEACH, CA 90803	BOARD OF DIREC 2.50	TOR 0.	0.	0.
JULIE KECK 10431 S. LEELANAU WAY TRAVERSE CITY, MI 49684	SECRETARY/BOAR 5.00	D OF DIRECTO	0.	0.
RONALD NELSON 677 WASHINGTON STREET ROMULUS, MI 48174	BOARD OF DIREC 2.50	TOR 0.	0.	0.

ALL POINTS NORTH FOUNDATION			80-6208801	
LARRY PROMISEL 6 AIDA LANE CORTLANDT MANOR, NY 10567	TREASURER/BOARD OF 5.00	DIRECTO 0.	0.	0.
KEKA SIRCAR 10320 OXFORD PL MUNSTER, IN 46321	BOARD OF DIRECTOR 2.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
	RT XV - LINE 1A FOUNDATION MANAGERS		STATEMEN	т 9

NAME OF MANAGER

LAURA STAICH PHILIP W. RUEDI

# 2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 95	Asset	Н	7		528111 04-01-15
FORM 990-PF PAGE 1	Description	WEBSITE DEVELOPMENT	WEBSITE	* TOTAL 990-PF PG 1 DEPR & AMORT	
	Date Acquired	07/01/12	07/01/14		
	Method	197	197		
	Life	36М	36м		
$\mid$	No C >	HY43	HY43		
	Unadjusted Cost Or Basis	25,743.	22,270.	48,013.	(D) - Asset disposed
990-PF	Bus % Excl				pesod
	Section 179 Expense				
	Reduction In Basis				*
	Basis For Depreciation	25,743.	22,270.	48,013.	ITC, Salvage,
}	Beginning Accumulated Depreciation	21,453.	3,712.	25,165.	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense				ercial Revita
•	Current Year Deduction	4,290.	7,423.	11,713.	lization Deduc
	Ending Accumulated Depreciation	25,743.	11,135.	36,878.	tion, GO Zone