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Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2017 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

For calendar year 2016 or tax year beginning	, and ending	
Name of foundation		A Employer identification number
MATTAPONI FOUNDATION		46-2692732
Number and street (or PO box number if mail is not delivered to street a	ddress) Room/suite	B Telephone number
50 SOUTH SIXTH STREET	<u> 1500</u>	(612) 492-6813
City or town, state or province, country, and ZIP or foreign pr	ostal code	C If exemption application is pending, check here
MINNEAPOLIS, MN 55402		
G Check all that apply Initial return	Initial return of a former public charity	D 1. Foreign organizations, check here
Final return	Amended return	9.5
Address change	Name change	Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: X Section 501(c)(3) ex	empt private foundation	E If private foundation status was terminated
	Other taxable private foundation	under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Accounting	ng method: 🛛 Cash 🔲 Accrual	F If the foundation is in a 60-month termination
	her (specify)	under section 507(b)(1)(B), check here
\$ 107,811,974. (Part I, colu	mn (d) must be on cash basis)	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(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	(cash basis only)
1 Contributions, gifts, grants, etc., received	1,400,000.	N/A
2 Check if the foundation is not required to attach Sch. B. Interest on savings and temporary		
3 cash investments	195. 195.	
4 Dividends and interest from securities	2,541,168. 2,541,168.	STATEMENT 2
5a Gross rents		
b Net rental income or (loss)	1 464 260	
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 2 2 1 4 2 0	-1,464,360.	
D assets on line 6a		RECEIVED
8 Net short-term capital gain		
9 Income modifications Gross sales less returns		
10a and allowances		
b Less Cost of goods sold		
c Gross profit or (loss) 11 Other income	159,525. 159,525.	
12 Total. Add lines 1 through 11	2,636,528. 2,700,888.	
13 Compensation of officers, directors, trustees, etc	20,000. 10,000.	
14 Other employee salaries and wages	20,000.	1 - 20,000
15 Pension plans, employee benefits		
3 16a Legal fees STMT 4	10,555. 5,277.	5,278.
rol ~	11,440. 9,470.	1,970.
b Accounting fees STMT 5 c Other professional fees		1
e 17 Interest	3,249. 3,249.	0.
a 18 Taxes STMT 6	71,466. 45,966.	0.
17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings		
20 Occupancy		
21 Travel, conferences, and meetings		
22 Printing and publications		
g 23 Other expenses STMT 7	283,040. 80,703.	202,337.
24 Total operating and administrative		
24 Total operating and administrative expenses. Add lines 13 through 23 Contributions after greats and	399,750. 154,665.	219,585.
25 Contributions, gifts, grants paid	2,000,000.	2,000,000.
26 Total expenses and disbursements.		
Travel, conferences, and meetings Printing and publications Other expenses Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:	2,399,750. 154,665.	2,219,585.
27 Subtract line 26 from line 12;		× ,
Excess of revenue over expenses and disbursements	236,778.	* * * * * * * * * * * * * * * * * * * *
b Net investment income (if negative, enter -0-)	2,546,223.	
C Adjusted net income (if negative, enter -0-)		N/A

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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MATTAPONI FOUNDATION

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Form 990-PF (2016) MATT	PAPONI FOUNDATION TAX ON IN		Income	SEI	ATTA	CHE		6-269 PATEM		Page 3
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) F	low acquired - Purchase - Donation	(0) Date a (mo., da	acquired ay, yr.)	(d) Dat (mo., da		
<u>1a</u>						\Box				
<u>b</u>	 		- 			+-			 	
<u>c</u>						+-				
e	 			\vdash						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss (f) minus		
<u>a</u>										
<u>b</u>										
<u>c</u>				\dashv						
e 1,331,428.			2,795,78	8.					1,464	,360.
Complete only for assets showing	g gain in column (h) and owned by t	he foundation	on 12/31/69					ol. (h) gaın		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					ot less tha from col. (
<u>a</u>				-+						
<u>b</u>			· · · · · · · · · · · · · · · · · · ·	\dashv						
<u>c</u> <u>d</u>										
e									1,464	,360.
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0			}	2				1,464	,360.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, o	s) as defined in sections 1222(5) an			٦						
If (loss), enter -0- in Part I, line 8		 _			3			N/A		
Part V Qualification Un						ncom	<u>ne</u>			
(For optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment ind	come.)					
If section 4940(d)(2) applies, leave thi	s part blank.									
Was the foundation liable for the section	on 4942 tax on the distributable am	ount of any ve	ar in the base peri	od?					Yes	X No
If "Yes," the foundation does not qualif										
	ach column for each year; see the in	structions bef	ore making any en	tries.					7.45	
(a) Base period years Calendar year (or tax year beginning			Net value of no					Distrit col. (b) div	(d) oution ratio rided by col.	
2015		2,317. 2,415.		<u>83,</u>	952,8 609,6	19.				38025 L2421
<u>2014</u> 2013		0.		_4,	701,5					00000
2012					701,5	- 3.			•••	3000
2011										
2 Total of line 1, column (d)							2		.05	50446
3 Average distribution ratio for the 5- the foundation has been in existence	-year base period - divide the total o ce if less than 5 years	on line 2 by 5,	or by the number	of yea	rs		3		.01	L6815
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5				4	10	4,914	,030.			
5 Multiply line 4 by line 3					5		1,764	,129.		
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		25	,462.
7 Add lines 5 and 6						i	7		1,789	,591.
8 Enter qualifying distributions from	Part XII, line 4					i	8		2,219	,585.
	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate.					
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	n 990-PF (2016) MATTAPONI FOUNDATION			4040/-7 4		2692		Page 4
Ь—	ert VI Excise Tax Based on Investment Income (Section 4940		_		948 -	see II	nstructio	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei	nter "N/	/A*	on line 1.				* ,
	Date of ruling or determination letter: (attach copy of letter if nec				<u> </u>	غسته أنتأه سأ	<u></u>	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• <u>X</u>] aı	nd enter 1%	1	<u> </u>	25,4	162.
	of Part I, line 27b			ļ				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	t I,	line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ners en	iter	· -0-)	2	<u> </u>		0.
3	Add lines 1 and 2			·	_3_		25,4	162.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers er	nte	er -0-)	4	I		0.
	Tax based on investment income. Subtract line 4 from line 3, If zero or less, enter -0-			,	5		25,4	162.
6	Credits/Payments:							1 T 1 &
а	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1	28,935.			J. 1	
	Exempt foreign organizations - tax withheld at source	6b	†		Z			#4 1
	Tax paid with application for extension of time to file (Form 8868)	6c	Ť	7,500.				
	Backup withholding erroneously withheld	6d	十		18 %			/ h l
	Total credits and payments. Add lines 6a through 6d	_ 00			7		36,4	135.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is atta-	abad			8	 	30,	18.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	CHEO				├		<u> </u>
					9	├	10,9	255
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	חו	, 955 . Refunded	10	├	10,	0.
H	Enter the amount of line 10 to be: Credited to 2017 estimated tax Int VII-A Statements Regarding Activities		<u>. u</u>	, 933 • Resunded	11	1		<u> </u>
				111			Yes	s No
12	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation o	or c	it participate or interveni	ın			
	any political campaign?						1a	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos						1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd cop	ies	s of any materials publisi	ed or			Twi
	distributed by the foundation in connection with the activities							
	Did the foundation file Form 1120-POL for this year?						1c	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	-		•			11 1 1	
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers.		_		-		T P P (
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax	k in	nposed on foundation				
	managers. > \$0.						1. 1. 1. 1	1 x2 .
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?					2	X
•	If "Yes," attach a detailed description of the activities		4		_		14 1	124
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in		ent	, articles of incorporation, o	ır		in	X
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3	$\frac{1}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	,			3.7	. / %	4a	+≏-
	If "Yes," has it filed a tax return on Form 990-T for this year?				1/	/A	4b	+
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5	X
	If "Yes," attach the statement required by General Instruction T						v (% 8)	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ert	ner:						
	By language in the governing instrument, or						13 13	
	 By state legislation that effectively amends the governing instrument so that no mandatory 	directi	юп	is that conflict with the state	law			
	remain in the governing instrument?						6 X	+
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," corr	nplete	Pa	art II, col (c), and Part X\	,		7 X	
								1.0.1
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ıs) 🟲	· _					
	MN		_				1 331 - 3	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	Ge	eneral (or designate)				1
	of each state as required by General Instruction G? If "No," attach explanation						8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec				ndar		11	_[
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co						9	X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul				<u> </u>		10 X	
						Fo	rm 990-PF	(2016)

3b

<u>4a</u>

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Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

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

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No 🚶	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire		ĺ	
any voter registration drive?		Y	es 🗶 No 📑	
(3) Provide a grant to an individual for travel, study, or other similar purposes	32		es 🗶 No 🏻	
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section		ļ	
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 f	or	1	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations	es 🗶 No	
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·	•		5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		
expenditure responsibility for the grant?			es 🗔 No	
If "Yes," attach the statement required by Regulations section 53 4945		., ==	_[
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promitants on	v	es 🗶 No 🦹	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?	·		6b X
If "Yes" to 6b, file Form 8870	oragnar penent contract.		 	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chelter transaction?		es 🗶 No	
b if "Yes," did the foundation receive any proceeds or have any net income attributions.		TI		7b
Part VIII Information About Officers, Directors, Trusto		agers Highly		<u> </u>
Paid Employees, and Contractors	ccs, i curidation mai	iagois, riiginy		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	, , , , , , , , , , , , , , , , , , , 	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
JOHN OTTERLEI	to position PRESIDENT/TRE	enter -0-)	compensation	allowances
101 FIFTH EAST STREET SUITE 2400	EVESIDEMI\IVE	RECKER]	
MINNEAPOLIS, MN 55101	1.00	10,000.	ا. ه	0.
SONNY MILLER	VICE PRESIDEN			
50 SOUTH SIXTH STREET, SUITE 1500	VICE FRESIDEN	I / BECKEIA	Γ' Ι	
MINNEAPOLIS, MN 55402	1.00	10,000.	0.	0.
MINNEAFOLIS, MN 33402	1.00	10,000.	 	<u> </u>
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	 		[
		l.	Į į	
	4		1 1	
	Late to the state of	I INDIE	L	
2 Compensation of five highest-paid employees (other than those inc		nter "NONE."	(d) Contributions to	(a) Evpapas
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	hours per week devoted to position	, , , , , , , , ,	compensation	allowances
NONE		P	\	
			 	
	1		}	
			 	
	1	{	}	
	<u> </u>	<u></u>		
	<u> </u>		}	
	<u></u>		<u> </u>	
Total number of other employees paid over \$50,000				0
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Partiville Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
ALMUNA LLC PHILANTHROPIC		
1209 ORANGE STREET, WILMINGTON, DE 19801 ADVISORY SERVIC	ES	201,679.
		
	Ì	
	}	
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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	1	Expenses
1 N/A		
]	
		
2	-	
	┨	
3		
4	+	
	コ	
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 and 2.		Amount
1 N/A		
	\exists	
		
· 	7	
]	
All other program-related investments, See instructions.	1	
3	-	
	7	
	\dashv	
Total. Add lines 1 through 3	.+	0.
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	Minimum Investment Return (All domestic foundations	s must complete this part. Forei	ign foundations, s	see instructions.)
1 Fair mark	ket value of assets not used (or held for use) directly in carrying out charit	able, etc., purposes:	1	
	monthly fair market value of securities		1a	44,048,235.
-	of monthly cash balances		1b	690,010.
•	ket value of all other assets		1c	61,773,461.
	dd lines 1a, b, and c)		1d	106,511,706.
	in claimed for blockage or other factors reported on lines 1a and		0.	
	h detailed explanation)	1e	o. * *	
=	on indebtedness applicable to line 1 assets		2	0.
	line 2 from line 1d		3	106,511,706.
4 Cash dee	emed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	int, see instructions)	4	1,597,676.
	e of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	•	5	104,914,030.
	n investment return. Enter 5% of line 5		6	5,245,702.
Part XI	Distributable Amount (see instructions) (Section 4942(j)(3	and (i)(5) private operating founda		
	foreign organizations check here and do not complete this pa			
1 Minimum	n investment return from Part X, line 6		1	5,245,702.
	exestment income for 2016 from Part VI, line 5	$\begin{vmatrix} 2a \end{vmatrix} \qquad 25,4$	162.	
	ax for 2016. (This does not include the tax from Part VI.)	2b		
	s 2a and 2b		2c	25,462.
	able amount before adjustments. Subtract line 2c from line 1		3	5,220,240.
	es of amounts treated as qualifying distributions		4	0.
5 Add lines			5	5,220,240.
6 Deduction	n from distributable amount (see instructions)		6	0.
	able amount as adjusted. Subtract line 6 from line 5. Enter here and on P	art XIII line 1	7	5,220,240.
	Qualifying Distributions (see instructions)			
1 Amounts	paid (including administrative expenses) to accomplish charitable, etc., p	LITROCAS'		
	s, contributions, gifts, etc total from Part I, column (d), line 26	urposes.		2,219,585.
	-related investments - total from Part IX-B		1b	0.
-	paid to acquire assets used (or held for use) directly in carrying out chari	table etc. nurnoses	2	``
	set aside for specific charitable projects that satisfy the:	table, cit., purposes	2	
	y test (prior IRS approval required)		3a	
	ribution test (attach the required schedule)		3b	
	g distributions. Add lines 1a through 3b. Enter here and on Part V, line 8.	and Part VIII line 4	4	2,219,585.
	ons that qualify under section 4940(e) for the reduced rate of tax on net in		 	2,213,303.
	Enter 1% of Part I, line 27b	Aeganent	5	25,462.
	qualifying distributions. Subtract line 5 from line 4		6	2,194,123.
-	e amount on line 6 will be used in Part V, column (b), in subsequent years		ــــــــــــــــــــــــــــــــــــــ	
Note: The	a amount on line 6 will be liced in Dart 1/ collision /h1 in cubecauses were	tuban calculating whathar the taris		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				5,220,240.
2 Undistributed income, if any, as of the end of 2016		虚 告 在 信 色 屬 等	& X	
a Enter amount for 2015 only			1,101,862.	
b Total for prior years:	* 1137 * 11			
		0.		
3 Excess distributions carryover, if any, to 2016:	393141 (3			
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 2,219,585.				
a Applied to 2015, but not more than line 2a			1,101,862.	2 12 71, 1 X 1 1 1 1.
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		1/2 1/2 1/2 3 3 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				1,117,723.
e Remaining amount distributed out of corpus	0.			34 8 3 3 4 4 <u>3</u> 3
5 Excess distributions carryover applied to 2016 (ff an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		4, , , , , , , , , , , , , , , , , ,		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	N T 3 A 3 T T Y 1	· · · · · · · · · · · · · · · · · · ·		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract	100707255			
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				4,102,517.
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 2011			#/N/V : 3 ::	25 , 18 .
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:	* * * * * * * * * * * * * * * * * * * *	> > % }		
a Excess from 2012		, , ,	, , , , , , , , , , , , , , , , , , , ,	
b Excess from 2013	* / *		, ' ***	
c Excess from 2014	·	· · · · · · · · · · · · · · · · · · ·	` h a``	
d Excess from 2015		`	>	
e Excess from 2016				· · · · · · · · · · · · · · · · · · ·
23581 11-23-18				Form 990-PF (2016)

Part XIV Private Operating F	OUDDATE		I A municipal (1)		92732 Page 10
			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o			.		
foundation, and the ruling is effective fo	*	-	. ▶ ∟_		
b Check box to indicate whether the found	,	ng toundation described i		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(a) Total
income from Part I or the minimum	(4) 2010	(0) 2015	(6) 2014	(0) 2013	(e) Total
investment return from Part X for	ļ	ļ	l		
each year listed	ļ	 	 		
b 85% of line 2a			 		
c Qualifying distributions from Part XII,	1		}	1	1
line 4 for each year listed	<u> </u>	 	 		
d Amounts included in line 2c not]	1	Ì	i	
used directly for active conduct of	Į.				
exempt activities			 		
e Qualifying distributions made directly	}	\	· ·	\	
for active conduct of exempt activities.	1	†	į.		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		}	 		
alternative test relied upon	Ì]			
a "Assets" alternative test - enter:		l			
(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	ļ	1			
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	j				
dividends, rents, payments on securities loans (section]]	1]
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in	ĺ	1			
section 4942(j)(3)(B)(iii)		<u> </u>			
(3) Largest amount of support from					
an exempt organization		<u> </u>			
(4) Gross investment income	<u> </u>				
Part XV Supplementary Info			f the foundation	n had \$5,000 or mor	e in assets
at any time during t	ne year-see instr	uctions.)	 		
1 Information Regarding Foundatio	-				
a List any managers of the foundation who			ributions received by t	he foundation before the clos	e of any tax
year (but only if they have contributed m	101e iliali \$5,000). (5ee s	ection 507(0)(2).)			
NONE					
 b List any managers of the foundation who other entity) of which the foundation has 	o own 10% or more of these and the contract of	e stock of a corporation (or an equally large poi	rtion of the ownership of a pa	rtnership or
NONE	sa 10% of greater interes	,			
	an Crant Citt I are	Cabalanahia ata Da			
2 Information Regarding Contribution Check here ► X if the foundation o				a not accept uppeligited requi	acta for funda. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb					
a monamo, address, and telephone name	or or c man aboress or t	ne person to whom appin	caudio si dudio de audi	Gascu.	
b The form in which applications should b	e submitted and informat	tion and materials they st	nould include:		
c Any submission deadlines:					
1.6					
d Any restrictions or limitations on awards	s, such as by geographica	u areas, charitable fields,	kinds of institutions, o	or other factors:	

Form 990-PF (2016) MATTAPONI FOUNDATION
Part:XV(Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) a Paid during the year FIDELITY CHARITABLE N/A ÞС GENERAL OPERATIONS P.O. BOX 770001 CINCINNATI, OH 45277-0053 2,000,000. 2,000,000. Total ▶ 3a b Approved for future payment NONE

Total

Part XVI-A	Analysis of	Income-Produc	ing Activities

	Unrelat	od hucinosa incomo	1 6	d-dhus-aba E10 E10 as 514	
Enter gross amounts unless otherwise indicated.		ed business income (b)	(C) Exclu-	ded by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion	Amount	function income
	Code		2000		
· · · · · · · · · · · · · · · · · · ·	·		┼		
	 		-		
			 		
d	1		_		
f			-		
g Fees and contracts from government agencies	·		 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash	<u> </u>	 	 		
investments			14	195.	
Dividends and interest from securities			14	2,541,168.	
5 Net rental income or (loss) from real estate:	(342)				
a Debt-financed property	4 67 8 85	* * * * * * *	***	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	8 22 98 11 9 9 9 9
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal					
property	1]]		
7 Other investment income			14	159,525.	
8 Gain or (loss) from sales of assets other					
than inventory	-		18	-1,464,360.	
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1				
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	A 1	1,236,528.	0.
13 Total. Add line 12, columns (b), (d), and (e)			<u></u>	13	1,236,528.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-Bi Relationship of Activities to	o the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contrib	uted importantly to the accom	iplishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
					
					
					
					
					
					
					
					
					
					
					
					
					
					
					

1b(1)

1b(3)

1b(4)

1b(5)

ţ P a	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
3	Transfers from the reporting foundation to a noncharitable exempt organization of:	7.8		3
	(1) Cash	1a(1)		X

	the code (differ than section 30 f(c)(3) organizations) or in section 327, relating to political organizations?
š	Transfers from the reporting foundation to a noncharitable exempt organization of:
	(1) Cash

(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received fess than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. a) Line is: (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of porphy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge. The prepare along the prepare and the	d If the an		ling liete, other accete, or hald a	tions			1b(6)	X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received. A Description of transfers, bancactons, and sharing arrangements N/A	ar servic	swer to any of the above is	uning marat ormer asserst or hard t	employees				X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received. A Description of transfers, bancactons, and sharing arrangements N/A	ar servic		"Yes," complete the following so	hedule. Column (b) should alw	vays show the fair n	narket value of the o	goods, other assets	,
a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, bansactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 2b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perium, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 11 13 2017 11 13 2017 12 Yes X No Yes X No X Yes X No X Yes X No X Yes X X Yes X Yes X Yes X Yes X X Yes X X X X X X X X X	column	ces given by the reporting fo	oundation. If the foundation rece	eived less than fair market value	e in any transaction	or sharing arranger	ment, show in	
N/A 12a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? 15 If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of person, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief, its true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge. The person of the Code (other than taxpayer) is based on all information of which prepare has any knowledge.	COIUIIII	(d) the value of the goods, o	other assets, or services receive	d				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Yes X No	(a) Line no.	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description	of transfers, transactio	ons, and sharing arrang	ements
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N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deckaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No	h							_4 <u>2</u> _ NU
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Sign and belief, it is true, correct, and complete. Deckaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 11 13 20 7 Vice President X Yes No		(a) Name of orga		(b) Type of organization		(c) Description of re	elationship	
Sign and belief, it is true, correct, and complete. Deckaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 11 13 20 7 Vice President X Yes No	B 11 100, 1	(a) Name of orga		(b) Type of organization		(c) Description of re	elationship	
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Sign and belief, it is true, correct, and complete. Deckaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 11 13 20 7 Vice President X Yes No	<u> </u>	(a) Name of orga		(b) Type of organization		(c) Description of re	elationship	41 NO
tere Jan 7: Mlls 11/13/2017 Vice President X Yes \ No		(a) Name of org. N/A	anızatıon					
THE INDIVIDUAL INCOME.	Unde	(a) Name of orgo N/A	anization anit I have examined this return, includi	ing accompanying schedules and sta	tements, and to the bes	st of my knowledge	May the IRS disc return with the pr	uss this
	Unde	(a) Name of orgo N/A	anization anit I have examined this return, includi	ing accompanying schedules and sta an taxpayer) is based on all informati	tements, and to the bes	st of my knowledge	May the IRS disc return with the pr shown below (se	uss this aparer a instr)?
This said the said th	Sign Here	(a) Name of organized N/A er penalties of perjury, I declare the pelief, it is true, correct, and companies.	anization anit I have examined this return, includi	ing accompanying schedules and sta an taxpayer) is based on all informati	tements, and to the bes	st of my knowledge	May the IRS disc return with the pr shown below (se	uss this aparer a instr)?
alf amplitud	Sign Here	er penalties of perjury, I declare the pelief, it is true, correct, and comparature of officer of thustee	anization and I have examined this return, including plete. Declaration of preparer (other the second control of the second control	ing accompanying schedules and sta an taxpayer) is based on all informati 	tements, and to the bes on of which preparer ha Title	it of my knowledge is any knowledge, Pre sillet	May the IRS disc return with the pr shown below (se X Yes	uss this aparer a instr)?
Paid ANNE FIII.TON MANOR TIALTON 11/7/17 P00941863	Sign Here	(a) Name of organized N/A er penalties of perjury, I declare the pelief, it is true, correct, and companies.	anization and I have examined this return, including plete. Declaration of preparer (other the company of the	ing accompanying schedules and sta an taxpayer) is based on all information of the state of the	tements, and to the bes	st of my knowledge us any knowledge, Pre SiU-+ Check	May the IRS disc return with the pr shown below (se	uss this aparer a instr)?
Preparer Firm's name DELOITTE TAX Firm's EIN 86-1065772	Sign Here	er penalties of perjury, I declare the pelief, it is true, correct, and companion of officer of Justee Print/Type preparer's nar	anization and I have examined this return, including plete. Declaration of preparer (other the company of the	ing accompanying schedules and sta an taxpayer) is based on all information of the state of the	tements, and to the bes on of which preparer ha Title Date	it of my knowledge is any knowledge, Pre sillet	May the IRS disc return with the pr shown below (se X Yes	uss this eparer a instr)?
	Sign Here Sig	er penalties of perjury, I declare the penalties of officer of justee Print/Type preparer's nar	anization nat I have examined this return, including plete. Declaration of preparer (other the preparer) and the preparer's t	ing accompanying schedules and sta an taxpayer) is based on all informati 	tements, and to the bes on of which preparer ha Title Date	ct of my knowledge is any knowledge. Pre Side-t Check if self- employed	May the IRS disc return with the pr shown below (se X Yes	uss this sparer a instr)? No
Firm's address ▶ 50 SOUTH SIXTH STREET SUITE 2800	Sign Here	er penalties of perjury, I declare the pelief, it is true, correct, and comparature of officer of Justee Print/Type preparer's name ANNE FULTON Firm's name DELO	anization nat I have examined this return, including plete. Declaration of preparer (other the preparer) and the preparer's t	ing accompanying schedules and sta an taxpayer) is based on all information of the state of the	tements, and to the bes on of which preparer ha Title Date	ct of my knowledge is any knowledge. Pre Side-t Check if self- employed	May the IRS disc return with the pr shown below (se X Yes	uss this sparer a instr)? No
	Sign Here Sig	er penalties of perjury, I declare the penalties of perjury, I declare the penalties of officer of distance of officer of officer of distance of officer of officer of distance of officer of officer of distance of officer o	anization nat I have examined this return, including plete. Deckaration of preparer (other the content of the	ing accompanying schedules and sta an taxpayer) is based on all information of the second of the sec	tements, and to the beson of which preparer had Title Date 11/7/17	ct of my knowledge is any knowledge. Pre Side-t Check if self- employed	May the IRS disc return with the pr shown below (se X Yes	uss this sparer a instr)? No
MINNEAPOLIS, MN 55402-1538 Phone no. (612) 397-4000	Sign Here Sig	er penalties of perjury, I declare the penalties of perjury, I declare the penalties of perjury, I declare the penalties of officer of Justee Print/Type preparer's name ANNE FULTON Firm's name DELO Firm's address D50	anization That I have examined this return, including plete. Deckaration of preparer (other the control of preparer) and the control of preparer of the control of the	ing accompanying schedules and state and taxpayer) is based on all information of the signature of the surface	tements, and to the beson of which preparer had Title Date 11/7/17	it of my knowledge is any knowledge. President Check if self- employed Firm's EIN 8	May the IRS disc return with the pr shown below (se X Yes PTIN P0094180 6-106577	uss this sparer a instr)? No
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Sign Here Sign Paid	er penalties of perjury, I declare the penalties of perjury, I declare the penalties of perjury, I declare the penalties of officer of Justee Print/Type preparer's name ANNE FULTON Firm's name DELO Firm's address D50	anization That I have examined this return, including plete. Deckaration of preparer (other the control of preparer) and the control of preparer of the control of the	ing accompanying schedules and state and taxpayer) is based on all information of the signature of the surface	tements, and to the beson of which preparer had Title Date 11/7/17	it of my knowledge is any knowledge. President Check if self- employed Firm's EIN 8	May the IRS disc return with the pr shown below (se X Yes PTIN P0094180 6-106577	uss this sparer a instr)? No

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 irs gov/form990.

OMB No 1545-0047

2016

Name of the organization **Employer identification number** MATTAPONI FOUNDATION 46-2692732 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable 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** 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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) (2016)

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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

MATTAPONI FOUNDATION

46-2692732

Part III	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$	00 000 F7 000 PF\ (0046)		

Name of orga	anization		Employer identification number				
MATTAP	ONI FOUNDATION		46-2692732				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition.	e columns (a) through (e) and the follow us, charitable, etc., contributions of \$1,000 or le	n section 501(c)(7), (8), or (10) that total more than \$1,000 for				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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	Transferee's name, address, a	Relationship of transferor to transferee					
-							
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	<u>Ind ZIP + 4</u>	Relationship of transferor to transferee				

Page 4

· Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

FORM 990-PF INTER	EST ON SAV	INGS AND	TEMPOR	ARY CA	SH IN	VESTMENTS	STATEMENT 1
SOURCE			(A) EVENUE R BOOK			(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
WELLS FARGO #3204			1	95.		195.	
TOTAL TO PART I, L	INE 3		195.			195.	
FORM 990-PF	DIVIDEN	DS AND IN	TEREST	FROM	SECUF	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	(A REVE PER B	NUE	(B) NET INVEST MENT INCOM	
INDEX EQUITY FUND K-1 INTERNATIONAL	460,03		0.		,034.	-	
EQUITY FUND II K-1 TAXABLE BOND FUND K-1	361,70 628,65		0.		,705. ,652.		
WELLS FARGO #2300	1,090,77		0.	1,090			
TO PART I, LINE 4	2,541,16	8.	0.	2,541	,168.	2,541,168	B
FORM 990-PF		OTHE	R INCO	ME			STATEMENT 3
DESCRIPTION			RE	(A) VENUE BOOKS		(B) IET INVEST- IENT INCOME	(C) ADJUSTED NET INCOME
INTERNATIONAL EQUI	TY FUND II	K-1		159,5	25.	159,525	
TOTAL TO FORM 990-	PF, PART I	, LINE 11		159,5	25. ====================================	159,525.	
FORM 990-PF		LE(GAL FE	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSE PER BOO		(B) T INVE		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	-	10,5			277.		5,278.
TO FM 990-PF, PG 1	, LN 16A	10,5			277.		5,278.
	=						

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	11,440.	9,470.		1,970.		
TO FORM 990-PF, PG 1, LN 16B	11,440.	9,470.		1,970.		
FORM 990-PF	TAX	ES	S	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL EXCISE TAX INTERNATIONAL EQUITY FUND	25,500.	0.		0.		
II K-1 FOREIGN TAX PAID	45,966.	45,966.		0.		
TO FORM 990-PF, PG 1, LN 18	71,466.	45,966.		0.		
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INSURANCE WELLS FARGO INVESTMENT FEES TAXABLE BOND FUND K-1 INDEX EQUITY FUND K-1 INTERNATIONAL EQUITY FUND II K-1 OTHER EXPENSES MINNESOTA FILING FEE PHILANTHROPIC ADVISORY SERVICES	1,034. 17,592. 16,954. 4,969. 40,556. 231. 25.	17,592. 16,954. 4,969.		517. 0. 0. 0. 116. 25.		
TO FORM 990-PF, PG 1, LN 23	283,040.	80,703.		202,337.		

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INDEX EQUITY FUND		COST	20,827,354.	23,152,625.
INTERNATIONAL EQUITY FUND II		COST	15,731,744.	18,351,370.
TAXABLE BOND FUND		COST	20,635,712.	20,269,466.
WELLS FARGO (SEE STATEMENT A)		COST	45,715,990.	45,131,823.
TOTAL TO FORM 990-PF, PART II,	LINE 1	3	102,910,800.	106,905,284.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 9
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

WILLOW BEAR, LLC

P.O. BOX 91947 SIOUX FALLS, SD 57109

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (i) F.M.V. as of 12/31/69 (ii) F.M.V. as of 12/31/69 (iv) Excess of col. (i) Gains (excess of col. (ii) but not less than "-0-") 17, 176. -8, 227. -1, 474, 810. -4, 689. 6, 190. 1 k ii ii ii ii ii ii ii ii	Capital Gains and Los	ses for lax on investment income				
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b INDEX EQUITY FUND K-1	1a WELLS FARGO #23		VARIOUS	VARIOUS		
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