



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

For calendar year 2016 or tax year beginning January 1, 2016, and ending December, 20 16

Name of foundation: **Bluestone Giving Foundation**

Number and street (or P O box number if mail is not delivered to street address): **270 N Main Street South #300, Stillwater, MN 55082**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: _____

A Employer identification number
46-5218477

B Telephone number (see instructions)
651-342-1039

C If exemption application is pending, check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization. Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

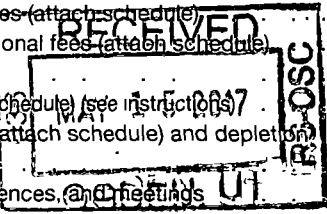
I Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$** _____

J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

SCANNED MAY 26 2016

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	15982.05			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0	0	0	
	4 Dividends and interest from securities	0	0	0	
	5a Gross rents	0	0	0	
	b Net rental income or (loss)	0			
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a	0			
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain			0	
	9 Income modifications			0	
	10a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0		0		
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	15982.05	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	0	0	0	0
	15 Pension plans, employee benefits	0	0	0	0
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	0	0	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest	0	0	0	0
	18 Taxes (attach schedule) (see instructions)	0	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	0
	20 Occupancy	0	0	0	0
	21 Travel, conferences, and meetings	0	0	0	0
	22 Printing and publications	0	0	0	0
	23 Other expenses (attach schedule)	132.54			
	24 Total operating and administrative expenses. Add lines 13 through 23	132.54	0	0	132.54
	25 Contributions, gifts, grants paid	15300.43			15300.43
26 Total expenses and disbursements. Add lines 24 and 25	15432.97	0	0	15432.97	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	549.08				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		



✓

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	3510 54	4059 62	4059 62
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶	0		
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ▶	0		
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶	0		
		Less: allowance for doubtful accounts ▶	0	0	0
	8	Inventories for sale or use	0	0	0
	9	Prepaid expenses and deferred charges	0	0	0
	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis ▶	0		
	Less: accumulated depreciation (attach schedule) ▶	0	0	0	
12	Investments—mortgage loans	0	0	0	
13	Investments—other (attach schedule)	0	0	0	
14	Land, buildings, and equipment basis ▶	0			
	Less: accumulated depreciation (attach schedule) ▶	0	0	0	
15	Other assets (describe ▶ 0)	0	0	0	
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3510 54	4059 62	4059.62	
Liabilities	17	Accounts payable and accrued expenses	0	0	
	18	Grants payable	0	0	
	19	Deferred revenue	0	0	
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ▶ 0)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	3510 54	4059 62	
	25	Temporarily restricted	0	0	
	26	Permanently restricted	0	0	
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)				
31	Total liabilities and net assets/fund balances (see instructions)				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3510.54
2	Enter amount from Part I, line 27a	2	549 08
3	Other increases not included in line 2 (itemize) ▶ 0	3	0
4	Add lines 1, 2, and 3	4	4059.62
5	Decreases not included in line 2 (itemize) ▶ 0	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4059 62

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-), or Losses (from col. (h))	
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015			
2014			
2013			
2012			
2011			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 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			8

15432.97

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter <u>6/27/2014</u> (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	n/a
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Credits/Payments:		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		✓
b		✓
c		✓
d		
e		
2		✓
3		✓
4a		✓
4b		✓
5		✓
6		✓
7		✓
8a		
b		✓
9	✓	
10		✓

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		✓
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)		✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ http://www.bluestonemd.com/about-us/bluestone-giving-foundation/	✓	
14 The books are in care of ▶ Sean Pavelich Telephone no. ▶ 651-472-8185 Located at ▶ 270 North Main Street Suite #300, Stillwater, MN ZIP+4 ▶ 55082		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15		<input type="checkbox"/>
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here . . . ▶ <input type="checkbox"/>		
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 2016?		✓
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No b If "Yes," did it have excess business holdings in 2016 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.</i>)		
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 had not been removed from jeopardy before the first day of the tax year beginning in 2016?		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes 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? Yes No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b**

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Schedule Attached				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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 deferred compensation	(e) Expense account, other allowances
None				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services		▶

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	Expenses
1 None	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 None	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2312.21
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2312.21
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2312.21
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	34.68
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2277.53
6	Minimum investment return. Enter 5% of line 5	6	113.88

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part 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	15432.97
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15432.97
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 (see instructions)	5	15432.97
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				n/a
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ _____				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (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				
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				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				
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 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ▶ **6/27/2014**

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	n/a	0
b 85% of line 2a	0	0	0	n/a	0
c Qualifying distributions from Part XII, line 4 for each year listed	15432.97	10873.37	1983.87	n/a	28290.21
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	n/a	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	15432.97	10873.37	1983.87	n/a	28290.21
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	4059.62	3510.54	1614.11	n/a	9184.27
(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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total				3a
b <i>Approved for future payment</i>				
Total				3b

Name	Title	Address	City	State	Zip	Compensator Contribution to EE benefit plan	Expenses and other allowances
Jennifer Redman	Vice Chair	2134 15th Ave	North St Paul	MN	55109	0	0
Sean Pavelich	Treasurer	7718 31st Street N	Oakdale	MN	55128	0	0
Nanc MacLeslie	Secretary	14290 Old Field Road N	Stillwater	MN	55082	0	0
Sarah Keenan	Chair	174 Ivy Street	Mahtomedi	MN	55115	0	0
Michelle Heyer	Board Member	15234 Florist Cir 55124	Apple Valley	MN	55124	0	0
Melina Monson	Board Member	999 Grand Ave	St Paul	MN	55105	0	0
Cynthia Stevens	Board Member	7608 Carillon Plaze East	Woodbury	MN	55125	0	0
Dab Whitcomb	Board Member	21365 Iverson Ave N	Forest Lake	MN	55025	0	0
Annette Fagerlee	Board Member	3336 Highcrest Rd NE	Minneapolis	MN	55418	0	0
Kim Geiser (Mlct)	Board Member	103 Cedar St	Birchwood Village	MN	55110	0	0
Sarah Stivland	Community Ambassador	11080 Penfield Ave N	Stillwater, MN	MN	55082	0	0
Amy Belisle	Board Member	2229 Ruby Road	Hudson	WI	54016	0	0
Kelley Schanen	Board Member	709 10th Ave	Grafton	WI	53024	0	0
Candice Levy	Board Member	7368 Irvin Ave S	Cottage Grove	MN	55016	0	0
Becky Kochsiek	Board Member	667 Monette Ave #2	New Richmond	WI	54017	0	0

Account	ChkRef	Debit	Credit	Date	Description	Category	TranDateTime
4183091		119 98		12/29/2016	XX0977 DDA PURCHASE AMAZON MKTPLACE PMTS AMZN COM/BILL WA 490002 63640	Shopping	
4183091	189	500		12/27/2016	Check #189	Checks and Withdrawals	Check
4183091			625	12/22/2016	Deposit	Income	Deposit
4183091	221	60		12/21/2016	WAL MART STORES PURCHASE 221 OAKPMN	Shopping	
4183091		800		12/19/2016	XX0977 DDA PURCHASE TARGET 00011858 NORTH ST PAUL MN 490002 635400001	Shopping	
4183091	188	100		12/12/2016	WAL MART STORES PURCHASE 188 EAGAMN	Shopping	
4183091		34 63		12/9/2016	XX0977 DDA PURCHASE INSTY PRINTS OWATONNA MN 490002 634400023	Uncategorized	
4183091		12 85		12/8/2016	XX0977 DDA PURCHASE FRANCESCA'S # 37 WOODBURY MN 490002 634300015	Uncategorized	
4183091		53 56		12/7/2016	XX0977 DDA PURCHASE AMAZON MKTPLACE PMTS AMZN COM/BILL WA 490002 63420	Shopping	
4183091		159 62		12/5/2016	XX0977 DDA PURCHASE WALMART COM 800-966-6546 AR 490002 633800042	Shopping	
4183091		132 54		12/2/2016	XX0977 DDA PURCHASE LIGHTGDD COM 415 661-9153 CA 490002 633700039	Uncategorized	
4183091			2878	12/1/2016	Deposit	Income	Deposit
4183091		379 26		11/18/2016	XX0977 DDA PURCHASE SAINT PAUL ADOPTIONS SAINT PAUL MN 490002 63230007	Uncategorized	
4183091	186	50		11/18/2016	Check #186	Checks and Withdrawals	Check
4183091		50		11/17/2016	XX0977 DDA PURCHASE HOLIDAY STNSTORE 0440 NORTH ST PAU MN 490002 6322	Auto and Transport	Fuel
4183091		300		11/15/2016	XX0977 DDA PURCHASE TARGET 00009316 STILLWATER MN 490002 632000001	Shopping	
4183091	185	104		11/7/2016	Check #185	Checks and Withdrawals	Check
4183091		372 06		10/12/2016	XX0977 DDA PURCHASE 2ND STREET INN & SUITE ROCHESTER MN 490002 6286000	Travel	Hotel
4183091		63 53		10/6/2016	XX0977 DDA PURCHASE AMAZON MKTPLACE PMTS AMZN COM/BILL WA 490002 62800	Shopping	
4183091		193 05		10/5/2016	XX0977 DDA PURCHASE COON RAPIDS - ADOPTION COON RAPIDS MN 490002 62790	Uncategorized	
4183091		278 51		9/23/2016	XX0977 DDA PURCHASE BEST BUY MHT 00000109 MAPLEWOOD MN 490002 626700000	Shopping	Electronics and Software
4183091			3957 1	9/22/2016	Deposit	Income	Deposit
4183091	184	300		9/15/2016	Check #184	Checks and Withdrawals	Check
4183091		357 5		9/6/2016	XX0977 DDA PURCHASE MATT'S MOVING - QB SOUTH ST PAUL MN 490002 6249001	Uncategorized	
4183091		15		8/26/2016	XX0977 DDA PURCHASE WWW CVS COM 800 746-7287 RI 490002 623900038	Uncategorized	
4183091		30		8/19/2016	XX0977 DDA PURCHASE CUB FOODS, INC SSS STILLWATER MN 490002 623200037	Food and Dining	Groceries
4183091		278 2		8/17/2016	XX0977 DDA PURCHASE AMERICAS BEST VALUE IN FARIBAULT MN 490002 6230000	Uncategorized	
4183091		170 1		8/5/2016	XX0977 DDA PURCHASE LLOYD'S PHARMACY ST PAUL MN 490002 621800029	Health and Fitness	Pharmacy
4183091		29 72		8/1/2016	XX0977 DDA PURCHASE HANDI MEDICAL SUPPLY I SAINT PAUL MN 490002 621400	Health and Fitness	Medical Bills
4183091	183	255		7/14/2016	Check #183	Checks and Withdrawals	Check
4183091			5	7/1/2016	Refund Paper Statement Fee	Income	Reimbursement
4183091	182	255		6/30/2016	Check #182	Checks and Withdrawals	Check
4183091		5		6/30/2016	PAPER STATEMENT FEE	Uncategorized	
4183091			25	6/28/2016	Refund Paper Statement Fee	Income	Reimbursement
4183091			170	6/23/2016	Deposit	Income	Deposit
4183091			1304 95	6/23/2016	Deposit	Income	Deposit
4183091		5		5/31/2016	PAPER STATEMENT FEE	Uncategorized	
4183091		399		5/25/2016	XX0977 DDA PURCHASE ANDERSONS WHEEL CHAIR ROCHESTER MN 490002 61460003	Uncategorized	
4183091			905	5/17/2016	Deposit	Income	Deposit
4183091	176	37		5/5/2016	Check 176 Finnegan Transport	Checks and Withdrawals	Check
4183091	180	1000		5/3/2016	Check 180 Gramling	Checks and Withdrawals	Check
4183091	181	700		5/2/2016	Check 181 Jalali Bed Reject	Checks and Withdrawals	Check
4183091		200		4/29/2016	XX0977 DDA PURCHASE MIDTLING ORAL MAXILL SAINT PAUL MN Linda Brookman	Uncategorized	
4183091		5		4/29/2016	PAPER STATEMENT FEE	Uncategorized	
4183091		33 07		4/28/2016	XX0977 DDA PURCHASE HANDI MEDICAL SUPPLY Clifford Cash	Health and Fitness	Medical Bills
4183091	177	400		4/28/2016	Check 177 Brantley Johnson Housing	Checks and Withdrawals	Check
4183091	178	144 9		4/27/2016	Check 178 Handi Medical BMS Cashed	Checks and Withdrawals	Check
4183091	175	300		4/26/2016	Check 175 Rose Wheldon Dental	Checks and Withdrawals	Check
4183091			1315	4/25/2016	Deposit	Income	Deposit
4183091	173	255		4/15/2016	Check 173 Henry St Andrews	Checks and Withdrawals	Check
4183091		43 71		4/14/2016	HANDI MEDICAL SUPPLY I SAINT PAUL MN Connie Erickson	Health and Fitness	Medical Bills
4183091	172	195		4/12/2016	Check 172 Moms Meals	Checks and Withdrawals	Check
4183091	174	200		4/6/2016	MENARDS STILLWAT Handicap ramp	Home	Home Improvement
4183091		5		3/31/2016	PAPER STATEMENT FEE	Uncategorized	
4183091	171	3000		3/28/2016	Check 171 Employee Cancer	Checks and Withdrawals	Check
4183091			1270	3/23/2016	Deposit	Income	Deposit
4183091		20		3/21/2016	0319 METRO TRANSIT WE 6123497631 MN GO TO PASS Schooling	Uncategorized	
4183091		120		3/10/2016	XXX9772 POS PURCHASE 03/10 METRO TRANSIT WE 612-3497631 MN	Uncategorized	
4183091	170	49 5		3/18/2016	Check 170 Gayle Soukup Elks Socialization	Checks and Withdrawals	Check
4183091		5		2/29/2016	PAPER STATEMENT FEE	Uncategorized	
4183091		41 82		2/29/2016	XX9772 POS PURCHASE 0227 WALMARTCOM Stevens Mattress	Shopping	
4183091	169	168		2/26/2016	COURAGE KENNY S CHECKPAYMT 0169 Amy Fletcher Water Physical Therapy	Uncategorized	
4183091		237		2/24/2016	Mcderry Family Scabies WALGREENS #7111 FOREST LAKE MN 31556806 894650	Health and Fitness	Pharmacy
4183091		249 83		2/24/2016	HEALTHCARE PRODU PALM BEACH FL Coventry Baby Dolls	Health and Fitness	Health Insurance
4183091			3005	2/19/2016	Payroll deposits	Income	Deposit
4183091		200		2/16/2016	Emerald ORAL SAINT CLOUD MN 37500108 659803	Uncategorized	
4183091	168	150		2/12/2016	WAL-MART STORES Household items St Cloud Guy	Shopping	
4183091		33 99		2/11/2016	Wal-Mart Super C OAK PARK HEIG MN Stevens Bed Linens	Shopping	
4183091	166	255		2/10/2016	Thompson St Andrews Bridging funds	Checks and Withdrawals	Check
4183091	167	62 43		2/9/2016	XCEL ENERGY XCELENERGY 0167 Walker	Utilities and Services	Electric Bill
4183091			522	1/29/2016	Xmas Party Money	Income	Deposit
4183091		5		1/29/2016	PAPER STATEMENT FEE	Uncategorized	
4183091	164	250		1/27/2016	Siegler Salvation Army Bridging	Checks and Withdrawals	Check
4183091		246 95		1/19/2016	Lisa Bramstadt Camera Lens Amazon	Shopping	
4183091	165	481 68		1/19/2016	Rent Emergency Stacy	Checks and Withdrawals	Check
4183091	163	75		1/14/2016	Diane Boie Error Kelly Roschild Cub card not received	Checks and Withdrawals	Check
4183091	162	200		1/13/2016	Maxine Hayford Midling Family Dental	Checks and Withdrawals	Check
4183091	160	650		1/5/2016	Richard Baysan Brookdale Staff	Checks and Withdrawals	Check
4183091		49 98		1/4/2016	Sheila Youngquist Swimsuit for Pool Therapy	Uncategorized	