Form **990-PF**

Extended to November 15, 2019
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.
Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

rui	carer	idar year 2018 of tax year beginning		, and ending		
Na	me o	foundation			A Employer Identification	number
	ch	gels All Sports Foundat	45-0447707			
_		and street (or P.O. box number if mail is not delivered to street	B Telephone number			
4	155	0 15th Ave S			701-232-36	65
Cıt	y or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
F	ar	go, ND 58103]	
G	Check	all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		0 -	
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, mputation
H_I	Check	type of organization: X Section 501(c)(3) ex		ادم	E If private foundation sta	tus was terminated
	<u>S</u> e		Other taxable private found	ation OU	under section 507(b)(1)	(A), check here
		arket value of all assets at end of year J Accounti	- ,	Accrual	F If the foundation is in a f	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here ▶∟
_	<u> </u>		nn (d) must be on cash bas	is)		
P	art <u>l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,158.		N/A	
	2	Check fithe foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)			REC	EIVED
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	1,865,242.			
	b	Gross sales price for all assets on line 6a 1,876,690.			DEC 3	S S
	7	Capital gain net income (from Part IV, line 2)	•	1,865,242.	O DEC 3	U 2019 9
	8	Net short-term capital gain				38
	9	Income modifications Gross sales less returns			OGDE	N. UT
	10a	and allowances				
	1	Less Cost of goods sold				
	1	Gross profit or (loss)	760 040	550 010		
	11	Other income	762,243.	762,243.		Statement 1
_	12	Total Add lines 1 through 11	2,677,643.	2,627,485.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
Se	15	Pension plans, employee benefits Legal fees				
xpeuses		Accounting tees Stmt 2	1,650.	0.		1,650.
	.I	Other professional fees	1,050.			1,030.
б П		Interest		<u> </u>		
Operating and Administrative	18	Taxes Stmt 3	25,082.	0.		0.
istr	19	Depreciation and depletion				
~ [20	Occupancy				
À Ğ	21	Travel, conferences, and meetings				
2	22	Printing and publications	- "			
g	23	Other expenses Stmt 4	15.	0.		15.
ətin	24	Total operating and administrative				<u></u>
Der		expenses Add lines 13 through 23	26,747.	0.		1.665-
ō	25	Contributions, gifts, grants paid	2,662,420.	 		1,665. 2,662,420.
		Total expenses and disbursements				
	<u>L</u> .	Add lines 24 and 25	2,689,167.	0.		2,664,085.
	27	Subtract line 26 from line 12:				
	а	Excess of revenue over expenses and disbursements	-11,524.			
	1.	Net investment income (if negative, enter -0-)		2,627,485.		
	С	Adjusted net income (it negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2018) Scheel Part IV Capital Gains and I	45-0447707 Page							
2-story brick warehous	d(s) of property sold (for example, is; or common stock, 200 shs. MLC		(b)	How acquired - Purchase) - Donation		e acquired day, yr.)	(d) Dat (mo., d	
1a Installment Sale				D				
b								
<u> </u>			_					
<u>d</u>	······································			-		···		
e	f) Depreciation allowed	(=) Cost or other hasin		1	(6)	Cara as (lasa)		
CET CHOSE SAIRS DOLLE						Gain or (loss) us (f) minus (
a 1,876,690.		11,4	48.				1,865	,242
b								-
С								
d								
<u>e</u>								
Complete only for assets showing gain						Col (h) gain		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		COI		i not less thar s (from col. (
	as 01 12/3 1/03	Over Col. (j), il aliy						
<u>a</u>		 					1,865	, 242.
b								
C d								
e		<u></u>	_	,		<u> </u>		
	C If any also enter in Par	t Lhan 7						
2 Capital gain net income or (net capital los	If gain, also enter in Par If (loss), enter -0- in Pai		-	2			1,865	. 242.
3 Net short-term capital gain or (loss) as d	•	, , , , , ,	,					
If gain, also enter in Part I, line 8, column	, , , , ,)					
If (loss), enter -0- in Part I, line 8	•		ľ	3		N/A		
Part V Qualification Under	Section 4940(e) for Red	uced Tax on Ne	t Inv	estment Inc	ome		•	
(For optional use by domestic private foundation	ations subject to the section 4940(a) tax on net investment	ıncom	e.)				
If section 4940(d)(2) applies, leave this part	hlank							
Was the foundation liable for the section 19/			eriod?				Yes	X No
If "Yes," the foundation doesn't qualify under 1 Enter the appropriate amount in each co			antria					
		ons before making any			T		(4)	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value of n	(c) Ioncha	ritable-use assets		Distrib	(d) ution ratio	(-\\
201/	3,707,6			,356,164	+	(col (b) divi		(C)) 58264
2016	8,098,7			,255,507				9829
2015	5,519,2		24	,984,301	+			20911
2014	5,516,2			,577,780				0026
2013	2,772,6			,043,275				8870
				, <u> </u>	<u> </u>			00,0
2 Total of line 1, column (d)					2		1.17	7900
3 Average distribution ratio for the 5 year b	ase period divide the total on line	2 by 5.0, or by the numl	ber of	yoars		1		
the foundation has been in existence if le	ss than 5 years				3		23	5580
							<u> </u>	
4 Enter the net value of noncharitable-use a	assets for 2018 from Part X, line 5				4	12	2,499,	148.
5 Multiply line 4 by line 3					_ 5		2,944,	549.
6 Enter 1% of net investment income (1% of	of Part I, line 27b)				6_		26,	275.
						1		
7 Add lines 5 and 6					7		2,970,	824.
.								
8 Enter qualifying distributions from Part X					8	L	2,664,	<u>085.</u>
If line 8 is equal to or greater than line 7,	check the box in Part VI, line 1b, and	d complete that part usi	ng a 19	% tax rate				
See the Part VI instructions.								_

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see instr	uctio	<u>ns)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here I and enter 1%	1		<u>52,5</u>	<u>50.</u>
	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).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.
3	Add lines 1 and 2	3		52,5	<u>50.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		52,5	<u>50.</u>
6	Credits/Payments:	Ì			
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 37,560.				
	Exempt foreign organizations - tax withheld at source 6b 0.				
	Tax paid with application for extension of time to file (Form 8868) 6c 10,000.				
	Backup withholding erroneously withheld 0.		ı		
	Total credits and payments. Add lines 6a through 6d	7		<u>17,5</u>	<u>60.</u>
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		<u>4,9</u>	90.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	11			
	rt VII-A Statements Regarding Activities			TVoo	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN	<u> </u>	165	
	any political campaign?		1 <u>a</u>	+-	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition and secure of New York to be detailed description of the activation and secure of any materials such based on	ЩОП	<u>1b</u>	+-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				1
_	distributed by the foundation in connection with the activities.		١.,	,	x
	Did the foundation file Form 1120-POL for this year?		1c	+-	- ^-
ū	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$\bigsim \bigsim \b				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
e	managers. > \$ 0.				ļ
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		<u></u>	†	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	ır			1
·	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?		4a	†	x
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4b	\vdash	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	1	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				İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	ND)	
þ	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		86	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section $4942(1)(3)$ or $4942(1)(5)$ for cale	ndar			_ 4
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10		<u> X</u>
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Pi	art 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	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege	es?		
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ Michelle Killoran Telephone no. ▶ (7	01) 232	2-36	65
		▶58103		
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	l N	I/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	Į.		
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		ا بن	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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?] No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1 1	
	a disqualified person?	J No.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1 1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		} i	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	·	1 1	
	for the benefit or use of a disqualified person)?	7 No.		
	(6) Agree to pay money or property to a government official? (Exception Check "No"	3.40		
	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)	7 No		
ь	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	- 110		
	· · · · · · · · · · · · · · · · · · ·	/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			
Ť	before the first day of the tax year beginning in 2018?	1.		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> 1c</u>	\vdash	
_	defined in section 4942(j)(3) or 4942(j)(5)):]		
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ĺ		
	before 2018? Yes X	l No		
	If 'Yes,' list the years	ן טאינ		
Ь	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	f :		
		/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.	/A 2b		
Ī				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	l No		
ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after) HO		
_	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,			
		/A 3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		-	
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4 <u>a</u>	-	<u>X</u> _
•	had not been removed from jeopardy before the first day of the tax year beginning in 2018?			v
_		1 4D		

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Requirea (contin	ued)	- 15	I NI-
5a During the year, did the foundation pay or incur any amount to:					es No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Yo	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				- 1
the prevention of cruelty to children or animals?		Y(s X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations			- 1
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check	here			1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			İ
expenditure responsibility for the grant?	Ŋ	I/A 🗀 Yo	es 🔲 No 📗	i	
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?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribi	utable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration o	г			
excess parachute payment(s) during the year?			s X No		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma				<u> </u>
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
() Nome and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	owances
See Statement 6		0.	0.		0.
	_				
		L			
		1		ĺ	
	1	1		}	
	<u></u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(-) Name and address of each amplayee and more than PEO 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation		ount, other owances
NONE					
		<u> </u>		-	
Total number of other employees paid over \$50,000	<u> </u>	L	T	<u> </u>	
Total manual of other amprofess bais and modern			Form	990-	PF (2018)
			1 01111		(2010)

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Part VIII 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) Compe	nsation
NONE		
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.	Expenses	
1N/A		_
2		
3		
4		
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		
·		
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
Total. Add lines 1 through 3		0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T		
а	Average monthly fair market value of securities	1a		0.
b	Average of monthly cash balances	1b	47	270.
c	Fair market value of all other assets	10	12,642	
d	Total (add lines 1a, b, and c)	10	12,689	
O	Reduction claimed for blockage or other factors reported on lines 1a and		227003	1300
	1c (attach detailed explanation) 1e 0.			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	12,689	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		342.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,499	
6	Minimum investment return. Enter 5% of line 5	6		957.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certair	1	
	foreign organizations, check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	624	957.
2a	Tax on investment income for 2018 from Part VI, line 5 2, 550.	1		
b	Income tax for 2018. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c	52.	550.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		407.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	572.	407.
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	572,	407.
P	art XII Qualifying Distributions (see instructions)			
느	are Ari			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,664,	085.
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:			. <u> </u>
а	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
1	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,664,	085.
5	Foundations that qualify unider 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	2,664,	085.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section	
_	4940(e) reduction of tax in those years			

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
line 7				572,407.
2 Undistributed income, if any, as of the end of 2018				312,407.
a Enter amount for 2017 only			0.	
b Total for prior years:				
, c.a. o. p. o. youro,		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 1,426,810.				
b From 2014 4, 249, 115.				
c From 2015 4,383,020.				
d From 2016 7,249,378.				
e From 2017 3,064,912.				
f Total of lines 3a through e	20,373,235.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 2,664,085.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				572,407.
e Remaining amount distributed out of corpus	2,091,678.			·
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	İ			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,464,913.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		· · · · · · · · · · · · · · · · · · ·
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	,	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	ŀ	
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		}		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	1,426,810.			
9 Excess distributions carryover to 2019	21 020 102			
Subtract lines 7 and 8 from line 6a	21,038,103.			
O Analysis of line 9:		•		
a Excess from 2014 4,249,115.				
b Excess from 2015 4,383,020.				
c Excess from 2016 7,249,378.				
d Excess from 2017 3,064,912. e Excess from 2018 2,091,678.		į	}	
23581 12:11:18				Form 990-PF (2018)

Form 990-PF (2018) Scheels	All Sports	Foundation			447707 Page 10
Part XIV Private Operating I			A, question 9)	N/A	
1 a If the foundation has received a runng	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo			▶ <u> </u>		
b Check box to indicate whether the four	dation is a private operatii	ng foundation described i	n section	4942(j)(3) ui 24	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(4) 2015	(e) Total
investment return from Part X for					
each year listed			/	1	
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			ľ		
exempt activities			1		
e Qualifying distributions made directly				· · · · · · · · · · · · · · · · · · ·	-
for active conduct of exempt activities.			\		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				-	
alternative test relied upon:	/				
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	1				
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income interest,					
dividends, rents, payments on	İ				
securities loans (section 512(a)(5)), or royalties)			ı]	
(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			<u> </u>	 	
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5 000 or m	ore in assets
at any time during t			i dio logiladioi	, παα ψο,σοσ στ πτ	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation wh	•	than 2% of the total contr	abutions recovered by the	foundation hafare the ele	so of any toy
year (but only if they have contributed i	nore than \$5,000) (See se	ection 507(d)(2) }	ibulions received by the	iounuation before the cit	ise of ally lax
Steve D. Scheel	, , ,	\-\(\-\\\-\\\\-\\\\\\\\\\\\\\\\\\\			
b List any managers of the foundation wh	on own 10% or more of the	e stock of a cornoration (or an equally large ports	on of the ownership of a n	artnorchin or
other entity) of which the foundation ha			or arrequary range portr	on or the ownership of a p	artificially of
None	•				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Pre	norame:		
Check here ► 🗶 if the foundation of				not account uncollected con-	sacte for funds. If
the foundation makes gifts, grants, etc.	to individuals or organiza	tions under other condition	ons, complete items 2a.	b. c. and d.	16212 101 101102. 11
a The name, address, and telephone num					<u> </u>
2 The hame, address, and telephone fluin	oo. or omaliaduress of th	o person to whom applice	anono onduiu ue adules	Jud	
b The form in which applications should t	e submitted and informat	on and materials they sho	only ruchings.	·	
applications strouts		and materials triby sill	55.5 moio 00		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	areas, charitable fields.	kinds of institutions, or i	other factors.	
			, =-	•	

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or show any relationship to Amount any foundation manager contribution Name and address (home or business) or substantial contributor a Paid during the year AO1 Foundation c/o The Giving Back None PC Community Support Fund 5757 W. Century Blvd, Suite 410 Los Angeles CA 90045 50,000. Colorado Youth Outdoors PC None Community Support 4927 E. County Rd. 36 Fort Collins CO 80528 17,500. Dakota Marksmanship Foundation PC None Community Support PO Box 207 Devils Lake ND 58301 75,000, FM Area Foundation PC None Community Support 409 7th St. S Fargo ND 58103 10,000, Kakauna Youth Baseball None PC Community Support PO Box 452 Kakauna WI 54130 75,000, See continuation sheet(s) Total ► 3a 2 662 420 **b** Approved for future payment None Total **▶** 3b Form **990-PF** (2018)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded 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				
å			 				
b			\vdash				
<u> </u>							
d			 				
e	<u> </u>						
Food and contrasts from government appropria	-		 				
g Fees and contracts from government agencies			 -				
2 Membership dues and assessments	<u> </u>		├				
3 Interest on savings and temporary cash							
Investments			 				
4 Dividends and interest from securities			_				
5 Net rental income or (loss) from real estate:							
a Debt-financed property			 				
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property			1 4	760 040			
7 Other investment income			14	762,243.	 -		
8 Gain or (loss) from sales of assets other			4.0	1 005 040			
than inventory	<u> </u>		18	1,865,242.			
9 Net income or (loss) from special events	<u> </u>		-				
10 Gross profit or (loss) from sales of inventory		<u> </u>	├ ─		 		
11 Other revenue:							
<u>a</u>							
b	_		 -				
c	<u> </u>						
d			-				
e	<u> </u>		-	2 627 405			
12 Subtotal. Add columns (b), (d), and (e)		0.		2,627,485.	0.		
13 Total Add line 12, columns (b), (d), and (e)				13	2,627,485.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes			
Explain below how each activity for which income the foundation's exempt purposes (other than be			contrib	uted importantly to the accom	plishment of		
	<u>, </u>						
							
		· 					
					· · · · · · · · · · · · · · · · · · ·		
							
							
		-		· · · · · · · · · · · · · · · · · · ·			
							
							
				······································			
							
	······································						
							
	· -						

•				
Form 990-PF (2018)	Scheels All	Sports	Foundation	45-0447707
Part XVII Infor	mation Regarding	Transfers to	and Transactions	and Relationships With Noncharitable
Exer	npt Organizations			

1 Did the	e organization directly or indi	rectly engage in any	ot the followin	ig with any other organizati	on described in sec	tion 501(c)	1	res	NO	
(other	than section 501(c)(3) organ	nizations) or in section	on 527, relating	g to political organizations?	•		Ĭ.		l	
a Transf	ers from the reporting found	ation to a noncharita	ible exempt or	ganization of,			ļ			
(1) Ca	ash						18(1)		_X_	
(2) Other assets										
b Other t	ransactions:									
(1) Sa	ales of assets to a noncharita	ible exempt organiza	ition				16(1)		X	
(2) Pi	urchases of assets from a no	ncharitable exempt	organization				1b(2)		X	
(3) Re	ental of facilities, equipment,	or other assets	-				16(3)		X	
	eimbursement arrangements						1b(4)		X	
٠,,	oans or loan guarantees						1b(5)		X	
٠,	erformance of services or me	embership or fundra	isino solicitatio	ins			15(6)		X	
٠,	g of facilities, equipment, ma	•	-				1c		X	
	nswer to any of the above is	•			wave chow the fair	market value of the		etc	<u> </u>	
	rices given by the reporting fo							C13,		
	n (d) the value of the goods,			oo loos man lan market van	oo in any transaono	in or onaring arrange	mont, and the			
a) Line no	(b) Amount involved	,		exempt organization	(d) Description	n of transfers, transaction	and shapes an			
a y cillo 110	(b) runoum involved	(b) Name o		- CACINPT OF GATHERMON	(b) Description	noi transiers, transactio	ans, and sharing an	angeme		
		 	N/A		 -		·		——	
——— <u></u>		 			 				——	
										
										
										
		<u> </u>			_					
			_							
		ļ — — — — — — — — — — — — — — — — — — —								
					- 	·				
					 -					
20 is the i	oundation directly or indirect	thy affiliated with or	ralated to one	or more tax-exempt organ	izations described					
	ion 501(c) (other than section	•	-	or more tax-oxompt organi	Zanone ueseneeu		Yes	v] No	
		, ,, ,,	SCHOII 5277				tes	لـمـ	טאו נ	
b il res,	complete the following sche (a) Name of org			(b) Type of organization	1	(a) Description of co	lationship			
		јанігация		(b) Type of Organization	 	(c) Description of re	nationship ,			
	N/A				ļ . .					
					 					
				_ 	 					
				L	<u> </u>					
	der penalties of perjury declare to belief, it is true correct and non	that I have examined the	is return, includin 	g accompanying schedules and 1 taxpayer) is based on all inform	statements, and to the	best of my knowledge	May the IRS d	ISCUSS 1	his	
Sign	SWI/VANTE A		717	1 1 1	Secre	tary/Trea	S return with the			
Here	NA MAIL	MM	$W \sim$	1114 119	urer	_	_ X Yes] No	
3	Signature of officer or trustee			Date	Title					
	Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if	PTIN			
	Kim C. Hun	wardsen.]	self- employed				
Paid	CPA		Kim C.	Hunwardsen	11/04/19		P00484	560		
Prepare		E BATILLY			<u> </u>	Firm's EIN ▶ 4				
Use On	THE PERSON 1 1 1 1 1 1 1 1 1					I I I I I I I I I I I I I I I I I I I	J 02303	<i>,</i> 0		
	Firm's address ▶ 43	10 17mu x	TIP C D	O BOY 2545		+				
						Dhar 70	1 220 0	E 0 0		
	FA	RGO, ND 5	00100-2	242		Phone no. 70				
							Form 990	-PF (2018)	

Scheels All Sports Foundation 45-0447707

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the		_ 	 	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Lincoln Children's 200 1222 S. 27th St.	None	PC	Community Support	
Lincoln NE 68502				135_00
NDSU Development Foundation	None	PC	Bison Sports Arena	
PO Box 5144				
Fargo, ND 58105		 -	 	100,000
New Life Center	None	PC	Community Support	
1902 3rd Ave N	None	FC	COMMUNITEY Support	
Fargo ND 58102				150,000
St. Cloud YMCA	None	PC	Community Support	
2001 Stockinger Drive St. Cloud MN 56303				270,000
50, 0,50a, Inv 50505				270,000
YMCA of Fox Cities	None	PC	Community Support	}
218 E Lawrence St				
Appleton WI 54911		 	<u> </u>	84,600
NIDGH Biggs Charts brons	None	2011		
NDSU Bison Sports Arena 1600 University Dr N	None	GOV	Community Support	
Fargo ND 58105	 	 		1 156 895
YMCA of the Cedar Rapids Metro Area	None	PC	Community Support	•
207 7th Ave SE Cedar Rapids IA 52401				45,000
Moorhead Youth Hockey Association	None	PC	Community Support	
707 SE Main Ave				
Moorhead, MN 56560		 		100,000
Arlington Public Schools	None	GOV	Community Support	
705 N. 9th ST			Tapport	
Arlington NE 68002	 		-	42,300
Little Red Reading Bus 207 Main Ave W	None	PC	Community Support	
West Fargo ND 58078				8,000
Total from continuation sheets				2,434,920

Part XV Supplementary Information							
3 Grants and Contributions Paid During the	fear (Continuation)						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	- CONTRIBUTION				
Boys and Girls Club of Detroit Lakes PO Box 83	None	PC	Community Support				
Detroit Lakes MN 56502				90,000,			
				,			
UNI Athletics 1227 West 27th Street	None	GOV	Community Support				
Cedar Falls, IA 50614		Ì		28,125,			
Sioux City Public Schools Foundation	None	PC	Community Support				
627 4th St Sioux City, IA 51101				22,500.			
510th (25), 11: 01201				22,300			
Millard West High School	None	PC	Community Support				
5710 S 176th Ave Omaha NE 68135				90,000,			
Omana, NE 08133		 					
Rivers Edge Trail	None	PC	Community Support				
PO Box 553				112 500			
Great Falls, MT 59403		-		112,500.			
		<u> </u>	 				
		,					
	 	<u> </u>	 -				
	1						
		ļ	 				
	}						
Total from continuation sheets							

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization Employer identification number Scheels All Sports Foundation 45-0447707 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 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 contributors **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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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

Scheels All Sports Foundation

45-0447707

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if addition	al space is needed.
--------	--------------	---------------------	----------------------	-----------------------	---------------------

		<u></u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Revier 2000 Forest Hill Trace Coralville, IA 52241	\$50,158.	Person X Payroll
(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)
(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

Scheels All Sports Foundation

45-0447707

Part II Non	cash Property (see instructions) Use duplicate copies of F	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
		\ \$	ļ
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No. from	(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	Description of notices in property given	(See instructions)	Date received
_			
		\$	

Name of org	ganization			Employer identification number
Scheel	s All Sports Foundation	1		45-0447707
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chuse duplicate copies of Part III if additional s	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	t	
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		nsferor to transferee
	mansieree s manie, address, and	7 ZIF T Y	relationship of tra	naterol to unitate de
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gift	1	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee

Form 990-PF	Other :	Income		Statement 1
Description		(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Interest Income on Note Recei	ivable	762,243.	762,243.	
Total to Form 990-PF, Part I,	, line 11 =	762,243.	762,243.	
Form 990-PF	Account:	ing Fees		Statement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	
Accounting Fees	1,650	. 0	•	1,650.
To Form 990-PF, Pg 1, ln 16b	1,650	. 0	•	1,650.
Form 990-PF	Таз	kes		Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Estimated Taxes	25,082	. 0	•	0.
To Form 990-PF, Pg 1, ln 18	25,082	. 0	•	0.
Form 990-PF	Other I	Expenses		Statement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Annual Filing Fee	15.	0	•	15.
To Form 990-PF, Pg 1, ln 23	15.	0	•	15.
		= =====================================	=	= =====================================

Form 990-	-PF	Other Notes	and I	oans Reported S	eparately ————	Statement
Borrower'	s Name			Terms of Repay	ment :	Interest Rate
Scheels A	All Sports	Inc		Annual		4.00%
Date of Note	Maturity Date	Origina Loan Amor		Description of Consideration		FMV of Consideration
12/30/11	12/31/41	19,325	,468.	16,819 Shares All Sports Inc		0.
Security	Provided by	y Borrower	Purp	oose of Loan		
			Inst	allment stock p	urchase	
Relations	ship of Bor	rower		Balance Due	Doubtful Acc Allowance	
		· · · · · · · · · · · · · · · · · · ·		12,642,220.		0. 12,642,220
Total to	Form 990-P	F, Part II,	line	7 12,642,220.		0. 12,642,220

Form 990-PF	Part VIII - List Trustees and	of Officers, Daniel Foundation Manag		State	ement 6
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Steve D. Scheel 4550 15th Ave S Fargo, ND 58103		President 0.10	0.	0.	0.
Steve M. Scheel 4550 15th Ave S Fargo, ND 58103		Vice President 0.10	0.	0.	0.
Michelle Killoran 4550 15th Ave S Fargo, ND 58103		Secretary/Treas	surer 0.	0.	0.
Matt R. Hanson 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	0.
Kevin J. Lambley 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	0.
Bill D. Nelson 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	. 0.
Todd E. Anderson 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	0.
Trevor J. Klein 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	0.
Mark T. Knudson 4550 15th Ave S Fargo, ND 58103		Director 0.10	0.	0.	0.
Totals included on	ı 990-PF, Page 6,	Part VIII =	0.	0.	0.