

Form **990-PF**

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.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0047
2019
Open to Public Inspection

For calendar year 2019 or tax year beginning January, 2019, and ending December, 20 19

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**

Room/suite: **300**

City or town, state or province, country and ZIP or foreign postal code: **Stillwater, MN 55082**

A Employer identification number: **46-5218477**

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

C If exemption application is pending, check here

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

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

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

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

H Check type of organization. Section 501(c)(3) exempt private foundation **03**
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **7961**

J Accounting method. Cash Accrual
 Other (specify) _____

03/03

6

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)	31584			
	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)				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a				
	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				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)	0		0		
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	31584	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	42	0	42	0
	22 Printing and publications	0	0	0	0
	23 Other expenses (attach schedule)	1311	0	1311	0
	24 Total operating and administrative expenses. Add lines 13 through 23	1353	0	1353	0
25 Contributions, gifts, grants paid	31732			31732	
26 Total expenses and disbursements. Add lines 24 and 25	33085	0	1353	31732	
27 Subtract line 26 from line 12.					
a Excess of revenue over expenses and disbursements	-1501				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

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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	9462	7961	7961	
	2 Savings and temporary cash investments	0	0	0	
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶	0	0	0	
	4 Pledges receivable ▶ 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) ▶ 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 ▶ 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 ▶ Less accumulated depreciation (attach schedule) ▶	0	0	0	
15 Other assets (describe ▶)	0	0	0		
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	9462	7961	7961		
Liabilities	17 Accounts payable and accrued expenses	0	0	0	
	18 Grants payable	0	0	0	
	19 Deferred revenue	0	0	0	
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	0	
	22 Other liabilities (describe ▶)	0	0	0	
	23 Total liabilities (add lines 17 through 22)	0	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.				
	24 Net assets without donor restrictions	9462	7961		
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds				
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds					
29 Total net assets or fund balances (see instructions)	9462	7961			
30 Total liabilities and net assets/fund balances (see instructions)	9462	7961			

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 29 (must agree with end-of-year figure reported on prior year's return)	1	9462
2 Enter amount from Part I, line 27a	2	-1501
3 Other increases not included in line 2 (itemize) ▶ 0	3	0
4 Add lines 1, 2, and 3	4	7961
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 29	6	7961

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j) if any	(l) Gains (Col (h) gain minus col (k), but not less than -0- or Losses (from col (h))
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 doesn't 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))
2018			
2017			
2016			
2015			
2014			

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 0, 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 2019 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	

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	2019 estimated tax payments and 2018 overpayment credited to 2019	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 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		✓
1b		✓
1c		✓
2		✓
3	✓	
4a		✓
4b		✓
5		✓
6		✓
7	✓	
8a		
8b	✓	
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 ► Sarah Sundberg Telephone no ► 651-472-8185 Located at ► 270 N 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 2019, 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"/>	1b	
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 2019?	1c	✓
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" 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.)	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. ► 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 checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
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 2019?	4b	✓

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:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	▶ <input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, and 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	9480
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	9480
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	9480
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	142
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9338
6	Minimum investment return. Enter 5% of line 5	6	467

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 2019 from Part VI, line 5	2a	
2b	Income tax for 2019 (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	33085
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	33085
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33085

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				N/A
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>33085</u>				
a Applied to 2018, 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 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
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 2014 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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 2019, enter the date of the ruling ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4, for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

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

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

Tax year	Prior 3 years			(e) Total
(a) 2019	(b) 2018	(c) 2017	(d) 2016	
0	0	0	0	0
0	0	0	0	0
33085	17721	17491	15433	83730
0	0	0	0	0
33085	17721	17491	15433	83730
7961	9462	4481	4060	25964
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

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))

N/A

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.

N/A

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

giving@bluestonemd.com

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

See attached

c Any submission deadlines.

N/A

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

N/A

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
See Attached Schedule				
Total				▶ 3a
b <i>Approved for future payment</i>				
N/A				
Total				▶ 3b

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**2019**

Name of the organization

Bluestone Giving Foundation

Employer identification number

46-5218477

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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), 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).

Name of organization Bluestone Giving Foundation	Employer identification number 46-5218477
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	Bluestone Physician Services ----- 270 N Main Street #300 ----- Stillwater, MN 55082 -----	\$ ----- 31584	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

Part II **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
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----
----- 	----- ----- ----- -----	\$ -----	-----

Name of organization	Employer identification number
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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, 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
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, 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
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, 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
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

Part XV - Supplementary Information

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

Recipient Name	Address	Foundation Status	Purpose of Grant or Contribution	Amount
a Paid During the Year				
Cory Fleck	100 E Walnut St Waukegan MN 56001		Walnut Towers	246
Gail Ahonen	3391 Creditwater Road Grand Rapids MN 55744		Benders Shoes	144 99
Chris Faust	2686 Mallard Dr Woodbury MN 55125		Kwik Trip - gas	100
Chris Faust	2000 Mallard Drive Woodbury MN 55125		Cub Food	100
Larry Brown	General Delivery St Paul MN 55101		Wal Mart - Coat	75
Carol Gonzales	400 Western Ave St Paul MN 55103		Good Will - household	200
Andrea Davis	1145 Hudson Road St Paul MN 55106		Handi Med - walker access	44 62
Rose Boldt	400 Webster St N St Paul, MN 55102		Midling Dental anesthesia	450
Sandra Watkins	355 Maria Ave St Paul MN 55106		Affordable Mattress	200
Karen Rodmann	1717 University Dr St Cloud MN 56304		Centra Sota dental	466
Jill Olson	10133 371 Ave Cannon MN 55922		Menards Grab Bar	50
Diana Wilhite	1717 University Drive St Cloud MN		Guardian Pharm	34 17
Danisha Bryant	1000 Park Ave Minneapolis MN 55404		Handi Medical	40 16
Janet Johnson	707 Oscar Ave Canby MN 56220		Frontier	130 79
Kevin Brummer	441 E Page Street St Paul 55107		Handi Medical	20 24
Devin Gillespie	300 7th ST Willmar MN 56201		Amazon	85 89
James Suerth	1052 Central Ave Minneapolis, MN 55418		Allina TENS unit	31 65
Hannah P	835 Cliff Road Eagan MN 55123		Uber - dakota co	100
Ruth Werner	12005 W Hudson Ave Brookfield, WI 53005		Amazon knee brace	17 98
Brooke Gramling	6300 Upper 33rd St N, Oakdale MN 55128		Wal Mart - food	100
Elizabeth Schults	1321 Centennial Drive Farmington MN 55024		American Medical Bracelet	51 83
Ashley Jennings	4100 Starling Drive, Hastings MN 55033		Sick Child harship assistance	500
Evelyn Finseth	4939 Highway 212 Montevideo MN 56265		Amazon - Adapted Fork/Spoon	250 03
Abdi Issa	3700 Hubel Parkway NE Columbia Heights 55421		Handi Med	32 97
Bakeshia Powell	10100 Hampshire Ave Bloomington MN		Walmart GC for Food - urgent	25
Nathaniel McMorns	300 Van Vorst Memorial Blvd Minneapolis MN 55405		Handi Med	44 62
Carla Peterson	1024 Old Hudson Rd St Paul MN 55119		Minute Men Movers	310
Melvin Davis	6207 Chowen Ave Minneapolis MN 55429		Helpful Hands Transportation	135
LeeAnn Anderson	7301 Ave NE Forest Lake MN 55025		Community Dental - crowns	1708
Carly Buchanan	7312 14310 St Court W Apple Valley MN 55124		U go mobility - oxygen co	109 95
Lisa Prior	251 Maria St St Paul MN 55106		Handi Med	40 66

Christine McDonald	421 VANHOUSE AVE DUBLINO MN 55343	Handi Med	37 16
Lynn Revier	2232 Cottage Drive Stillwater MN 55082	Handi Med	37 93
Jamie Demars	1330 WESTERN AVE FARGO, MN 55021	Borders Hotel- Swim Pass	42 95
Judith Lyon	6080 GARFIELD AVE Oak Park Heights MN 55082	Pro Move	575
James Meath	604 FREEWAY ROAD N ST Paul MN 55118	Target- GC	200
Cathy Bates	123 E 39TH MINNEAPOLIS, MN 55419	Handi Medical- Humidifer	43 92
Rodney Jones	1484 ROSE AVE E ST Paul MN 55106	Handi Med - walker/commode	37 93
Rodney Jones	1485 ROSE AVE E ST Paul MN 55106	Handi Med - walker/commode	107 62
Kelly Zumbrunnen	600 ROBERT PLACE CHICAGO, ILL 54650	Flooding	1740
Anita Platow	423 E SUMMIT AVE Appleton, MN 56028	Med Machine	224 17
Roosevelt Rhines	630 CEDAR AVE MINNEAPOLIS MN 55454	Wal Mart -mattress topper	59 4
Melissa Madson	210 HUNTING AVE FARGO, MN 55021	Handi - med dispenser	75 98
Shirley Holececk	2970 HILLS ROAD FORTDAVE MN 55935	Handi Med - Pill dispenser	78 99
Carnecia Armstrong	1903 4th Street East Saint Paul MN 55119	Rent help	1050
Nicole Papermaster	3333 41st St Milwaukee WI 53221	Amazon - heating pad	25 78
Svette Wheatley	10 Exchange St W St Paul 55102	Amazon - grabber	18 33
Sheila Luttery	1937 HUNTING ST Maplewood MN 55109	Handi shower chair	44 55
Simon BAnk	PO BOX 4904 12 Blaine MN 55449	A few good movers - moving exp	300
Patrick Josiah	1440 BUNNINGTON AVE WASHINGTON MN 56187	Midwest One Money orderHomeland Security	540
Jane McGuire	30305 FRIEDRICH ROAD Cotasset Mn 55721	Handi walker accessories	44 62
Karen Roa	6911 ANNEVIEW DR Temple Terrace FL 33637	Walmart tires	400
Lennece Jordan	215 S Kipling ST St Paul 55119	Affordable Mattress	340
Dwayne Billups	376 MARSHALL AVE ST Paul MN 55104	Cub pharmacy - 7 days meds	31 55
Robert Greene	2709 HIGHLAND DR Burnsville MN 55773	Amazon BED	690 32
Karen Rodmann	1717 UNIVERSITY DR St Cloud MN 56304	Centra Sota dental - returned to dentist	80
Latiffany Lessley	2929 Chicago Ave MINNEAPOLIS 55407	Handi Med - donut cushion - amount still ?	15 25
Melissa Hruza	1300 Wilson Ave St Paul	Merrick Meals on Wheels	121 8
David Gillespie	300 7th St Willmar MN 56021	Community Transit	37
Brian Thoenke	4410 21st St N Stillwater MN 55082	Allgro Medical TENS/DME	68 94
Melissa Hruza	1300 Wilson Ave ST Paul	Handi Med DME	185 54
Anne Bolle	1448 CLEVELAND AVE ST Paul 55108	Advancia Dental CAre	1200
Mu Hel	675 Wells ST St Paul 55106	Handi - 4 ww brakes	44 62
Anderson	2305 UNIVERSITY AVE WEST ST Paul mN	Handi - Suction machine	760 75
Anthony Edwards	2305 UNIVERSITY AVE ST Paul 55414	Handi - 4 ww brakes and gloves	138 06
Anthony Edwards	2305 UNIVERSITY AVE ST Paul 55414	Handi - 4 ww brakes and gloves	35 78
Jane Kidder Clemens	2000 COBBLE HILL DRIVE Woodbury Mn 55125	Quality Moving - moving help	350

Alexi Christenson	13940 Bundoran Ave Rosemount 1536 Point Douglas Road St Paul 55119	Wal Mart Migraine hat	26 77
Shelli Hendricks	6550 32nd Street N, Oakdale MN 55128	Handi - 4ww accessories	40 16
William Pierce		Cub - pharm meds	33 79
Melissa Hruza	1300 Wilson Ave ST Paul 2303 University Ave West 300th St Paul 55114	Handi - blood pressure	76 5
Patrica Derusha	21115 Meadowbrook Circle Scandia MN 55073	Handi - oximeter/med box	274 88
Paulette Wojcik		Handi - hand held shower	25 5
Kathy Lawrence	419 7th St Proctor MN 55810 1324 Prairie Ave Faribault MN 55021	Amazon - Air Cond	271 48
Wayne Ritzer	2319 Nokomis Ave St Paul 55119	Ritzer Circulation DME	353 26
Marcus Mukes	1448 Cleveland Ave St Paul 55108	Nancy Jones - Landlord - rent deposit	300
Anne Boile	2709 Highland Drive Burnsville, mn 55337	Shuller Shoe - 1/2 cost	100
Robert Greene		Scooter Rental	20
Charles Rogers	400 Western Ave St Paul 55103 19140 Innvale Ct Lakeville 55049	Midtling Dental anesthesia	200
Donal Golofski	19140 Innvale Ct Lakeville 55049	Advaced Mobility Medica	122 48
Donal Golofski	3710 143th St W Rosemount 55068	Advanced Mobilty Medical	595 75
Daniele Garcia	21115 Meadowbrook Circle N Scandia, MN 55073	Amican Medical Fairview home med mini nebulizer with compressor & battery	102 39 366 3
Paulette P Wojcik	1037 Cobb Rd, Shoreview MN 55126	Pet Hardship	500
Tom Gavin		Martha Jarrett/Uber reimbursed	80 46
Gordon Hunt	501 1st St Faribault MN 55201		
Mona Young	5590 w 9th St Winona MN 55987 140 S Plaza Drive Menasha Heights MN 55120	Uline -Handicapped parking post	100 49
Joseph Bonoma	140 S Plaza Drive Menasha Heights MN 55120	Sleep Number Foam Topper	247 04
Joseph Bonoma		Sleep Number side rails set	107 02
David Paquin	35 1st Ave N Waite Park 56387	Total Care Pharm - Eucerin	8 53
Josephine Wagner	8720 Leyte St NE Blaine 55449 600 Conline Ave Faribault MN 55021	Herzing Deep Cleaning dental	156
Fatuma Hassan	1121 Portland Ave S, Richfield, MN 55423	Med City/Reliable Med cane	40
Laure Ellis		Uoer Medical Ride	22 62
Mathila Rahman	4396 Garden Tr Eagan 55123 1440 401 St SE Forest Lake 55025	Care Care repair	754 63
Donna Gibbs	100 Baldwin St Granite Falls 56241	Handi Medical Walker accessories	37 93
Tewonna Harris	109 Baldwin St Granite Falls 56241	Transportation/hotel - to get son out of ER	60 78
Tewonna Harris	1440 47th Ave Columbia Heights MN 55421	Transportation/hotel - to get son out of ER	158
Tabatha Rhodes		Century College Dental dental care	50
Deirdre Elem	440 Wester St Anoka MN 55303 225 N Michigan Ave , Fl 17 Chicago, IL 60601	CVS Medications gc	30
Alzheimer's Association	120 Hwy 13 E Burnsville MN 55337	Alzheimer's Association	1000
Sheila Bennett		Handi - mini nebulizer	221
Linda Fess	200 10th St St Paul 55101	Dahl Medical - wheel chair rental	215
Myae Bu	951 Burr St ST Paul 55130	APA med - walker parts	60
Kamilah Palmer	2300 Dupont Ave Minneapolis 6033 Cypress Gardens Village Haven Fl 33884	Mlps City of Lakes Public Billing	1669 33
Kevin McCarty	5500 32nd Ave New Hope MN 55428	Signature Pharmacy - outstanding bill	1372 79
Linda Douglas		Bridging Inc - household	240

Cynthia Taylor	7332 Bass Lake Road New Hope MN 55428	Handi - walker access	37 93
Yevdokiya Shmatova	247 Edgeclime Dr Marquette MN 55115	Handi - Ramp	317 73
Marilee Grossman	0432 Iberia Ave Apt 1207 LAKEVILLE 55044	Minnesol Head and Neck Pain Clinic	98 75
William Piers	6058 10th St St Paul 55128	Handi walker parts	37 93
Brandon Jones	327 Front Ave A ST Paul 55117	Greyhound transportation	206 99
Thomas Kaiser	200 Marie Ave SouthSt Paul 55077	Overstock Wedge Pillow	33 73
John Evanovich	27050 Natchez Ave Elk MN 55020	Handi Med - commode	22 5
Marilee Grossman	20432 Iberia Ave Lakeville MN 55044	MN Head and Neck Pain - mouth guard	548 6
Thomas Kaiser	200 Marie Ave SouthSt Paul	Handi SockAide	7 19
Tewonna Harris	100 Barwill St Granite Falls MN 56241	Christensen Car Repair	969 76
Patsy CRoss	3033 735 Ave N Brooklyn Park MN 55429	Briding - household goods	240
Sharon Williams	203 Aurora Ave St Paul MN 55103	Fairview Home Med - grabber/stocking donner	40
Myranda Chicos	130 210 St NW Spring Grove MN 55974	Wal Mart - food support	500
Stephanie Coulstring - staff	6076 Whitehaven Dr Hudson FL 34667	Fire	3000
			31,731 48
			31,731 48