

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation SCOTT RICHARDS NORTH STAR CHARITABLE FOUNDATION DBA SCOTT RICHARDS NORTH STAR		A Employer identification number 76-0764527
Number and street (or P O box number if mail is not delivered to street address) 2701 UNIVERSITY AVE SE	Room/suite	B Telephone number (see instructions) (612) 617-6000
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55414		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,369,248</u>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(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)	354,461			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	74	74		
	4 Dividends and interest from securities	21,878	21,878		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	101,405			
	b Gross sales price for all assets on line 6a	589,910			
	7 Capital gain net income (from Part IV, line 2)		101,405		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	477,818	123,357	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,000	2,000	0	2,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	336	336	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	50,801	60	0	44,417
	24 Total operating and administrative expenses. Add lines 13 through 23	55,137	2,396	0	46,417
	25 Contributions, gifts, grants paid	966,964			966,964
26 Total expenses and disbursements. Add lines 24 and 25	1,022,101	2,396	0	1,013,381	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-544,283				
b Net investment income (if negative, enter -0-)		120,961			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	475	282,888	282,888
	2 Savings and temporary cash investments	487,622	12,952	12,952
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,224,309	872,669	902,712
	c Investments—corporate bonds (attach schedule)	91,948	91,948	170,421
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	661	275	275	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,805,015	1,260,732	1,369,248	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	1,805,015	1,260,732	
29 Total net assets or fund balances (see instructions)	1,805,015	1,260,732		
30 Total liabilities and net assets/fund balances (see instructions) .	1,805,015	1,260,732		

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	1,805,015
2 Enter amount from Part I, line 27a	2	-544,283
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,260,732
5 Decreases not included in line 2 (itemize) ▶ _____	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	1,260,732

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a PERSHING (7920)	P		
b PERSHING (7920)	P		
c CAPITAL GAINS DIVIDENDS	P		
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 74,677		66,716	7,961
b 501,770		421,789	79,981
c 13,463			13,463
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			7,961
b			79,981
c			13,463
d			
e			

2 Capital gain net income or (net capital loss)	2	101,405
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

1 Enter the appropriate amount in each column for each year, see 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	330,725	1,687,403	0.195996
2017	1,239,909	2,077,891	0.596715
2016	409,713	1,457,551	0.281097
2015	367,105	1,426,815	0.257290
2014	393,792	1,224,119	0.321694

2 Total of line 1, column (d)	2	1.652792
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	0.330558
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,572,894
5 Multiply line 4 by line 3	5	519,933
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,210
7 Add lines 5 and 6	7	521,143
8 Enter qualifying distributions from Part XII, line 4	8	1,013,381

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.

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 1,810.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 2701 UNIVERSITY AVE MINNEAPOLIS MN ZIP+4 55414

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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.		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
1 THE FOUNDATION OPERATES A MINNEAPOLIS BIKES FOR KIDS EVENT WHERE LOCAL UNDERPRIVILEGED CHILDREN ARE PRESENTED WITH T-SHIRTS, HELMETS, LOCKS AND BICYCLES OF THEIR OWN THE CHILDREN ARE INSTRUCTED IN BICYCLE SAFETY, TAUGHT THE IMPORTANCE AND BENEFITS OF REGULAR EXERCISE AND INSPIRED TO BE MORE CONFIDENT AND SELF-RELIANT	44,230
2 THE FOUNDATION OPERATES A GOLF EVENT WHERE ALL PROCEEDS ARE DONATED TO ORGANIZATIONS WHICH HELP STUDENTS LEARN FINANCIAL SKILLS THROUGH HANDS-ON EXPERIENCES	6,062
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	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

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	1,351,095
b	Average of monthly cash balances.	1b	245,752
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,596,847
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,596,847
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	23,953
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,572,894
6	Minimum investment return. Enter 5% of line 5.	6	78,645

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	78,645
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	1,210
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,210
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	77,435
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	77,435
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	77,435

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	1,013,381
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,013,381
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	1,210
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,012,171

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				77,435
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.	333,064			
b From 2015.	297,662			
c From 2016.	338,331			
d From 2017.	1,145,038			
e From 2018.	247,520			
f Total of lines 3a through e.	2,361,615			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>1,013,381</u>				
a Applied to 2018, 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 2019 distributable amount.				77,435
e Remaining amount distributed out of corpus	935,946			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,297,561			
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		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions).	333,064			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	2,964,497			
10 Analysis of line 9				
a Excess from 2015.	297,662			
b Excess from 2016.	338,331			
c Excess from 2017.	1,145,038			
d Excess from 2018.	247,520			
e Excess from 2019.	935,946			

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 organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 TIMOTHY WHITE
 2701 UNIVERSITY AVE SE
 MINNEAPOLIS, MN 55414
 (612) 617-6000

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

c Any submission deadlines
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 PRIORITY TO GRANTS TO SUPPORT AND CONDUCT NON-PARTISAN RESEARCH, EDUCATION, AND INFORMATIONAL ACTIVITIES TO AID IN THE CHARITABLE CAUSES OF BREAST CANCER, ALZHEIMER'S DISEASE AND CYSTIC FIBROSIS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				966,964
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

a Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash.
(2) Other assets.

b Other transactions

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

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [x] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: ***** Date: 2020-05-14 Title: *****

May the IRS discuss this return with the preparer shown below (see instr) [x] Yes [] No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name (DAVID D BRAUER), Preparer's Signature, Date (2020-05-14), Check if self-employed (), PTIN (P00528485), Firm's name (LURIE LLP), Firm's EIN (41-0721734), Firm's address (2501 WAYZATA BOULEVARD, MINNEAPOLIS, MN 55405), Phone no (612) 377-4404.

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PHILLIP C RICHARDS 2701 UNIVERSITY AVE SE MPLS, MN 55414	PRESIDENT 0 00	0	0	0
SUSAN B RICHARDS 2701 UNIVERSITY AVE SE MPLS, MN 55414	ASST VP 0 00	0	0	0
DAVID VASOS 2701 UNIVERSITY AVE SE MPLS, MN 55414	VP 0 00	0	0	0
EDWARD G DEUTSCHLANDER 2701 UNIVERSITY AVE SE MPLS, MN 55414	VP 0 00	0	0	0
SHAUN MCDUFFEE 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0 00	0	0	0
ROBERT KAUFER 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0 00	0	0	0
JAMES QUANDT 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0 00	0	0	0
ANDREW ROLNICK 2701 UNIVERSITY AVE SE MPLS, MN 55414	AT-LARGE 0 00	0	0	0
MARSHALL GIFFORD 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	AT-LARGE 0 00	0	0	0
MARK BONNETT 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	AT-LARGE 0 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACADEMY OF HOLY ANGELS 6600 NICOLLET AVE MINNEAPOLIS, MN 55423	NONE	N/A	GENERAL	125
ALZHEIMER'S ASSOCIATION 7900 W 78TH ST SUITE 100 MINNEAPOLIS, MN 55439	NONE	N/A	GENERAL	680
ANIMAL HUMANE SOCIETY 845 MEADOW LANE NORTH GOLDEN VALLEY, MN 55422	NONE	N/A	GENERAL	500
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANOKA HIGH SCHOOL 3939 N 7TH ST ANOKA, MN 55303	NONE	N/A	GENERAL	125
BEST BUDDIES INTERNATIONAL INC 100 SOUTHEAST 2ND ST 2200 MIAMI, FL 33131	NONE	N/A	GENERAL	500
BEST PREP 7100 NORTHLAND CIRCLE N 402 BROOKLYN PARK, MN 55428	NONE	N/A	GENERAL	25,000
Total				966,964

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BETHLEHEM INN OF WASECA 400 2ND AVE NW WASECA, MN 56093	NONE	N/A	GENERAL	500
BIG BROTHERS BIG SISTERS OF DANE COUNTY 2059 ATWOOD AVENUE SUITE 2 MADISON, WI 53704	NONE	N/A	GENERAL	1,500
BREAST CANCER EDUCATION ASSOCIATION 1027 W ROSELAWN AVE ROSEVILLE, MN 55113	NONE	N/A	GENERAL	12,500
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANOPY CENTER INC 1457 E WASHINGTON AVE 102 MADISON, WI 53703	NONE	N/A	GENERAL	500
CENTRAL MIDWEST BALLET INC 2831 PARMENTER ST SUITE 290 MIDDLETON, WI 53562	NONE	N/A	GENERAL	500
CENTRAL MN HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN SUITE 108 ST CLOUD, MN 56301	NONE	N/A	GENERAL	880
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS HEALTH CARE FOUNDATION MAIL STOP 3BC-3-FOUN 5901 LINCOLN DRIVE EDINA, MN 55436	NONE	N/A	GENERAL	500
CHLOE'S COURAGE FUND 17307 COUNTY ROAD 7 NW MILLERVILLE, MN 56315	NONE	N/A	GENERAL	500
CHRISTIAN MOTORCYCLISTS ASSOCIATION 4278 HIGHWAY 71 S MENA, AR 71953	NONE	N/A	GENERAL	500
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION 100 N 6TH STREET 604A MINNEAPOLIS, MN 55403	NONE	N/A	GENERAL	660
EXCELL ACADEMY FOR HIGHER LEARNING 6510 ZANE AVENUE NORTH BROOKLYN PARK, MN 55429	NONE	N/A	GENERAL	500
FELLOWSHIP OF CHRISTIAN ATHLETES 2001 UNIVERSITY AVE SE SUITE 100 MINNEAPOLIS, MN 55414	NONE	N/A	GENERAL	500
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GENERATION SERVE 8711 BURNET ROAD SUITE B-33 AUSTIN, TX 78757	NONE	N/A	GENERAL	500
GIGI'S PLAYHOUSE 4740 PARK GLEN RD ST LOUIS PARK, MN 55416	NONE	N/A	GENERAL	2,500
HAV LIFE JOHNSON COUNTY PO BOX 801 IOWA CITY, IA 52244	NONE	N/A	GENERAL	500
Total				966,964

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HERITAGE CHRISTIAN SCHOOL 255 HACKBERRY ST NORTH LIBERTY, IA 52317	NONE	N/A	GENERAL	500
HOPEWELL MUSIC COOPERATIVE NORTH 4350 FREMONT AVE N MINNEAPOLIS, MN 55412	NONE	N/A	GENERAL	500
J FOUNDATION 1562 PARK CIRCLE MENDOTA HEIGHTS, MN 55118	NONE	N/A	GENERAL	500
Total ▶ 3a				966,964

Form 990PF Part XV Line 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>				
JORDAN-MATTHEWS HS ARTS FOUNDATION 910 EAST CARDINAL ST SILER CITY, NC 27344	NONE	N/A	GENERAL	300
KIDS FIGHTING HUNGERPO BOX 7550 ST CLOUD, MN 56302	NONE	N/A	GENERAL	1,500
KUEMPER CATHOLIC SCHOOL SYSTEM 116 S EAST STREET CARROLL, IA 51401	NONE	N/A	GENERAL	250
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEWIS KATZ SCHOOL OF MED AT TEMPLE UNIVERSITY 3500 N BROAD STREET PHILADELPHIA, PA 19140	NONE	N/A	GENERAL	725,000
LYMPHOMA RESEARCH FOUNDATION ATTN LYMPHOMA WALK WALL STREET PLAZA NEW YORK, NY 10005	NONE	N/A	GENERAL	1,000
M D ANDERSON CENTER 1515 HOLCOMB BLVD HOUSTON, TX 772301439	NONE	N/A	GENERAL	360
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAYO CLINIC 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	NONE	N/A	ALZHEIMER'S RESEARCH	100,000
MENTAL HEALTH RESOURCES 873 HOPEWELL LANE APPLE VALLEY, MN 55124	NONE	N/A	GENERAL	500
NATIONAL ATAXIA FOUNDATION 600 HWY 169 STE 1725 MINNEAPOLIS, MN 55426	NONE	N/A	GENERAL	310
Total				966,964

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OAK HILL ELEMENTARY PARENT TEACHER GROUP 505 N PARK ROAD PO BOX 650 TIFFIN, IA 52340	NONE	N/A	GENERAL	500
PHOENIX RESIDENCE INC 330 MARIE AVE E WEST ST PAUL, MN 55118	NONE	N/A	GENERAL	500
PRATT SCHOOL PTO 66 MALCOLM AVE SE MINNEAPOLIS, MN 55414	NONE	N/A	GENERAL	450
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RHINO'S FOUNDATION PO BOX 689 RIVER FALLS, WI 54022	NONE	N/A	GENERAL	500
RICHARDSON INDEPENDENT SCHOOL DISTRICT LAKE HIGHLANDS JR HIGH TOPS 10301 WALNUT HILL LANE DALLAS, TX 75238	NONE	N/A	GENERAL	100
RONALD MCDONALD HOUSE CHARITIES 818 FULTON ST SE MINNEAPOLIS, MN 55414	NONE	N/A	GENERAL	1,540
Total ▶ 3a				966,964

Form 990PF Part XV Line 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>				
SAFE SUMMER NIGHTS 1324 W 7TH ST ST PAUL, MN 55102	NONE	N/A	GENERAL	5,000
SAINT THOMAS ACADEMY 949 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120	NONE	N/A	GENERAL	500
SARTELL-ST STEPHEN EDUCUCATION FOUNDATION PO BOX 258 SARTELL, MN 56377	NONE	N/A	GENERAL	500
Total				966,964



3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SISTERS OF ST JOSEPH MINISTRIES FDN 1884 RANDOLPH AVE ST PAUL, MN 55105	NONE	N/A	GENERAL	1,160
SLP BOYS TRAVELING BASKETBALL ASSOCIATION 3912 XENWOOD AVE S ST LOUIS PARK, MN 55416	NONE	N/A	GENERAL	500
ST CROIX PREPARATORY ACADEMY 4260 STAGECOACH TR N STILLWATER, MN 55082	NONE	N/A	GENERAL	400
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JAMES PARISH 721 N 57TH AVE W DULUTH, MN 55807	NONE	N/A	GENERAL	500
ST HUBERT CATHOLIC SCHOOL 8201 MAIN STREET CHANHASSEN, MN 55317	NONE	N/A	GENERAL	500
STOP ALZHEIMER'S NOW 300 BEARDSLEY LANE SUITE A104 AUSTIN, TX 78746	NONE	N/A	GENERAL	18,444
Total				966,964

▶ **3a**

Form 990PF Part XV Line 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>				
SUSAN G KOMEN FOR THE CURE 960 SOUTHDALE CIR EDINA, MN 55435	NONE	N/A	GENERAL	680
THE REEL HOPE PROJECT 3950 CRYSTAL LAKE BLVD ROBBINSDALE, MN 55422	NONE	N/A	GENERAL	500
TWIN CITIES LYME FOUNDATION 9255 IVY AVENUE N STILLWATER, MN 55082	NONE	N/A	GENERAL	25,000
Total ▶ 3a				966,964

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNION GOSPEL MISSION 77 E 9TH ST ST PAUL, MN 55101	NONE	N/A	GENERAL	500
UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033	NONE	N/A	GENERAL	2,000
UNIV OF WISCONSIN - EAU CLAIRE 105 GARFIELD AVENUE EAU CLAIRE, WI 54702	NONE	N/A	GENERAL	500
Total				966,964

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MN FOUNDATION 200 OAK ST SE 300 MINNEAPOLIS, MN 55455	NONE	N/A	GENERAL	25,000
WALKER METHODIST FOUNDATION 3737 BRYANT AVE S MINNEAPOLIS, MN 55409	NONE	N/A	GENERAL	500
YOUTH FRONTIERS INC 5215 EDINA INDUSTRIAL BLVD SUITE 400 MINNEAPOLIS, MN 55439	NONE	N/A	GENERAL	500
Total ▶ 3a				966,964

TY 2019 Accounting Fees Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

EIN: 76-0764527

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,000	2,000	0	2,000

TY 2019 Investments Corporate Bonds Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

EIN: 76-0764527

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CRI SECURITIES - CORPORATE BONDS	91,948	170,421

TY 2019 Investments Corporate Stock Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

EIN: 76-0764527

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CRI SECURITIES - CORPORATE SECURITIES	872,669	902,712

TY 2019 Other Assets Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR
EIN: 76-0764527

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDENDS RECEIVABLE	661	275	275

TY 2019 Other Expenses Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

EIN: 76-0764527

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	187	0	0	187
EVENT EXPENSES	6,062	0	0	0
DONATED BIKES AND HELMETS	44,230	0	0	44,230
MN CHARITABLE ANNUAL FEE	25	25	0	0
OTHER FEES	297	35	0	0

TY 2019 Taxes Schedule

Name: SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

EIN: 76-0764527

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	336	336	0	0
FEDERAL TAX	0	0	0	0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2019

Name of the organization
SCOTT RICHARDS NORTH STAR CHARITABLE
FOUNDATION DBA SCOTT RICHARDS NORTH STAR

Employer identification number
76-0764527

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 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 other 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 33¹ 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 990PF, 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
 SCOTT RICHARDS NORTH STAR CHARITABLE
 FOUNDATION DBA SCOTT RICHARDS NORTH STAR

Employer identification number
 76-0764527

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
1	PHILLIP RICHARDS 16001 COLLINS AVE SUNNY ISLE, FL 33160	\$ 40,801	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions)
2	JOSEPH P FOX 1751 UPPER 55TH ST E INVER GROVE HEIGHTS, MN 55077	\$ 5,833	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)

Name of organization SCOTT RICHARDS NORTH STAR CHARITABLE FOUNDATION DBA SCOTT RICHARDS NORTH STAR	Employer identification number 76-0764527
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
1	STOCK	\$40,301	2019-12-31
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization
 SCOTT RICHARDS NORTH STAR CHARITABLE
 FOUNDATION DBA SCOTT RICHARDS NORTH STAR

Employer identification number
 76-0764527

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	
_____ _____		_____ _____	