

FOR TAX YEAR 2015

DEVIN LOMAX BOLKCOM SMITH SCHOLARSH

TaxPrep Solutions Inc

7600 Boone Ave N Suite 29

Brooklyn Park, MN 55428

(763) 425-8229

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7600 Boone Ave N Suite 29
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Phone: (763)425-8229 | Fax: (763)424-7129

May 10, 2016

Devin Lomax Bolkcom Smith Scholarsh
1365 Idaho Ave West
Falcon Heights, MN 55108-2113

Devin Lomax Bolkcom Smith Scholarsh:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for Devin Lomax Bolkcom Smith Scholarsh from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (763)425-8229.

Sincerely,

Ronald C Kohls EA MBA
TaxPrep Solutions Inc

TaxPrep Solutions Inc

7600 Boone Ave N Suite 29
Brooklyn Park, MN 55428
mekohls@comcast.net
Phone: (763)425-8229 | Fax: (763)424-7129

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1365 Idaho Ave West
Falcon Heights, MN 55108-2113

Invoice Date: 05/10/2016

Your 2015 tax return was prepared by Ronald C Kohls EA MBA.

Description	Fee
Federal and Supplemental Forms	
Form 990 - Return of Org Exempt from Income Tax Page 1	\$ 100.00
Form 990 - Return of Org Exempt from Income Tax Page 2	25.00
Form 990 - Return of Org Exempt from Income Tax Page 3	25.00
Form 990 - Return of Org Exempt from Income Tax Page 4	25.00
Form 990 - Return of Org Exempt from Income Tax Page 5	25.00
Form 990 - Return of Org Exempt from Income Tax Page 6	25.00
Form 990 - Return of Org Exempt from Income Tax Page 7	25.00
Form 990 - Return of Org Exempt from Income Tax Page 8	25.00
Form 990 - Return of Org Exempt from Income Tax Page 9	25.00
Form 990 - Return of Org Exempt from Income Tax Page 10	25.00
Form 990 - Return of Org Exempt from Income Tax Page 11	25.00
Form 990 - Return of Org Exempt from Income Tax Page 12	6.00
Form 8879EO - E-file Signature Auth for an Exempt Org	
Overflow - Itemized Listing Attachment	
Wksht Sch A - Schedule A Worksheet - Excess 2% Contributors	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 1	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 2	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 3	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 4	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 5	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 6	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 7	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 8	25.00
Schedule B - Schedule of Contributors Page 1	25.00
Schedule B - Schedule of Contributors Page 2	
Schedule C - Political Campaign and Lobbying Page 1	
Schedule C - Political Campaign and Lobbying Page 2	
Schedule C - Political Campaign and Lobbying Page 3	25.00
Schedule G - Fundraising and Gaming Activities Page 1	25.00
Schedule G - Fundraising and Gaming Activities Page 2	25.00
Schedule O - Supplemental Information Page 1	
Total Forms : 31	Forms Subtotal \$ 706.00

Adjustments

MN Charitable Annual Rpt
MN NonProfit Annual Renew
Adjustment

	75.00
	50.00
	(481.00)
Subtotal	\$ 350.00
Total Balance Due	\$ 350.00

Federal Filing Instructions**2015**

Name(s) as shown on return

Devin Lomax Bolkcom Smith Scholarsh

Your Social Security Number

32-0363445

Date to file by: 05-16-2016**Form to be filed:** Form 990 and supplemental forms and schedules**Sign and date:** An officer must sign and date Form 990 on page 1.**Address to file:** Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027**Refund:** Neither a refund nor a balance due**Other Instructions:** If the return is not filed by the due date (including any extension granted), attach a statement giving the reason for not filing on time.

Client Copy

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization Devin Lomax Bolkcom Smith Scholarsh
Doing business as _____ Room/suite _____
Number and street (or P.O. box if mail is not delivered to street address) 1365 Idaho Ave West
City or town, state or province, country, and ZIP or foreign postal code Falcon Heights, MN 55108-2113

D Employer identification no. 32-0363445

E Telephone number (612) 308-0646

F Name and address of principal officer: Mary E Bolkcom
Same as C above

G Gross receipts \$ 88,550

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number _____

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: devinsmithscholarshipfoundation.org

L Year of formation: 2012

M State of legal domicile: MN

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The Devin Smith Scholarship Foundation awards college scholarships to students from St Paul Central High School because it is a place that embraces diversity, fosters academic excellence, and ultimately cultivates creativity.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

	3	13
3 Number of voting members of the governing body (Part VI, line 1a)	4	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	92,285	84,691
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	900	3,859
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,185	88,550
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,434	59,363
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,434	59,363
19 Revenue less expenses. Subtract line 18 from line 12	39,751	29,187

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	216,319	240,538
21 Total liabilities (Part X, line 26)		0
22 Net assets or fund balances. Subtract line 21 from line 20	216,319	240,538

Revenue

Expenses

Net Assets or Fund Balances

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Mary E Bolkcom
Signature of officer

Mary E Bolkcom, Chair of Board
Type or print name and title

Date _____

Paid Preparer Use Only

Print/Type preparer's name Ronald C Kohls EA MBA Preparer's signature Ronald C Kohls EA MBA Date 05-10-2016 Check ☐ if self-employed PTIN XXXXXXXXXX

Firm's name TaxPrep Solutions Inc Firm's EIN _____
Firm's address 7600 Boone Ave N Suite 29 Phone no. 763-425-8229
Brooklyn Park MN 55428

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:
The Devin Smith Scholarship Foundation awards college scholarships to students from St Paul Central High School because it is a place that embraces diversity, fosters academic excellence, and ultimately cultivates creativity.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 57,409 including grants of \$) (Revenue \$)
In May 2014 the Foundation renewed all 6 scholarships from 2014 and also awarded 2 additional scholarships in the amount of \$2,500 each for a total of \$20,000 for 2015.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **57,409**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	0																																		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable																																				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			X																																	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0																																			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)																																				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O																																				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								X																												
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?																																				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?								X																												
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																				
7	Organizations that may receive deductible contributions under section 170(c).																																				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																				
d	If "Yes," indicate the number of Forms 8282 filed during the year																																				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																				
9	Sponsoring organizations maintaining donor advised funds.																																				
a	Did the sponsoring organization make any taxable distributions under section 4966?																																				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																				
10	Section 501(c)(7) organizations. Enter:																																				
a	Initiation fees and capital contributions included on Part VIII, line 12																																				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																				
11	Section 501(c)(12) organizations. Enter:																																				
a	Gross income from members or shareholders																																				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.																																				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																				
c	Enter the amount of reserves on hand																																				
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																				

Part VI**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13		X
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Kristin Cajacob (612) 308-0646, 1365 Idaho Ave West, Falcon Heights, MN 55108-2113**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Aaron Rosenthal Director	3.00	X						0	0	0
(2) Russell Belk Director	2.00	X						0	0	0
(3) Claire E. Smith Director	4.00	X						0	0	0
(4) Danielle N. Mullen Director	2.00	X						0	0	0
(5) Caleb Olson Director	2.00	X						0	0	0
(6) Neal Wehrwein Director	2.00	X						0	0	0
(7) Karen Parker Director	4.00	X						0	0	0
(8) Kumar Balasubrahmanyam Director	4.00	X						0	0	0
(9) Tom Lancaster Director	2.00	X						0	0	0
(10) Mary E. Bolkcom Chair of Board	10.00			X				0	0	0
(11) Zak Prauer Vice Chair of Board	7.00			X				0	0	0
(12) Margaret McInerny Secretary	2.00			X				0	0	0
(13) Kristin Cajacob Treasurer	3.00			X				0	0	0
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☐ Yes ☒ No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	52,266		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,425		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f ▶		84,691		
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,859	3,859	
	4	Income from investment of tax-exempt bond proceeds . . . ▶				
	5	Royalties ▶				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ 52,266 of contributions reported on line 1c). See Part IV, line 18 a				
	b	Less: direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions ▶		88,550	3,859	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	350		350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion	592	592		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	922		922	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Volunteer In Kind Expenses	32,425	32,425		
b Filing Fees	25		25	
c Pay Pal Fees	627		627	
d Scholarships	20,000	20,000		
e All other expenses	4,422	4,392	30	
25 Total functional expenses. Add lines 1 through 24e .	59,363	57,409	1,954	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	66,427	1	91,918
	2 Savings and temporary cash investments	149,892	2	148,620
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	216,319	16	240,538	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	216,319	32	240,538
33 Total net assets or fund balances	216,319	33	240,538	
34 Total liabilities and net assets/fund balances	216,319	34	240,538	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,550
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,363
3	Revenue less expenses. Subtract line 2 from line 1	3	29,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	216,319
5	Net unrealized gains (losses) on investments	5	(4,968)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	240,538

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐**1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

Devin Lomax Bolckcom Smith Scholarsh

32-0363445

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2015

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		119,023	145,460	92,285	84,691	441,459
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		119,023	145,460	92,285	84,691	441,459
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51,849
6 Public support. Subtract line 5 from line 4						389,610

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4		119,023	145,460	92,285	84,691	441,459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4	188	900	3,859	4,951
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		530	632			1,162
11 Total support. Add lines 7 through 10						447,572
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	0.00	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Devin Lomax Bolckcom Smith Scholarsh

Employer identification number

32-0363445

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

EEA

Name of organization

Devin Lomax Bolkcom Smith Scholarsh

Employer identification number

32-0363445

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	Mary Bolkcom 1365 Idaho Ave West Falcon Heights, MN 55108-2113	\$ 10,000	Person <input checked="" 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Devin Lomax Bolkcom Smith Scholarsh

Employer identification number

32-0363445

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

EEA

Part II-A**Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures**(The term "expenditures" means amounts paid or incurred.)**

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B**Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A**Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B**Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV**Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

32-0363445

Devin Lomax Bolcom Smith Scholarsh

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Part I Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 3 Open House (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,266			52,266
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	52,266			52,266
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				52,266

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

32-0363445

Devin Lomax Bolkcom Smith Scholarsh

01. Officer, directors, etc. family relationship (Part VI, line 2)

The Board Chair, Mary Bolkcom is the mother to Clair E B Smith a director.

02. Form 990 governing body review (Part VI, line 11)

Yes the Form 990 was sent to the Board Chair for review prior to filing the Form 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

The Conflict of Interest Policy was reviewed at the board meetings through out the year.

04. Governing documents, etc, available to public (Part VI, line 19)

Once the Form 990 is filed it will be placed on the Foundation's website for public viewing.

05. List of other expenses (Part IX, line 24e)

Includes postage of \$110 and Open House Expenses of \$4,282.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning _____, and ending _____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**

Name of exempt organization

Devin Lomax Bolkom Smith Scholarsh

Employer identification number

32-0363445

Name and title of officer

Mary E Bolkom, Chair of Board**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	88,550
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **TaxPrep Solutions Inc** to enter my PIN **55108** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ **05-10-2016****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

XXXXXX 55428
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Ronald C Kohls EA MBA**Date ▶ **05-10-2016****ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

EEA

990

Overflow Statement

2015
Page 1

Name(s) as shown on return

FEIN

Devin Lomax Bolkcom Smith Scholarsh

32-0363445

Line 1f-All other types of Income

Description	Amount
Volunteer In Kind Contributions	\$ 32,425
Total:	\$ 32,425

Investment Income

Description	Amount
Wells Fargo Advisors-Ordinary Dividends	\$ 1,948
Wells Fargo Advisors-Capital Gains Distributions	1
Wells Fargo Advisors-Interest Income	4
TD Ameritrade Inc-Ordinary Dividends	1,627
TD Ameritrade Inc-Capital Distributions	279
Total:	\$ 3,859

Other Expenses

Description	Amount
Postage	\$ 110
Related Fund Raising Expense	4,282
Total:	\$ 4,392

Other Expenses

Description	Amount
Bank Fees	\$ 30
Total:	\$ 30

Net Unrealized Gains (Losses) on Investment

Description	Amount
Unrealized Losses	\$ (4,968)
Total:	\$ -4,968

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Client Copy

Ron Kohls

From: MN Secretary of State <business.services@state.mn.us>
Sent: Tuesday, May 10, 2016 12:51 PM
To: rkohls@comcast.net
Subject: Office of the Minnesota Secretary of State: Order 8876998 Completed

You are receiving this message, because your email address was provided as the contact for notification of this completed transaction.

Order 8876998 has been received and processed. To view the transaction, click on the following link:

<http://mbisportal.sos.state.mn.us/Document/DownloadInventory?orderid=726bd3b2-d716-e611-8169-00155d01c56d>

Note: If the link does not open the window for this transaction, you can access the information by copying and pasting the link into your browser address bar, then hit enter.

Thank you for your order.

Office of the Minnesota Secretary of State

Should you need further assistance please contact:

- Business Services: business.services@state.mn.us
- UCC or CNS: ucc.dept@state.mn.us

Ron Kohls

From: MN Secretary of State <business.services@state.mn.us>
Sent: Tuesday, May 10, 2016 12:51 PM
To: rkohls@comcast.net
Subject: Filing Notification for Devin Smith Scholarship Foundation, 468892000026

The Office of the Minnesota Secretary of State has generated this message as a part of our Business Filing Notification System which helps protect our customers from having unauthorized changes made to their business records.

A document, Annual Renewal - Assumed Name with the filing date of 5/10/2016, has been filed for Devin Smith Scholarship Foundation, 468892000026.

You may review the filing in detail using this link to the Minnesota Secretary of State website:
<http://mbisportal.sos.state.mn.us/Business/SearchDetails?filingGuid=115FD4E1-8D56-E111-AE7F-001EC94FFE7F>.

Please do not respond to this email as it is from an automated system. Should you have further questions after reviewing this business record, please contact our office at: business.services@state.mn.us.

Thank you for using the Minnesota Secretary of State online services!

Order Number: 8876998

Your order has been processed.

Items

[Refresh to display links](#)

Item Number	Product
887699800028	Annual Renewal - Assumed Name

[Return to Home Page](#)

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Please review and verify the information below. If you need to make changes to this information, click [Previous].
If the information is correct, then click [Submit].

Order Summary

Business Type:

Assumed Name

MN Business Name:

Devin Smith Scholarship Foundation

Filing Number:

468892000026

Product Ordered:

Annual Renewal - Assumed Name

\$0.00

Annual Renewal Details

Financial interest in agricultural land

Does this entity own, lease or have any financial
interest in agricultural land or land capable of
being farmed?

No

Email Address for Official Notices

rkohls@comcast.net

Address excluded from bulk data requests to the
extent allowed by Minnesota state law.

Delivery

Delivery:**Contact:**

Ronald Kohls

Email:

rkohls@comcast.net

Phone:

763-425-8229

If your information is correct and you are ready to proceed, click [Submit].

[« Previous](#)[Submit »](#)

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Ron Kohls

From: Kristin Cajacob <KCajacob@heacoxlaw.com>
Sent: Thursday, March 31, 2016 10:53 AM
To: rkohls@comcast.net
Cc: Mary Bolkcom; Mary Bolkcom (mbolkcom@hblawgroup.com); Zak Prauer
Subject: FW:
Attachments: sharp@law.local_20160331_101229.pdf

Ron:

I have attached what I hope is everything you need from me to prepare the tax return and other necessary forms on behalf of the foundation. If you need anything further, please let me know.

Thank you very much for your ongoing assistance.

Kristin

Kristin M. Cajacob
Heacox, Hartman, Koshmrl, Cosgriff & Johnson, P.A.
550 Hamm Building
408 St. Peter Street
St. Paul, MN 55102
kcajacob@hhmkcj.com
651-846-7020

From: Lynn Sobocinski
Sent: Thursday, March 31, 2016 10:45 AM
To: Kristin Cajacob <KCajacob@heacoxlaw.com>
Subject:

Lynn A. Sobocinski
*Paralegal to Randall S. Lane
and Kristin M. Cajacob*
Heacox, Hartman, Koshmrl, Cosgriff & Johnson, P.A.
408 St. Peter Street, Suite 550
St. Paul, MN 55102
Main: 651-222-2922
Direct: 651-846-7042
Fax: 651-222-2066

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TaxPrep Solutions, Inc.
7600 Boone Avenue North, Suite 29
Brooklyn Park, MN 55428-1081
Telephone: (763) 425-8229
Fax: (763) 424-7129

December 17, 2015

Mary E. Bolkcom, Board Chair
Devon Lomax Bolkcom Smith Scholarship Fund
1365 Idaho Avenue West
Falcon Heights, MN 55108-2113

Dear Mary,

In order to close your books and file the necessary papers with the Federal and State of Minnesota by May 15, 2016 we will need the following information by March 31, 2016:

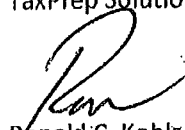
- ✓ 1. Bank Statements and check register for all of 2015 for both checking and savings.
Attached are for checking account - no savings acct.
- ✓ 2. 2015 Year End Statement including all supplemental statements from the all brokerage firms.
Wells Fargo (closed) Ameritrade (open)
- ✓ 3. List of all officers and directors for 2015 and the number of average hours they work per week.
Attached is list - same hrs as last yr
- ✓ 4. Income and Expense Summary for 2015.
- ✓ 5. List of all donors and their address if they donated over \$5,000 for tax year 2015.
Only Mary Bolkcom - \$10,000.00 1365 Idaho Ave W
- ✓ 6. Total of all Like Kind Contributions for 2015.
*4 shares 3M stock on or about 12.26.15
Falcon Heights MN 55108*
- ✓ 7. Any other Items that you feel will have an impact on the various documents we file.
Paypal yr end stmt, letter from city General

Your prompt attention to the above will help us close your books and file your returns on a timely basis.

Thanking you in advance for your prompt attention to this request.

If you have any questions, please give us a call.

Sincerely yours,
TaxPrep Solutions, Inc.



Ronald C. Kohls, EA, MBA
Tax Consultant

#1

Debit Card		Teller Withdrawal		Automatic Deposit		Automatic Payment		Online Bill Pay		Online or Phone Transfer	
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION				PAYMENT, FEE WITHDRAWAL (-)	✓	FEE	DEPOSIT, CREDIT (+)	\$ BALANCE	
5123	9/22	Tax Prep Solutions				\$ 350.00	✓				
		2013 TAXES									
5124	9/22	US Liability Ins Co				600.00	✓				
		addl contrib ins									
5125		State of Tenn				2500	✓				
		Annual Report to AG									
	9/22	Deposit				10150.00	✓				
	11/1	Deposit				500.00	✓				
5126	11/16	Mam Bookcom				2659.48	✓				
5126	11/16	Krustin Jacob				336.64	✓				
		Mam Bookcom									
5128	12/24	St. Paul Central HS Foundation				1000.00	✓				
		Hickory Creek Homeowners									
5129	2/24	Zak Praver				51.49	✓				
		Merrill Lynch									
	10/20	Deposit				462.00	✓				
	8/4	Deposit 2 from				500.00					
	2/12	Deposit 5004				300.00					
5130	5/4/15	Krustin Jacob				977.00					
		Monthly payment of US 30 year term loan									
662115		Deposit							2370.00		
		(not by me)									
7/3/15		Deposit (Contrib)							2355.00		

2015

Debit Card

Teller Withdrawal

Automatic Deposit

Automatic Payment

Online Bill Pay

Online or Phone Transfer

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE WITHDRAWAL (-)	✓	FEE	DEPOSIT, CREDIT (+)	\$ BALANCE
	7/22	Deposit				\$4138.00	
	7/24	Deposit				4122.00	
5131	7/24	Tax Prep Solutions	350.00				
5132	7/24	State of MN	85.00				
5133	7/24	Annual Registration	175.00				
5134	7/24	WOL Packaging					
	7/24	V.O.I.D.					
5135	7/24	18th Worcester	1200.00				
		Callington Summer Over					
5136	8/6	Mulliken / Sims	2500.00				
7		Angsbury / Annand	2500.00				
6		Concordia / Dennis	2500.00				
4		Lawrence / Scanlan	2500.00				
10		MCAD / Mong	2500.00				
11		U of M / Albers	2500.00				
12		Angsbury / Albers	2500.00				
13		U of M / Xiong	2500.00				

Debit Card		Teller Withdrawal	Automatic Deposit	Automatic Payment	Online Bill Pay	Online or Phone Transfer	
NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE WITHDRAWAL (-)	✓	FEE	DEPOSIT, CREDIT (+)	\$ BALANCE
	8/31	Deposit	\$			720131	
5144	8/16	WIN PAPERWORK REDEMPTIONS ✓ PAID @ WMA	993.00				
5145	10/6	US Postal SWICO PO BOX KENTZ	110.00				
5146	W/S	Jinda Passon Decorations	87.45				
5147	n/8	St Paul Central HS Fund	1000.00				
5148	n/8	Mary Kolecom re Mrs R.P. fund	829.46				
2010							
5149	2/63	mpls Event Centers	2000.00				
		dwn pay event	2016				



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: December 31, 2014
This statement: January 31, 2015
Total days in statement period: 31

Page 1 of 2
0006252589
(1)

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Direct Inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

Basic Free Checking

Account number	0006252589	Beginning balance	\$60,646.73
Enclosures	1	Total additions	.00
Low balance	\$60,594.74	Total subtractions	51.99
Average balance	\$60,628.28	Ending balance	\$60,594.74
Avg collected balance	\$60,584		

CHECKS

Number	Date	Amount	Number	Date	Amount
5129	01-21	51.99			

20th
domain fee

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
12-31	60,646.73	01-21	60,594.74		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Page 3

5129	1/21/2015	\$51.99
------	-----------	---------



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: January 31, 2015
This statement: February 28, 2015
Total days in statement period: 28

Page 1 of 2
0006252589
(3)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Basic Free Checking

Account number	0006252589	Beginning balance	\$60,594.74
Enclosures	3	Total additions	800.00
Low balance	\$59,594.74	Total subtractions	1,000.00
Average balance	\$60,301.88	Ending balance	\$60,394.74
Avg collected balance	\$60,223		

CHECKS

Number	Date	Amount	Number	Date	Amount
5128	02-06	1,000.00			

*Here expects nonpayment
for 2014*

CREDITS

Date	Description	Additions
02-09	Deposit	500.00
02-13	Deposit	300.00

*Donations
from 2014*

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
01-31	60,594.74	02-09	60,094.74		
02-06	59,594.74	02-13	60,394.74		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Account: 6252589
Period: 2/1/2015 TO 2/28/2015
Page 3

DEPOSIT SLIP	
DEVIN SMITH SCHOLARSHIP FOUNDATION	500.00
DATE 2/9/15	
BRANCH	
AMOUNT	
DEPOSIT TOTAL	500.00
Bremen Bank	
10960104151 0625 2589 012	

2/9/2015 \$500.00

Bremen Bank CHECKING/MONEY MARKET DEPOSIT	
DATE 2/13/15	300.00
NAME	
ACCOUNT NUMBER	
NET DEPOSIT	300.00
* 06252589	
15011104151	

2/13/2015 \$300.00

DEVIN SMITH SCHOLARSHIP FOUNDATION	
DATE 2/6/14	5128
AMOUNT	1000.00
DEPOSIT TOTAL	1000.00
Bremen Bank	
10960104151 0625 2589 05128	

5128 2/6/2015 \$1,000.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: February 28, 2015
This statement: March 31, 2015
Total days in statement period: 31

Page 1 of 2
0006252589
(1)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Bremer Bank
372 St Peter St
Saint Paul MN 55102

Basic Free Checking

Account number	0006252589	Beginning balance	\$60,394.74
Enclosures	1	Total additions	450.00
Low balance	\$60,844.74	Total subtractions	.00
Average balance	\$60,830.22	Ending balance	\$60,844.74
Avg collected balance	\$60,807		

CREDITS

Date	Description	Additions
03-02	Deposit	450.00

donations from 2014

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
02-28	60,394.74	03-02	60,844.74		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Account: 6252589

Period: 3/1/2015 TO 3/31/2015

Page 4

BremerBank		CHECKING/MONEY MARKET DEPOSIT	
DATE	2/29/15	<input checked="" type="checkbox"/> Cash	
NAME	The Delta County Bank		200.00
	Smith Scholarship		250.00
SUBMITTER'S MAILING ADDRESS			
ACCOUNT NUMBER	6252589	NET DEPOSIT	\$ 450.00
150111041515			

3/2/2015 \$450.00

donations
from 2014



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: March 31, 2015
This statement: April 30, 2015
Total days in statement period: 30

Page 1 of 2
0006252589
(0)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

SWITCH TO ONLINE STATEMENTS TO HELP PREVENT FRAUD AGAINST YOUR ACCOUNT AND SAVE A TREE. ONLINE STATEMENTS ARE FREE AND AVAILABLE TO VIEW BEFORE PAPER STATEMENTS. TO GET STARTED, GO TO BREMER.COM AND ENROLL IN ONLINE BANKING - IT'S QUICK AND EASY. THEN CHOOSE ELECTRONIC STATEMENTS FOR YOUR ACCOUNTS.

Basic Free Checking

Account number	0006252589	Beginning balance	\$60,844.74
Low balance	\$60,844.74	Total additions	.00
Average balance	\$60,844.74	Total subtractions	.00
Avg collected balance	\$60,844	Ending balance	\$60,844.74

**** No activity this statement period ****

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: April 30, 2015
This statement: May 31, 2015
Total days in statement period: 31

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0006252589
(1)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

SWITCH TO ONLINE STATEMENTS TO HELP PREVENT FRAUD AGAINST YOUR ACCOUNT AND SAVE A TREE. ONLINE STATEMENTS ARE FREE AND AVAILABLE TO VIEW BEFORE PAPER STATEMENTS. TO GET STARTED, GO TO BREMER.COM AND ENROLL IN ONLINE BANKING - IT'S QUICK AND EASY. THEN CHOOSE ELECTRONIC STATEMENTS FOR YOUR ACCOUNTS.

Basic Free Checking

Account number	0006252589	Beginning balance	\$60,844.74
Enclosures	1	Total additions	.00
Low balance	\$59,922.74	Total subtractions	922.00
Average balance	\$60,339.13	Ending balance	\$59,922.74
Avg collected balance	\$60,339		

CHECKS

Number	Date	Amount	Number	Date	Amount
5130	05-15	922.00			

Reimb Kinstin (Directors ins policy)

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
04-30	60,844.74	05-15	59,922.74		

Account: 6252589
Period: 5/1/2015 TO 5/31/2015
Page 4

DEVIN SMITH SCHOLARSHIP FOUNDATION		5130
DATE <u>5.4.15</u>		
PAY TO <u>Kustin Cairns</u>		\$922.00
<u>New funding for two 4/1/15</u>		
Bremer Bank		
MEMO <u>ump for payment</u>		
5096010115 0525 2589 05130		
5130	5/15/2015	\$922.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: May 31, 2015
This statement: June 30, 2015
Total days in statement period: 30

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0006252589
(1)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

SWITCH TO ONLINE STATEMENTS TO HELP PREVENT FRAUD AGAINST YOUR ACCOUNT AND SAVE A TREE. ONLINE STATEMENTS ARE FREE AND AVAILABLE TO VIEW BEFORE PAPER STATEMENTS. TO GET STARTED, GO TO BREMER.COM AND ENROLL IN ONLINE BANKING - IT'S QUICK AND EASY. THEN CHOOSE ELECTRONIC STATEMENTS FOR YOUR ACCOUNTS.

Basic Free Checking

Account number	0006252589	Beginning balance	\$59,922.74
Enclosures	1	Total additions	2,870.00
Low balance	\$59,922.74	Total subtractions	.00
Average balance	\$60,688.07	Ending balance	\$62,792.74
Avg collected balance	\$60,552		

CREDITS

Date	Description	Additions
06-23	Deposit	2,870.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-31	59,922.74	06-23	62,792.74		

Account: 6252589
Period: 6/1/2015 TO 6/30/2015
Page 4

K Bremer Bank		CHECKING/MONEY MARKET DEPOSIT	
DATE	6/23/15	<input checked="" type="checkbox"/> CASH	
NAME	Devin L. Max Burkhardt Smith		
	Scholarship Fund		
PRINT NAME FOR CASHIER (SEE ID BY PERSONAL)		AMOUNT	2870 —
ACCOUNT NUMBER		LESS CASH	
* 6252589		NET DEPOSIT	\$ 2870.00
⑆50⑆1⑆0⑆15⑆			
6/23/2015			\$2,870.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: June 30, 2015
This statement: July 31, 2015
Total days in statement period: 31

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0006252589
(6)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Bremer Bank
372 St Peter St
Saint Paul MN 55102

Basic Free Checking

Account number	0006252589	Beginning balance	\$62,792.74
Enclosures	6	Total additions	12,898.00
Low balance	\$62,792.74	Total subtractions	133.71
Average balance	\$67,103.26	Ending balance	\$75,557.03
Avg collected balance	\$66,497		

CHECKS

Number	Date	Amount	Number	Date	Amount
5092	07-15	100.00			
5132 *	07-28	25.00			

* Skip in check sequence

DEBITS

Date	Description	Subtractions
07-31	' Service Charge	4.51
	CASH DEPOSITED	
07-31	' Service Charge	4.20

CREDITS

Date	Description	Additions
07-08	Deposit	2,355.00
07-22	Deposit	4,136.00
07-24	Deposit	4,122.00
07-30	Deposit	2,285.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
06-30	62,792.74	07-22	69,183.74	07-30	75,565.74
07-08	65,147.74	07-24	73,305.74	07-31	75,557.03
07-15	65,047.74	07-28	73,280.74		

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE: 7/8/2015

NAME: *[Signature]*

ACCOUNT NUMBER: *06252589

NET DEPOSIT: \$ 2355.-

501104151

7/8/2015 \$2,355.00

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE: 7/22/2015

NAME: *[Signature]*

ACCOUNT NUMBER: *06252589

NET DEPOSIT: \$ 4136.00

501104151

7/22/2015 \$4,136.00

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE: 7/24/2015

NAME: *[Signature]*

ACCOUNT NUMBER: *06252589

NET DEPOSIT: \$ 4122.-

501104151

7/24/2015 \$4,122.00

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE: 7/30/2015

NAME: *[Signature]*

ACCOUNT NUMBER: *06252589

NET DEPOSIT: \$ 2285.-

501104151

7/30/2015 \$2,285.00

184-52074 DEVIN SMITH SCHOLARSHIP FOUNDATION 5092

DATE: 7/2/15

PAY TO: Mpls Police Dept Licensing Bureau \$100.00

Buchwald and Buchwalds

BremerBank 500 PNB BANK (285) 05092

5092 7/15/2015 \$100.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5132

DATE: 7/24/15

PAY TO: State of Minnesota \$25.00

Presidents of the 4th no/100 2011

BremerBank 500 PNB BANK (285) 05132

5132 7/28/2015 \$25.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: July 31, 2015
This statement: August 31, 2015
Total days in statement period: 31

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Direct Inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Basic Free Checking

Account number	0006252589	Beginning balance	\$75,557.03
Enclosures	10	Total additions	9,201.31
Low balance	\$65,687.34	Total subtractions	19,071.00
Average balance	\$72,093.35	Ending balance	\$65,687.34
Avg collected balance	\$71,970		

CHECKS

Number	Date	Amount	Number	Date	Amount
5131	08-07	350.00	5139	08-11	2,500.00
5135 *	08-07	1,200.00	5140	08-13	2,500.00
5136	08-19	2,500.00	5141	08-12	2,500.00
5137	08-11	2,500.00	5143 *	08-12	2,500.00
5138	08-12	2,500.00			

* Skip in check sequence

DEBITS

Date	Description	Subtractions
08-10	Service Charge	21.00
	BEB STOP PAYMENTS	

CREDITS

Date	Description	Additions
08-03	Deposit	9,201.31

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
07-31	75,557.03	08-10	83,187.34	08-13	68,187.34
08-03	84,758.34	08-11	78,187.34	08-19	65,687.34
08-07	83,208.34	08-12	70,687.34		

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE 8/3/15 ☒ CASH 1.00

NAME 920031

NEW TOTAL 9201.31

OLD BALANCE 9201.31

NEW BALANCE 9201.31

ACCOUNT NUMBER 06252589 INT. DEPOSIT \$ 9201.31

⑆5011⑆0415⑆

8/3/2015 \$9,201.31

DEVIN SMITH SCHOLARSHIP FOUNDATION 5131

DATE 7/24/15

PAY TO THE ORDER OF Tax Prep Solutions \$350.00

Three hundred fifty and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05131

5131 8/7/2015 \$350.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5135

DATE 7/31/15

PAY TO THE ORDER OF Tom Lancaster \$1200.00

One thousand two hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05135

5135 8/7/2015 \$1,200.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5136

DATE 8/6/15

PAY TO THE ORDER OF Millikin University \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05136

5136 8/19/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5137

DATE 8/6/15

PAY TO THE ORDER OF Augustine College \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05137

5137 8/11/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5138

DATE 8/6/15

PAY TO THE ORDER OF Concordia College \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05138

5138 8/12/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5139

DATE 8/6/15

PAY TO THE ORDER OF Laurens University \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05139

5139 8/11/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5140

DATE 8/6/15

PAY TO THE ORDER OF MCAD \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05140

5140 8/13/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5141

DATE 8/6/15

PAY TO THE ORDER OF University of Minnesota \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05141

5141 8/12/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION 5143

DATE 8/6/15

PAY TO THE ORDER OF University of Minnesota \$2500.00

Two thousand five hundred and 00/100

BremerBank 1-800-908-BANK (7263) BREMERBANK.COM

MEMO KL

⑆096010415⑆ 0625⑆2589⑆ 05143

5143 8/12/2015 \$2,500.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: August 31, 2015
This statement: September 30, 2015
Total days in statement period: 30

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1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Direct Inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

Basic Free Checking

Account number	0006252589	Beginning balance	\$65,687.34
Enclosures	4	Total additions	2,525.00
Low balance	\$64,837.34	Total subtractions	2,675.00
Average balance	\$65,767.34	Ending balance	\$65,537.34
Avg collected balance	\$65,643		

CHECKS

Number	Date	Amount	Number	Date	Amount
5142	09-09	2,500.00			
5144 *	09-03	175.00			

* Skip in check sequence

CREDITS

Date	Description	Additions
09-03	Deposit	1,825.00
09-15	Deposit	700.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
08-31	65,687.34	09-09	64,837.34		
09-03	67,337.34	09-15	65,537.34		

Account: 6252589

Period: 9/1/2015 TO 9/30/2015

Page 4

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE 9/3/15

NAME Devin Comax Polkman

ACCOUNT NUMBER * 6252589

NET DEPOSIT \$ 1825.

9/3/2015 \$1,825.00

BremerBank CHECKING/MONEY MARKET DEPOSIT

DATE 9-15-15

NAME Devin Comax Polkman Smith

ACCOUNT NUMBER * 6252589

NET DEPOSIT \$ 700.00

9/15/2015 \$700.00

DEVIN SMITH SCHOLARSHIP FOUNDATION

DATE 8/6/15

PAID TO Augsburg College

AMOUNT \$2,500.00

BremerBank

ACCOUNT NUMBER 400310105

5142 9/9/2015 \$2,500.00

DEVIN SMITH SCHOLARSHIP FOUNDATION

DATE 8/10/15

PAID TO WU Parking

AMOUNT \$175.00

BremerBank

ACCOUNT NUMBER 35 SPOTS 7/24

5144 9/3/2015 \$175.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: September 30, 2015
This statement: October 31, 2015
Total days in statement period: 31

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1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Direct Inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

**EFFECTIVE SEPTEMBER 21, 2015, THE ATM CUTOFF TIME FOR DEPOSITS
CHANGED FROM 4 P.M. TO 6 P.M. CT.**

Basic Free Checking

Account number	0006252589	Beginning balance	\$65,537.34
Enclosures	1	Total additions	.00
Low balance	\$65,427.34	Total subtractions	110.00
Average balance	\$65,501.86	Ending balance	\$65,427.34
Avg collected balance	\$65,501		

CHECKS

Number	Date	Amount	Number	Date	Amount
5145	10-22	110.00			

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
09-30	65,537.34	10-22	65,427.34		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Account: 6252589
Period: 10/1/2015 TO 10/31/2015
Page 3

DEVIN SMITH SCHOLARSHIP FOUNDATION		5145
DATE 10/16/15		
PAY TO THE ORDER OF <u>US Postal Service</u>		\$ 110.00
<u>One hundred ten & 00/100ths</u>		
Bremer Bank		
MEMO <u>PO Box 8152 Rental</u>		
10960104150 0625025890 05115		
5145	10/22/2015	\$110.00



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: October 31, 2015
This statement: November 30, 2015
Total days in statement period: 30

Page 1 of 3
0006252589
(4)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
Saint Paul MN 55102

1
THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113

Basic Free Checking

Account number	0006252589	Beginning balance	\$65,427.34
Enclosures	4	Total additions	26,500.00
Low balance	\$65,427.34	Total subtractions	3,362.41
Average balance	\$82,596.95	Ending balance	\$88,564.93
Avg collected balance	\$82,596		

CHECKS

Number	Date	Amount	Number	Date	Amount
5146	11-18	87.45	5148	11-30	2,274.96
5147	11-16	1,000.00			

CREDITS

Date	Description	Additions
11-09	Deposit	10,000.00
11-12	ACH Deposit	16,500.00
	PAYPAL TRANSFER 151112	

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
10-31	65,427.34	11-12	91,927.34	11-18	90,839.89
11-09	75,427.34	11-16	90,927.34	11-30	88,564.93

THE DEVIN LOMAX BOLKCOM SMITH
November 30, 2015

Page 2 of 3
0006252589

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Page 6

11/9/2015	\$10,000.00
-----------	-------------

5146	11/18/2015	\$87.45
------	------------	---------

5147	11/16/2015	\$1,000.00
------	------------	------------

5148	11/30/2015	\$2,274.96
------	------------	------------



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: November 30, 2015
This statement: December 31, 2015
Total days in statement period: 31

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0006252589
(2)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

¹
**THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113**

Bremer Bank
372 St Peter St
Saint Paul MN 55102

Basic Free Checking

Account number	0006252589	Beginning balance	\$88,564.93
Enclosures	2	Total additions	1,650.00
Low balance	\$88,564.93	Total subtractions	.00
Average balance	\$88,940.74	Ending balance	\$90,214.93
Avg collected balance	\$88,822		

CREDITS

Date	Description	Additions
12-23	Deposit	1,250.00
12-31	Deposit	400.00

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
11-30	88,564.93	12-23	89,814.93	12-31	90,214.93

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Account: 6252589

Period: 12/1/2015 TO 12/31/2015

Page 5

Bremer Bank		CHECKING/MONEY MARKET DEPOSIT	
DATE	12/23/15	<input checked="" type="checkbox"/> CASH	
NAME	Donna Smith Scholarship		500.00
			500.00
			250.00
BANK NAME FOR CHECKS RECEIVED BY ACCOUNTS		BANK NAME RECEIVED	
ACCOUNT NUMBER		LAST DATE RECEIVED	
* 0685 2589		DEPOSIT \$ 1250.00	
1501 1004 651			
12/23/2015		\$1,250.00	

Bremer Bank		CHECKING/MONEY MARKET DEPOSIT	
DATE	12/31/15	<input checked="" type="checkbox"/> CASH	
NAME	Donna Smith Scholarship		250.00
			150.00
BANK NAME FOR CHECKS RECEIVED BY ACCOUNTS		BANK NAME RECEIVED	
ACCOUNT NUMBER		LAST DATE RECEIVED	
* 0685 2589		DEPOSIT \$ 400.00	
1501 1004 651			
12/31/2015		\$400.00	



Online Banking

Activity - Deposit Account

Report created: 11/08/2015 02:49:55 PM (ET)

Account Information

Account: *2589 • Checking • the devin lomax bolcom smith scholarshi • Available \$65,427.34
Available balance: \$65,427.34
Current balance: \$65,427.34
Closing ledger balance: \$65,427.34

Transaction History

Date range: 5/7/2015 to 7/31/2015
Transaction types: All transactions
Detail option: Includes transaction detail

Post Date	Reference	Additional Reference	Description	Debit	Credit	Calculated Balance
07/31/2015	0000000000000000		MISCELLANEOUS FEES	\$4.20		\$75,557.03
07/31/2015	0000000000000000		MISCELLANEOUS FEES CASH DEPOSITED	\$4.51		\$75,561.23
07/30/2015	000004187079470		DEPOSIT		\$2,285.00	\$75,565.74
7/3/2015	00000005132	00000005132	CHECK PAID	\$25.00		\$73,280.74
07/24/2015	000004183286360		DEPOSIT		\$4,122.00	\$73,305.74
07/22/2015	000004182079130		DEPOSIT		\$4,136.00	\$69,183.74
07/15/2015	00000005092	00000005092	CHECK PAID	\$100.00		\$65,047.74
07/08/2015	000004172467520		DEPOSIT		\$2,365.00	\$65,147.74
06/23/2015	000004162605780		DEPOSIT		\$2,870.00	\$62,792.74
05/15/2015	00000005130	00000005130	CHECK PAID	\$922.00		\$59,922.74



Activity - Deposit Account

Report created: 11/08/2015 02:51:46 PM (ET)

Account Information

Account: *2589 • Checking • the devin lomax bolkcom smith scholarshi • Available \$65,427.34
Available balance: \$65,427.34
Current balance: \$65,427.34
Closing ledger balance: \$65,427.34

Transaction History

Date range: 8/1/2015 to 10/31/2015
Transaction types: All transactions
Detail option: Includes transaction detail

Post Date	Reference	Additional Reference	Description	Debit	Credit	Calculated Balance
10/22/2015	00000005145	00000005145	CHECK PAID	\$110.00		\$65,427.34
09/15/2015	000004218851880		DEPOSIT		\$700.00	\$65,537.34
09/09/2015	00000005142	00000005142	CHECK PAID	\$2,500.00		\$64,837.34
09/03/2015	00000005144	00000005144	CHECK PAID	\$175.00		\$67,337.34
08/03/2015	000004210619940		DEPOSIT		\$1,825.00	\$67,512.34
08/19/2015	00000005136	00000005136	CHECK PAID	\$2,500.00		\$65,687.34
08/13/2015	00000005140	00000005140	CHECK PAID	\$2,500.00		\$68,187.34
08/12/2015	00000005143	00000005143	CHECK PAID	\$2,500.00		\$70,687.34
08/12/2015	00000005141	00000005141	CHECK PAID	\$2,500.00		\$73,187.34
08/12/2015	00000005138	00000005138	CHECK PAID	\$2,500.00		\$75,687.34
08/11/2015	00000005139	00000005139	CHECK PAID	\$2,500.00		\$78,187.34
08/11/2015	00000005137	00000005137	CHECK PAID	\$2,500.00		\$80,687.34
08/10/2015	000000000000001		MISCELLANEOUS FEES BEB STOP PAYMENTS	\$21.00		\$83,187.34
08/07/2015	00000005135	00000005135	CHECK PAID	\$1,200.00		\$83,208.34
08/07/2015	00000005131	00000005131	CHECK PAID	\$350.00		\$84,408.34
08/03/2015	000004189797670		DEPOSIT		\$9,201.31	\$84,758.34



Activity - Deposit Account

Report created: 03/21/2016 05:50:56 PM (ET)

Account Information

Account: 096010415 • *2589 • Checking • the devin lomax bolcom smith scholarshi • Available \$88,449.93
Available balance: \$88,449.93
Current balance: \$88,449.93
Closing ledger balance: \$88,449.93

Transaction History

Date range: 11/1/2015 to 12/31/2015
Transaction types: All transactions
Detail option: Includes transaction detail

Post Date	Reference	Additional Reference	Description	Debit	Credit	Calculated Balance
12/31/2015	4290013440		DEPOSIT		\$400.00	\$90,214.93
12/23/2015	4285586340		DEPOSIT		\$1,250.00	\$89,814.93
11/30/2015	5148	5148	CHECK PAID	\$2,274.96		\$88,564.93
11/18/2015	5146	5146	CHECK PAID	\$87.45		\$90,839.89
11/16/2015	5147	5147	CHECK PAID	\$1,000.00		\$90,927.34
11/12/2015	PAYPAL TR		ACH CREDIT RECEIVED PAYPAL TRANSFER 151112		\$16,500.00	\$91,927.34
11/09/2015	4255810180		DEPOSIT		\$10,000.00	\$75,427.34



PO Box 1000
Lake Elmo, MN 55042-1000

Last statement: December 31, 2015
This statement: January 31, 2016
Total days in statement period: 31

Page 1 of 2
0006252589
(1)

Direct inquiries to:
Your Local Branch or, 800-908-Bank
(2265)

Bremer Bank
372 St Peter St
St Paul MN 55102

1
**THE DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL MN 55108-2113**

Basic Free Checking

Account number	0006252589	Beginning balance	\$90,214.93
Enclosures	1	Total additions	235.00
Low balance	\$90,214.93	Total subtractions	.00
Average balance	\$90,313.48	Ending balance	\$90,449.93
Avg collected balance	\$90,267		

CREDITS

Date	Description	Additions
01-19	Deposit	235.00

35 from 2015
200 from 2016

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
12-31	90,214.93	01-19	90,449.93		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Thank you for banking with Bremer Bank

Account: 6252589

Period: 1/1/2016 TO 1/31/2016

Page 3

FirstBank		CHECKING/MONEY MARKET DEPOSIT	
DATE <u>1-19-16</u>		<input checked="" type="checkbox"/> DEPOSIT	
NAME <u>Devin L. Smith</u>		<input type="checkbox"/>	
ACCOUNT NUMBER <u>6252589</u>		NET DEPOSIT \$ <u>235.00</u>	
1150 1 1 0 4 1 5 1		1/19/2016 \$235.00	

#2

2015 Year-End Account Summary

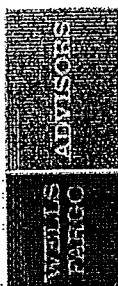
As of Date: 02/18/16

Account Number: 7888-0670

Your Financial Advisor:
2011 ACAT REP
Phone: (800) 727-0304

DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND
1365 IDAHO AVE W
SAINT PAUL, MN 55108-2113

Payee:
FIRST CLEARING, LLC
2801 MARKET STREET
SAINT LOUIS, MO 63103
Payer ID #: 23-2384840



Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or tax advisor regarding specific questions.

Dividends and Distributions - Summary	Amount
Box	
1a. Total Ordinary Dividends	\$1,947.54
1b. Qualified Dividends	\$1,188.62
2a. Total Capital Gain Distributions	\$0.53
2b. Unrecaptured Section 1250 Gain	\$0.00
2c. Section 1202 Gain	\$0.00
2d. Collectibles (28%) Gain	\$0.00
3. Nondividend Distributions	\$160.79
4. Federal Income Tax Withheld	\$0.06
5. Investment Expenses	\$0.00
6. Foreign Tax Paid	\$12.58
7. Foreign Country or U.S. Possession	See Details
8. Cash Liquidation Distributions	\$0.00
9. Noncash Liquidation Distributions	\$0.00
10. Exempt-Interest Dividends	\$0.00
11. Specified Private Activity Bond Interest Dividends	\$0.00

Interest Income - Summary	Amount
Box	
1. Interest Income	\$4.33
2. Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00
3. Federal Income Tax Withheld	\$0.00
4. Investment Expenses	\$0.00
5. Foreign Tax Paid	\$0.00
6. Foreign Country or U.S. Possession	See Details
7. Tax-Exempt Interest	\$0.00
8. Specified Private Activity Bond Interest	\$0.00
9. Market Discount	\$0.00
10. Bond Premium	\$0.00
11. Bond Premium on Tax-Exempt Bond	\$0.00
13. Tax-Exempt and Tax Credit Bond CUSIP No.	See Details
14.	

2015 Supplemental Tax Statement

As of Date: 02/18/16

Page 4 of 6

Account Number: 7888-0670

DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND

Details of Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes.
Please consult with your Financial Advisor or tax advisor regarding specific questions.

Dividend and Distribution Details

Dividend Distributions

Description	CUSIP	Payment Date	# of Payments	Total Ordinary Dividends (Box 1a, includes 1b)	Nonqualified Dividends (Included in Box 1a)	Short-Term Capital Gains (Included in Box 1a)	Qualified Dividends (Box 1b)	Notes
FIRST TR MRNSTR DIV ETF	336917109	Multiple	3	637.67	0.00	0.00	637.67	
POWERSHARES SENR LN ETF	739360769	Multiple	10	151.36	151.36	0.00	0.00	
SPDR BARCLYS CNV SEC ETF	78464A359	Multiple	9	178.97	103.21	0.00	75.76	
SPDR BRCLY HY BOND ETF	78464A417	Multiple	9	402.74	402.74	0.00	0.00	
3M CO	88579Y101	Multiple	3	46.14	0.00	0.00	46.14	
VANGUARD GROWTH ETF	922908736	Multiple	3	195.00	10.77	0.00	184.23	
WTREE EMG MKTS HIGH ETF	97717W315	Multiple	2	115.12	26.88	0.00	88.24	
WISDOMTREE MIDCAP DV ETF	97717W505	Multiple	9	220.54	63.96	0.00	156.58	
Totals				\$1,947.64	\$758.92	\$0.00	\$1,188.62	

Long-Term Capital Gains

Description	CUSIP	Payment Date	# of Payments	Total Capital Gain Distributions (Box 2a, includes 2b, 2c, 2d)	Unrecaptured Section 1250 Gains (Box 2b)	Section 1202 Gains (Box 2c)	Collectibles 28% Gains (Box 2d)	Notes
POWERSHARES INTL CRP ETF	739360835	10/30/2015	1	0.53	0.00	0.00	0.00	
Totals				\$0.53	\$0.00	\$0.00	\$0.00	

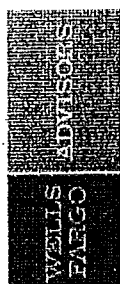


2015 Supplemental Tax Statement

Page 5 of 6

As of Date: 02/13/16

Account Number: 7888-0670

DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND

Dividend and Distribution Details Continued

Return of Capital and Liquidations

Description	CUSIP	Payment Date	# of Payments	Nondividend Distributions (Box 3)	Cash Liquidations (Box 8)	Noncash Liquidations (Box 9)	Notes
POWERSHARES SENR LN ETF	73936Q789	Multiple	10	0.00	0.00	0.00	
POWERSHARES INTL CRP ETF	73936Q835	Multiple	10	160.19	0.00	0.00	
Totals				\$160.19	\$0.00	\$0.00	

Investment Expenses, Foreign Taxes Paid and Other Fees

Description	CUSIP	Payment Date	# of Payments	Investment Expenses (Box 5)	Foreign Tax Paid (Box 6)	ADR Fees	Country (Box 7)	Notes
WTREE EMG MKTS HIGH ETF	97717W315	Multiple	2	0.00	12.58	0.00		
Totals				\$0.00	\$12.58	\$0.00		

Certain distributions made in January, 2016 are reported as 2015 income according to IRS regulations. Distributions made in January, 2016 did NOT appear on your 2015 monthly statements.

2015 Supplemental Tax Statement

Page 6 of 6

As of Date: 02/18/16

Account Number: 7888-0670

DEVIN LOMAX BOLKCOM SMITH
SCHOLARSHIP FUND

Interest Income Details

Interest Income

Description	CUSIP	Payment Date	# of Payments	Interest Income (Box 1)	Treasury Interest (Box 3)	Notes
BANK DEPOSIT SWEEP		Multiple	10	4.33	0.00	
Totals				\$4.33	\$0.00	

Certain distributions made in January, 2016 are reported as 2015 income according to IRS regulations. Distributions made in January, 2016 did NOT appear on your 2015 monthly statements.



RECIPIENT'S ID No: XX-XXX3445

REGULATED FUTURES CONTRACTS

ported to the IRS. Any transactions that are being furnished to the IRS are provided on Forms 1099, and the formatting is similar to Forms 1099. We have provided the related instructions with this document.

Refer to the Proceeds not reported to the IRS names to ensure that you consider all relevant items to determine the correct gains and losses. The amounts shown below are for informational purposes.

Grand total

Changes to dividend tax classifications processed after your original tax form is issued for 2015 may require an amended tax form.

TD AMERITRADE CLEARING INC.

Account 938094906

Summary information

(continued)

02/24/2015 CORRECTED

INTEREST INCOME

	Not reported to the IRS*
1- Interest income (not included in line 3)	0.14
2- Early withdrawal penalty	0.00
3- Interest on US Savings Bonds & Treasury obligations	0.00
4- Federal income tax withheld	0.00
5- Investment expenses	0.00
7- Foreign country or US possession:	
8- Tax-exempt interest (includes line 9)	0.00
9- Specified private activity bond interest (AMT)	0.00
10- Market discount (covered lots)	0.00
11- Bond premium (taxable, categorized below)	0.00
Non Treasury obligations (covered lots)	0.00
Treasury obligations (covered lots)	0.00
13- Bond premium on tax-exempt bonds (categorized below)	0.00
Tax-exempt obligations (covered lots)	0.00
Tax-exempt private activity obligations (AMT, covered lots)	0.00
14- Tax-exempt and tax credit bond CUSIP number	See detail
The following amounts of tax-exempt original issue discount are not reported to the IRS.	
Tax-exempt original issue discount (includes the line below)	0.00
Tax-exempt original issue discount private activity bonds (AMT)	0.00

ORIGINAL ISSUE DISCOUNT SUMMARY

Use bond-by-bond details from the Form 1099-OID page(s) to determine amounts of Original Issue Discount income for your income tax return(s). The amounts shown in this section are for your reference when preparing your income tax return(s).

Original issue discount for 2015	0.00
Other periodic interest	0.00
Early withdrawal penalty	0.00
Federal income tax withheld	0.00
Market discount (covered lots)	0.00
Acquisition premium (total for covered lots, categorized below)	0.00
Non Treasury obligations	0.00
Treasury obligations	0.00
Original issue discount on Treasury obligations	0.00
Investment expenses	0.00

STATE TAX WITHHELD

Use the details of the State Tax Withholding page(s) to determine the appropriate amounts for your income tax return(s). The amounts shown in this section are for your reference.

1099-DIV total withheld	0.00
1099-INT total withheld	0.00
1099-OID total withheld	0.00
1099-MISC total withheld	0.00
1099-B total withheld	0.00

ADJUSTMENTS TO INTEREST AND ORIGINAL ISSUE DISCOUNT

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your income tax return(s).

Taxable accrued interest paid	0.00
Taxable accrued Treasury interest paid	0.00
Tax-exempt accrued interest paid	0.00
Tax-exempt accrued interest paid (AMT)	0.00
Taxable accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid	0.00
Tax-exempt accrued nonqualified interest paid (AMT)	0.00
Nonqualified interest	0.00
Tax-exempt nonqualified interest	0.00
Tax-exempt nonqualified interest (AMT)	0.00
Interest shortfall on contingent payment debt	0.00
Bond premium- Non Treasury obligations (noncovered lots)	0.00
Bond premium- Treasury obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (noncovered lots)	0.00
Bond premium- Tax-exempt obligations (AMT, noncovered lots)	0.00
Acquisition premium- Non Treasury obligations (noncovered lots)	0.00
Acquisition premium- Treasury obligations (noncovered lots)	0.00
Acquisition premium- Tax-exempt obligations (all lots)	0.00
Acquisition premium- Tax-exempt obligations (AMT, all lots)	0.00
Market discount (noncovered lots)	0.00

RECONCILIATIONS, FEES, EXPENSES AND EXPENDITURES

The amounts in this section are not reported to the IRS. They are presented here for your reference when preparing your income tax return(s).

Other Receipts & Reconciliations- Partnership distributions	0.00
Other Receipts & Reconciliations- Foreign tax paid- partnership	0.00
Other Receipts & Reconciliations- Return of principal	0.00
Other Receipts & Reconciliations- Deferred income payment	0.00
Other Receipts & Reconciliations- Deemed premium	0.00
Other Receipts & Reconciliations- Income accrual-UIT	0.00
Other Receipts & Reconciliations- Basis adjustments	0.00
Other Receipts & Reconciliations- Foreign tax pd beyond treaty	0.00
Fees & Expenses- Margin interest	0.00
Fees & Expenses- Dividends paid on short position	0.00
Fees & Expenses- Interest paid on short position	0.00
Fees & Expenses- Non reportable distribution expense	0.00
Fees & Expenses- Other expenses	0.00
Fees & Expenses- Severance tax	0.00
Fees & Expenses- Organizational expense	0.00
Fees & Expenses- Miscellaneous fees	0.00
Fees & Expenses- Tax-exempt investment expense	0.00
Foreign Exchange Gains & Losses- Foreign currency gain/loss	0.00

* This statement displays activity for this account which has NOT been reported to the IRS. Any transactions that are being furnished to the IRS are provided on Forms 1099, either packaged with this statement or sent separately. Because the formatting is similar to Forms 1099, we have provided the related instructions with this document.

TD AMERITRADE CLEARING INC		Detail for Dividends and Distributions		Account 938094906	
2015				02/24/2016 CORRECTED	

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
FMI FUNDS FMI INTERNATIONAL	302933304 FMIJX		12/18/15	3.44	Long-term capital gain	
			12/18/15	174.18	Qualified dividend	03
			12/18/15	148.91	Nonqualified dividend	03
			12/18/15	-14.86	Foreign tax withheld-Variou	03
		Dividends and Distributions:		326.53		
		Foreign tax withheld:		-14.86		
FIRST TRUST MORNINGSTAR DIVIDEND LEADERS INDEX FUND	336917109 FDI		12/31/15	253.07	Qualified dividend	03
ISHARES US PREFERRED STOCK ETF	464288687 PFF		11/06/15	16.56	Qualified dividend	03
			11/06/15	7.38	Nonqualified dividend	03
			12/07/15	17.71	Qualified dividend	03
			12/07/15	7.89	Nonqualified dividend	03
			12/31/15	34.96	Qualified dividend	03
			12/31/15	15.57	Nonqualified dividend	03
		Dividends and Distributions:		100.07		
POWERSHARES SENIOR LOAN PORTFOLIO	73936Q769 BKLN		11/30/15	16.16	Nonqualified dividend	
			12/31/15	16.50	Nonqualified dividend	
		Dividends and Distributions:		32.66		
POWERSHARES INTL CORPORATE BOND PORT	73936Q835 PICS		11/30/15	16.47	Nonqualified dividend	
			12/31/15	15.35	Nonqualified dividend	
		Dividends and Distributions:		31.82		
RIVERNORTH DOUBLE LINE STRAT INC I	76881N202 RNSIX		10/30/15	0.55	Qualified dividend	03
			10/30/15	29.14	Nonqualified dividend	03
			11/30/15	0.58	Qualified dividend	03
			11/30/15	30.49	Nonqualified dividend	03
			12/31/15	1.51	Qualified dividend	03
			12/31/15	79.55	Nonqualified dividend	03
		Dividends and Distributions:		141.82		

TD AMERITRADE CLEARING INC	Account: 938094906
2015	02/24/2016 CORRECTED

Detail for Dividends and Distributions

(continued)

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
SPDR BARCLAYS CONVERTIBLE SEC ETF	78464A359	CWB	11/10/15	6.68	Qualified dividend	03
			11/10/15	9.09	Nonqualified dividend	03
			12/09/15	13.35	Qualified dividend	03
			12/09/15	18.19	Nonqualified dividend	03
			01/07/16	84.77	Qualified dividend	03
			01/07/16	224.30	Long-term capital gain	03
			01/07/16	115.48	Nonqualified dividend	03
				471.86		
Dividends and Distributions:						
SPDR BARCLAYS HIGH YIELD BOND ETF	78464A417	JNK	11/10/15	42.37	Nonqualified dividend	
			12/09/15	46.07	Nonqualified dividend	
			01/07/16	45.40	Nonqualified dividend	
				133.84		
Dividends and Distributions:						
3M CO COM	88579Y101	MMM	12/12/15	15.38	Qualified dividend	
VANGUARD TOTAL BOND MARKET ETF	921937835	BND	11/06/15	12.71	Nonqualified dividend	
			12/07/15	12.52	Nonqualified dividend	
			12/30/15	13.27	Nonqualified dividend	
			12/30/15	3.98	Long-term capital gain	
				42.48		
Dividends and Distributions:						
VANGUARD CRSP US LARGE CAP GROW IND ETF	922908736	VUG	12/23/15	78.04	Qualified dividend	03
			12/23/15	4.56	Nonqualified dividend	03
Dividends and Distributions:						
VANGUARD CRSP US SMALL CAP INDEX	922908751	VB	12/30/15	82.60	Qualified dividend	03
			12/30/15	70.03	Nonqualified dividend	03
				27.63		
				97.66		
Dividends and Distributions:						
WISDOMTREE EMERG MKTS HIGH DVD FUND	97717W315	DEM	12/28/15	18.17	Qualified dividend	03
			12/28/15	5.54	Nonqualified dividend	03
			12/28/15	-2.59	Foreign tax withheld-Variou	03
				23.71		
				-2.59		

TD/AMERITRADE CLEARING INC		Account: 938092906	
2015		02/24/2016 CORRECTED	
Detail for Dividends and Distributions			
(continued)			

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
WISDOMTREE MIDCAP DIVIDEND FUND	97717W605	DON	10/30/15	13.63	Qualified dividend	03
			10/30/15	5.57	Nonqualified dividend	03
			11/30/15	19.71	Qualified dividend	03
			11/30/15	8.06	Nonqualified dividend	03
			12/28/15	40.80	Qualified dividend	03
			12/28/15	47.07	Long-term capital gain	03
			12/28/15	16.67	Nonqualified dividend	03
Dividends and Distributions:				151.51		
Total Dividends and Distributions:				1,905.01		
Total Foreign tax withheld:				-17.45		

TD/AMERITRADE/CLEARING INC		Detail for Interest Income		Account 938091906	
2015				02/24/2016 CORRECTED	

Security description	CUSIP and/or symbol	Date	Amount	Transaction type	Notes
FDIC INSURED DEPOSIT ACCOUNT IDA12	9ZZZFD989 MMDA12	10/31/15	0.11	Interest- money mkt	
NOT COVERED BY SIPC		11/30/15	0.01	Interest- money mkt	
		12/31/15	0.02	Interest- money mkt	
Interest Income:			0.14		
Total Interest Income:			0.14		

TD AMERITRADE CLEARING INC	Mutual Fund and UHF Supplemental Information	Account 938094906
2015		02/24/2016 CORRECTED

FMI FUNDS FMI INTERNATIONAL / 302933304 / FMIJX

FOREIGN SOURCE INCOME PERCENTAGES

Fgn Source Inc Tot	100.00%	Fgn Source Inc Qual	100.00%	Fgn Source Inc Adj	100.00%
--------------------	---------	---------------------	---------	--------------------	---------

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total	0.10%	(A detailed breakdown is shown below when available)
------------------	-------	--

Agency	%	Agency	%
U.S. Treasury	0.10	Fed Farm Credit	0.00
Fed Home Loan	0.00	Student Loan	0.00
		TN Valley Auth	0.00
		Other Dir. Fed	0.00

RIVERNORTH DOUBLE LINE STRAT INC I / 76881N202 / RNSIX

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total	0.73%	(A detailed breakdown is shown below when available)
------------------	-------	--

Agency	%	Agency	%
U.S. Treasury	0.73	Fed Farm Credit	0.00
Fed Home Loan	0.00	Student Loan	0.00
		TN Valley Auth	0.00
		Other Dir. Fed	0.00

VANGUARD TOTAL BOND MARKET ETF / 921937835 / BND

PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES

Fed Source Total	29.46%	(A detailed breakdown is shown below when available)
------------------	--------	--

Agency	%	Agency	%
U.S. Treasury	28.73	Fed Farm Credit	0.06
Fed Home Loan	0.41	Student Loan	0.00
		TN Valley Auth	0.22
		Other Dir. Fed	0.04

WISDOMTREE EMERG MKTS HIGH DVD FUND / 97717W315 / DEM

FOREIGN SOURCE INCOME PERCENTAGES

Fgn Source Inc Tot	99.90%	Fgn Source Inc Qual	0.00%	Fgn Source Inc Adj	0.00%
--------------------	--------	---------------------	-------	--------------------	-------

TD AMERITRADE CLEARING INC		Account: 938094906	
2015		02/24/2016 CORRECTED	
Foreign Income and Taxes Summary			

This schedule lists all income and foreign tax by country. Foreign withholding from mutual funds is listed in a separate section with a country designation of "RIC."

Country	Security Description	CUSIP	Dividends		Interest	Total Income	Tax
			Nonqualified	Qualified			
	FMI FUNDS FMI INTERNATIONAL	302933304	148.91	174.18	0.00	323.09	-14.86
	WISDOMTREE EMERG MKTS HIGH	97717W315	5.54	18.17	0.00	23.71	-2.59
	DVD FUND						
Total			154.45	192.35	0.00	346.80	-17.45
Grand Total				346.80			
	Total Foreign Source Income*			192.35			
	Qualified Foreign Source Income**			-17.45			
	Foreign Tax						

* Total Foreign Source Income utilizes the "Total" column for RICs which may not always be supplied.

** Qualified Foreign Source Income utilizes the "Qualified" column for RICs which may not always be supplied.

TD AMERITRADE CLEARING INC 2015 End Notes for Account 938094905

03 Transaction has been adjusted for income reallocations.

#3

Executive Board		Ave Hrs / wk	Hourly Rate		# Wks Per Yr	
✓ Mary E. Bolkcom	Officer, Chair of Board	10	40	= 400	40	= 16000
✓ Zak Prauer	Officer, Vice Chair of Board	7	30	= 210	30	= 6300
✓ Margaret McInerny	Officer, Secretary of Board	2	↓	= 60	30	= 1800
✓ Kristin Cajacob	Officer, Treasurer of Board	3		= 90	30	= 2700
✓ Aaron Rosenthal		3		= 45	15	= 675
✓ Russell Belk		2	↓	30	↓	450
✓ Claire E. B. Smith		4		60		900
✓ Danielle N. Mullen		2		30		450
✓ Caleb Olson		2		30		450
✓ Neal Wehrwein		4		30		450
✓ Karen K.O. Parker		4	↓	60	↓	900
✓ Kumar Balasubrahmanyam		4		60		900
✓ Tom Lancaster		2		30		450

Directors

32425

#4

Devin Smith Scholarsip Foundation

Income and Expense

2015

REVENUE

2015

Donations cash and checks	39144.31
Donations paypal	13086.54
Donations deposited in 2016	35.00
TOTAL	\$52,265.85

EXPENSES

2015

Annual Fundraising Event	
food/beverage	1,222.13
parking	175.00
heiruspecs	1,000.00
gambling license	100.00
supplies	1,019.10
equipment rental	729.12
eventbrite	36.54
Filing Fees-annual regisration	25.00
Paypal fees	626.78
Insurance	922.00
Promotional Materials	592.06
Tax prep fees	350.00
P.O. box rental	110.00
bank fees	29.71
TOTAL	\$6,937.44

2015 SCHOLARSHIPS PAID

\$20,000.00

YEAR END TOTALS

2015

Bank Balance on 11/8/25	90,214.93
Investment Balance	148,620.19
Paypal Balance	1,703.37
GRAND TOTAL	242,553.49

#6

Kristin Cajacob

From: Jeffrey Tane <tanejk@gmail.com>
Sent: Thursday, December 24, 2015 10:09 AM
To: Mary Bolkcom
Cc: Kristin Cajacob
Subject: Re: Stock transfer info

Mary, yesterday I initiated a transfer of four shares of 3M stock from my Fidelity account to the Devin Lomax Bolkcom Smith Scholarship Fund. You should see this gift show up in your brokerage account within the next day or so.

Regards,
Jeff

> On Nov 13, 2015, at 11:23 AM, Mary Bolkcom <mbolkcom@hblawgroup.com> wrote:

>

> Hi Jeff,

>

> It was so nice to run into you recently. We have to talk more about
> this retirement life; I'm still trying to extricate from work....

>

> We have made what we hope to be our last change in investment advisors
> to Andy Fishman at Affiance in St. Louis Park. Here is the account
> information:

>

> TD Ameritrade
> DTC #0188
> Account #938094906

>

> Thank you to you and Katherine for your continued generosity to the
> Foundation. We are grateful we are able to fund four year
> scholarships for deserving Central students.

>

> I will be getting the date of the holiday party out shortly.....hope
> you guys can attend.

>

> Best,

>

> Mary

>

>

> Mary E. Bolkcom
> Hanson Bolkcom Law Group, Ltd.
> 527 Marquette Avenue, Suite 2300
> Minneapolis, MN 55402
> DD: 612.342.2941
> Main: 612.342.2880
> Fax: 612.342.2899

> Cell: 612.308.0646
>
> Please note that my email address is mbolkcom@hblawgroup.com. Please
> update your address book with this information.
>
> Nothing in this message is intended to constitute an electronic
> signature unless a specific statement to the contrary is included in this message.
>
> Confidentiality Note: This message is intended only for the person or
> entity to which it is addressed. It may contain confidential and/or
> privileged material. Any review, transmission, dissemination or other
> use, or taking of any action in reliance upon this message by persons
> or entities other than the intended recipient is prohibited and may be
> unlawful. If you received this message in error, please contact the
> sender and delete it from your computer.
>
>
>
>
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>
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>
>
>
> -----Original Message-----
> From: Jeff [mailto:tanejk@gmail.com]
> Sent: Thursday, November 12, 2015 9:27 PM
> To: Mary Bolkcom
> Subject: Stock transfer info
>
> Mary, would you let me know if the stock transfer information below is
> still accurate. Also if you know the tax identification number send that too.
>
> Broker: Wells Fargo Advisors
> DTC No. 0141
> Devin Lomax Bolkcom Smith Scholarship Fund acct. no. 7888 0670.
>
> Thanks, Jeff
>

#7
Devlin Lomax Bolkcom Smith Scholarship Fund
 1373 Lincoln Ave, St. Paul, 55105

Financial Statement from January 1, 2015 to December 31, 2015		
	Amounts in USD	
Beginning Balance		5,780.15
Ending Balance		1,703.37
Beginning payables balance		0.00
Ending payables balance		0.00
	Debit	Credit
Sales Activity		13,088.54
Payments received	0.00	13,088.54
Refunds sent	0.00	0.00
Fees	✓ -626.78	
Payment fees	-416.78	0.00
Refunded fees*	0.00	0.00
Chargeback fees	0.00	0.00
Account Fees Invoice	-210.00	0.00
Other fees	0.00	0.00
Dispute Activity	0.00	
Chargebacks & disputes	0.00	0.00
Dispute reimbursements	0.00	0.00
Transfers & Withdrawals	-16,500.00	
Currency transfers	0.00	0.00
Transfers to PayPal account	0.00	0.00
Transfers from PayPal account	-16,500.00	0.00
Purchase Activity	✓ -36.54	
Online payments sent	-36.54	0.00
Refunds received	0.00	0.00
Debit card purchases	0.00	0.00
Debit card returns	0.00	0.00
Reserves and releases	0.00	0.00
Blocked Payments	0.00	0.00
Other Activity		0.00
Money market dividends	0.00	0.00
Debit card cash back	0.00	0.00
Credit card cash back	0.00	0.00
Other	0.00	0.00

Note: This is not an actual bill.

* Paypal refunds you fees for any fraudulent transactions or in cases when the refund happens within the first 2 days of the sale

PayPal Inc., 2211 N First St, San Jose, CA 95131

Understanding your financial statement

Terms and definitions

Financial Statement header

Financial statement for calendar year 2015.

Beginning Balance

Total funds in your PayPal account on January 1, 2015

Ending Balance

Total funds in your PayPal account on December 31, 2015

Beginning payables balance

Beginning.

Ending payables balance

Ending.

Sales Activity

Payments received less refunds sent for all sales activity.

Payments received

The total amount of payments received.

Refunds sent

The total amount of all refunds sent.

Fees

The total amount of all your PayPal fees.

Payment fees

The total amount of fees charged by PayPal for payments you have received.

Refunded fees

The total amount of payment fees returned to you because of refunds you have issued.

Chargeback fees

The total amount of fees for chargebacks processed.

Account Fees Invoice

The total amount of all monthly service charges and fees for any expired or voided authorizations.

Other fees

The total amount of other fees (such as debit card insurance, ATM withdrawal fees, and bank-initiated foreign deposit fees).

Dispute Activity

The total amount of funds pulled from your account less dispute reimbursements.

Chargebacks and disputes

The total amount of funds pulled from your account because of a chargeback or lost dispute.

Dispute reimbursements

The total amount of funds restored to your account from disputes won.

Transfers and withdrawals

Money movement to and from your PayPal account.

Currency transfers

The total amount of funds transferred to USD from other currency balances.

Transfers to PayPal account

The total amount of funds transferred to your PayPal account from your bank, credit card or alternate funding source.

Transfers from PayPal account

The total amount of funds withdrawn from your PayPal account to your bank account or PayPal credit, debit or pre-paid card.

Purchase Activity

The total amount of purchases made less refunds and debit card returns.

Online payments sent

The total amount of online payments sent from your PayPal account.

Refunds received

The total amount of refunds received (for purchases made with your PayPal account).

Debit card purchases

The total amount of purchases made with your PayPal debit card.

Debit card returns

The total amount of refunds received (for purchases made with your PayPal debit card).

Other Activity

The total amount of funds generated from other activities.

Money market dividends

The total dividends earned from PayPals Money Market Fund.

Debit card cash back

The total amount generated from debit card cash back rewards.

Credit card cash back

The total amount generated from credit card cash back rewards.



LORI SWANSON
ATTORNEY GENERAL

STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

August 20, 2015

SUITE 1200
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
TELEPHONE: (651) 296-9412

Mary Bolkcom
The Devin Lomax Bolkcom Smith Scholarship Fund
1365 Idaho Avenue West
Falcon Heights, MN 55108-2113

**Re: The Devin Lomax Bolkcom Smith Scholarship Fund (EIN: 320363445)
Annual Report**

Dear Mary Bolkcom:

I thank you for submitting the December 31, 2014 annual report for The Devin Lomax Bolkcom Smith Scholarship Fund, as required by the Minnesota Social and Charitable Solicitation Act, Minnesota Statutes chapter 309.

This letter confirms that this Office has received these materials. You may wish to **retain this letter** as evidence your annual report has been received by this Office.

Please note that receipt of your organization's registration materials is not an endorsement of your organization or an attestation regarding the validity or completeness of the submitted registration materials. See Minn. Stat. § 309.55, subd. 3 (2014).

The organization's next annual report for December 31, 2015 is due on July 15, 2016. Please visit <http://www.ag.state.mn.us/Charity/DownloadForms.asp> to request an extension, download forms, or review more information.

Sincerely,

KARIN LUND
Charities Registrar
(651) 757-1496

Ron Kohls

From: Kristin Cajacob <KCajacob@heacoxlaw.com>
Sent: Thursday, April 7, 2016 10:03 AM
To: rkohls@comcast.net
Cc: Mary Bolkcom (mbolkcom@hblawgroup.com)
Subject: FW: 2015 Tax Info
Attachments: Costco Receipt.pdf

Ron:

The attached receipt will increase both the donations and the expenses on the 2015 summary I previously sent.

Thanks.
Kristin

Kristin M. Cajacob
Heacox, Hartman, Koshmrl, Cosgriff & Johnson, P.A.
550 Hamm Building
408 St. Peter Street
St. Paul, MN 55102
kcajacob@hhmkcj.com
651-846-7020

From: Mary Bolkcom [mailto:mbolkcom@hblawgroup.com]
Sent: Thursday, April 07, 2016 7:57 AM
To: 'Karen K.O. Parker' <koparker@wold-law.com>; Kristin Cajacob <KCajacob@heacoxlaw.com>
Subject: FW: 2015 Tax Info

Hi guys, This is a receipt for food purchased in connection with feeding our volunteers last summer. Can I get a letter verifying this donation? I usually don't claim any of this type of thing, but did save this receipt. If I can get this to my accountant today, that would be awesome.

Thanks.

MEB

From: Forrest, Jenny K [mailto:Jenny@sfocpa.com]
Sent: Wednesday, April 6, 2016 3:41 PM
To: Mary Bolkcom
Cc: Orenstein, David R
Subject: 2015 Tax Info

Mary,

Attached is the Costco receipt that you will need a charitable letter for.

Other items that are in process:

1. Wells Fargo – Need any distributions made from the trust account.
2. Wells Fargo – Any fees paid for the personal investment account.
3. Ellen Kim – Possible additional charitable contribution to Chamber Music Society for \$600, need letter.

Thank you!

Jennifer Forrest CPA
Simma Flottesmesch & Orenstein, Ltd.
901 Marquette Avenue, Suite 2700
Minneapolis, MN 55402
Direct Dial - 612.337.8112
Direct Fax - 612.259.3162
jenny@sfocpa.com
[Client Portal](#)



This message and any information or attachments included therewith is intended only for the individual or entity named above. If the reader is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copy of this message or any information attached or contained therein is strictly prohibited. If you have received this message in error, please notify the sender by return e-mail and destroy all copies of the message and any attachments. Any tax advice included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.
Thank You



1021 MAPLEWOOD, MN

1431 BEAM AVE
MAPLEWOOD, MN 55109
MEMBER #111819937471 Z6

675153	KALE SALAD	4.99
675153	KALE SALAD	4.99
1752	*COKE ZERO*	7.99 A
37896	1. SAN PELL**	14.55
51070	KS CND CHIKN	11.99
179571	COKE MEXICO	19.99 A
4032	WATERMELON	4.99
25595	VINE TOMATO	4.79
823272	ORGNC VEG PT	12.69
104565	POTATO SALAD	5.99
137378	KS KETTLE	4.59
50550	HN BF FRNKS	9.99
50550	HN BF FRNKS	9.99
904856	HAMBURG BUN	2.69
904849	HOT DOG BUN	2.79
11357	SBUX FRENCH	19.99
10000122365	CRN/ 11357	4.50-
11357	SBUX FRENCH	19.99
10000122365	CRN/ 11357	4.50-
833684	KS ORG TORT	4.69
904849	HOT DOG BUN	2.79
904856	HAMBURG BUN	2.69
700045	KSBKFSTKCP	36.99
10000124620	CRN/700045	5.00-
864360	COLE SLAW	5.99
88742	GR SIR. PATTY	21.99
607021	SALTED CARM	8.99 A
376052	KS CHOC ALMD	13.99 A
88742	GR SIR. PATTY	21.99
782294	POWER GREENS	5.49
319897	USINGER BRAT	7.99
703381	CHEDDAR SLCS	7.99
656601	CORNEED BEEF	12.99
45518	PEACHES	8.99
559608	MATEOS SALCN	2.99
82012	STRAWBERRIL	6.49
251683	BLUEBERRIES	8.99
43475	COOKIES 6OCT	15.99

SUBTOTAL 350.01
A 7.125% TAX 3.63

TOTAL ~~353.64~~
VF American Express 353.64

XXXXXXXXXXXX2009 SWIPED
06/28/15 11:50
Seq#: 001701 App#: 509416
American Express Resp: AA
Tran ID#: 517905897000
Merchant ID 99102111

APPROVED - PURCHASE
AMOUNT: \$353.64

1021 007 0000000057 0069

CHANGE .00
COUPONS TENDERED 14.00

TOTAL NUMBER OF ITEMS SOLD = 35

Executive Members earn a 2% Reward annually up to \$750, or approximately \$7.00 on this purchase. They also get added benefits & larger discounts on Costco Services like Travel. See Membership for exclusions and details.

CASHIER: CHRIS R REG# 7

10,000 / \$353.64

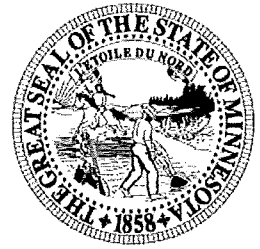
Minnesota Attorney General's Office
Charities Division
Suite 1200, Bremer Tower
445 Minnesota Street
St. Paul, MN 55101-2130

Website Address

<http://www.ag.state.mn.us/charities>

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM
INSTRUCTIONS**

(Pursuant to Minn. Stat. ch. 309)



WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Minnesota must file an annual report with the Attorney General's Office.
- A charitable organization is a person who engages in or purports to engage in solicitation for a charitable purpose. See Minn. Stat. 309.50, subd. 5. "Solicit" and "solicitation" have the meanings set forth in Minn. Stat. § 309.50, subd. 10 and include oral or written requests.
- Please refer to the definitions set forth in Minn. Stat. § 309.50 when completing registration and report forms.

WHEN TO FILE

- An organization's annual report must be postmarked by the 15th day of the seventh month after its fiscal year-end. If the due date falls on a Saturday, Sunday, or federal holiday, the report must be postmarked by the next business day.
- An organization may request a four-month extension. Extension requests must be submitted on or before the due date. **If an organization fails to file its annual report or request an extension by the due date, a \$50 late fee is assessed.** Visit <http://www.ag.state.mn.us/Charity/ExtensionRequest.aspx> to request an extension.

Fiscal Year-End	Due Date	Extended Due Date
January 31	August 15	December 15
February 28	September 15	January 15
March 31	October 15	February 15
April 30	November 15	March 15
May 31	December 15	April 15
June 30	January 15	May 15
July 31	February 15	June 15
August 31	March 15	July 15
September 30	April 15	August 15
October 31	May 15	September 15
November 30	June 15	October 15
December 31	July 15	November 15

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

WHAT TO FILE

- ☒ Charitable Organization Annual Report Form.
- ☒ IRS Form 990, 990-EZ, 990-PF, or 990-N plus all schedules and attachments.
- ☐ IRS Form 990-T (if the organization files one).
- ☐ A full list of the organization's board of directors, including names, addresses, and total compensation paid to each.
- ☐ An audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA if the organization has total revenue of more than \$750,000. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.
- ☒ \$25 registration fee.
- ☐ \$50 late fee, if the organization failed to request an extension or submit its complete report by the due date.

HOW TO FILE

This form may be submitted via email and the fee may be paid electronically.

- The form and all attachments should be emailed to *charity.registration@ag.state.mn.us*. The email and attachments can be **no larger than 25 MB**. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., Charity Annual Report).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that this Office received your submission and is not an attestation regarding the validity or completeness of the submitted materials.
- You may pay the \$25 registration fee and/or \$50 late fee via credit card Here, or you may submit a check via U.S. mail.

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

PLEASE NOTE

- Some organizations may be exempt from registration and reporting. See Minn. Stat. § 309.515 for more information.
- An organization may submit the Unified Registration Statement, but it must also file the Minnesota Supplement.
- Include all required attachments. Registration statements and reports that fail to include all required attachments will be considered deficient and will not be effective until all required materials are received by the Minnesota Attorney General's Office. You will be informed of your registration status by letter from the Minnesota Attorney General's Office.
- Failure to maintain registration while soliciting may result in the imposition of civil penalties up to \$25,000 for each violation of Minn. Stat. ch. 309.
- **NOTICE: All information and documentation provided as part of registration and reporting shall be public records.**

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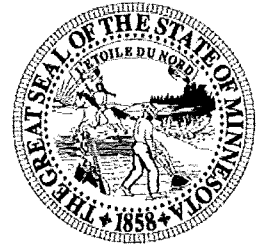
Minnesota Attorney General's Office
Charities Division
Suite 1200, Bremer Tower
445 Minnesota Street
St. Paul, MN 55101-2130

Website Address

<http://www.ag.state.mn.us/charities>

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization The Devin Lomax Bolkcom Smith Scholarship Fund

Federal EIN: 32-0363445

Fiscal Year-End: 12/31/2015

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

Mailing Address:

Mary E Bolkcom

Contact Person

1365 Idaho Ave West

Street Address

Falcon Heights MN 55108-2113

City, State, and Zip Code

612-308-0646

Phone Number

mbolkcom@hblawgroup.com

Email Address

Physical Address:

Mary E Bolkman

Contact Person

1365 Idaho Ave West

Street Address

Falcon Heights MN 55108-2113

City, State, and Zip Code

612-308-0646

Phone Number

mbolkcom@hblawgroup.com

Email Address

1. Organization's website: www.devinsmithscholarshipfoundation.org

2. List all of the organization's alternate and former names (attach list if more space is needed).

_____ ☐ Alternate ☐ Former
_____ ☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 84,691.00

6. Has the organization's tax-exempt status with the IRS changed?
☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
☐ Yes ☒ No If yes, attach explanation.

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
☐ Yes ☒ No If yes, attach explanation.
9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No
 If yes, provide the following information for each (attach list if more space is needed):

 Name of Professional Fundraiser

 Compensation

 Street Address

 City, State, and Zip Code

10. Is the organization a food shelf? ☐ Yes ☒ No
 If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No
Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.
11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? ☐ Yes ☒ No
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ 0.00	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ 0.00	9
10. EXCESS or DEFICIT	\$ 0.00	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ 0.00	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ 0.00	18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 0.00

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Board Chair (Title) and Treasurer (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20____, approving the contents of the document, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Mary E Bolkcom

Name (Print)

Signature

Board Chair

Title

Date

Kristin Cajacob

Name (Print)

Signature

Treasurer

Title

Date

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5/31/16

Hi Ron and Mark,
Enclosed Form 8879-EO,
the tax prep engagement letter,
and a \$350 - Check. Thank
you so much for your
diligent (and patient!) work
on our behalf. Kris Cayacob
is in Ireland until 6/5 so I
am awaiting her signature
on the state return. And I will
work w/ her to transition
bookkeeping to you. We also
got the extension. Will send to you
Thanks again!!! Mary Bolch

TaxPrep Solutions, Inc.
7600 Boone Avenue North, Suite 29
Brooklyn Park, MN 55428
Telephone: 763-425-8229
Fax: 763-424-7129

Date: May 10, 2016

To: Devin Lomax Bolkcom Smith Scholarship Fund

We have prepared the following income tax returns, along with the necessary schedules and worksheets, on your behalf:

<u>Return</u>	<u>Refund</u>	<u>Owe</u>
<input checked="" type="checkbox"/> Federal – 990	_____	_____
<input checked="" type="checkbox"/> Minnesota – Charitable Organization	_____	\$ 25.00
<input type="checkbox"/> Annual Report	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Please review the enclosed returns and inform us of any needed changes.

In order to file your Federal return electronically, we need to receive the following:

- ☒ A copy of the “Tax Preparation Engagement Letter and Taxpayer Statement” – **Sign where indicated**
- ☒ Form 8879-EO “IRS *e-file* Signature Authorization” – **Sign where indicated**
- ☒ Payment of \$350.00 for the enclosed invoice for our services
- ☐ _____
- ☐ _____
- ☐ _____

These items can be mailed back to us in the enclosed envelope.

If you have any questions, please give us a call.

Sincerely,

Ronald C. Kohls, EA, MBA
Tax Consultant

Mark E. Kohls, EA
Tax Consultant

PLEASE SIGN,
DATE & MAIL

Tax Preparation Engagement Letter and Taxpayer Statement

Date: May 10, 2016

Client Name(s): Devin Lomax Bolkcom Smith Scholarship Fund

This is to confirm and specify the terms of your engagement with **TaxPrep Solutions, Inc.**, hereafter referred to as "**TaxPrep**", and to clarify the nature and extent of the services we will provide.

The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

We will prepare your corporate federal and state income tax returns for tax year 2015 from information you furnish us. We will not audit, review, compile, or otherwise verify the data you submit although we may ask you to clarify some of the information. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns at an additional charge.

We DO NOT automatically file tax extensions for clients – you must notify us in writing, email, or fax if you wish us to file an extension, and the notification should include your estimate of any balance due with the extension. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended it does not relieve you from paying any tax due on the due date, or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.

If you and/or your entity have a financial interest in any foreign accounts, you might be responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before June 30th of each tax year.

If you have derived income from a foreign country, we will use the foreign country income information which you provide to calculate any applicable federal or state foreign tax credit or other affected federal or state income tax items. However, you are responsible for meeting any foreign country income tax or other foreign country reporting requirements. If you have amounts in excess of \$10,000 invested in a foreign country, the IRS requires that you disclose this on Form 1040. Without your notification of such foreign investments we will assume that you do not have any amounts invested over \$10,000 outside the United States.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing them. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. We will rely, without further verification, upon information you provide to us from third parties including, but not limited to, W2's, K1's, 1099's, 1098's, receipts, and similar items.

It is our policy to keep records related to this engagement for a minimum of four years after which they are destroyed. However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. Prior to each tax filing season we send client organizers to most of our clients as a convenience to assist them with gathering their tax information. If you move, please notify us or we will send the organizer to the address we used on your prior year's tax return.

We will use our professional judgment in preparing your returns. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the possible positions that may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the Internal Revenue Service should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

When a self-employed taxpayer reduces taxable income there is also a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and his or her dependents. You acknowledge and agree to the current tax reduction and the potential negative effects on future social security benefits for you, your spouse and any dependents.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

In the interest of facilitating our services to you, we may communicate by facsimile transmission or send electronic mail over the Internet. Such communications may include information that is confidential. While we will use our best efforts to keep such communications secure, in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic devices during this engagement.

From time to time during our relationship, you may seek our advice with regard to potential investments. We are not investment advisors. Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. We will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

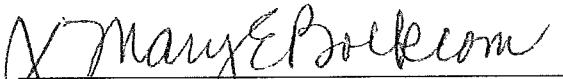
New privacy laws were established by the IRS effective January 1, 2009 and we are now prohibited from providing confidential information or copies to anyone other than you without your specific written authorization. Therefore, if we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing any privileged information to a third party. Since we provide you with copies of your tax returns, along with all supporting schedules and worksheets, at the time the return is completed, if we are asked to provide any additional copies, you will be billed accordingly.

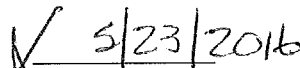
From time to time various third parties may request that we sign, for you, some verification of income, employment or tax filing status. Because we were engaged only to prepare your income tax return, without examination, review, audit, or verification our insurance carriers prohibit us from signing any such document and we suggest that you have them send IRS Form 4506 to the IRS to obtain such verification.

All invoices are due and payable upon presentation. We will not file any return until all outstanding invoices are paid in full, unless a payment arrangement has been made. Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement.

In recognition of the relative risks and benefits of this agreement to both the client and TaxPrep, the client and TaxPrep have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of TaxPrep to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of TaxPrep to the client shall not exceed TaxPrep's total fee for services rendered under this agreement. The client and TaxPrep intend and agree that this limitation apply to any and all liability or cause of action against TaxPrep, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

I have read the above terms of the engagement letter and agree with the terms of this engagement.


Taxpayer's Signature


Date

TaxPrep Solutions, Inc.
7600 Boone Avenue North, Suite 29
Brooklyn Park, MN 55428
Telephone: 763-425-8229
Fax: 763-424-7129

Date: May 10, 2016

To: Devin Lomax Bolkcom Smith Scholarship Fund

We have prepared the following income tax returns, along with the necessary schedules and worksheets, on your behalf:

<u>Return</u>	<u>Refund</u>	<u>Owe</u>
<input checked="" type="checkbox"/> Federal – 990	_____	_____
<input checked="" type="checkbox"/> Minnesota – Charitable Organization	_____	\$ 25.00
<input type="checkbox"/> Annual Report	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Please review the enclosed returns and inform us of any needed changes.

In order to file your Federal return electronically, we need to receive the following:

- ☒ A copy of the “Tax Preparation Engagement Letter and Taxpayer Statement” – **Sign where indicated**
- ☒ Form 8879-EO “IRS *e-file* Signature Authorization” – **Sign where indicated**
- ☒ Payment of \$350.00 for the enclosed invoice for our services
- ☐ _____
- ☐ _____
- ☐ _____

These items can be mailed back to us in the enclosed envelope.

If you have any questions, please give us a call.

Sincerely,

Ronald C. Kohls, EA, MBA
Tax Consultant

Mark E. Kohls, EA
Tax Consultant

TaxPrep Solutions Inc

7600 Boone Ave N Suite 29
Brooklyn Park, MN 55428
mekohls@comcast.net
Phone: (763)425-8229 | Fax: (763)424-7129

Devin Lomax Bolkcom Smith Scholarsh
1365 Idaho Ave West
Falcon Heights, MN 55108-2113

Invoice Date: 05/10/2016

Your 2015 tax return was prepared by Ronald C Kohls EA MBA.

Description	Fee
Federal and Supplemental Forms	
Form 990 - Return of Org Exempt from Income Tax Page 1	\$ 100.00
Form 990 - Return of Org Exempt from Income Tax Page 2	25.00
Form 990 - Return of Org Exempt from Income Tax Page 3	25.00
Form 990 - Return of Org Exempt from Income Tax Page 4	25.00
Form 990 - Return of Org Exempt from Income Tax Page 5	25.00
Form 990 - Return of Org Exempt from Income Tax Page 6	25.00
Form 990 - Return of Org Exempt from Income Tax Page 7	25.00
Form 990 - Return of Org Exempt from Income Tax Page 8	25.00
Form 990 - Return of Org Exempt from Income Tax Page 9	25.00
Form 990 - Return of Org Exempt from Income Tax Page 10	25.00
Form 990 - Return of Org Exempt from Income Tax Page 11	25.00
Form 990 - Return of Org Exempt from Income Tax Page 12	25.00
Form 8879EO - E-file Signature Auth for an Exempt Org	6.00
Overflow - Itemized Listing Attachment	
Wksht Sch A - Schedule A Worksheet - Excess 2% Contributors	
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 1	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 2	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 3	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 4	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 5	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 6	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 7	25.00
Schedule A - Organization Exempt Under Sec 501(c)(3) pg 8	25.00
Schedule B - Schedule of Contributors Page 1	25.00
Schedule B - Schedule of Contributors Page 2	25.00
Schedule C - Political Campaign and Lobbying Page 1	
Schedule C - Political Campaign and Lobbying Page 2	
Schedule C - Political Campaign and Lobbying Page 3	
Schedule G - Fundraising and Gaming Activities Page 1	25.00
Schedule G - Fundraising and Gaming Activities Page 2	25.00
Schedule O - Supplemental Information Page 1	25.00
Total Forms : 31	Forms Subtotal \$ 706.00

Adjustments

MN Charitable Annual Rpt	75.00
MN NonProfit Annual Renew	50.00
Adjustment	(481.00)
Subtotal	\$ 350.00
Total Balance Due	\$ 350.00

Taxprep Solutions, Inc.
7600 Boone Avenue North, Suite 29
Brooklyn Park, MN 55428
Telephone: (763) 425-8229
Fax: (763) 424-7129

February 1, 2016

Dear Taxpayer:

As you may recall, a number of tax provisions have been expiring and then extended by congress for the past few year, often retroactively. (For tax year 2014, the "extenders bill" was signed by the president on December 19, 2014 and everything expired again on January 1, 2015). We have got to give congress some credit this year, as they passed the "2015 extenders bill" sooner than the previous one. Sure, it was signed into law on December 18, 2015, but nonetheless, that is still one day sooner than the prior year.

All sarcasm aside, the new extenders bill, officially titled "Protecting Americans from Tax Hikes Act of 2015," is actually good news for taxpayers. Congress extended a number of provisions for 2015 and 2016, others they extended through 2019, and some they actually extended PERMANENTLY! Some of these provisions include:

Extended through 2016:

- The ability to exclude income
- Being able to deduct MIF
- The \$4,000 deduction for

Extended through 2019:

- Bonus depreciation

Permanently:

- The \$250 above the line expenses (this is also now)
- The option to deduct state
- The ability to make charitable Distribution (RMD)
- Increased section 179 de

MNSEA
MINNESOTA SOCIETY
OF ENROLLED AGENTS

POWERING AMERICA'S TAX EXPERTS

MARY,

FOR YOUR PERSONAL

INFO

R

tedness (e.g. due to foreclosure)

personal money on classroom

x on Schedule A
ing a Required Minimum

on)

The downside of everything being extended through at least the end of 2016, is that our current elected officials are going to have more time to campaign and tell us how much we need them to run ~~our lives~~ the country. ☺

Inflation related changes in existing policy:

- **Personal Exemption Amount:** \$4,050
- **Standard Deduction:** \$12,600 for Married Filing Joint/qualifying widow(er), \$9,300 for Head of Household, and \$6,300 for single and Married Filing Separate. The additional standard deduction for those who have reached 65 or are blind will be \$1,250 for married taxpayers and \$1,550 for unmarried individuals.
- **Standard Mileage Rate:** For 2016, the business rate is now 54 cents per mile and the rate for medical travel and moving is 19 cents per mile. The charitable rate has remained unchanged at 14 cents per mile.
- **Social Security Wage Base:** \$118,500

TaxPrep Solutions, Inc.
7600 Boone Avenue North, Suite 29
Brooklyn Park, MN 55428-1081
Telephone: (763) 425-8229
Fax: (763) 424-7129
Website: www.mntaxprep.com

Taxpayer Identity Theft

Tax-related ID Theft is a **HUGE** and growing problem. In 2014 tax identity theft ranked number one in all forms of identity theft. The IRS defines **taxpayer identity theft** as any process where someone has used tax information that does not belong to them for purposes of obtaining a tax refund or trying to or obtaining employment with false ID Information.

Remember that the Internal Revenue Service does not call you or email you for tax collections. They will first send you a notice. **If you have any question in regards to the notice please give us a call.**

Below please find steps that you should take if you find any level of possible identity theft:

1. **Contact your local police department.** This could be difficult because even with the stigma of tax identity theft today, most local law enforcement officials continue to believe that tax identity theft is not their problem. Be persistent and insist that a theft report is taken by your local law enforcement.
2. **File an FTC (Federal Trade Commission) Complaint.** Go to identitytheft.gov, which will not only list the steps you should take, but also has a link to file the identity theft report with the FTC. You can also call the FTC Identity Theft hotline at 877-438-4338.
3. **Ask any one of the three major credit reporting agencies to place a fraud alert** on the account (the others will pick it up)-Equifax (800-525-6285), Experian (888-397-3742) or TransUnion (800-680-7289). You can also file the request online.
4. **Close any financial accounts** that were opened without your permission (obtained by a credit report).
5. **Respond to any IRS notice immediately.** If you have a question about the notice please contact us first.
6. **Submit Form 14039, Identity Theft Affidavit,** to the IRS as quickly as possible.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Devin Lomax Bolkom Smith Scholarsh Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1365 Idaho Ave West City or town, state or province, country, and ZIP or foreign postal code Falcon Heights, MN 55108-2113 F Name and address of principal officer: Mary E Bolkom Same as C above
D Employer identification no. 32-0363445	
E Telephone number (612) 308-0646	
G Gross receipts \$ 88,550	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: devinsmithscholarshipfoundation.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 2012	
M State of legal domicile: MN	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Devin Smith Scholarship Foundation awards college scholarships to students from St Paul Central High School because it is a place that embraces diversity, fosters academic excellence, and ultimately cultivates creativity.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 92,285 84,691
	9 Program service revenue (Part VIII, line 2g) 900 3,859
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 93,185 88,550
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) 0 0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 53,434 59,363
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,434 59,363
19 Revenue less expenses. Subtract line 18 from line 12 39,751 29,187	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 216,319 240,538
	21 Total liabilities (Part X, line 26) 0 0
	22 Net assets or fund balances. Subtract line 21 from line 20 216,319 240,538

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign
Here**Mary E Bolkom**
Signature of officer

Date

Mary E Bolkom, Chair of Board
Type or print name and titlePaid
Preparer
Use Only

Print/Type preparer's name Ronald C Kohls EA MBA	Preparer's signature Ronald C Kohls EA MBA	Date 05-10-2016	Check <input type="checkbox"/> if self-employed	PTIN XXXXXXXXXX
Firm's name TaxPrep Solutions Inc	Firm's EIN 763-425-8229		Phone no. 763-425-8229	
Firm's address 7600 Boone Ave N Suite 29 Brooklyn Park MN 55428				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

The Devin Smith Scholarship Foundation awards college scholarships to students from St Paul Central High School because it is a place that embraces diversity, fosters academic excellence, and ultimately cultivates creativity.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 57,409 including grants of \$) (Revenue \$)
In May 2014 the Foundation renewed all 6 scholarships from 2014 and also awarded 2 additional scholarships in the amount of \$2,500 each for a total of \$20,000 for 2015.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 57,409

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Kristin Cajacob (612) 308-0646, 1365 Idaho Ave West, Falcon Heights, MN 55108-2113

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Aaron Rosenthal Director	3.00	X						0	0	0
(2) Russell Belk Director	2.00	X						0	0	0
(3) Claire E. Smith Director	4.00	X						0	0	0
(4) Danielle N. Mullen Director	2.00	X						0	0	0
(5) Caleb Olson Director	2.00	X						0	0	0
(6) Neal Wehrwein Director	2.00	X						0	0	0
(7) Karen Parker Director	4.00	X						0	0	0
(8) Kumar Balasubrahmanyam Director	4.00	X						0	0	0
(9) Tom Lancaster Director	2.00	X						0	0	0
(10) Mary E. Bolkcom Chair of Board	10.00			X				0	0	0
(11) Zak Prauer Vice Chair of Board	7.00			X				0	0	0
(12) Margaret McInerney Secretary	2.00			X				0	0	0
(13) Kristin Cajacob Treasurer	3.00			X				0	0	0
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☐ Yes ☒ No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII**Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	52,266		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,425		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		84,691		
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,859	3,859	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 52,266 of contributions reported on line 1c). See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		88,550	3,859	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	350		350	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion	592	592		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	922		922	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Volunteer In Kind Expenses	32,425	32,425		
b Filing Fees	25		25	
c Pay Pal Fees	627		627	
d Scholarships	20,000	20,000		
e All other expenses	4,422	4,392	30	
25 Total functional expenses. Add lines 1 through 24e .	59,363	57,409	1,954	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	66,427	1	91,918
	2 Savings and temporary cash investments	149,892	2	148,620
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	216,319	16	240,538	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	216,319	32	240,538
33 Total net assets or fund balances	216,319	33	240,538	
34 Total liabilities and net assets/fund balances	216,319	34	240,538	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,550
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,363
3	Revenue less expenses. Subtract line 2 from line 1	3	29,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	216,319
5	Net unrealized gains (losses) on investments	5	(4,968)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	240,538

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐**1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

32-0363445

Devin Lomax Bolloom Smith Scholarsh

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less **section 511** tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2015

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		119,023	145,460	92,285	84,691	441,459
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		119,023	145,460	92,285	84,691	441,459
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51,849
6 Public support. Subtract line 5 from line 4						389,610

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4		119,023	145,460	92,285	84,691	441,459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4	188	900	3,859	4,951
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		530	632			1,162
11 Total support. Add lines 7 through 10						447,572
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	0.00	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Devin Lomax Bolkom Smith Scholarsh

Employer identification number

32-0363445

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Devin Lomax Bolkcom Smith Scholarsh

32-0363445

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	Mary Bolkcom 1365 Idaho Ave West Falcon Heights, MN 55108-2113	\$ 10,000	Person <input checked="" 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **Devin Lomax Bolckcom Smith Scholarsh** Employer identification number **32-0363445**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

EEA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

32-0363445

Devin Lomax Bolkcom Smith Scholarsh

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 3 Open House (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,266			52,266
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	52,266			52,266
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				52,266

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

Devin Lomax Bolkcom Smith Scholarsh

32-0363445

01. Officer, directors, etc. family relationship (Part VI, line 2)

The Board Chair, Mary Bolkcom is the mother to Clair E B Smith a director.

02. Form 990 governing body review (Part VI, line 11)

Yes the Form 990 was sent to the Board Chair for review prior to filing the Form 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

The Conflict of Interest Policy was reviewed at the board meetings through out the year.

04. Governing documents, etc. available to public (Part VI, line 19)

Once the Form 990 is filed it will be placed on the Foundation's website for public viewing.

05. List of other expenses (Part IX, line 24e)

Includes postage of \$110 and Open House Expenses of \$4,282.