# 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

# 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

# **TaxPrep Solutions Inc**

7600 Boone Ave N Suite 29 Brooklyn Park, MN 55428 mekohls@comcast.net 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 2220 | Page (763)424 7129 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.

		<u>Fee</u>
escription		
ederal and	Supplemental Forms \$	100.00
orm 990	Poturn of Org Exempt from Income lax lage 1	25.00
orm 990	- Poturn of Org Exempt from Income Tax Page 2	25.00
orm 990	- Return of Org Exempt from Income Tax Page 3	25.00
orm 990	- Peturn of Org Exempt from Income Tax Page 4	25.00
orm 990	Return of Org Exempt from Income Tax Page 5	25.00
orm 990	- Return of Org Exempt from Income Tax Page o	25.00
Form 990	- Return of Org Exempt from Income Tax Page /	25.00
Form 990	- Return of Org Exempt from Income Tax Page o	25.00
Form 990	Roturn of Org Exempt from Income Tax Page 9	25.00
Form 990	Poturn of Org Exempt from Income Tax Page 10	25.00
Form 990	Poturn of Org Exempt from Income Tax Page II	25.00
Form 990	- Return of Org Exempt from Income Tax Page 12	6.00
Form 8879E0	- E-file Signature Auth for an Exempt Org	
Overflow	Ttemized Listing Attachment	
Wksht Sch A	- Schedule A Worksheet - Excess 2% Contributors	25.00
Schedule A	Organization Exempt Under Sec 501(c)(3) pg 1	25.0
Schedule A	Organization Exempt Under Sec 501(C)(3) Pg 2	25.0
Schedule A	Organization Exempt Under Sec 501(C)(3) pg 3	25.0
Schedule A	Organization Exempt Under Sec 501(C)(3) P9 4	25.0
Schedule A	Organization Exempt Under Sec 501(C)(3) pg 3	25.0
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 0	25.0
Schedule A	Organization Exempt Under Sec 501(C)(3) pg /	25.0
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 6	25.0
Schedule B	- Schedule of Contributors Page 1	25.0
Schedule B	- Schedule of Contributors Page 2	2011
Schedule C	- Political Campaign and Lobbying Page l	
Schedule C	- Political Campaign and Lobbying Page 2	
Schedule C	- Political Campaign and Lobbying Page 3	25.0
Schedule G	- Fundraising and Gaming Activities Page 1	25.0
Schedule G	- Fundraising and Gaming Activities Page 2	25.0
Schedule 0	- Supplemental Information Page 1 Forms Subtotal \$	
Total Form		• • •
<b>4 1 1 1 1 1 1 1 1 1 1</b>	- a	
Adjustment		75.0
MN Charitable	Annual Kpc	50.0
MN NonProfit		$\frac{(481.6)}{350.0}$
Adjustment	Subcocar	
	Total Balance Due	350.

_		
	l tweations	2015
	Federal Filing Instructions	Your Social Security Number
		32-0363445
Name(s) as shown on return  Devin Lomax	Bolkcom Smith Scholarsh	

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.

#### 990 Form

# **Return of Organization Exempt From Income Tax**

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.

Open to Public

2015

OMB No. 1545-0047

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Department of the Treasury 20 2015, and ending Internal Revenue Service For the 2015 calendar year, or tax year beginning D Employer identification no. C Name of organization Devin Lomax Bolkcom Smith Scholarsh 32-0363445 Check if applicable: В E Telephone number Doing business as Room/suite Address change Number and street (or P.O. box if mail is not delivered to street address) (612)308-0646 Name change 88,550 1365 Idaho Ave West Initial return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts\$ Final return/terminated Falcon Heights, MN 55108-2113 Is this a group return for subordinates? Amended return Mary E Bolkcom Yes Name and address of principal officer: Application pending H(b) Are all subordinates included? Yes If "No," attach a list. (see instructions) Group exemption number Same as C above 527 4947(a)(1) or 501(c) ( ) ◀ (insert no.) 501(c)(3) Tax-exempt status devinsmithscholarshipfounation.org M State of legal domicile: L Year of formation: 2012 Website: 🕨 Form of organization: 🗵 Corporation 🔲 Trust 🔲 Association 🔲 Other 🕨 The Devin Smith Scholarship Foundation awards Part Summary Briefly describe the organization's mission or most significant activities: college scholarships to students from St Paul Central High School because it is a place that embraces diversity, fosters academic excellence, and ultimately cultivates Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 84,691 92,285 Contributions and grants (Part VIII, line 1h) ... 3,859 900 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . Revenue Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10 88,550 93,185 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 b Total fundraising expenses (Part IX, column (D), line 25) 59,363 53,434 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 59,363 53,434 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 29,187 39,751 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 18 End of Year Beginning of Current Year 19 240,538 216,319 Assets or 1 Balances 0 Total assets (Part X, line 16) 20 240,538 216,319 Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 22 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. Date Mary E Bolkcom Signature of officer Sign Mary E Bolkcom, Chair of Board Here Type or print name and title Date XXXXXXXXX Preparer's signature self-employed Print/Type preparer's name 05-10-2016 Ronald C Kohls EA MBA Ronald C Kohls EA MBA Firm's EIN Paid TaxPrep Solutions Inc Phone no Preparer Firm's name 7600 Boone Ave N Suite 29 763-425-8229 Use Only Firm's address Brooklyn Park MN 55428 May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2015

-orm	990 (2015) Devin Lomax Bolkcom Smith Scholarsh 32-0363445	Page 2
	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.	
	to the second interest participation the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
		MA) 115
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	X 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 renewned 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 \$	)
		and the second s
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses > 57,409	

EEA

Form 990 (2015)

		63445		rage 3
	t D d Cohodulos		- T	1
2/216			Yes	i No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
1 1:	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 165, complete Schedule A	$\cdot \cdot \mid \underline{1}$		
c	complete Schedule A	2	X	
	s the organization required to complete Schedule B, Schedule O Communication required to complete Schedule B, Sc	1		
_ r	Old the organization engage in direct or indirect political campaign activities on a serial	3		X
(	candidates for public office? If "Yes," complete Schedule C, Fart 1		- 1	
4	candidates for public office? If "Yes," complete Schedule C, Part I  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  election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	· <u> </u>	X
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
e '	election in effect during the tax year? If "Yes," complete Schedulc 6, Farth.  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	Is the organization a section 501(c)(4), 501(c)(3), 61301(6)(6) organization as complete Schedule C, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	;	5	Х
		-	$\neg \uparrow \neg$	
6	Did the organization maintain any donor advised fullds of any similar remains an accounts? If have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1.	6	X
		· · ·  -	-	
	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,  Schedule D, Part II	1	_	X
		• • • ⊢	7	
	the environment, historic land areas, or historic structures? If "Ica," complete the similar assets? If "Yes,"  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1,,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets: if for complete Schedule D, Part III		8	X_
		ľ		ł
9	Did the organization report an amount in Part X, line 21, for each of the property and the	l	1	
	Did the organization report an amount in Part X, line 21, for cost of the control of the custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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	L	9	X
10	debt negotiation services? If "Yes," complete Schedule B, Part V  Did the organization, directly or through a related organization, hold assets in temporarily restricted		10	X
10		\$1120 \$400 \$400 \$400 \$400 \$400 \$400 \$400 \$4		
44	endowments, permanent endowments, or quasi-endowments in Yes," then complete Schedule D, Parts VI,  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	0.000 (0.		
11				
	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		11a	X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if Yes, complete Schedule D, Part VI	-		
	complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1.	11b	Х
			110	<del>-   ^</del>
	of its total assets reported in Part X, line 167 if 165, complete Schedule P. Part X, line 13 that is 5% or more  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			X
			11c	<del>  ^-</del>
	of its total assets reported in Part X, line 107 if 165, complete 5 that is 5% or more of its total assets			17
d	of its total assets reported in Part X, line 16? If "Yes," complete Schiedule 5.  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  reported in Part X, line 16? If "Yes," complete Schedule D, Part X  line 25? If "Yes," complete Schedule D, Part X	$\cdots$	11d	X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	• • • •	11e	$\frac{X}{X}$
е	Did the organization report an amount for other liabilities in Fart X, line 20 ft. 1, occupants for the tax year include a footnote that addresses			
f	Did the organization report an amount for other liabilities if the tax, line 2011 in 1997.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	[	11f	X
	the organization's liability for uncertain tax positions under FIN 46 (AGC 745). If the tox year? If "Yes " complete			ĺ
12a	and the second s	[	12a	X
k	Schedule D, Parts XI and XII		12b	X
	tier amoustored Nice to line 1/2 then completing contours and		13	X
40	to the second described in section 1/U(D)(1)(A)(II)? II 165, complete		14a	X
13	omployees of adents control of the office of			
14a	A SECTION OF CONDUCES OF HIGH A 10,000 IL. O			
t			14b	X
			1-70	23
	foreign investments valued at \$100,000 or more? If res, complete estimates or other assistance to or  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		4=	X
15			15	<del>  -^</del>
	for any foreign organization? It "yes, complete our could be a second area or other			
16			16	X
17			17	<u> </u>
Ī	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule 5, 1 art 1 (55) are and contributions on		1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of		18	Х
10				
19	to the report more than \$15 (100 b) (1000 iii) iii) gammo		19	2
4Ω	Did the organization report more than \$15,000 total of fundations governing event green was		18	X

Part IV Checklist of Required Schedules (continued)  Yes No  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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  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  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  Wes No  20a X  Z1 X  X  X  Z2 X  X	_ 、	990 (2015) Devin Lomax Bolkcom Smith Scholarsh 32-03634	45		age 4
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes," to line 20a, did the organization attach a copy of its audided financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or did the organization report more than \$5,000 of grants or other assistance to or for domestic organization or other than \$5,000 of grants or other assistance to or for domestic individuals on the organization are some "See" to Part IX, section 4, 18 or 3, 60 of grants or other assistance to or for domestic individuals on the part IX, column (A), in 2? If "Yes," complete Schedule I, Parts I and II and III.  Did the organization are server "See" to Part IX, section A. It may a financial organization are server "See" to Part IX, section A. It may a financial organization are server and former officers, directors, trustees, see employees, and highest componated organization report of parts of Part IX, section A. It may a financial organization are server and former officers, directors, trustees, see employees, and highest componated organization are server as the section of the section		Obecklist of Required Schedules (continued)		Von	No
Section Services   Section Ser			200	Yes	
b If "Yes" to like 20a, did the organization network may be a substantial to any domestic government or Part IX, column (A), line 17 If "Yes", complete Schedule I, Part I and II  Did the organization report more than \$5,000 of grants or other assistance to any domestic government or Part IX, column (A), line 17 If "Yes", complete Schedule I, Part I and II  Did the organization report more than \$5,000 of grants are other assistance to or for domestic individuals on  22 X  Part IX, column (A), line 27 If "Yes," complete Schedule I, Part I and III  Did the organization answer "Yes" to Part IVI. Science on, line 3.4, or 5 about compensation of the organization from the angel of the state of the schedule I. Part I and III  Did the organization have a law examp bond issue with an outstanding principal amount of more than the part of the schedule I. If "Yes," or the Island or the Schedule I. If "Yes," or the Island or the Island or Is		States arrespiration operate one or more hospital facilities? If "Yes," complete Schedule H			+24
10 Did the organization record more than \$5,000 of grants or other assistance to or for domestic powerment on Part IX, column (A), line 21 if "Yes," complete Schedule i, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "Yes," complete Schedule i, Parts I and II 22 Did the organization answer "Yes" to Part IV, Section A, line 3, 4, or 5 about compensation of the organization review of forces, directors, tradecs, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 23 Did the organization review at proceeds of tax-secured the Commbor 31, 2002? If "Yes," enougher lines 24h strough 24d and complete Schedule X, If "Yes," go the 25a 24b Did the organization invest any proceeds of tax-secured bends beyond a temporary period exception? 24c Did the organization marks also proceeds of tax-secured bends beyond a temporary period exception? 24d Did the organization marks also are secount other than a refunding earrow at any time during the year? 24d Did the organization marks also and 5 issuer of bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization aware that lengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II Is the organization aware that lengaged in an excess benefit transaction with a disqualified person in a pitor year, and that the Yanasaction has not been reported on any of the organization spiror Forms 980 or 990-E7? 25b IV the organization report all rengaged in an excess benefit transaction with a disqualified person in a pitor year, and that the Yanasaction shows that the graph of the properties of the part IV "es," complete Schedule I, Part II Is the organization aware that lengaged in an excess benefit transaction with a complete Schedule I, Part II Is the organiz			200		_
domestic government on Part IX, column (V), lind 17 if		the second more than \$5,000 of grants or other assistance to any defice to any	24		V
22		. D. 4 IV solumn (A) line 19 If "Yes " Complete Schedule i, i alto i alto i	21	├──	+^-
Part X, column (A). line 2? If "Yes," complete Schedule J. Did the organization answer "yes" to Part VII, Section A, line 3 4, or 5 about compensation of the organization scurrent and former officers, directors, functions, live 3 4, or 5 about compensation of the appropriate of the act day of the year, that was stead after December 31, 2002 If "Yes," answer line 24b 3100,000 as of the last day of the year, that was stead after December 31, 2002 If "Yes," answer line 24b 3100,000 as of the last day of the year, that was stead after December 31, 2002 If "Yes," answer line 24b 3100,000 as of the last day of the year, that was stead after December 31, 2002 If "Yes," answer line 24b 3100,000 as of the last day of the year, that was stead after December 31, 2002 If "Yes," answer line 24b 3100,000 as of the last day of the year, line 32b					37
the organization answer "Yes" to Part VII, Section A, Inie S, 4, or 3 subtourned from preparations current and former officers, directors, sustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  White organization rate value accessmpt bond sissue 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 25e.  Did the organization maintain an escrew account other than a refunding escrew at any time during the year  Did the organization and cat as an "on behalf of issuer for bonds outstanding at any time during the year?  24d bloom of the organization with a disqualified person during the year? I was a subtourned to defease any tax-exempt bonds?  Saction 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? I was a subtourned to the organization with a disqualified person during the year?  It is the organization was that it engaged in an excess benefit transaction with a disqualified person with a subtourned to a subtourned to the organization of the person in a prior year, and that the transaction mas not been reported on any of the organizations prior Forms 990 of 980-E77  If "Yes," complete Schedule I., Part I  Did the organization provide a great or other assistance to an officer, displot, fivatee, key employee, and designating becomes if If Yes, "complete Schedule I., Part II  Did the organization provide a great or other assistance to an officer, displot, fivatee, key employee.  Schedule I., Part IV  Was the organization aparty to a business transaction with ore of the following prints; see Schedule I., Part IV  Was the organization aparty to a business transaction with ore of the following prints; see Schedule I., Part IV  A family member of an current or former officer, director, trustee, or key employee? If "Yes," compl	22	Did the organization report more triain \$5,000 or grants or other stand III	22		X
organization's current and former officers, directors, frustees, key eliphoyees, all 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 stead after December 31,20027 if "Yes," answer lines 24b through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a through 24d and complete Schedule K, if "No," go to line 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 prior Forms 980 or 990 E.7?  25b If "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part II "Yes," complete Schedule L, Part IV "Yes, "complete Schedule N, Part II "Yes, "complete Schedule R, Part II "Yes, "complete Schedule R		Part IX, column (A), line 2? If "Yes," complete Schedule 1, 1 and 1 and 1.			1
amployees? If "Yes," complete Schedule J  24a	23				
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 31,00027 if "Yes," averwer lines 24b through 24d and compilete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  Did the organization averant and an escrow account other than a refunding escrow at any time during the year?  25d  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 in a prior year, and that the transaction has not been reported on any of the organization sport Forms 990 e900-E27  15d "Maria Complete Schedule L. Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables (from or psycholes to arrive current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial confliction 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 IV  Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  Was the organization organization fromer officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  Was the organization function or former officer, director, trustee, or key employee? If "Yes," complete		organization's current and former officers, directors, trustees, key chiptoyoos, and to	23	<u> </u>	X
\$100,000 as of the last day of the year, that was stated and controlled Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  10 ble the organization and at as "no healt of" issuer for bonds beyond a temporary period exception?  24d b Did the organization and as a "no healt of" issuer for bonds outstanding at any time during the year?  24d b Did the organization and as a "no healt of" issuer for bonds outstanding at any time during the year?  25a Section 501(3), 501(6)4, and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I"'ves," complete Schedule L. Part II b the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "I"'ves," complete Schedule L. Part II D bid the organization aware that it engaged in an excess benefit transaction with a disqualified person and a second organization and a s		employees? If "Yes," complete Schedule J	1		ł
\$100,000 as of the last day of the year, that was stated and controlled Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  10 ble the organization and at as "no healt of" issuer for bonds beyond a temporary period exception?  24d b Did the organization and as a "no healt of" issuer for bonds outstanding at any time during the year?  24d b Did the organization and as a "no healt of" issuer for bonds outstanding at any time during the year?  25a Section 501(3), 501(6)4, and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I"'ves," complete Schedule L. Part II b the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "I"'ves," complete Schedule L. Part II D bid the organization aware that it engaged in an excess benefit transaction with a disqualified person and a second organization and a s	24a	Did the organization have a tax-exempt bond issue with an outstanding principal another with the December 31, 20022 If "Yes" answer lines 24b		1	İ
through 24d and complete Schedule K, If No.* go to limb 29a   Did the organization maintain an eacrow account other than a refunding secrow at any time during the year   C Did the organization maintain an eacrow account other than a refunding secrow at any time during the year   do delease any tax-exempt bonds?   24d   Did the organization maintain an eacrow account other than a refunding secrow at any time during the year?   do delease any tax-exempt bonds?   24d   Did the organization maintain an eacrow account other than a refunding secrow at any time during the year?   24d   Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year?   24d   Did the organization and the secret year, and that the refunded person during the year?   Execution \$501(c)(3), \$61(c)(4), and \$501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior   transaction what a disqualified person during the year?   Execution \$501(c)(3), \$61(c)(4), and \$61(c)(23) organizations. Did the organization provide has not been reported on any of the organization provide has not been reported on any of the organization provide or former officers, discorts, trustees, key employees, highest compensated employees, or   did the organization provide a grant or other assistance to an officer, discort, rustees, key employees, assistantial contributor or employee thereof, a grant selection committee (member of to a 5% controlled   substantial contributor or employee thereof, a grant selection committee (member of to a 5% controlled   substantial contributor or employee thereof, a grant selection committee (member of to to a 5% controlled   year by the substantial contributor or employee thereof, a grant selection committee (member of to a controlled   a Current or former officer, discort, rustee, or key employee? If "Yes," complete Schedule L, Part IV    A current or former officer, discort, rustee, or key employee? If "Yes," complete Schedule L, Part		\$100,000 as of the last day of the year, that was issued after December 31, 2002.	24a	<u></u>	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary processor of a children or processor of the trans a refunding escore at any time during the year?  d Did the organization maintain an escrew account dother than a refunding escore at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		t and the Learning Cabadula K If "No." no to line 20a	24b		
c Did the organization maintain an escrow eccount other than a returning escrow and to defease any tax-exempl bonds?  d 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I transaction was not been reported on any of the organization sprior Forms 990 of 990-E27 year, and that the transaction has not been reported on any of the organization prior Forms 990 of 990-E27 year, and that the transaction has not been reported on any of 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 of the organization provide a grant or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, of to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, of to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, of to a 35% controlled substantial contributions for applicable filing thresholds, conditions, and exceptions?  Was the organization for applicable filing thresholds, conditions, and exceptions?  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nently of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nently of which a current or former	b				
to defease any tax-exempt bonds?  1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  258 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 bis the organization are that it engaged in an excess benefit transaction with a disqualified person in the organization are that it engaged in an excess benefit transaction with a disqualified person in the organization has not been reported on any of the organization's prior Forms.990 or 990-EZ?  258 X If "Yes," complete Schedule L, Part I l.  269 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, frustees, key employees, highest compensable employees, or disqualified persons? If "Yes," complete Schedule L, Part I l.  270 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 sent or family member of any of these persons? If "Yes," complete Schedule L, Part I l.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I V.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I V.  29 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part I V.  29 Did the organization receive contributions of art, historical tressures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I V.  20 Did the organization figurate, trustee, or director, trustee, or director trustees uncomplete Schedule R, Part I II.  30 Did t		Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c	1	
d Did the organization act as an "on behalf or issuer for forthist utcharing that the process of	•	thondo?			
25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Duri terriparaction with a disqualified person unity file year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person unit that transaction has not been reported on any of the organization's prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I is 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, or disqualified persons? If "Yes," complete Schedule L, Part II is 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, ôr to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II is 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):  2 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is trustee, or key employee? If "Yes," complete Schedule L, Part IV is trustee, or key employee? If "Yes," complete Schedule L, Part IV is trustee, or key employee? If "Yes," complete Schedule L, Part IV is trustee, or key employee? If "Yes," complete Schedule M.  2 bid the organization organization receive more than \$25,000 in non-deat contributions? If "Yes," complete Schedule M.  2 bid the organization organization receive more than \$25,000 in non-deat contributions? If "Yes," complete Schedule M.  2 bid the organization fluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M.  2 bid the organization fluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  3 bid the organization sell, exchange, dispose of, or transfer more than 25%	А			$\top$	
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-E27  18		TO 4 (a) And 501(c)(29) organizations, Did the digalization digage in a	25a		x
b is the organization aware that it engaged in an excess Bettell trainsaction was not great and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-EZ?  year, and that the transaction has not been reported on any of the organization's prior Form's 990 or 990-EZ?  18 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 but 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 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 and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IIV and the organization of applicable filing thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and exceptions? If "Yes," complete Schedule L, Part IV and exceptions? An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and exception of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV and exception of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule I, Part IV and Part I, III, and III an	20a	" " " I'C L during the Veet I' Yes Collinicia de College Colle	1200	+-	+
year, and that the transaction has not been reported on any of the organizations complete Schedule L, Part I I "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I		the third and in an avege negletti italisaction with a diagrammon F			
18 "Yes," complete Schedule L, Part II 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 but 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 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and to Impair of any of these persons? If "Yes," complete Schedule L, Part IV and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV as an officer, director, trustee, or director, firese, or key employee (or a family member thereof) and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M as an officer, director, trustee, or director indirect owner? If "Yes," complete Schedule M as an officer, director, trustee, or director, trustee, or director, firese, in an officer, director, firese, in an	a	is the organization aware that to report the properties on any of the organization's prior Forms 990 or 990-EZ?	256		v
Did the organization report any amount on Part X, line 5, et 22 to recoverable organization report any amount on Part X, line 5, et 22 to recoverable organization recoverable Schedule L, Part II  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 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity with or family member of any of these persons? If "Yes," complete Schedule L, Part III  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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A nentity of which a current or former officer, director, trustee, or key employee? or a family member thereof)  A nentity of which a current or former than \$25,000 in non-desh contributions? If "Yes," complete Schedule M  Did the organization receive more than \$25,000 in non-desh contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I .  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization on 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 II, III, A YA Was the organization on who 100% of an entity disregarded as separate from the organization under Regulations and the organization have a controlled entity within the meaning of section 51		A C L A La L Dord	250	Ή-	1 A
current or former officers, directors, trustees, key employees, fightest compresses, fightest compresses, and disqualified persons? If "Yes," complete Schedule L, Part II  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 exhity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  20 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  21 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  22 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  23 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  24 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  25 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  26 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  28 C X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 Did the organization sell, exchange, dispose		and any amount on Part X, line 5, 6, or 22 to receivables from or payables			İ
disqualified persons? If "Yes," complete Schedule I., Part II  7 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 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  7 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV a 28a	26				.,
Did the organization provide a grant or other assistance to an officient, insection, committee member, or to a 35% controlled 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  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and IV) instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  31 Did the organization injudidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I,  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations perceive 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  37 Did the org		current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current or former officers, directors, flustees, key simpley of the current o	26	-	<u> </u>
substantial contributor or employee thereof, a grant selection continue menious.  27 X antity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N  20 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  20 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  21 Did the organization will, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  22 Did the organization on 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 II, III, or IV, and Part V, line 1  23 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  24 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  25 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  26 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization make any transfers to an exempt non		disqualified persons? If "Yes," complete scriedule E, rath in			
entity or family member of any of these persons? If "Yes," complete Schedule L, 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  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d As entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d As entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d As entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d Bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization in sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N, Part II  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, III,  Was the organization and some and some of the organization receive any payment from or engage in any transaction with a section 501(c)(3) 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  Did the organization Polated to any lax-exempt or	27	Did the organization provide a grant of other assistance to all smooth and assistance to all smooth and assistance to all smooth and assistance to all smooth and assistance to all smooth as a smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth assistance to all smooth as a smooth assistance to all smooth as a		l	
Was the organization a party to a business transaction with one of the tortowing period controlled entity with instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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  Was the organization and 301.7701-3? If "Yes," complete Schedule R, Part II.  Was the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  To 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		substantial contributor or employee thereof, a grant selection committee Schedule L. Part III	. 27		I X
Part IV instructions for applicable filling thresholds, conditions, all exceptions?  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  28c		entity or family member of any of these persons? If test, complete contours 2, 12 and 14 and 15 and 16 and			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  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  The organization have a controlled entity within the meaning of section 512(b)(13)?  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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Onduct 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, lines 11b and  The paralization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	28	Was the organization a party to a business transaction with one of the following parties (2)			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  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  The organization have a controlled entity within the meaning of section 512(b)(13)?  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  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Onduct 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, lines 11b and  The paralization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Part IV instructions for applicable filing thresholds, conditions, and exceptions).	. 287	a	X
Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  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  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Dif "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a related organization. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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  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 V, lines 11b and 18b X	а	A current or former officer, director, trustee, or key employee? If "Yes," complete deficience of the complete			
Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  An entity of which a current or former officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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    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    35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?    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    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, lines 11b and 18	b		. 28	b	X
An entity of which a current or former officer, director, trustee, or key elimptoye (or trustee), or key elimptoye (or key elimptoye) (or key elimptoye (or key elimptoye) (or key elimptoy) (or key elimp		The state of the s			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  20 conservation contributions? If "Yes," complete Schedule M  21 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  22 Part I  23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  23 complete Schedule N, Part II  24 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  25 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  26 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,  27 Oid the organization have a controlled entity within the meaning of section 512(b)(13)?  28 Did the organization. Did the organization make any transfers to an exempt non-charitable  29 Part VI  29 Did the organization own 100% of its activities through an entity that is not a related organization  29 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  20 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  20 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  21 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  22 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  23 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  23 Did the organization conduct more than 5% of its activities through an entity that is not	С	the first a current or former officer director trustee, or key employee (or a family morning to a family m	. 28	С	X
Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete schedule M conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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 II.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III.  To Ive or IV, and Part V, line 1.  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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 V, lines 1.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		"	. 29	3	X
Did the organization receive contributions of art, historical treasures, of other shints account on the conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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, lines 11b and 138. X	29	testing receive more than \$25,000 in non-cash contributions? If Test, complete services			
conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 30	0	l x
Did the organization liquidate, terminate, or dissolve and cease operations in the part I.  21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  22 complete Schedule N, Part II.  23 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.  24 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  25 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  26 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  26 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  27 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.  28 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	50	o to the all complete Schedule M	-	-	
Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  complete Schedule N, Part II  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  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	. 3	1	X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its flet assets?    32	31		·   -	+-	-
complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  34 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  35 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,  36 or IV, and Part V, line 1  37 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  38 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  38 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  39 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  30 related organization? If "Yes," complete Schedule R, Part V, line 2  31 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  30 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  21 Part VI  22 Part VI  23 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	١,	,	X
Did the organization own 100% of an entity disregarded as separate iron to digate the organization of an entity disregarded as separate iron to digate the organization of an entity disregarded as separate iron to digate the organization sections 301.7701-3? If "Yes," complete Schedule R, Part II.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III.  Jay 134	32		.	-	
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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.  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Complete Screenization own 100% of an entity disregarded as separate from the organization under Regulations	١,	,	v
Was the organization related to any tax-exempt or taxable entity? If Test, Complete Schedule V, and Part V, line 1  or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  Told 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.  The organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and A A A A A A A A A A A A A A A A A A A	33	TO A 7704 OO If "Von " complete SCREQUIE R. Fall I	. 3	<u>-</u>	<del>-   ^</del>
or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		sections 301.7701-2 and 301.7701-0. III respectively of taxable entity? If "Yes," complete Schedule R, Part II, III,		.	\ \ <u>\</u>
Did the organization have a controlled entity within the meaning of section 512(0)(15)?  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  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	34	Was the organization related to any tax exempt or tax as a second or t	. 3		-+-
b If "Yes" to line 35a, did the organization receive any payment from or drigges when 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  37 related organization? If "Yes," complete Schedule R, Part V, line 2  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		or IV, and Part V, line 1	. 35	5a	X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule 11, 1 at 11, 1 and 2  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  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  Part VI  Part VI  Section 501(c)(3) organizations. Did the organization and explanations in Schedule O for Part VI, lines 11b and	35	a Did the organization have a controlled entity within the mediating or engage in any transaction with a			ļ
Section 501(c)(3) organizations. Did the organization make any related organization? If "Yes," complete Schedule R, Part V, line 2  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		b If "Yes" to line 35a, did the organization receive any payment from 5. organization and the organization receive any payment from 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. organization of the 5. or	. 3!	5b	
Section 501(c)(3) organizations. Did the organization make any related organization? If "Yes," complete Schedule R, Part V, line 2  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		controlled entity within the meaning of section 512(b)(13)? If 163, complete 5 and exempt non-charitable			
related organization? If "Yes," complete Schedule R, Part V, line 2  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	36	Section 501(c)(3) organizations. Did the organization make any transfers to an oxometric transfer of the section 501(c)(3) organizations.	. 3	36	X
Did the organization conduct more than 5% of its activities through an entity that stress through an entity that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI		o Kinka il semploto Cohodula R. Pari V. III.E. 2			
and that is treated as a partnership for federal income tax purposes? If test, complete Schedule 7.  Part VI	37	Did the organization conduct more than 5% of its activities through an entire through the complete Schedule R.			
Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule 15,	:	37	}
38 Did the organization complete Schedule O and provide explanations in Schedule O for Fart VI, lines VI at 12					
19? Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Fart VI, into Frid and		38	Х
		19? Note. All Form 990 filers are required to complete Schedule O	F		

	990 (2015) Devin Lomax Bolkcom Smith Scholarsh	32-0363445	Page 5
			г
Par	Statements Regarding Other IKS I mings and the Part V		<u>                                </u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes No
		o light	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
b	Pid the organization comply with backup withholding rules for reportable payments to voltage	1c	X
С	reportable gaming (gambling) winnings to prize winners?		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2a		
		0 2 1	
	Statements, filed for the calendar year ending with or within the year ending with or within the year.  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
b	If at least one is reported on line 2a, did the organization line air required to e-file (see instructions)		
	true 4 - and 30 in greater than 250 Vote Hildy be required to 5 mg (-	3a	X
3a	the transfer of business gross income of \$1,000 of those during the year	3b	
b			
4a	did the organization have all intelest in, or a signature		
74	At any time during the calendar year, all the organization had account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	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).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a	+
5a		<u>5b</u>	X
b	Was the organization a party to a profilible tax shotter transaction?  Did any taxable party notify the organization file Form 8886-T?	5c	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	- "	6a	X X
	the that word not tay applicable do character of the state of the		
b		6b	<b>5</b>
	16		
7	Jedustikla contributions under section in visit		
7	Organizations that may receive deductible contribution and partly for goods  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	a X
а	Did the organization receive a payment in excess of \$75 made partly as a contributory one partly as a contributory of the payor?	71	
	the depart of the value of the goods or services provided?		<del></del>
b			c X
C		STATE OF THE PARTY	D7
	required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year premiums on a personal benefit contract?		
е	If "Yes," indicate the number of Forms 8262 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f		required? 7	g X
g		7	h X
ŀ			
8	O servering organizations maintaining donor advised funds. Did a donor duvised taxts		В Х
ŭ	enoncoring organization have excess business holdings at any time during the your.		The state of
	Our rearing organizations maintaining donor advised funds.	i c	a X_
9	:	· · · · · · · · · · · · · · · · · · ·	b X
	are a reaptration make a distribution to a donor, dollar advisor, or related personnel		71
1	1788 . VAR -		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	1	
	a Initiation fees and capital contributions included of F art VIII, line 12 for public use of club facilities 101	o	
I	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 101		
11	Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  11a	a	
	a Gross income from members or shareholders		
		b	
			12a
12		h	
	b. If "Yes" enter the amount of tax-exempt interest received of accided during the year.		
	2 - stion 504(c)(29) qualified nonprofit health insurance issuers.	1	3a
13	to the state:		
	a Is the organization licensed to issue qualified realists placed in the organization must report on Schedule O.  Note. See the instructions for additional information the organization must report on Schedule O.		
	the ergonization is required to maintain by the states in which		
		b	
	the organization is licensed to issue qualified flexible plant.	c	
	c Enter the amount of reserves on hand	1	14a X
1	the anti-normania for indoor tallilli activices during the two factors		14b
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Form <b>990</b> (2015)

Devin Lomax Bolkcom Smith Scholarsh Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
	Check if Scriedule O contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains and the contains a response of note to any management of the contains a response of note to any management of the contains and the contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains a response of note to any management of the contains a response of the conta			<u></u>
Sect	ion A. Governing Body and Management		Yes	No
			Tes	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			ti i
	committee explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent			
'n	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	X	
_	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
	supervision of officers, directors, or trustees, or key employees to a management since the prior Form 990 was filed?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents since the organization's assets?	5		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Χ
	ONE OF MORE MEMBERS OF the doverning body:			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Χ
	atockholders or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Χ	
а	The recoming body?		X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	etion 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
	If "Yos " did the organization have written policies and procedures governing the activities of such chapters,			
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	Did the organization regularly and consistently monitor and consistentl	12c	X	
	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		Х
14	Did the erganization have a written discullistication and destruction band.			
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?	15a		Χ
а	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15b		X
b	Cities dilicele di rechembio) deservimento			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	to the contribute exects to or participate in a joint venture or similar arrangement	16a		X
	with a tayable entity during the Year?	100		_ ZX
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	and the state of t	401		
	organization's exempt status with respect to such arrangements?	16b		
Se	ction 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)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Another's website X Upon request Uther (explain in Schedule O)			
	Own website Another's website Open request Green (explain in Schodule Of Interest policy, and Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	financial statements available to the public during the tax year.			
_	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone number of the person who possesses and regularized the design that the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who possesses and regularized the control of the person who person who person who person the control of the person who person the control of the person who person the control of the person who person the control of the person who person the control of the person who person the control of the person that t	;		
	Kristin Cajacob (612)308-0646, 1365 Idaho Ave West, Falcon Heights, MN 55108-2113	For	n 990	(2015)

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Pari VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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.

				(0	C)			<u> </u>			
(A)	(B)				ition	An.	1	(D)		(E)	(F)
	Average					an one both ar		Reportable		Reportable	Estimated
Name and Title	hours per					(trustee)		compensation		compensation from	amount of
	week (list any			4	A SSECTORINA CONTRACTORINA CON			from		related	other compensation
	hours for	0 =	=	6	$\mathbf{x}$	еπ	Т	the organization		organizations (W-2/1099-MISC)	from the
	related organizations	r divi	ıstitı	Officer	ુર્	를 를	Forme	(W-2/1099-MISC)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
•	below dotted	dual	- <b>\$</b>		흥	yee yee	맫				and related
	line)	Individual trustee or director	Institutional trustee	-198	Key employee	Highest compensated employee			١		organizations
		tee	ıste	Į		ensa	3				
		T.		emeti	39	ited					
	il il		\_ \_	\$1000 m							
		¥							$\dashv$		
(1) Aaron Rosenthal	3.00_	1									
Director		X	7						의	0	00_
(2) Russell Belk	2.00				l						_
Director		X							의	00	00
(3) Claire E Smith	4.00										
Director		X							0	0	0
(4) Danielle N Mullen	2.00										
Director		Х							Ò	0	0
(5) Caleb Olson	2.00							:			_
Director		X							0	0	0
(6) Neal_Wehrwein	2.00										
Director		X							의	00	0
(7) Karen Parker	4.00										
Director		X							0	0	0
(8) Kumar Balasubarahmanyan	4.00										_
Director		X							0	0	0_
(9) Tom Lancaster	2.00_										
Director		X							0	0	0_
(10)Mary E Bolkcom	10.00_										_
Chair of Board				Х			_		0	0	0
(11)Zak Prauer	7.00_										
Vice Chair of Board				Χ			<u> </u>		0	0	0
(12)Margaret McInerny	2.00_										_
Secretary				X				ļ	0	0	0
(13)Kristin Cajacob	3.00_										_
Treasurer				X			<u> </u>	<b>_</b>	0	0	00
(14)											

Part	Section A. Officers, Directors, Trustees,	Key Employe	ees, ar	na H			omp	ensa	ited Employees (	Johnnaca)	
	(A)	(B)				tion ore th	an one		(D)	(E) Reportable	(F)
	Name and title	Average hours per					both an trustee)		Reportable compensation	compensation from	amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
<u>(18)</u>								4			
(19)							4				
(20)						45B		1			
				i dig							
/OF\											
		498.43						<u></u>			
1b c d	Sub-total	on A 🕠						<b>&gt;</b>		) 0	0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those liste	ed abo	ve) v	who	rece	eived r	nore	than \$100,000 of	0	
3	Did the organization list any former officer, director	, or trustee, k									Yes No
4	employee on line 1a? If "Yes," complete Schedule Sone any individual listed on line 1a, is the sum of re	portable comp	pensat	ion a	and o	othe	r com	ens	ation from the		3 X
_	organization and related organizations greater than individual										4 X
5	for services rendered to the organization? If "Yes,"	complete Sch	nedule	J for	suc	h pe	erson				5 X
Secti 1	on B. Independent Contractors  Complete this table for your five highest compensa	ted independe	ent cor	ntrac	ctors	that	recei	ved i	more than \$100,00	0 of	
'	compensation from the organization. Report compenser.	ensation for th	ne cale	nda	r yea	ır en	iding v	vith o	or within the organi	zation's tax	
	(A) Name and business address	3							(B Description o	į.	(C) Compensation
2	Total number of independent contractors (including			iose	liste	d ab	ove) v	vho			
	received more than \$100,000 of compensation from	n the organiza	auOH								Form <b>990</b> (2015)

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	Revenue excluded from tax under sections 512-514	
ts ts	1a	Federated campaigns 1a			B' Indu.			
na l	b	Membership dues 1b						
O E	С	Fundraising events 1c	52,266			To the same	alti in Militari in a	
ifts ar A	d	Related organizations 1d						
.,Ę Θ:≣	е	Government grants (contributions) · · 1e						
Sign	f	All other contributions, gifts, grants,						
the		and similar amounts not included above 1f	32,425					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$						
<u>3 g</u>	h	Total. Add lines 1a-1f		84,691		Brookling of Street		
a)			Business Code					
enu	2a							
ě	b							
Αjce	C							
Ser	d			Sing.				
Program Service Revenue	9	All other program service revenue · · · · · ·						
Po		Total. Add lines 2a-2f		4 30				
		Investment income (including dividends, interest, and other similar amounts)		3,859	3,859			
	5	Royalties		Total Company	400		15 E 2	
		(i) Real	(ii) Personal			and the M		
	6a	Gross rents · · · · · · ·			100			
	b	Less: rental expenses · · · ·	- 65 Table - 1					
		Rental income or (loss) · · ·		4 1 1 1 1 1 1 1 1 1				
	d	Net rental income or (loss) · · · · · · · · · · · · · · · · · ·	100					
	7a	Gross amount from sales of assets other than inventory	(ii) Other					
		Less: cost or other basis and sales expenses · · · · Gain or (loss) · · · · · ·						
		Net gain or (loss)	.a					
nue		Gross income from fundraising						
	04	events (not including \$ 52,266			1 (21) 10 (21)			
Other Reve		of contributions reported on line 1c).		1, 4, 4, 4, 1				
e l		See Part IV, line 18 a			1.114			
<del>ğ</del>	b	Less: direct expenses						
-	С	Net income or (loss) from fundraising events .					andre medical serior	
	9a	Gross income from gaming activities.						
		See Part IV, line 19 · · · · · · · · · a						
	b	Less: direct expenses b		NATE OF STREET	ilas er basketas bis er ba		19 <u>03 190</u> 0 6 12 4 12 12 14 12 12 11	
	C	Net income or (loss) from gaming activities · ·	· · · · · · •	3864 488 488 488 488 484 444			11141.714.114.114	
		Gross sales of inventory, less returns and allowances a						
	b	Less: cost of goods sold b		1	43 - E ( )			
	C	Net income or (loss) from sales of inventory	Į.					
	44-	Miscellaneous Revenue	Business Code					
	11a							
	b							
	d d	All other revenue						
		Total. Add lines 11a-11d			$(U_{i+j} \cap H_{i+k})$			
		Total revenue. See instructions		88,550	3,859	) Ç		
							Form 990 (2015)	

## 15) Devin Lomax Bolkcom Smith Scholarsh Statement of Functional Expenses Part IX

Section	on 501(c)(3) and 501(c)(4) organizations must complete all col	lumns. All other organiz	zations must complete o	column (A).	
SECIIC	Check if Schedule O contains a response or note to an	y line in this Part IX			🛚
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	o, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				All of the first
	individuals. See Part IV, lines 15 and 16			40 8 10 10	Jakoba a sa kata at sa sa sa sa sa sa sa sa sa sa sa sa sa
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		5535		.,
11	Fees for services (non-employees):	. (1			
а	Management	( ) <u>)</u>			
b	Legal	40.000			
С	Accounting	350		350	
d	Lobbying · · · · · · · · · · · · · · · · · · ·			Bracker and the State of Character	
е	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 · · · · ·	922		922	
23	Insurance	922			AND MALE REPORTED AND
24	Other expenses. Itemize expenses not covered			30 11 av 18 11 11 11 11 11 11 11 11 11 11 11 11	
	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.)				
		32,425	32,425		
a	Volunteer In Kind Expenses	25		25	
b	Filing Fees	627		627	
c d	Pay Pal Fees	20,000	20,000		
a e	Scholarships 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	05,000		,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here				
	ionoming our set trice and trey				Form 990 (2015)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 91,918 66,427 Cash - non-interest-bearing Savings and temporary cash investments ......... 2 148,620 149,892 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 8 9 Prepaid expenses and deferred charges ..... 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D . . . . | 10a 10c Less: accumulated depreciation . . . . . . . . . | 10b b 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 ........ 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 216,319 16 240,538 16 17 Accounts payable and accrued expenses ........... 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L ..... 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Temporarily restricted net assets ...... 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 30 through 34. 30 30 31 Paid-In or capital surplus, or land, building, or equipment fund 31 32 216,319 240,538 Retained earnings, endowment, accumulated income, or other funds 32 33 240,538 216,319 33 Total liabilities and net assets/fund balances ...... 240,538 216,319 34 Form 990 (2015)

Form'	990 (2015) Devin Lomax Bolkcom Smith Scholarsh	32-0363445	Page <b>12</b>
	Reconciliation of Net Assets		
	Check 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)	·   <del>-                                  </del>	59,363
3	Revenue less expenses. Subtract line 2 from line 1		29,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-	216,319
5	Net unrealized gains (losses) on investments		(4,968)
6	Donated services and use of facilities		
7	Investment eveneses	. 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
2/3	rt XII Financial Statements and Reporting		П
	Check if Schedule O contains a response or note to any line in this Part XII		Yes No
1 2a	Accounting method used to prepare the Form 990:		2a X
c 3a	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  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.  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		2b X  2c  3a X
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
EEA	Toquilod dudit of duditor oxpress may a service of the service of		Form <b>990</b> (2015)

#### **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

Employer identification numbe Name of the organization 32-0363445 Devin Lomax Bolkcom Smith Scholarsh 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (iv) Is the organization (iii) Type of organization (ii) EIN (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-9 instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2015

Devin Lomax Bolkcom Smith Scholarsh

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.)

Sec	tion A. Public Support						40 T 4 I
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</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 · · · · ·	S-1-2	119,023	145,460	92,285	84,691	441,459
5	The portion of total contributions by	a de Mil	7.4		47.5		
	each person (other than a					100	
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	a di di di di di di di di di di di di di		A STATE OF THE STA	Linkson Parket	Internal Control	
	shown on line 11, column (f) · · · · ·		44		11-11-11	1	51,849
6	Public support. Subtract line 5 from line 4 · ·	1 577 Her		Walter Allega	# F	A STATE OF THE STA	389, <u>610</u>
	tion B. Total Support	1	T	I / / Joseph		(e) 2015	(f) Total
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	1	441,459
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·		119,023	145,460	92,285	84,691	441,403
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			1 11 11 1			447,572
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	// · / · · · ·		n, or fifth tax year a	s a section 501(c)(	3)	▶ 🏻
Sec	tion C. Computation of Public S					14	0.00 %
14	Public support percentage for 2015 (line 6,	column (f) divided	by line 11, column (	1))		15	<u>0.00 %</u> %
15	Public support percentage from 2014 Sche	dule A, Part II, line	14	and line 44 is 22 f	1/20/ or more obec		70
16a	33 1/3% support test - 2015. If the organiz	ation did not check	the box on line 13	and line 14 is 55 i	170 76 OF THE TO, CHOC		▶ □
	box and stop here. The organization qualif	ies as a publiciy su	pported organization				
b	33 1/3% support test - 2014. If the organization	ation did not check	nublick supported	organization	3 3 3 17 3 70 01 111010,		▶ □
	check this box and stop here. The organiz 10%-facts-and-circumstances test - 201	allon quailles as a	publicly supported	ov on line 13 16a			
17a	10%-facts-and-circumstances test - 2013 10% or more, and if the organization meets	the "feets and circ	numetancee" test c	heck this hox and s	stop bere. Explain	in	
	Part VI how the organization meets the "fac	to and circumstant	cae" test. The organ	nization qualifies as	s a publicly support	ed	
	organization						▶ □
b	10%-facts-and-circumstances test - 201/ 15 is 10% or more, and if the organization	meets the "facts-an	id-circumstances" t	est, check this box	and stop here.		
	Explain in Part VI how the organization me	ets the "facts-and-c	ircumstances" test	The organization of	qualifies as a public	cly	_
	supported organization · · · · · · ·						▶ 📋
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions		<u></u>				▶ 📋
						Schedule A (Form	990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Devin Lomax Bolkcom Smith Scholarsh

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.)

Sec	tion A. Public Support					( ) 0045	(f) Total
Cale	ndar 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.")						
	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		Ŕ				
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			4		( ) 0045	(D. Total
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		7				
С	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.)	2					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here			or fifth tax year as	a section 501(c)(3	) ,	▶ 📋
Se	ction C. Computation of Public S	upport Percen	itage	<b>6</b> \		15	%
15	Public support percentage for 2015 (line 8, c	column (f) divided b	y iine 13, column (	r))		16	%
16	Public support percentage from 2014 Sched	ule A, Part III, line				1	
	ction D. Computation of Investme	a 40a aaluma (f) di	vided by line 13 or	olumn (fl)		17	%
17	Investment income percentage for 2015 (line	e ruc, column (1) di chedule A. Part III	line 17			18	%
18	Investment income percentage from 2014 S	chedule A, Fait III,					
	33 1/3% support tests - 2015. If the organized is not more than 33 1/3%, check this box	and <b>stop here.</b> Th	ie organization qua	lillies as a publicly s	supported organizat	ion	▶ □
	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a publi	ciy supported organ	nization · · ·	▶ □
20	Drivete foundation. If the organization did to	not check a box on	line 14, 19a, or 19	D, CNECK INIS DOX AF	in acc manacions		

**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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
  - 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?
  - Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
  - 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
	100	
1		·=====================================
2		
3a		
3b		, , , , , , , , , , , , , , , , , , ,
00		
3с	A	
- 00		
4a		[
7a		
4b		l
4c		
_		
5a		
5b		
5c		
6		
		1
		L
8	L	L
		ł
9a	1	
Ja		
9b		
30		
9с		***************************************
30		
1	1	1
10a		
10a		
10a 10b		

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

**Schedule of Contributors** 

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Devin Lomax Bolkco	32-0363445					
Organization type (check o						
Organization type (check o	noj.					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ion				
	501(c)(3) taxable private foundation					
Check if your organization is	s covered by the General Rule or a Special Rule.					
Note. Only a section 501(c) instructions.	)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See				
General Rule						
=	and the state of t	ne totaling \$5,000				
For an organization or more (in money contributor's total c	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributior or property) from any one contributor. Complete Parts I and II. See instructions contributions.	s for determining a				
Special Rules						
regulations under s 13, 16a, or 16b, an \$5,000 or <b>(2)</b> 2% o	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Con	· 990-E∠), Part II, line The greater of (1) Inplete 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 app	lies to this organization because it received nonexclusively religious, charitable more during the year	, etc., contributions				
Caution. An organization t	that is not covered by the General Rule and/or the Special Rules does not file S	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	n 990-F7, or 990-PF).				
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).						

Employer identification number Name of organization 32-0363445

Devin Lomax Bolkcom Smith Scholarsh Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person 1\_\_ Mary Bolkcom **Payroll** Noncash 10,000 1365 Idaho Ave West (Complete Part II for noncash contributions.) Falcon Heights, MN 55108-2113 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ 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.			Employer id	dentification number
	e of organization			1	32-0363	
	vin Lomax Bolkcom Smith Sch	olarsh <mark>zation is exempt under secti</mark> o	on 501(c) or is	a section 5	27 orgai	nization.
10000	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV		<del> </del>	
1	Political expenditures	direct and indirect political campaign ac			<b>▶</b> \$	
2	Volunteer hours		· 			
3	volunteer nours		<u> </u>			
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise tax incurre	d by the organization under section 495	5		▶ \$	
2	Enter the amount of any excise tax incurre	d by organization managers under secti	on 4955 · · ·	<u> </u>	▶ \$	
3	16 th - remarkables incurred a acation 1966	tay did it file Form 4720 for this year?	Tolking and the second	. Y66		. ∐ Yes ∐ No
4a	Was a correction made?	4				. 🗌 Yes 🗌 No
b	10 BV Co. B. de a sulle a lin Dort IV		The state of the s			
Pa	rt I-C Complete if the organi	zation is exempt under secti	on 501(c), exc	ept section	501(c)(3	<u>).</u>
1	Enter the amount directly expended by the	filing organization for section 527 exem	pt function			
	activities		,,,,,,,,,		<b>\$</b>	
2	Enter the amount of the filing organization!	s funds contributed to other organization	is for section			
	527 exempt function activities				<b>*</b> \$	
3	Total exempt function expenditures. Add lin	nes 1 and 2. Enter here and on Form 11	20-POL,			
	line 17b · · · · · · · · · · · · · · · · · · ·				<b>&gt;</b> \$	. Yes No
4	Did the filing organization file Form 1120-F	POL for this year?			-  -  -  -  -  -  -  -  -  -  -  -  -  -	· [] fes [] NO
5	Enter the names, addresses and employe	r identification number (EIN) of all section	on 527 political orga	inizations to whi	Also ontor	
	organization made payments. For each organization	ganization listed, enter the amount paid	from the filing orga	nization's funds	. Also enter	
	the amount of political contributions receiv	ed that were promptly and directly delive	ered to a separate	political organiza rovido informati	allon, Such on in Part I\	,
	as a separate segregated fund or a political	al action committee (PAC). If additional	space is needed, pi			
	(a) Name	(b) Address	(c) EIN	(d) Amount p filing organi		(e) Amount of political contributions received and
				funds. If none,		promptly and directly
						delivered to a separate political organization. If
						none, enter -0
(1)		~				
	7					
(2)			_			
(3)						
(4)						
(5)						
···						
(6)		1	l .	I		1

	, . ule C (Form 990 or 990-EZ) 2015	lkaam Emith	Scholarsh		32-03634	45 Page 2
	lle C (Form 990 or 990-EZ) 2015 Devin Lomax Bo	s exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A (	Check ▶ ☐ if the filing organization belongs to an	affiliated group (a	nd list in Part IV eacl	h affiliated group me	mber's	
<b>A</b> (	name, address, EIN, expenses, and s	hare of excess lo	bbying expenditures)	١.		
в	Check ► ☐ if the filing organization checked box A	A and "limited con	rol" provisions apply	•		
<u> </u>	Limits on Lobbyin				(a) Filing	(b) Affiliated
	(The term "expenditures" mea		d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opinion					
b	Total lobbying expenditures to influence a legislative	body (direct lobby	/ing) · · · · ·			
C	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					,
е	Total exempt purpose expenditures (add lines 1c an	d 1d) • • • •				
f	Lobbying nontaxable amount. Enter the amount from	n the following tab	le in both			
	columns.				777	control of the second of the second
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
-	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.			ver \$1,000,000.		
Ì	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	er \$1,500,000.	ing a supplied to the supplied	The second of the second
Ì	Over \$17,000,000	\$1,000,000.		**	And the second of the second o	and a supplied the supplied to
g	Grassroots nontaxable amount (enter 25% of line 11	f)				
h	Subtract line 1g from line 1a. If zero or less, enter -0		4.			
i	Subtract line 1f from line 1c. If zero or less, enter -0-			AL CHECK		
i	If there is an amount other than zero on either line 1	h or line 1i, did th	e organization file Fo	orm 4720		
•	reporting section 4911 tax for this year?		<u> </u>	<u> </u>		Yes No
	Δ.	-Vear Averagii	ng Period Under	section 501(h)		
	(Some organizations that made a sec	tion 501(h) ele	ction do not hav	e to complete al	l of the five columi	ns below.
	(Some organizations that made a see	he separate in	structions for lin	es 2a through 2	f.)	
		45265				
	Lobbyin	ng Expenditures	During 4-Year Avera	aging Period	1	
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)	(/				
	beginning in)		49			
2a	Lobbying nontaxable amount	<b>(</b>				
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					~
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

Grassroots lobbying expenditures

f

EEA

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)

# 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

Department of the Treasury Internal Revenue Service
Name of the organization

ame of the organization					į	ployer identifica	
evin Lomax Bolkcom Smith S	cholarsh	•				32-03634	45
Fundraising Activities	. Complete if t	he organi	zation an	swered "Yes" on	Form 990, I	Part IV, lin	e 17.
Form 990-EZ filers are no	at required to con	nplete this	part.				,
Indicate whether the organization rais	sed funds through a	ny of the fol	lowing activi	ties. Check all that app	oly.		
a Mail solicitations	_	e 📙	Solicitation of	of non-government gra	nts		
b Internet and email solicitations		f 🗍	Solicitation of	of government grants			
c Phone solicitations				Iraising events			
d In-person solicitations		• -	•	-			
	r oral agreement wi	th any indivi	dual (includi	ng officers, directors, ti	rustees		
or key employees listed in Form 990,	Part VII) or entity i	n connection	n with profes	sional fundraising serv	rices?	Yes	☐ No
b If "Yes," list the ten highest paid indiv	iduals or entities (fu	ındraisers) r	oursuant to a	greements under whic	h the fundraise	er is to be	
compensated at least \$5,000 by the	organization.						
compensated at least 40,000 by the	0.94						
		(iii) Did fun	draiser have		(v) Amount p		(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retained fundraiser lis		(or retained by)
or entity (fundraiser)	(ii) / touvity	contrib	utions?	nom activity	col. (i)		organization
		Yes	No				
		100	''-				
		-	å				
	ļ						
			1000000				
		<del> </del>	1 69 ° 10				
		ASS ST		<i>[67</i>			
		1					
;		à.	13				
			- ST				
			1				
3							
		4					
	47						
)	of the						
	7.0						
otal	7 ]]		🕨				
3 List all states in which the organization		censed to so	olicit contribu	itions or has been notif	ied it is exemp	t from	
registration or licensing.	angles rogistorou or m						
registration of ficensing,	÷						
					,-		
							,

Page 2 32-0363445 Devin Lomax Bolkcom Smith Scholarsh Schedule G (Form 990 or 990-EZ) 2015 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. (c) Other events (b) Event #2 (d) Total events (a) Event #1 (add col. (a) through None 3 Open House coi. (c)) (total number) (event type) (event type) Revenue 52,266 52,266 Gross receipts . . . . . . . . Less: Contributions Gross income (line 1 minus 52,266 line 2) . . . . . . . . . . . . . . . . . . 52,266 Cash prizes Noncash prizes Rent/facility costs · · · · · Direct Expenses Food and beverages . . . . . . Entertainment Other direct expenses . . . . . Direct expense summary. Add lines 4 through 9 in column (d) 52,266 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming col. (a) through col. (c)) (a) Bingo Revenue bingo/progressive bingo Gross revenue . . . . . . . . . Cash prizes Noncash prizes

JIEG EX	4	Rent/facility costs · · · · ·
_	5	Other direct expenses
	6	Volunteer labor No Yes % Yes % Yes % Yes % No No
	7 8	Net gaming income summary. Subtract line 7 from line 1, column (d)
9	En	ter the state(s) in which the organization conducts gaming activities:
а	ls !	the organization licensed to conduct gaming activities in each of these states? Yes No
b	If "	No," explain:
		Yes No
		ere any of the organization's gaming licenses revoked, suspended of terminated daming the tax years.
b	If "	Yes," explain:

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

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 di	rector.
02. Form 990 governing body review (Part VI, line 11)	
Yes the Form 990 was sent to the Board Chair for review prior to fi	ling 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.
110 001121200 02 201212	
ino '	10)
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 we	bsite for public
Once the roll 990 is illed it will be part	
viewing.	
05. List of other expenses (Part IX, line 24e)	
Includes postage of \$110 and Open House Expenses of \$4,282.	

#### Form

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning

2015 ▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Department of the Treasury Internal Revenue Service Employer identification number Name of exempt organization 32-0363445 Devin Lomax Bolkcom Smith Scholarsh Name and title of officer E Bolkcom, Chair of Board Part 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 ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . . . . . . 1b 4a Form 990-PF check here ► Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . . . . . . . . . . . . . 5b **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 to enter my PIN 55108 X lauthorize TaxPrep Solutions Inc 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. Date > 05-10-2016 Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 55428 number (EFIN) followed by your five-digit self-selected PIN. XXXXXX 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. L 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)

# **2015** Page 1 990 Overflow Statement FEIN Name(s) as shown on return 32-0363445 Devin Lomax Bolkcom Smith Scholarsh Line 1f-All other types of Income Amount Description 32,425 Volunteer In Kind Contributions 32,425 Investment Income Amount Description 1,948 Wells Fargo Advisors-Ordinary Dividends 1 Wells Fargo Advisors-Capital Gains Distributions Wells Fargo Advisors-Interest Income 1,627 TD Ameritrade Inc-Ordinary Dividends TD Ameritrade Inc-Capital Distributions 279 3,859 Total: Other Expenses Amount Description 110 Postage 4,282 Related Fund Raising Expense 4,392 Total: Other Expenses Description 30 Bank Fees 30 Total: Net Unrealized Gains (Losses) on Investment Amount Description (4,968) Unrealized Losses Total:

	ten a	00.0000445	_	ogo 5
	le A(Form 990 or 990-EZ) 2015 Devin Lomax Bolkcom Smith Scholarsh	32-0363445		age 5
Par	Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?			
11	A person who directly or indirectly controls, either alone or together with persons described in (b) ar	nd (c)		
а	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
D	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide deta	ail in Part VI. 11c		
Sect	tion B. Type I Supporting Organizations			· · · · · ·
4			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 du	iring the		
	tay year? If "No " describe in Part VI how the supported organization(s) effectively operated, super-	visea, or		
	controlled the organization's activities. If the organization had more than one supported organization	n,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the	suppoпеа		Part of making to the control of the
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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," expla	in in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operat	iea,		
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		17/	l Ma
		Ľ t	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 n	nanageo 1		
	the supported organization(s).			L
Sec	tion D. All Type III Supporting Organizations		Yes	No
	The state of the fifth month	th of the	103	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month	ng the prior tay		
	organization's tax year, (i) a written notice describing the type and amount of support provided duri	onice of the		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) of the date of notification and (iii) of the date of notification and (iii) of the date of notification and provide the notification and provide the notification and provide the notification and provide the notification and the notification	v provided?		
	organization's governing documents in effect on the date of notification, to the extent not previously	/ provided:		
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 if	n Part VI now		
	the organization maintained a close and continuous working relationship with the supported organi	zation(s). 2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have	n's		
	significant voice in the organization's investment policies and in directing the use of the organization	ition's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization of the second of the	3		
<del></del>	supported organizations played in this regard.  tion E. Type III Functionally-Integrated Supporting Organizations			<del>,</del>
<u>Sec</u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instr	uction	s):
	The second of the second secon			•
_	= - Complete line 3 helow			
	= - Part VI how you supported a do	vernment entity (see	instru	ctions
	The organization supported a governmental entity. Describe in Part visitow you supported a governmental entity. Describe in Part visitow you supported a governmental entity. Describe in Part visitow you supported a governmental entity.	•	Yes	No
4	Did substantially all of the organization's activities during the tax year directly further the exempt pu	urposes of		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI is	dentify		
	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, o	ne or more		
N	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in F	art VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in the	ese		
	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, director	s, or		
	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	Ja		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and ac	tivities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in t	his regard. 3b	<u> </u>	

Effect greater of line 2 of line 0		
Income tax imposed in prior year	5	
Distributable Amount. Subtract line 5 from line 4, unless subject to	6	
mergency temporary reduction (see instructions)	<u>.</u>	i LT IIItipe preprinction (000
Check here if the current year is the organization's first as a non-functionally-	nte	grated Type III supporting organization (see
instructions).		

7

8

1 2

3

4

EEA

8

Multiply line 5 by .035

Section C - Distributable Amount

Enter greater of line 2 or line 3

Enter 85% of line 1

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2015

**Current Year** 

1 1 <sup>20</sup>	a 1 1	32-036	3445 Page 7
Description Description Smith Scholarsh			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			Current Year
Section D - Distributions			
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 <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2015 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			(iii)
	(i)	(ii) Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)	Excess Distributions		Amount for 2015
		Pre-2015	Allount for 2010
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			CHARLES THE STATE OF THE STATE
d From 2013			
<b>e</b> 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)			
i 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			
Remaining underdistributions for 2016, Subtract mes so			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2016. Add lines 3j			
and 4c.	000		
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 · · · ·			
d Excess from 2014			

e Excess from 2015

#### **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://mblsportal.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: <u>business.services@state.mn.us</u>
- UCC or CNS: <u>ucc.dept@state.mn.us</u>

#### **Ron Kohls**

MN Secretary of State <business.services@state.mn.us> From:

Tuesday, May 10, 2016 12:51 PM Sent:

rkohls@comcast.net To:

Filing Notification for Devin Smith Scholarship Foundation, 468892000026 Subject:

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://mblsportal.sos.state.mn.us/Business/SearchDetails?fillingGuid=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

 $\hbox{@ }2016$  Office of the Minnesota Secretary of State - terms and conditions

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].

MN Business Name:

Devin Smith Scholarship Foundation

# **Order Summary**

**Business Type:** 

Assumed Name

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 »

© 2016 Office of the Minnesota Secretary of State - terms and conditions

2 of 2

## **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:

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

#### Please Note:

The information in this E-mail message is confidential information intended only for the use of the individual named above. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this Emall message. If you have received this E-mail in error, please notify the sender. Thank you.

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.  Affacted one for checkine account — no savings according to 2015 Year End Statement including all supplemental statements from the all brokerage firms.  Wells Favap (Nosed) Amenitoric (Them)  13. List of all officers and directors for 2015 and the number of average hours they work per week.  Afacted is ust — same with all they work per week.  All Income and Expense Summary for 2015.
V5. List of all donors and their address if they donated over \$5,000 for tax year 2015. Are W ONLY May Parkcom - \$6,000,000 1365 Idaho Are W V6. Total of all Like Kind Contributions for 2015. Falcon Heights MW 53708 Total of all Like Kind Contributions for 2015. Falcon Heights MW 53708 Any other Items, that you feel will have an impact on the various documents we file. Pay pay UV ONA STMT WHEN TOWN OF 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.

Bonald C. Kohls, EA, MBA

Tax Consultant

#1

	Debit Card		Automatic Deposit	AP (	Automatic Payment PAYMENT, FE WITHDRAWAL		-/1	Onli Bill FEE	ne Pay DEPOSI CREDIT		Online of Phone T	or ransfer	
National States	NUMBER OR DATE  5123 9123	TW PU	ACTION DEBCRIPTION.	S	* 350	10	ij		CHEDI				
7.7	5124 9100	US Ly	YOUNAT	1560	600		V.						
	536	Stat	2 / Meport	MA	75 10 150			33 30					
	9/20	000	1514. 514		500	1							
	5 JON WILL	Mary	Polkeom		265	148		1		******			
	5 M Wi	Zw	STATE OF THE PARTY	rell	736	, W		<b>/</b>					
		N.St. Pu	J Central 1	18 78	adahan		nekas	-	New York				
H	15/28 10/2 15/28 2/2	Harry	Prance	Men	n /00 57	00		1					
	100	n Dino	hitario	J.	860	30	0	<b>/</b>					
	9//	Der	2010/1 5	d dy		000						****	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	7/	2 De	posit-	0014	97	100							
	6730 54	tell - 21 2 2 2 / // /		) Aym	e + 84			w	ang K	70	10 M	WA	
	7/2	n/6 Depo	Service of the servic	ub)					3	353	7.00		
										errore de	dishir -	production	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
M	TOTAL PROPERTY OF THE PARTY OF	(10 may 44 may					(A)(A)	110%					

2015

ne Deblt Card	Teller Av Withdrawal	Automatic Deposit	AF	Automatic Payment			On Bill	ine Pay		Online or PhoneTra	
NUMBER OR DATE	TRANSACTION	DESCRIPTION		PAYMENT, FE WITHDRAWAL	.E .(-)	1	FEE	DEPOSIT CREDIT (		s BALA	NCE
1/22	Deposit	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		\$ ************************************				\$413£			
1/24	Devitat	-727.4	- Ok.	7 /				4177	00		<u> </u>
5/21/1/26	LAX KIE	p Splut	lory Ce F	350 05							
3130 111	Aprilacified	1511 W 10	Me	-195	<u>M</u>				2	Ho Da	201
5134	GTIO PARI	W/V-S	V-							MAR	
12 1/2	1872 KNO	atter		1200	<i>9</i> 0			2386	Ø		
	l Q	Wing	W	likipke	V	D	W.	1215			
5136 8/6	Millikin	/31m		2502							
27 /	angsou	114 1		100							
6	Undor										
9	Lawsen	11	an	760					100		
10	menu	/ Moug / Stilple	ns	75VI							
	1 V C Y   1	A TOUR	M.	3570					2		
17	$\cup$	11 20 K	ion	ų V							
2	uolm	Iximg		2510		18					
*****			annamen e		7.4		7			ani Mari	MIN BLUE

,

	De Debi Card	t A	Teller Withdrawal	Auto Depo	matic sit	A.	Automatic Payment		ĎΡ	On Bill	ine Pay		Online or Phone Tra	
	NUMBER OR CODE	DATE	TRANS	ACTION DESCRIP	TION		PAYMENT, F WITHORAWA	EE L (-)	1	FEE	DEPOSIT (	(, +)	S BALA	NCE
	21.1.1	8/3/	7	908 V			\$				2001	31		
10000000000000000000000000000000000000	5 44	U	$\omega \omega_{\mu}$	Well	AL)OI	d <sub>2</sub>	1913		U	a	, cu	20		
	5145		U6.0	Stal Co.	THE	HQ.	//0	00		- -				
	5146	1.4	J'He	Corporati			81	15						
	5141	23.	At Pur Main	3 A 3 A 3 A 3 A 3 A		rsn V					-			
	1948	11/6	Wasy.	NDEN	Fu	Avj	93 <b>4</b> 4	4						
<u>`</u>	2010	1	1				1	T	1		Γ	Τ		
			NAW C	لمراح	And	11/1-	2005	27				變		
	5149	404	MP16.E dbu				3000	UC			<u> Sant</u>			
			200	orcan	400	AG 	0010		100					
										貎				
												lo la		
								886						
	· υ.υ.	TOU		DDLA			7. (e. 1871)		1	<b>,</b> -		W.	Santral	Value of

#1



PO Box 1000 Lake Elmo, MN 55042-1000

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

015 0006252589 : 31 (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

Page 1 of 2

# **Basic Free Checking**

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

**CHECKS** 

Number Date Amount Number Date Amount 5129 01-21 51.99

**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

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

Page 3

14139 -61798



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

SAINT PAUL MN 55108-2113

1 THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W 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

# **Basic Free Checking**

Account number

Enclosures

Low balance

Average balance Avg collected balance 0006252589

3

\$59,594.74 \$60,301.88 \$60,223 Beginning balance Total additions

Total subtractions Ending balance \$60,594.74

800.00 1,000.00

Amount

\$60,394.74

#### **CHECKS**

(

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

CREDITS

 Date
 Description
 Additions

 02-09
 Deposit
 500.00

 02-13
 Deposit
 300.00

**DAILY BALANCES** 

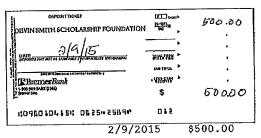
Date	Amount	Date	Amount	Date
01-31	60,594.74	02-09	60,094.74	
02-06	59.594.74	02-13	60.394.74	

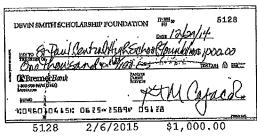
#### **OVERDRAFT/RETURN ITEM FEES**

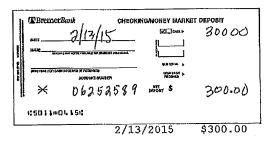
	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Period: 2/1/2015 TO 2/28/2015

Page 3









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

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

Page 1 of 2 0006252589 (1)

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 Enclosures

Low balance Average balance

Avg collected balance

0006252589

\$60,844.74 \$60,830.22

\$60,807

Beginning balance Total additions

Total subtractions **Ending balance** 

\$60,394.74

450,00 .00

\$60,844,74

#### **CREDITS**

Date Description

Deposit 03-02

Additions //

Amount

#### **DAILY BALANCES**

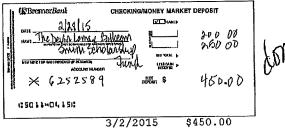
Date	Amount	Date	Amount	Date	
02-28	60,394.74	03-02	60,844.74		

## **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

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

Page 4



frenzenzont



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

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

Page 1 of 2 0006252589 (0)

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

.00

.00

**Bremer Bank** 372 St Peter St Saint Paul MN 55102

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

## **Basic Free Checking**

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

\*\* 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



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

THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 3 0006252589 (1)

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

Bremer Bank 372 St Peter St Saint Paul MN 55102

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

# **Basic Free Checking**

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

CHECKS

Number Date Amount Number Date Amount

5130 05-15 922,00 Kindin Dicectors WS Policy

**DAILY BALANCES** 

 Date
 Amount
 Date
 Amount
 Date
 Amount

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

Period: 5/1/2015 TO 5/31/2015

Page 4

DEVINSMITH SCHOLARSHIP FOUNDATION BETTER 5130

DEVINSMITH SCHOLARSHIP FOUNDATION BETTER 5130

DEVINSMITH SCHOLARSHIP FOUNDATION BETTER 5130

DEVINSMITH SCHOLARSHIP FOUNDATION SCHOLARS & EXCELLENCE S



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

THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 3 0006252589 (1)

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

Bremer Bank 372 St Peter St Saint Paul MN 55102

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

# **Basic Free Checking**

\$59,922,74 0006252589 Beginning balance Account number 2,870.00 Total additions Enclosures Total subtractions .00 \$59,922.74 Low balance \$62,792.74 \$60,688.07 Ending balance Average balance \$60,552

Avg collected balance

 $\begin{array}{c|cccc} \textbf{CREDITS} & \textbf{Additions} \\ \hline \textbf{Date} & \textbf{Description} & \textbf{Additions} \\ \hline 06-23 & \textbf{Deposit} & 2,870.00 \\ \end{array}$ 

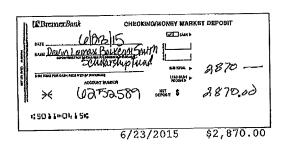
**DAILY BALANCES** 

 Date
 Amount
 Date
 Amount
 Date
 Amount

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

Period: 6/1/2015 TO 6/30/2015

Page 4





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

THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 3 0006252589 (6)

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

**CHECKS** 

Number	Date	Amount	Number	Date	Amount	
5092	07-15	100.00	* Skip in che	ck sequence		
5132 *	07-28	25.00				

**DEBITS** 

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

**CREDITS** 

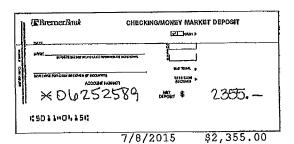
Date	Description	Additions
07-08	Deposit	2,355.00
07-03	Deposit	4,136.00
07-24	Deposit	4,122.00
07-30	Deposit	2,285.00

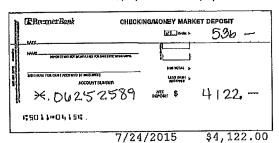
**DAILY BALANCES** 

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		

Period: 7/1/2015 TO 7/31/2015

Page 4





	DEVINSMITH SCHO	LARSHIP FOUNDATION	12-19:12 24 12-19:12 24	5092	2 .
	tų.		UNTE 7/2	15	
15	MY TO MPlate	blice Dept Licensis dand no hunc	ng Bruse	4\$/01 <sup>20</sup>	
H	Brichunde	dand no hunc	keths.	TANKAL A	gi <del>ano</del> Fo ha
1	BremerBank	PAYATE CLUST (A)YCI)			_
	Blocaton Family and then	K	SUL	Caseco	<u> </u>
		DE 25# 2589# OSO	92	U	
-	5092	7/15/2015	\$10	0.00	2.2

(EBremerBank	CHECKING/MONEY MARK	ET DEPOSIT
100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EMPTOTA >	4134.00
-	7/22/2015	\$4,136.00

BremerRank C	HECKING/MONEY MARK	ет <b>деровіт</b> 2235 —
MARE SCHETTISHISHIRA DA LIKAL FOR ACASHISHISHISHISHISHISHISHISHISHISHISHISHIS	WE YOR I	2285-
7	/30/1015	\$2,285.00

Weny it	ARSHIP FOUNDATION  A MUNICEPTA  WITH 4 NO/100 2	7.34.15 7.1\$25	5132 -09 
From See SUVIX (1764) Brown total	OS 25 - 2584 POS L3	M Cag	ecel.
5132	7/29/2015	\$25.00	



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

1 THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 3 0006252589 (10)

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

Bremer Bank 372 St Peter St Saint Paul MN 55102

# **Basic Free Checking**

### CHECKS

Number	Date	Amount	Number	D
5131	08-07	350.00	5139	C
5135 *	08-07	1,200.00	5140	C
5136	08-19	2,500.00	5141	C
5137	08-11	2,500.00	5143 *	C
5138	08-12	2,500.00	* Skip in che	ck sequ

Number	Date	Amount
5139	08-11	2,500.00
5140	08-13	2,500.00
5141	08-12	2,500.00
5143 *	08-12	2,500.00
* Skip in che	ck sequence	•

#### **DEBITS**

Date	Description	Subtractions
	' 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		

Page 4

Period: 8/1/2015 TO 8/31/2015

### CHECKINO/MONEY MARKET DEPOSIT	DEVINSMITH SCHOLARSHIP FOUNDATION FOR THE PLAN BOULTONS FOR THE PL
DEVIN SMITH SCHOLARSHIP FOUNDATION FRIENDS 5135  DEVIN SMITH SCHOLARSHIP FOUNDATION FRIENDS 5135  EXAMPLE AND AND AND AND AND AND AND AND AND AND	DEVINSMITH SCHOLARSHIP FOUNDATION BETTER 5136  PATTO MUNICIPAL LAWRENCH STORE DO 1970 DE 1970
DEVIN SMITH SCHOLARSHIP FOUNDATION 5197  DATE 8/6/15  SATE 8/5/15  DATE 8/6/15  SATE SATE SATE SATE SATE SATE SATE SATE	DEVINEMENTER SCHOLARSHIP FOUNDATION  DEVINEMENT RECHOLARSHIP FOUNDATION  THE REPORT OF THE PROPERTY OF THE PRO
DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 5139  DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 5139  DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 5139  DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 52500000  DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 525000000  DEVINGMITH SCHOLARSHIP FOUNDATION HAM, 52500000000000000000000000000000000000	DEVINSMITH SCHOLARSHIP FOUNDATION 11-1941   5140  DATE 8/4/5  THE STATE OF THE STAT
DEVIN SMITH SCHOLARSHIP FOUNDATION STATE S	DEVINSMITH SCHOLARSHIP FOUNDATION  DATE STATEMENT OF THE MENT OF THE STATEMENT OF THE STATE



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

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

# **Basic Free Checking**

CHECKS

, Number	Date	Amount	Number	Date	Amount
5142	09-09	2,500.00	* Skip in check sequence		
5144 *	09-03	175.00			

CREDITS

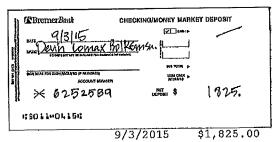
Date	Description	Additions
09-03	Deposit	1,825.00
09-15	Deposit	700.00

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		

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

Page 4



DEVINSMITH SCHOLARSHIP POUNDATION FROM 5142

DATE 8/6/15

DATE 8/6/15

DATE 8/6/15

SATION OF THE SCHOLARSHIP POUNDATION FROM 15 SATION OF THE SCHOLARSHIP POUNDATION OF THE SCHOLARSHIP P

A	EBremerBank CHECK	INOMONEY MARK	et deposit.
The second secon	DATE 9-15-6  TOWN DAYS COMMY DOLLARS FROM SMARK  DOLLARS FROM SMAR	BASTOTAL PARTICULAR SECURITY S	500 00 50 00 50 00 100 00 700.00
_	9/15	72015	\$700.00

F	sé Devinsmithsc	IOLARSHIP FOUNDATION	i dia	5144
1	ENTE WU	Parking	<u>~~</u> ≯/•9/	\$175-00
	Bremer Bank	WALLOW ALLOWAY	(flewert	Zmus 0 E
		0157/24	34K	afal.
Į	1104601041	: OB25#25A99 O5	<u> </u>	, basics*
ka	5144	9/3/2015	\$175	.00



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

THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 2 0006252589 (1)

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**

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

**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

Period: 10/1/2015 TO 10/31/2015

Page 3

DEVIN SMITH SCHOLARSHIP FOUNDATION 15 145

PAY TO US PAS A SCHOLAR 1 10/10/15

PAY TO US PAS A SCHOLAR 1 10/10/15

PAY TO US PAS A SCHOLAR 1 10/10/15

PERCENCERAL 10/10/10/15

PERCENCERAL 10/10/15

PERCENCERAL 10/10/10/15

1:0960 k0 4 151; 06 25 11 25 8 9 10 5 14 5

5145

10/22/2015

\$110.00



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

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

# **Basic Free Checking**

#### **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
	' 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

# **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

Period: 11/1/2015 TO 11/30/2015

Page 6

DEPOSITICAST	(XIII) custili	
DEVINEMITH SCHOLARSHIP FOUNDATION	1 #554# *	1000000
119/15		•
BOOLTS HIS NOT HE INFRANCE FOR SANDERING MISSONAUL	\$487.V88	•
A CONTRACT TO SERVICE SERVICE PORTING PROPERTY OF THE PROPERTY	AND TOTAL	
BremerBank	· VALME	•
Laco-948 SAVE (2243) Branel Com	\$	10000.00
10960101.151 OG25#2589#	0 7 5	
11/9/2	015	\$10,000.0

DEVIN SMITH SCHOLARSHIP FOUNDATION 17-1811	61.47
3 Done 11	18/16
SA Paul Hall Sohon Foundate	1000.00
Assortation and analytical	TOOLS OF SECTION
(Physical Repl.)	MALON III FALLA
(100400 ALUCCOVA)	-ME
" Heiruspecs honorarium	
HORBOROLISH OBESWESSER OF MAY	Y
5147 11/16/2015	41 000 00

		-				
	DEVIN SMITH SCHOOL	LAR5HIP	FOUNDATION	15-15-130 /	, 51	46
	. • .	AFS)		11/3/	ري. د	
į	my Gipda	Des	on		\$ 8745	ž.
ļ	EnglityA	enten	446/1001		_13.31655 <b>(</b> )	tett
1	BremerBank	,	Single Single	1111	<i>a</i> ·	-,
	Marik Clinks dec	cratio	12472 /	I TO	Blac	12. j
	1309601041513	08 5 50	*2589** O51	48	1'	2000 L
-	5146	11	/18/201	5 \$	87.45	

DBYIN SMITH SCHO	MOTTADINUOT PHENA.TO	11/2/10	5148
1 Mar	y Bolkcom	14 8/10 - 5 26	27492
BremerBank	ut two burnshedder	XI YELL YELL	na g exc.
Charles Andrews	1 0625 2589 DE	- HUCY	sil
5148	11/30/2015	\$2.2	74.96



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

THE DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND 1365 IDAHO AVE W SAINT PAUL MN 55108-2113 Page 1 of 2 0006252589 (2)

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 Enclosures		Beginning balance Total additions	\$88,564.93 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**

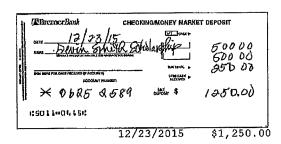
Date	Amount	Date	Amount	Date	Amount
11-30	88,564,93	12-23	89,814.93	12-31	90,214.93

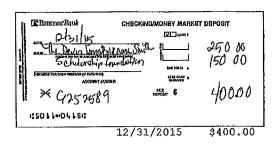
## **OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0,00

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

Page 5







# **Activity - Deposit Account**

Report created:

11/08/2015 02:49:55 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:

5/7/2015 to 7/31/2015

Transaction types:

All transactions

Detail option:

Includes transaction detail

Post Date	Reference	Additional Reference	Description	Debit Cred	lit 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	\$2,285.0	975,565.74
7 3/2015	00000005132	00000005132	CHECK PAID	\$25.00	\$73,280.74
07/24/2015	000004183286360		DEPOSIT	\$4,122,0	00 \$73,305.74
07/22/2015	000004182079130		DEPOSIT	\$4,136.0	00 \$69,183.74
07/15/2015	00000005092	00000005092	CHECK PAID	\$100.00	\$65,047.74
07/08/2015	000004172467520		DEPOSIT	\$2,355.0	00 \$65,147.74
06/23/2015	000004162605780		DEPOSIT	\$2,870.0	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 Iomax 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	Deblt ::	Credit	Calculated Balance
10/22/2015	0000005145	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
/ °3/2015	00000005144	00000005144	CHECK PAID	\$175.00		\$67,337.34
J., J3/2015	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	0000005137	00000005137	CHECK PAID	\$2,500,00		\$80,687.34
08/10/2015	0000000000000000		MISCELLANEOUS I BEB STOP PAYMEN			\$83,187.34
08/07/2015	00000005135	00000005135	CHECK PAID	\$1,200.00		\$83,208.34
08/07/2015	0000005131	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 bolkcom 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	Debít	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)

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 St Paul MN 55102

### **Basic Free Checking**

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

### **CREDITS**

### **DAILY BALANCES**

Avg col	lected balance	\$90,267			~ K
rs Date	Description				Additions 35 Jun 2018
01-19	Deposit				235.00
					300 gm
BALANC	ES				<b>v</b>
Date	Amount	Date	Amount	Date	Amount
12-31	90,214.93	01-19	90,449.93		

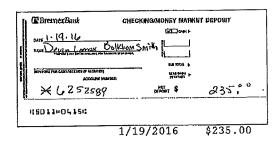
### **OVERDRAFT/RETURN ITEM FEES**

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

Account: 6252589

Period: 1/1/2015 TO 1/31/2016

Page 3



Payer; FIRST CLEARING, LLC Z801 MARKET STREET SAINT LOUIS, MO 63108 Payer ID #: 23-2384940

2015 Year-End Account Summary

As of Date: 02/18/16

Your Financial Advisor: 2011 ACAT REP Phone: (800) 727-5304

Account Number: 7888-0670

Page 3 of 6

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

## 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:

			<u></u>	1
Divid	Dividends and Distributions - Summary	Amoine	\	e d
Š	1.1	S DOT EX	>	
ii.	odal Cromary Dividence	1	\	- 1
,c	Qualified Dividends	\$1,188.62	\	
3,	いるというとは、これをいるという	28 08 20 23	\	
ġ	Commence of the commence of th	56.55		.:
র্ম	Unrecaptured Section 1250 Sam	3		,
*	Charles 1202 Gain	80.88		٦.
7	いっというながらいのでは、これには、これには、これには、これには、これには、これには、これには、これに	80.00		٠.
3		07.0079		-
n	Mondividend Listing and Sample	6100.10		
4	Federal Income Tax Withheld	20.00		٠.,
ų	Transfer of the second	SCIDS		
i	THE SHIP SHIP SHIP	000		
<u>ဖ</u>	Foreign Tax Paid	00714		
r-	Foreign Country or U.S. Possession	See Details		
a	Control of the state of the sta	20.03		•
í c	The Midwell of	88		٠
ji —	Resident independent in the second in the se	200	,	
<del>6</del>	Exertition of the control of the con	3		-
7	Specified Private Activity Band Interest Dividends	20.08		

	merest income summary	,
XX	×	Атоин
	Irlained Income.	\$4.33
	inferest on U.S. Savinds Bonds and Treasury Obligations	80.00
	Foreral Inc	00.0\$
- <b>4</b>	v. <del></del>	\$0.00
S CC		20.03
). ·	Foreign Country or U.S. Possession	See Details
	Tax Exempt Interes	80.08
	Consisted Private Activity Bond Interest	20.03
, <del>(</del> ;	Market Disco	\$0.0g
		20.00
4-44 	Bond	20.03
ښون 	•	See Defails

# 2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 7888-0670

DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND

## SCHOLARSHIP F

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.

**Details of Year-End Account Summary** 

# Dividend and Distribution Details

## **Dividend Distributions**

)escription	CUSIP	Payment Date	# of Payments	Total Ordinary Dividends (Box 12, includes 1b)	Nonqualified Dividends (included in 9xx 1a)	Short-Term Capital Gains (Included in Box 12)	Qualified Dividends (8x 1b)	Notes
REST TRIMENSTR DIV ETF	336917109	Multiple	က	637.57	0.00	00'0	637.67	
OWERSHARES SENRIN FIF	739360769	Multiple	01	151.36	151.36	0.00	0.00	
SPOR BARCEYS CNV SEC ETF	78464A359	Multiple	O)	178.97	103.21	0.00	75.76	
PETE CINCE Y	784544417	Multiple	<b>O</b> D	402.74	402.74	0.00	0.00	
SW CO	88579Y101	Mulfine	m	46.14	0.00	0.00	46.14	
WANGINED GROWTH FTF	922908736	Multiple	(1)	195.00	10.77	0.00	184.23	
	97717745	Multiple	2	115.12	26.88	0.00	88.24	
ASDOMTREE MIDCAP DV ETF	97717W505	Multiple	) <b>o</b>	220.54	63.96	00.00	156.58	
				\$1,947.54	\$758.92	\$0.00	\$1,188.62	

## Long-Term Capital Gains

oles ins Notes	0.00	\$0.00
202 Collectibles 28% Gains (B¤ 2d)	0.00	00.04
ins Section 1202 Gains (Bex 2c)	0	\$
Section 1250 Gains (Bex 2b)	0.00	\$0.00
Total Capital Gain Distributions (Box 2a, includes 2b, 2c, 2d)	0.53	\$0.53
# of Payments	1	
Payment Date	10/30/2015	
CUSIP	739360835	
Description	POWERSHARES INTL CRP ETF 739360835 1	Totals



001 / 20 / 2001

0000 001063

# 2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 7888-0670

Page 5 of 6

DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND

изинциоз //
03
0
101
dan
Divide

Return of Capital and Liquidations	idations			······································				
Description	CUSIP	Payment Date	# of Payments	Nondividend Distributions (80x3)	Cash Liquidadions. (Box B)	Noncash Liquidations (80x 9)		Notes
POWERSHARES SENR LN ETF POWERSHARES INTLORP ETF	73936Q769 73936Q835	Multiple Multiple	5 0	0.60 160.19	000	0.00 0.00		
Totals.				\$169.79	\$0.00	00'0\$		
Investment Expenses, Foreign Taxes Paid and Oth	eign Taxes P	aid and Offn	er Fees					
Description	CUSIP	Payment Date	# of Payments	Investment Expenses (80x5)	Foreign Tax Paid (Box 6)	ADR Fees	Country (B∝7)	Notes
WIREE EMG MKTS HIGH ETF 97717W315	97717W315	Multiple	5	0.00	12.58	0.00		
Totals				\$0.00	\$12.38	\$0.00		

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

# 2015 Supplemental Tax Statement

As of Date: 02/18/16

Account Number: 7888-0570

DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND

### Interest income

Description	CUSIP	Payment Date	# of Payments	Interest Income (8xx1)	Treasury Interest (Box 3)	Notes
EANK DEPOSIT SWEET		Manupa	2	\$4.33	\$0.00	

Inderestincome Details

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.



001 / 20 / 2001

す

1) Ameritrade institutional	Income Summary Statement Account 938094906	Statement Date: 02/24/2016 CORRECTED Document ID: 2KT6 30J 232D	2015
TD Ameritrade Inc., Member FINRA/SIPC PO BOX 2209 OMAHA, NE 68103-2209 Customer Service: 800-431-3500	DEVIN LOMAX BOLKCOM SMITH SCHOLARSHIP FUND ATTN: MARY E BOLKCOM 1365 IDAHO AVE W	AFFIANCE FINANCIAL LLC	
PAYER'S Federal ID No: 47-0533629	SAINT PAUL, MN 55105  RECIPIENT'S ID No: XX-XXX3445		
DIYIDENDS AND DISTRIBUTIONS	Summary Information  Not reported to the IRS* / MISCELLANE	HION MISCELLANEOUS INCOME	Not reported to the IRS*
1a-Total ordinary dividends (includes line 1b)	1,526.22 C V 2- Royalfles		0.00
1b- Qualified dividends	859.68 C 3- Other income		0.00
2a-Total capital gain distributions (includes lines 2b, 2c, 2d)	278.79 4- Federal incor	4- Federal income tax withheld	0.00
2b- Unrecaptured Section 1250 gain	0.00 8- Substitute pay	8- Substitute payments in lieu of dividends or interest	0.00
2c- Section 1202 gain			
2d- Collectibles (28%) gain	0.00 REGULATED	REGULATED FUTURES CONTRACTS No	Not reported to the IRS*
3- Nondrydend distributions 4- Federal income tax withheld		8- Profit or (loss) realized in 2015 on closed contracts	0.00
5- Investment expenses		9- Unrealized profit of (loss) on open confracts-12/31/2014	300
ssion: See detail 6- Fore		10- Unrealized profit of (loss) on open confidens-12/3 (/2013) 11- Agmenate profit of (loss) on confracts	000
8- Cash liquidation distributions			
Supplied a septiment of the septiment of		If applicable, summanes and details of proceeds from sale transactions appear in	appear in
10- Exempt-interest avidends (includes une 1 i) 44 Sociéted primer antimite hand internet dividende (BMT)	ocn on the section of	subsequent sections of this document.	
11- Specified playate activity both allowed through the control of	2013		

\*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, we have provided the related instructions with this document.

## SALES TRANSACTIONS

gains, losses and adjustments	Demonstrate to the IPS names to ensure that you consider all relevant tems to determine the contest cains and losses. The emounts shown below are for informational purposes.
roceeds, gains, losses	of the Decomposite of referen
1	

100 E O E O E O E O E O E O E O E O E O E	HERE TO THE PROCESS IN INCLUDING IN THE INCLUDING WAS YOUR CONTRACT OF THE PROCESS OF THE CONTRACT OF THE PROCESS OF THE PROCE	TABLE ROLLS TO TOTAL TO THE	the same are same			
Term	Form 8949 type	Proceeds	Cost basis	Market discount	Market discount Wash sale loss disallowed	Net gain or loss(-)
Short	C. From 1099-B not received)	0.00	0.00	00'0	ĺ	000
ן טוטן	F (Form 1099-B not received)	0.00	0.00	0000	0.00	00.00
Undetermined		0.00	0,00	0.00	0.00	0.00
	Grand fotal	0.00	0.30	0.00	0.00	0.00
Withholding from Proceeds	om Proceeds					
Federal income fax withheld	tax withheld	0.00				

INTEREST INCOME  - Interest income (not included in line 3)  2- Early withdrawal penalty 2- Early withdrawal penalty 3- Interest on US Savings Bonds & Treasury obligations 3- Interest on US Savings Bonds & Treasury obligations 4- Federal income tax withheld 5- Investment expenses 7- Foreign country or US possession: 6- Foreign fax paid: 0.00		とのは、これでは、これでは、これできることできることできない。
interest income (not included in line 3) Early withdrawal penalty Interest on US Savings Bonds & Treasury obligations Federal income tax withheld Investment expenses Foreign country or US possession: 6- Foreign tax paid:	ADJUSTIMENTS TO INTEREST AND ORIGINAL ISSUE DISCOUNT	COUNT
Early withdrawal penally Interest on US Savings Bonds & Treasury obligations Federal income tax withheld Investment expenses Foreign country or US possession: 6- Foreign tax paid:	The amounts in this section are not reported to the IRS. They are presented here for your	re for your
interest on US savings bortos o Treasury obligations Federal income tax withheld Investment expenses Foreign country or US possession:  6 Foreign tax paid:	reference when prepaintly your moone tax returnly.	•
Investment expenses Foreign country or US possession:  6- Foreign tax paid:	i axable accrued interest paid Tovokia accrued Traceur, interest paid	000
6- Foreign tax paid:	Tax-exempt accused interest paid	80
	Tax-exempt accrued interest paid (AMT)	000
Tax-exempt interest (includes line 9)	Taxable accrued nonqualified interest paid	0.00
Specified private activity bond interest (AMT)	Tax-exempt accrued nonqualified interest paid	0.0
	i ax-exempt accrued nonqualitied interest paid (AMT)	000
1 - Born premium (taxabre, categorized below) Non Treasury obligations (covered bits)	Nonquamed unerest Tax-exampt non-malfied interest	3 6
Treasury obligations (covered fots)	Tax-exempt nongualified interest (AMT)	000
egorized below)	Interest shortiall on confingent payment debt	0.00
Tax-exempt obligations (covered lots)	Bond premium- Non Treasury obligations (noncovered lots)	0.00
l ax-exempt private activity obligations (AMI), covered lots)  14- Tax-exempt and fax credit bond CLSIP number	Bond premium- Treasury obligations (noncovered lots) Rond premium- Tax-exempt obligations (noncovered lots)	86
not reported to the IR:	Bond premium- Tax-exempt obligations (AMT, noncovered lots)	000
	Acquisition premium- Non Treasury obligations (noncovered lots)	00.0
Iax-exempt original issue discount (includes the line below)  Tax-exempt original issue discount private activity bonds (AMT)  0.00	Acquisition premium- Treasury obligations (noncovered lots) Acquisition premium- Tax-exempt obligations (all tots) Acquisition premium- Tax-exempt obligations (AMT, all lots)	000
OBICENAT. ISSUE DISCOUNT STRAMARY	Market discount (noncovered lots)	0.0 0
Use bond-by-bond details from the Form 1099-OID page(s) to determine amounts of Original	SAGILLIUNGAA CNA SASNAGAA SABA SOULTI ILIUNGSAG	کا خا
Issue Discount income for your income tax return(s). The amounts shown in this section are for	The amounts in this section are not reported to the IRS. They are presented here for your	re for your
ncome tax return(s).	reference when preparing your income tax return(s).	
Original issue discount for 2015 Other periods interest	Offier Receipts & Reconciliations- Partnership distributions	0.00
. ≱	Other Receipts & Reconditions-Foreign tax paid-partnership	000
	Other Kecelpts & Reconditations- Return of principal Other Demistre & Demostrations Deferred income narment	96
Market discount (covered lots)	Offer Receipts & Reconciliations- Deterror mount payment Offer Receipts & Reconciliations- Deemed premium	0.00
Acquisition premium (total for covered lots, categorized below)	Offier Receipts & Reconditations- Income accural- UIT	000
	Other Receipts & Reconciliations- Basis adjustments	0.00
t on Treasury obligations	Other Receipts & Reconciliations- Foreign tax pd beyond treaty	86
Investment expenses 0.00	Fees & Expenses-Indexes. Fees & Expenses-Invidends paid on short position Fees & Expenses-Inferesc and on short nosition	800
	Fees & Expenses- Non reportable distribution expense	0.0
STATE TAX WITHRELD	Fees & Expenses-Other expenses	96
Use the details of the State Tax Withholding page(s) to determine the appropriate amounts for your income tax returns). The amounts shown in this section are for your reference.	rees & Lyenses- Sevalance las Fees & Expenses- Organizational expense Fees & Evnemes- Mirrellaneurs fees	800
	Fees & Expenses-Tax-exempt investment expense	88
1099-INT total withheld	Foreign Exchange Gains & Losses- Foreign currency gain/loss	0.00
Tuse-Masc total withheld 0.00		

packaged with this statement or sent separately. Because the formatting is similar to Forms 1099, we have provided the related instructions with this document.

TOWNIERITRADE CLIEARINGING	. Detai	Detail for Dividends and Distributions	i Distribu		Account 93809/3966 -
Security description FMI FUNDS FMI INTERNATIONAL	CUSIP and/or symbol 302933304 FMLX	State Date 12/18/15 12/18/15	Amount 3.44 174.18	Transaction type Long-term capital gain Qualified dividend	Notes 03
	Dividends and Distributions: Foreign tax withheld:	12/18/15 12/18/15	148.91 -14.86 326.53 -14.86	Nonqualified dividend Foreign tax withheld-Various	ස ස
FIRST TRUST MORNINGSTAR DIVIDEND LEADERS INDEX FUND	336917109 FDL	12/31/15	253.07	Qualified dividend	03
ISHARES US PREFERRED STOCK ETF	46428887 PFF	11/06/15 11/06/15 12/07/15 12/31/15 12/31/15	16.56 7.38 17.71 7.89 34.96 7.551	Qualified dividend Nonqualified dividend Qualified dividend Qualified dividend Nonqualified dividend Qualified dividend Nonqualified dividend	2
	ਲੋ		100.07		
POWERSHARES SENIOR LOAN PORTFOLIO	73936Q769 BKLN Dividends and Distributions:	11/30/15 12/31/15	16.16 16.50 32.66	Nonqualified dividend Nonqualified dividend	
POWERSHARES INTL CORPORATE BOND PORT	739360,835 PICB Dividends and Distributions:	11/30/15 12/31/15	16.47 15.35 31.82	Nonqualified dividend Nonqualified dividend	
RIVERNORTH DOUBLE LINE STRAT INC I	76881N202 RNSIX	10/30/15 10/30/15 11/30/15 12/31/15 12/31/15	0.55 29.14 0.58 30.49 1.51 79.55	Qualified dividend Nonqualified dividend Qualified dividend Nonqualified dividend Qualified dividend Qualified dividend	888888 8
	Dividends and Distributions:		141.82		

TO AMERITRADE CLEDARING INC. 2015.	- Detail	Detail for Dividends and Distributions (continued)	and Distribut		Account 938894966 02/24/20/6 CORRECTED
Specification decontribion	CLISIP andfor symbol	State Data	Amount	Transaction type	Notes
SECULIA VESCIPIONI	784644359 CWB	1	6.68	Oualified dividend	03
		11/10/15	90.6	Nonqualified dividend	03
		12/09/15	13.35	Qualified dividend	8
		12/09/15	18.19	Nonqualified dividend	03
		01/07/16	84.77	Quatified dividend	03
		01/07/16	224.30	Long-term capital gain	
		01/07/16	115.48	Nonqualified dividend	8
	Dividends and Distributions:		471.86		
SPDR BARCLAYS HIGH YIELD BOND ETF	78464A417 JNK	11/10/15	42.37	Nonqualified dividend	
		01/07/16	45.40	Nonqualified dividend	
	Dividends and Distributions:		133.84		
3M CO COM	88579Y101 MMM	12/12/15	15.38	Qualified dividend	
MANOTIADO TOTA! BOND MABUET ETE	024037835 BND	11/06/15	12.71	Noncuelified dividend	
		12/07/15	12.52	Nonqualified dividend	
		12/30/15	13.27	Nonqualified dividend	
		12/30/15	3.98	Long-term capital gain	
	Dividends and Distributions:		42.48		
VANGUARD CRSP US LARGE CAP GROW IND ETF	922308736 VUG	12/23/15 12/23/15	78.04 4.56	Quaffied dividend Nonqualified dividend	នន
	Dividends and Distributions:		82.60		
VANGUARD CRSP US SMALL CAP INDEX	922908751 VB	12/30/15	70.03	Quaified divídend Nonqualified divídend	<b>88</b>
	Dividends and Distributions:		97.66		
WISDOMTREE EMERG MKTS HIGH DVD	97717W315 DEM	12/28/15	18.17	Quafified dividend	(3
FUND		12/28/15 12/28/15	5.54 -2.59	Nonqualified dividend Foreign tax withheld-Various	<b>88</b>
	Dividends and Distributions: Foreign tax withheld:		23.71 -2.59		

Notes	63	ය	83	03	03		03		
Transaction type	Qualified dividend	Nonqualified dividend	Qualified dividend	Nonqualified dividend	Qualified dividend	Long-term capital gain	Nonqualified dividend		
Amount	13.63	5.57	19.71	8.06	40.80	47.07	16,67	151.51	1,905.01
State Date	10/30/15	10/30/15	11/30/15	11/30/15	12/28/15	12/28/15	12/28/15		oris:
CUSIP and/or symbol								Dividends and Distributions:	Total Dividends and Distributions: Total Foreign tax withheld:
Security description	WISDOMTREE MIDCAP DIVIDEND FUND								
	CUSIP and/or symbol State Date Amount Transaction type	r symbol State Date Amount Transaction type  DON 10/30/15 13.63 Qualified dividend	CUSIP and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend	CUSIF and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         19.71         Qualified dividend	CUSIF and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         9.07         Qualified dividend           11/30/15         8.06         Nonqualified dividend	CUSIF and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         8.06         Nonqualified dividend           12/28/15         40.80         Qualified dividend	CUSIF and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         8.06         Nonqualified dividend           12/28/15         40.80         Qualified dividend           12/28/15         47.07         Long-term capital gain	CUSIF and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         9.06         Nonqualified dividend           12/28/15         40.80         Qualified dividend           12/28/15         47.07         Long-term capital gain           12/28/15         16.67         Nonqualified dividend	CUSIP and/or symbol         State         Date         Amount         Transaction type           97717W505 DON         10/30/15         13.63         Qualified dividend           10/30/15         5.57         Nonqualified dividend           11/30/15         8.06         Nonqualified dividend           12/28/15         40.80         Qualified dividend           12/28/15         40.80         Qualified dividend           12/28/15         47.07         Long-term capital gain           12/28/15         16.67         Nonqualified dividend           12/28/15         15.51         Nonqualified dividend

906 REGNED	Notes			·
Account 938094906 D2242016 CGRREGTED				
	Transaction type Interest- money mkt Interest- money mkt Interest- money mkt			
Соте	Amount 0.11 0.01	0.14	4. 4.	
Detail for Interest Income	Date 10/31/15 11/30/15 12/31/15			
	CUSIP and/or symbol 977ZFD989 MMDA12	Interest income:	Total Interest income:	
TO AMERITRADECLEARING INC. 2015	Security description FDIC INSURED DEPOSIT ACCOUNT IDA12 NOT COVERED BY SIPC			

TO AMERITADE CEEARING INC. 2015	W.	Mutual Fund and UIT Supplemental Information	nformati	Account 938054906 on 022242016 CORRECTED	
FMI FUNDS FMI INTERNATIONAL / 302933304 / FMI	04 / FIMIJX				
FOREIGN SOURCE INCOME PERCENTAGES Fign Source Inc Tot	100.00%	Fan Source Inc Qual	100.00%	Fan Source Inc Adi	100.00%
PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES	ENT SECUR	, sem			
Fed Source Total		0.10% (A detailed breakdown is shown below when available)	n available)		
Agency	%	Agency	%	Agency	%
U.S. Treasury	0.10	Fed Farm Credit	0.00	TN Valley Auth	80
Fed Home Loan	0.00	Student Loan	0.00	Other Dir. Fed	00.00
PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES Fed Source Total  Output  Description  Out	ENT SECUR	TIES 0.73% (A detailed breakdown is shown below when available)	n available)		
Agency	%	Agency	%	Agency	%
U.S. Treasury	0.73	Fed Farm Credit	00'0	TN Valley Auth	0.00
Fed Home Loan	000	Student Loan	0.00	Other Dir. Fed	0.00
VANGUARD TOTAL BOND MARKET ETF / 921937835 / BND	21937835 [	BND			
PERCENTAGE OF INCOME FROM US GOVERNMENT SECURITIES	ENT SECUR	MES			
Fed Source Total		29.46% (A detailed breakdown is shown below when available)	n availabie)		
Agency	%	Agency	%	Agency	%
U.S. Treasury	28.73	Fed Farm Credit	0.06	TN Valley Auth	0.22
Fed Home Loan	0.41	Student Loan	0.00	Other Dir. Fed	0.04
WISDOMTREE EMERG MKTS HIGH DVD FUND / 97717W315 / DEM	ND / 97717V	N315 / DEM			
FOREIGN SOURCE INCOME PERCENTAGES					
Fgn Source Inc Tat	%06°66	Fgn Source Inc Qual	%00.0	Fgn Source Inc Adj	0.00%

<b>美国公司</b>
<b>经验</b> 提出
ဖွ
o E
B B
(B)
0
8.4.9
59 19
2 2 2 8
ă ö
277
3.5
S
· V
×
0
Ø.
9
5
ŏ
<b>E</b>
9
. <u>Q</u>
0
<b>医</b>
Ž
75
2
i C
O C
兴世
3
LE CONTRACTOR DE LA CON
2
5 of
131-331-3-5-20-11
SHEET STATE OF THE SHEET

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."

	9	!		Dividends			
Security Description	escription	CUSIP	Nonqualified	Qualified	Interest	Total Income	Тах
FMI FUNDS WISDOMTR DVD FUND	FWI FUNDS FWI INTERNATIONAL WISDOMTREE EMERG MKT'S HIGH DVD FUND	302933304 97717W315	148.91 5.54	174.18 18.17	0.00	323.09	-14.86 -2.59
			154.45	192.35	0.00	346.80	-17.45
ት ያ	Total Foreign Source income" Qualified Foreign Source Income** Foreign Tax	ne**		346.80 192.35 -17.45			

\* 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.

Executive Board  Mary E. Bolkcom	AVÉ 1888 /WIL	HOURLY		HWA Ponya	
Officer, Chair of Board	10	40	= 400	40	=/604
Zak Prauer Officer, Vice Chair of Board	7	30	= 210	30	74300
Margaret McInerny Officer, Secretary of Board	2		2 60	30	= 1800
Kristin Cajacob	3		= 80	36	= 2706
Officer, Treasurer of Board  Aaron Rosenthal	3	15	= 45	15	2 625
Russell Belk Claire E. B. Smith Danielle N. Mullen Caleb Olson Neal Wehrwein Karen K.O. Parker Kumar Balasubrahmanyan Tom Lancaster	24222442		36 66 36 36 60 60		400 400 400 400 400 400 400 400 400
Directors					3285

#4

evin Smith Scholarsip Foundation	2045	
ncome 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	1
parking	175.00	
heiruspecs	1,000.00	
gambling license	100.00	
supplies	1,019.10	
equipment rental	729.12	1
eventbrite	36.54	
Filing Fees-annual regisration	25.00	//
Paypal fees	626.78	V
Insurance	922.00	
Promotional Materials	592.06	<b>V</b>
Tax prep fees	350.00	V
P.O. box rental	110.00	1
bank fees	29.71	V
TOTAL	\$6,937.44	
2015 SCHOLARSHIPS PAID	\$20,000.00	V
YEAR END TOTALS	2015	
Bank Balance on 11/8/25	90,214.93	
Investment Balance	1 702 27	

Paypal Balance

GRAND TOTAL

1,703.37

242,553.49



### Kristin Cajacob

From:

Jeffrey Tane <tanejk@gmail.com>

Sent:

Thursday, December 24, 2015 10:09 AM

To: Cc:

Mary Bolkcom 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

1

```
> 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.
>
>
>
>
>
>
>
> ----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
```



### Devin Lomax Bolkcom Smith Scholarship Fund

1373 Lincoln Ave, St. Paul, 55105

teginning Balance		5,780.15
nding Balance		1,703.37
leginning payables balance	The first transfer of the second of the seco	0.00
Ending payables balance		0.00
	Debit	Credit
Sajes Activity		13,086.54
Payments received	0.00	13,086.54
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 Involce	-210.00	0.00
Other fees	0.00	0.00
Dispute Addivity	0.00	
Chargebacks & disputes	0.00	0.00
Dispute reimbursements	0.00	0.00
Transfers & Withdrawals	-18,500,00	
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
Deblit card returns	0.00	0.00
Reserves and releases	0.00	0.00
Blocked Payments	0.00	0.00
Olher Activity		0.00
Money market dividends	0.00	0,00
Debit card cash back	00.00	0.00
Credit card cash back	0.00	0.00

Note: This is not an actual bill.

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

### 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 Involce

The total amount of all monthly service charges and fees for any expired or volded 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 amount 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 PayPai 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

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

> The Devin Lomax Bolkcom Smith Scholarship Fund (EIN: 320363445) Re:

**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 Costco Receipt.pdf

Attachments:

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 Flottemesch & 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

### WHOLESALE

### 1021 MARLEWOOD, MN

1431 BEAM AVE MAPLEWOOD, MN 55 MEMBER #1118199	109 37471 Z6
E 675153 KALE SALAD E 675153 KALE SALAD E 675153 KALE SALAD T 752 **COKE ZERO** 37896 **SAN PELL*** 51070 KS CND CHIKN E 179571 COKE MEXICO 4032 WATER MELON E 255272 ORGNC VEG PT 104565 POTATO SALAD E 323272 ORGNC VEG PT 104565 POTATO SALAD 137378 KS KETILE E 50550 HN BF FRNKS E 50550 HN BF FRNKS E 904866 HAMBURG BUN 904849 HOT DOG BUN 11357 SBUX FRENCH E 10000122365 CRN/ 11357 E 11357 SBUX FRENCH E 10000122365 CRN/ 11357 E 904849 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 1357 E 904849 HOT DOG BUN 700045 KSBKFASTKCUP E 10000124620 CRN/ 700045 E 864360 COLE SLAW E 904856 HAMBURG BUN 700045 KSBKFASTKCUP E 10000124620 CRN/ 700045 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000124620 CRN/ 700045 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 700045 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000124620 CRN/ 700045 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000123650 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 11357 E 904856 HOT DOG BUN 700045 KSBKFASTKCUP E 10000122365 CRN/ 11357	447411944215459967959595676555283157728 X685
SUBTOTAL A 7.125% TAX	350.01 3.63

10,000 1 15353,64

TOTAL
VF American Express 353.64

XXXXXXXXXXXXXXXX2009 SWIPED

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

APPROVED - PURCHASE RMOUNT: \$353.64

1021 007 0000000057 0069

CHANGE COUPONS TENDERED

14.00

STOTAL 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

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 15<sup>th</sup> 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 <a href="http://www.ag.state.mn.us/Charity/ExtensionRequest.aspx">http://www.ag.state.mn.us/Charity/ExtensionRequest.aspx</a> to request an extension.

Fiscal Year-End	Due Date	<b>Extended Due Date</b>
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





### 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 <u>no larger than 25 MB</u>. 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 <u>Here</u>, or you may submit a check via U.S. mail.





### 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.



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 Fi	scal Year-End: 12/31/2015
	mm/dd/yyyy
Di	d the organization's fiscal year-end change?  Yes No
Mailing Address:	Physical Address:
Mary E Bolkcom	Mary E Bolkman
Contact Person	Contact Person
1365 Idaho Ave West	1365 Idaho Ave West
Street Address	Street Address
Falcon Heights MN 55108-2113	Falcon Heights MN 55108-2113
City, State, and Zip Code	City, State, and Zip Code
612-308-0646	612-308-0646
Phone Number	Phone Number
mbolkcom@hblawgroup.com	mbolkcom@hblawgroup.com
Email Address	Email Address
<ol> <li>Organization's website: www.devinsmithscho</li> <li>List all of the organization's alternate and former na</li> </ol>	
3. List all names under which the organization solicits	Alternate Former scontributions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. S	Stat. ch. 317A? Yes No
5. Total amount of contributions the organization rece	ived from Minnesota donors: \$\\\ 84,691.00
6. Has the organization's tax-exempt status with the II  ☐ Yes ☐ No If yes, attach explanation.	
7. Has the organization significantly changed its purpo	ose(s) or program(s)?



.47	1.1020			
3.	Has the organization been denied the right to solicit contributions by any court or government agency?  Yes No If yes, attach explanation.			
Does the organization use the services of a professional fundraiser (outside solicitor or consulta solicit contributions in Minnesota? Yes No				
	If yes, provide the following information for each (	attach list if more space is ne	eueu).	
	Name of Professional Fundraiser	Compensation		
	Street Address	City, State, and Zip	Code	
	<ol> <li>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.</li> <li>Do any directors, officers, or employees of the organization or its related organization(s) receive total</li> </ol>			
11,	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.

TAXPAYER COPY



### **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	\$	
2. Government Grants	\$	2
3. Program Service Revenue	\$	3
4. Other Revenue	\$	4
5. TOTAL INCOME	<u>\$0.00</u>	5
EXPENSES		
6. Program Expenses	\$	
7. Management & General Expenses	\$	
8. Fund-raising Expenses	\$	8
9. TOTAL EXPENSES	<u>\$</u> 0.00	9
10. EXCESS or DEFICIT	<u>\$</u> 0.00	10
(Line 5 minus Line 9)		
ASSETS	_	1.1
11. Cash	\$	11
12. Land, Buildings & Equipment	\$	
13. Other Assets	\$	13
14. TOTAL ASSETS	<u>\$</u> 0.00	14
LIABILITIES		
15. Accounts Payable	\$	
16. Grants Payable	\$	16
17. Other Liabilities	\$	17
18. TOTAL LIABILITIES	<u>\$</u> 0.00	18
FUND BALANCE/NET WORTH	<u>\$</u> 0.00	-100
(Line 14 minus Line 18)		

TAXPAYER COPY



### 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	( <b>D</b> ) 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.				10000000
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		2.4		
miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b				
c,				
d,	***	\$ 0.00	\$ 0.00	\$ 0.00
25. Total functional expenses. Add lines 1 through 24d.	\$ 0.00	\$ 0.00	ψ 0.00	+ 5.55
26. Joint costs. Check here ▶ ☐ 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	TO THE	IA XPAY		
			Account State State	



### 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	
	he organization pursuant to the resolution of the	
	ctors, Trustees, or Managing Group) adopted on the	
day of, 20, approving to	the contents of the document, and do hereby certify that the	
	Directors, Trustees or Managing Group) has assumed, and	
will continue to assume, responsibility for determini	ng matters of policy, and have supervised, and will continue	
	anization. We further state that the information supplied is	
true, correct and complete to the best of our knowled		
Mary E Bolkcom	Kristin Cajacob	
Name (Print)	Name (Print)	
Signature	Signature	
Board Chair	Treasurer	
Title	Title	
Date	Date	
17410		

TAXPAYER COPY

5/31/16

Lichovard Mark

Enclosed Form 8879-ED,

The tay prepengagement letter,
and a \$350 - Check Thank

you so much for ejour

dilegent (and fatiout!) work

on our behalf. KrisCajacob

us in Ireland until 6/5 sol

am awaiting hew signature

on The statereturn, and with

work if her to panoiting

Book toeping to you. We also

got the extensione. Will sun to you

Thanks again!!! Many Bold

### 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:

	turn_	Refund	<u>Owe</u>
M	Federal – 990		
W.	Minnesota – Charitable Organization		\$ 25.00
~ <i>7</i>	Annual Report		
		,	

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

In orde	r to file your Federal return electronically, we need to receive the following:  A copy of the "Tax Preparation Engagement Letter and Taxpayer Statement" – Significated	'n
	Form 8879-EO "IRS <i>e-file</i> Signature Authorization" – <b>Sign where indicated</b> Payment of \$350.00 for the enclosed invoice for our services	
<u> </u>		

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



### 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

V 5 23 2016

### 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

Tax Consultant

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:

Re	<u>turn</u>	Refund	<u>Owe</u>
NA	Federal – 990		
Ø,	Minnesota – Charitable Organization		\$ 25.00
<u>7</u>	Annual Report		

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

	•
A copy of the "Tax Preparation where indicated	ronically, we need to receive the following: Engagement Letter and Taxpayer Statement" – Signature Authorization" – Sign where indicated closed invoice for our services
These items can be mailed back to us in	the enclosed envelope.
If you have any questions, please give u	is a call.
Sincerely,	
Ronald C. Kohls, EA, MBA	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 Invoice Date: 05/10/2016 1365 Idaho Ave West Falcon Heights, MN 55108-2113

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

Description	1	 <u>Fee</u>
Federal and	d 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 8879E0	- 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 0	- Supplemental Information Page 1	25.00
Total Forms	s : 31 Forms Subtotal	\$ 706.00
Adjustments		
MN Charitable	•	75.00
MN NonProfit A	nnual Renew	50.00
Adjustment	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 inc

Being able to deduct MIP

The \$4,000 deduction for

Extended through 2019:

• Bonus depreciation Permanently:

> The \$250 above the line expenses (this is also nov

> The option to deduct stat

The ability to make chari Distribution (RMD)

Increased section 179 de

POWERING AMERICA'S TAX EXPERTS MINNESOTA SOCIETY OF ENROLLED AGENTS

tedness (e.g. due to foreclosure)

FOR YOUR PERSONAL

ersonal money on classroom

k on Schedule A g a Required Minimum

n)

The downside of everything being extended through at least the cha of 2010, 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 identity the ft. gov, which will not only list the steps you should take, but also has a link to file the identity the ft 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.

#### 990 Form

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

2015

OMB No. 1545-0047

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.

Open to Public Inspection

A	Ear	tho	2015 calend	lar year, or tax year beginnir	ng		, 2015, and end	ling		, 20	
	C. Name of organization Devin Lomax Bolkcom Smith Scholarsh							D Employer identification no.			
									32-0363445		
云		ess cl		Doing business as	mail is not delivered to street address)			Room/suite	E	Telephone number	
닏	Nam	e cha	nge	1						(612) 308-0646	
Ц	Initia	i retur	n	1365 Idaho Ave W						88,550	
╚	Fina	l retur	n/terminated		ountry, and ZIP or foreign postal code				G	G Gross receipts\$	
Ц	Ame	nded	return	Falcon Heights,							
	Appl	icatio	n pending	F Name and address of principal of	fficer: Mary E Bolkcom			H(a) Is this a gr subordina	oup retu	rn for Yes X No	
				Same as C above		П					
1	Tax-	exemp		001(0)(0)		527	7	If "No	o," attach	es included? Yes No n a list. (see instructions) number	
J	Web	site:	▶ de	vinsmithscholarship	founation.org			1 .			
ĸ	Forr	n of or	ganization:	Corporation Trust Assoc	lation Other	<u>r</u> ,	Year of formation: 20	12 M State	or regar	domicile: MN	
Pi			Summa	ry						- d-t-i avanda	
		1	Briefly desc	ribe the organization's missior	or most significant activities:	The D	evin Smith	Scholarshi	р нс	oundation awards	
ďλ			college	scholarships to st	udents from St Paul	Centra	al High Scho	ol because	3 1t	is a prace	
Š	- 1		that em	oraces diversity, f	osters academic exce	ellence	e, and ulti	mately cu.	Ltiva	ates	
Па	1			·			78-12.				
Ve		2	Check this	box ▶ ☐ if the organization d	liscontinued its operations or dis	sposed of	more than 25% of	its net assets.	1 _	1	
Ö	ł	3	Number of	voting members of the govern	ing body (Part VI, line 1a) •	A 550		<i></i>	3	13	
త		4	Number of i	independent voting members	of the governing body (Part VI, I	ine 1b)			4	13	
Activities & Governance		5	Total number	or of individuals employed in o	alendar vear 2015 (Part V, line 2	2a) ·			5	0	
ťΝ			T 1 - 1	fundamentage (actimate if no	ressarv)		and the second second		6		
Ac		7.	Total uprala	tod business revenue from Pa	art VIII. column (C), line 12				7a	0	
		/a	Not uprolot	ad business tavable income fr	om Form 990-T, line 34		<u></u>		7b	0	
	$\dashv$	, D	Net uniterate	ed basilioss taxable illosilio il				Prior Year		Current Year	
			Cantribution	no and grapts (Part VIII line 1	h)			92	2,285	84,691	
٥	,	8	Contribution	ns and grants (Fart VIII, line 1	2g)					0	
Ē	5	9	Program se	income (Part VIII, column (A)	, lines 3, 4, and 7d)				900	3,859	
Rovenije		10	Other	nue (Port VIII, column (A) line	es 5, 6d, 8c, 9c, 10c, and 11e)					0	
Ω	-	11	Total rayon	nge (rait viii, column (r.), inc	nust equal Part VIII, column (A),	line 12)	[	9:	3,18	88,550	
		12	Cronto and	Leimilar amounts naid (Part IX	(, column (A), lines 1-3) · · ·					0	
		13	Danafita na	sid to or for members (Part IX	column (A), line 4) · · · · ·					0	
		14	Colorina of	that compensation, employee	benefits (Part IX, column (A), lir	nes 5-10)				0	
٤	3	15	Drofossion	of fundraising fees (Part IX of	olumn (A), line 11e)		[			0	
000000000000000000000000000000000000000	213	108	Total funds	aising expenses (Part IX, colu	mn (D) line 25) ▶		0	ndering)			
\$	<u> </u>		Other even	enses (Part IX, column (A), line	es 11a-11d, 11f-24e) · · · ·			5	3,43	4 59,363	
L	ı	17	Total ovnov	and Add lines 13-17 (must e	equal Part IX, column (A), line 25	5) • •		5	3,43	4 59,363	
		18	Dougnus k	oce expenses Subtract line 1	8 from line 12	·		3	9,75	1 29,187	
		19	Revenue	355 expenses. Outside into				Beginning of Curre	nt Year	End of Year	
	Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	<i>"</i> 			21	6,31	9 240,538	
	Sset	20		ties (Part X, line 26)						0	
	nd A	21		or fund balances. Subtract li	ne 21 from line 20			21	6,31	9 240,538	
# G	100	22	Signal	fure Block							
0.00	999-0503-0		- 600	and the sections	, including accompanying schedules and	statements,	and to the best of my ki	nowledge and belief	, it is		
tru	e, co	rrect,	and complete. D	eclaration of preparer (other than offic	er) is based on all information of which pr	reparer has a	any knowledge.				
	,,			I Bolkgom							
S	ian	1		Y E Bolkcom					Dat	te	
Here  Mary E Bolkcom, Chair of Board  Type or print name and title											
					Preparer's signature		Date	Check	if	PTIN	
D	aid	ı		preparer's name	Ronald C Kohls EA MB	3A	05-10-2016	self-empl	oyed	XXXXXXXX	
					Solutions Inc			Firm's EIN			
		oare			one Ave N Suite 29			Phone no.			
U	<b>5</b> 0	On	y Firm's add		Park MN 55428				763-	425-8229	
		h = 15	OC diacusa #		own above? (see instructions)					🛚 Yes 🗌 No	
(V)	ay t	iie ih	งว นเธยนรร แ	no rotain mai alo proparor on	- · · · · · - · · · · · · · · · · · · ·					Form 000 (2015)	

Form 990 (2015)

C - ****	990 (2015) Devin Lomax Bolkcom Smith Scholarsh 32-036344	5	Pa	ge 3
Par	t 10 le de la companya de la company		- 1	
= -::			/es	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 X	
2	to the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	<del></del>
3	t in the standing of political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities on penal of the political campaign activities of the penal o			v
3	randidates for public office? If "Yes " complete Schedule C, Part I	3		<u>X</u>
4	The state of the organization engage in looplying activities, or have a section of the	.		Χ
•	Leation in effect during the tay year? If "Yes " complete Schedule C, Part II	4	-+	
5	to the erganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	as a similar amounts as defined in Revenue Procedure 98-197 IT Yes, complete schedule of	_		Χ
	Port III	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ı	
·	the distribution or investment of amounts in such funds of accounts (			Χ
	West to complete Schedule D. Part L	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Χ
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	- 1 to the state of the state o		1	Χ
-		8	<del> </del> -	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
•	in the state of the post Vi or provide credit counseling dept management, credit point, or	9		Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Χ
	and sympatric parmanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		77
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VIII VIII IV or V as applicable			
а	t for land buildings, and equipment in Part X line 107 If "Yes."	11a		Χ
	annulate Cabadula D. Part VI			
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% of more	11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
С	Did the organization report an amount for investments - program related in Part A, line 13 that is 5 % of more	11c		Х
	Af its total pagets reported in Part X. line 16? If "Yes." complete Schedule D. Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
	hand in Dort V. line 162 If "Yes." complete Schedule D. Part IX	11e		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete octional B, Furx			
f	Did the organization report an amedia to the complete schedule D. Part X	11f		Х
	the organization's liability for uncertain tax positions under FIN-48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		Х
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		Х
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii) in test, complete school described in section 170(b)(1)(A)(ii) in test, complete school described in section 170(b)(1)(A)(iii) in test, complete school described in section 170(b)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	14a		Х
14a	Did the organization maintain an office, employees, or agents outside of the office of the			
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	14b		X
	foreign invoctmente valued at \$100 000 01 11000 11 165, complete conductor,			
15	Did the organization report on Part-IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		X
_	for any foreign organization in Tes, complete contours 177 and 1875 000 of aggregate grants or other			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grant and IV assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
				1
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Part IX, column (A), lines 6 and Trey if Tes, complete softward by the Art (As income and contributions on			
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	The state of the proof was then \$15,000 of gross income from gaming activities on Part VIII, like 5at			
19	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	II Tes, complete conedule o, rattim	Form	1 990	(2015)

	1 V Checklist of Required Schedules (continued)			
	The one of the fame is a fame in the fame is a fame in the fame in the fame is a fame in the fame in the fame is a fame in the		Yes	No XZ
00-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
20a	triby all talling 200, did the organization attach a copy of its audited financial statements to this return:	20b		
b	bid the ergonization report more than \$5,000 of grants or other assistance to any domestic organization of	_		3.7
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	truetope key employees, and nightst compensated			
	organization's current and former officers, directors, flustees, key chippeysos, and some semilovees? If "Yes." complete Schedule J	23		X
	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
24a	the true is a second after December 31, 2002 ( II 165, answer lines 216	l	ļ	
	\$100,000 as of the last day of the year, that was issued after becomes on 24d and complete Schedule K. If "No." go to line 25a	24a		X
	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a company time during the year  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		
	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of issue for bolids obtaining at the organization act as an "on behalf of issue for bolids obtaining at the organization engage in an excess benefit  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization strange of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization strange of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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	25b		X
	If "Yes," complete Schedule L, Part I			
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	26		X
	disqualified persons? If "Yes," complete Schedule L, Part II			i
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	27		_X
	and the sea family momber of any of these hersons (III 165, Complete Continues of the seasons)			
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		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	A family member of a current or former officer, director, trusted, or key on project with the sent of the current of the curre	28b		X
	Schedule L, Part IV			
С	An entity of which a current or former officer, director, trustee, or key employed (of a family method).	28c		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u></u>	Χ
29				
30	Did the organization receive contributions of art, historical treasures, or other similar access,  30		X	
	The and come operations of the configuration of the configurations of the configuration of th	1		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "you be a control of the contro	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assess.	32		X
	t spect of the regarded as separate from the organization under Regulations			
33	Did the organization own 100% of an entity distegated as separate from the organization of an entity distegated as separate from the organization of an entity distegated as separate from the organization of the separate from the organization of t	33		X
	sections 301.7701-2 and 301.7701-37 if "res, complete Schedule II," are supported by the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		34		X
	or IV, and Part V, line 1	35a		X
35				
	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	35t	<u> </u>	
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	36		X
	related organization? If "Yes," complete Schedule K, Falt V, III 62			
37	and the second of the second o			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI · · · · · · · · · · · · · · · · · ·	. 37		X
	1 to Octobile O and provide explanations in Schedule O to Fall VI, into 110 and	1		
38	Did the organization complete Schedule O and provide explanations in Schedule O	. 38		
	19? Note. All Form 990 filers are required to complete deficacio	For	m <b>990</b>	(2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

=Q1	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	14.1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Χ
	reportable gaming (gambling) winnings to prize winners?		
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 Za U	2b	
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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	36	-
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	4a	X
	account)?	4a	21
b	If "Yes," enter the name of the foreign country:		10.00
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR).	5a	Χ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	- 21
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	6a	X
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Va	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	
	gifts were not tax deductible?	uu l	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	72	Х
	and services provided to the payor?	7a   7b	$+^{\Delta}$
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	70	+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	X
	required to file Form 8282?	7c	
d	If "Yes " indicate the number of Forms 8282 filed during the year	7e	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e   7f	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?	7g	$\frac{1}{X}$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	X
	sponsoring organization have excess business holdings at any time during the year?	0	
9	Sponsoring organizations maintaining donor advised funds.	9a	X
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b	$\frac{1}{X}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	
10	Section 501(c)(7) organizations, Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12	144	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
а	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	
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.	130	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
С	Enter the amount of reserves on hand	44-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	which is the form 700 to report those payments? If "No " provide an explanation in Schedule U	14b	(201
		Form 990	1201

Page 6 32-0363445 Devin Lomax Bolkcom Smith Scholarsh Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent b 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ Each committee with authority to act on behalf of the governing body? 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 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 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request

Kristin Cajacob (612)308-0646, 1365 Idaho Ave West, Falcon Heights, MN 55108-2113

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records:

Other (explain in Schedule O)

19

20

X Own website

financial statements available to the public during the tax year.

12am=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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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.

Check this box if neither the organization nor any relat	ed organization	Comp	ciisa	neu .	arry	cuiton	X88. I	iddi, director, er	1		
	ł				C)		N.				
(4)	(B)			Pos		Abre.	*36	(D)		(E)	(F)
(A)	Average	,				nan one s both an	Vista	Reportable		Reportable	Estimated
Name and Title	hours per					/trustee)		compensation	-	compensation from	amount of
	week (list any			4	7			from	- [	related organizations	other compensation
	hours for related	2 =	5	0		Q I	Į,	organization		(W-2/1099-MISC)	from the
	organizations	r dire	stitu	Officer	ey e	nplo	Former	(W-2/1099-MISC)		,	organization
•	below dotted	Individual or director	€		夏	yee c	Ξ,				and related organizations
	line)	Individual trustee or director	對		Key employee	mp	S.				Organizations
		ee	Institutional trustee			Highest compensated employee	4		١		
	// 29/20	1		9.355	7	ted					
	17		A	200204							
		T.							•		
(1) Aaron Rosenthal	3.00_									0	o
Director	* * * * * * * * * * * * * * * * * * * *	X	, , , , , , , , , , , , , , , , , , ,						읙		
(2) Russell Belk	2.00_	3650								0	o
Director		X							0	U	
(3) Claire E Smith	400_									•	
Director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X							0	0	0
(4) Danielle N Mullen											
Director		X							의	0	0
(5) Caleb Olson											
Director	3	X							의	0	00
(6) Neal Wehrwein										_	
Director		X							0	00	0
(7) Karen Parker	4.00										_
Director		X							0	0	0
(8) Kumar Balasubarahmanyan	4.00										_
Director		X							0	. 0	0_
(9) Tom Lancaster	2.00										
Director		X							0	0	0
(10)Mary E Bolkcom	10.00						ĺ				
Chair of Board				X			<u>_</u>		0	0_	0
(11)Zak Prauer	7.00		İ	,							
Vice Chair of Board				Х					0	0	0
(12)Margaret McInerny	2.00										
Secretary	[			X					0	0	0
(13)Kristin Cajacob	3.00										
Treasurer				X			L		0	0	0
(14)											
1.7											
			-		_						Form 990 (2015)

(A) Name and title		(B)  Average hours per week (list any	box, u	nless	pers	tion ore th on is	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
[16)											
(17)											
(18)								\$			
(19)							4.5				
(20)								- 400			
(21)											
(22)								<b>3</b> -			
(23)											
(24)			1								
(25)				V							
1b c d	Sub-total	ion A			• •	 		<b>&gt;</b>	1	0 0	0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve)	who	rece	eived n	nore	than \$100,000 of		l
3	Did the organization list any <b>former</b> officer, director	r, or trustee, k J for such ind	ividual								Yes No
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	portable com s150,000? l	pensat f "Yes,'	ion : ' cor	nple	te S	chedul	еJ:	for such		4 X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	compensatior	n from	any	unre	late	d orgai	niza	tion or individual		5 X
Secti 1	on B. Independent Contractors  Complete this table for your five highest compensa compensation from the organization. Report comp	ited independ ensation for t	ient co he cale	ntrad	ctors	tha ar er	t received	ved vith	more than \$100,00 or within the organ	00 of ization's tax	
	year.  (A)  Name and business addres	s							(E Description o	1	(C) Compensation
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	g but not limite m the organiz	ed to th zation	nose		ed al	oove) v	who		1	Form <b>990</b> (2015

Form 990 (2015)

Devin Lomax Bolkcom Smith Scholarsh

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII

Total revenue

Total revenue

Total revenue

Bolkcom Smith Scholarsh

(A) (B) (C) (D) (D) (Related or exempt function revenue excluded from tax under sections 512-514

Total revenue

Bolkcom Smith Scholarsh

(A) (B) (C) (D) (Revenue excluded from tax under sections 512-514

11				function revenue	revenue	under sections 512-514
s s	_	Federated campaigns 1a	11	The late of the same		44
unt	1a	1 Cacrated Campaigne	in the state of th			
ي ق	b	Membership dues · · · · · · · · · · 1b  Fundraising events · · · · · · · · · 1c 52,266				
r Ā,	C	Related organizations			14.4	
<u>:</u>	d	Government grants (contributions) 1e				the registrative.
ns, Sir	e	Government grante (contribution)				
er.	f	All other contributions, gifts, grants, and similar amounts not included above 1f 32,425				
i <u>ē</u> Ę		Noncash contributions included in lines 1a-1f: \$				
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f	84,691		t i Trijija i julia	
<u>0 8</u>	h	Business Code		4		
e	2a					
ven	b					
88	C					
Program Service Revenue	4		4.			
υ Se	u		1			
gra	f	All other program service revenue				
<u>P</u>		Total. Add lines 2a-2f	48.00			A CALL BOOK IN
		Investment income (including dividends, interest,	/6mm			
	3	and other similar amounts)	3,859	3,859	,	
	4	Income from investment of tax-exempt bond proceeds	€ 13.	49/		
	5	Royalties			- reason was team of the leading	to a refunde en la servición de la companya de la companya de la companya de la companya de la companya de la c
		(i) Real (ii) Personal		Mary Land		
	6a	Gross rents				
	b	Less: rental expenses · · · ·		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	141	
	С	Rental income or (loss) · · ·			(14)	
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				William Control
	'"	assets other than inventory	- 14 - 12 - 12 - 12 - 12 - 12 - 12 - 12			
	b	Less: cost or other basis				
		and sales expenses · · · ·				
	С	Gain or (loss)				
		Net gain or (loss) · · · · · · · · · · · · · · · · · ·	English to see a filt of		4 11	An and the
Revenue	8a	Gross income from fundraising				
Ş.		events (not including \$ 52,266				
æ		of contributions reported on line 1c).				
her		See Part IV, line 18 · · · · · · · · · a	- 11		#14F	
O E		Less: direct expenses				
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
	١.	See Part IV, line 19 · · · · · · · a				
		Leas, differ expenses		I LIBRE COLL SERVICES		
	1	1,00,0000	446		all Sall tale	100000
	10a	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold b				
		Net income or (loss) from sales of inventory		i i i i i i i i i i i i i i i i i i i		
	C					
	11a	Miscolaricode Novolido				
	b					
	C					
	-	All other revenue				
		Total. Add lines 11a-11d		$(q, \theta_1, T, V, \theta_2, T)$		
		Total revenue. See instructions	88,55	0 3,859	C	
						Form 990 (2015)

5) Devin Lomax Bolkcom Smith Scholarsh Statement of Functional Expenses Form 990 (2015)

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							
De :==	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C) Management and	(D) Fundraising		
	e, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses		
	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
	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		<u> </u>				
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions) · ·		7 3 4 A				
9	Other employee benefits						
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·						
11	Fees for services (non-employees):	48					
a	Management						
b	Legal · · · · · · · · · · · · · · · · · · ·	350	Countries Control	350			
C	Lobbying	350					
d	Professional fundraising services. See Part IV, line 17						
e	Investment management fees						
f	Other. (If line 11g amount exceeds 10% of line 25, column	**					
g	(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 · · · · · · · · · · · · · · · · · · ·	3					
17	Travel			<u> </u>			
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 · · · · · ·			922	-		
23	Insurance	922		922	35 2 Jan 2 2 1 1 2 2 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
24	Other expenses, Itemize expenses not covered	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column				11,111,		
	(A) amount, list line 24e expenses on Schedule O.)	20 405	32,425				
a	Volunteer In Kind Expenses	32,425	JZ / 42J	25			
b	Filing Fees	627		627			
C	Pay Pal Fees	20,000	20,000				
d	Scholarships All other expenses	4,422	4,392	30			
9 25	All other expenses  Total functional expenses. Add lines 1 through 24e	59,363	57,409	1,954	0		
25 26	Joint costs. Complete this line only if the	25,235					
	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation. Check here				<u> </u>		
	ionoving out out to de thousand				Form <b>990</b> (2015)		

Part	X	Balance Sheet		<del></del> ,	— — — П
		Check if Schedule O contains a response or note to any line in this Part X		• • • •	
			(A)	-	(B)
			Beginning of year		End of year
	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	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
4	10a	Land, buildings, and equipment: cost or			
	iva	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
	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	1000	21	
S	22	Loans and other payables to current and former officers, directors,			The second
Ē		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ξ	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		1	
		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
		Organizations that follow SFAS 117 (ASC 958), check here    and			
Ses		complete lines 27 through 29, and lines 33 and 34.		Maria da	
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	1
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
jo :		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	040 500
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	216,319	32	240,538
2	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 Form 990 (2015)

Form 990 (2015)

_	1990 (2015) Devin Lomax Bolkcom Smith Scholarsh 32	2-036	3445	Pε	age <b>12</b>
	n 990 (2015) Devin Lomax Bolkcom Smith Scholarsh  Reconciliation of Net Assets				
3 to 2 to 3	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🔲</u>
	Total revenue (must equal Part VIII, column (A), line 12)	1		88,5	<u> 550</u>
1	Total expenses (must equal Part IX, column (A), line 25)	2		59,3	363
2	Revenue less expenses. Subtract line 2 from line 1	3		29,1	187
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		216,3	319
4	Net assets or fulld balances at beginning or year (made equal and year and year) and the property of the prope	5		(4,9	968)
5	Net unrealized gains (166666) on investments	6			
6	Donatod del visco di la del control del co	7	,	,	
7	Investment expenses	8			
8	Other changes in net assets or fund balances (explain in Schedule O)	9			0
9	Other changes in net assets or fund balances (explain in Schedule O)		,**		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10		240,5	538
	33, column (B))				
Нa	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				. $\Box$
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del> -		Yes	No
	Accounting method used to prepare the Form 990: X Cash Accrual Other				
1	Accounting method used to prepare the Form 330. Ptg Cach	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		2	3	X
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		21	n	X
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		2		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

the Single Audit Act and OMB Circular A-133?

#### **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

Employer identification number 32-0363445 Devin Lomax Bolkcom Smith Scholarsh 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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. 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. 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. 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. 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. 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. Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) Is the organization (iii) Type of organization (ii) EIN (I) Name of supported organization other support (see support (see listed in your governing (described on lines 1-9 instructions) instructions) document? above (see instructions)) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2015

Devin Lomax Bolkcom Smith Scholarsh

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 II 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.)

Sect	ion A. Public Support					( ) 0045	(O Tatal
Calen	dar 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					0.1 .001	441 450
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					其实情况(4)。	51,849
	shown on line 11, column (f)				an in the second		389,610
6	Public support. Subtract line 5 from line 4 · ·						300,010
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	(a) 2011	119,023	277	JF280		441,459
7 8	Gross income from interest, dividends, payments received on securities loans,		113,023				
	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		8				447,572
12	Gross receipts from related activities, etc.	(see instructions)		. ,		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	▶ 🏻
Sec	tion C. Computation of Public S	upport Percen	tage			r - 1	
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 Sche	dule A, Part II, line	14			15	%
16a	33 1/3% support test - 2015. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	, m
	box and stop here. The organization quali	fies <b>as</b> a publicly su	pported organizatio				· · · · · • ⊔
b	33 1/3% support test - 2014. If the organi	zation did not check	a box on line 13 or	r 16a, and line 15 is	33 1/3% or more,		▶ □
	check this box and stop here. The organize	ation qualifies as a	publicly supported				
17a	10%-facts-and-circumstances test - 201	<ol><li>If the organization</li></ol>	n did not check a b	ox on line 13, 16a, (	or 16b, and line 14	ıs ~	
	10% or more, and if the organization meet	s the "facts-and-circ	umstances" test, c	neck this box and <b>s</b>	top nere. Explain	54 11	
	Part VI how the organization meets the "fa	cts-and-circumstan	ces" test. The orga	nization qualifies as	a publicly support	au	ь П
	organization				16h or 17a and lir		
b	10%-facts-and-circumstances test - 201	4. If the organization	n did not check a b	ox on line 13, 16a,	and stop bare	l <del>C</del>	
	15 is 10% or more, and if the organization	meets the "tacts-an	u-circumstances" t	The organization o	unu <b>stop nere.</b> malifies as a nublic	lv	
	Explain in Part VI how the organization me supported organization	ets the Tacts-and-C	arcumstances test	. The organization C	taamos as a pasic		▶ □
	supported organization · · · · · · · · · · · · · · · · · · ·	i net about a box a	line 12 160 16h	17a or 17h check	this box and see		٥
18		HOLCHECK & DOX OF	imie io, ioa, iou,	,, a, o, ,, b, ondok			▶ □
	instructions					Schedule A (Form	990 or 990-EZ) 2015
FFA							•

Schedule A (Form 990 or 990-EZ) 2015

Part III Support Scl

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.)

Sec	tion A. Public Support						(D. Tatal
Cale	ndar 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.")	i					
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 · · · · · · ·			4			
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 · · · · · · · · · · · · · · · · · ·				Paragraphy (A		
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	r	P	<u>///</u>	/ D 0044	(a) 2015	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(i) rotai
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 or organization, check this box and stop here			, or fifth tax year as	a section 501(c)(	3)	▶ 🔲
Se	ction C. Computation of Public S					45	<u> </u>
15	Public support percentage for 2015 (line 8, c			1))	, , , , , , , , ,	15	
16	Public support percentage from 2014 Sched	ule A, Part III, line				10	70
	ction D. Computation of Investme	100 solumn (f) d	ivided by line 13 or	olumn (fl)		. 17	%
17	Investment income percentage for 2015 (line Investment income percentage from 2014 S	s Toc, column (I) 0 chedule A. Part III	line 17			18	%
18	33 1/3% support tests - 2015. If the organization	ration did not abou	,			nd line	
	17 is not more than 33 1/3%, check this box	and stop here. The	ne organization qua	littles as a publicly s	supported organiza	illon	▶ □
	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this Private foundation. If the organization did it	box and stop her	e. The organization	qualifies as a publ	iciy supported orga	inization	▶ □
	Duting to the second of the organization did to	not check a box on	iine 14. 19a. or 19	o, check this dox at	14 200 1121140110113		

Part V

**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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
  - 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.)

	30. 1	
	Yes	No
***************************************		
1		
2		
<u> </u>	mack	
3a		2
Ja		
3b		
3c		
4 -		***************************************
4a		
4b		
		***************************************
4c		
5a		
5b		
5c	<del> </del>	
50		
		<b>1</b>
e		
6		
6		
6		
6 7		
7		
7		
7		
7		
7 8		
7		
7 8		
7 8 9a		
7 8		
7 8 9a		
7 8 9a 9b		
7 8 9a		
7 8 9a 9b		

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number 32-0363445 Devin Lomax Bolkcom Smith Scholarsh

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 cove	red by the General Rule or a Special Rule.					
	), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
instructions.						
General Rule						
For an organization filing or more (in money or pro	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.					
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 a 990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 tify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Employer identification number 32-0363445

Part | 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  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$	Person Payroll Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions  \$	Type of contribution  Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Schedule	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.			loyer identification num	hor
Nam	e of organization			1		ine!
D∈	vin Lomax Bolkcom Smith Sch	olarsh	<b>704</b> ( )	32	-0363445	
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section 527	organization.	
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV.	_	•	
2	Political expenditures				\$	
3	Volunteer hours					
		( )	F04(a)(2)		,	
Pa	rt I-B Complete if the organi	zation is exempt under secti	on 501(c)(s).		¢	
1	Enter the amount of any excise tax incurre	d by the organization under section 495	5		Φ	
2	Enter the amount of any excise tax incurre	d by organization managers under secti	on 4955 · · ·		Yes	□No
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			· · · · · · · · Yes	⊟No
4a	Was a correction made?					
b	If "Yes," describe in Part IV.	zation is exempt under secti	on 501(c) exc	ent section 50	1(c)(3).	
Pa	rt I-C Complete if the organi	zation is exempt under section	of function	opt oootion oo	.(0)(0)	
1	Enter the amount directly expended by the activities	filing organization for section 527 exem	ipi iunction,		\$	
	activities	- funds contributed to other organization	e for section			
2	Enter the amount of the filing organization 527 exempt function activities	s funds contributed to other organization	13 101 30011011		\$	
	Total exempt function activities	and 2 Ester here and an Form 11	20-POI			
3	line 17b · · · · · · · · · · · · · · · · · · ·	nes 1 and 2. Enter here and one one of	20-1 OL,		\$	
	Did the filing organization file Form 1120-F	201 for this year?			Yes	No
4	Enter the names, addresses and employe	ridentification number (FIN) of all section	n 527 political orga	nizations to which t	he filing	
5	organization made payments. For each or	ganization listed, enter the amount paid	from the filing orga	nization's funds. Als	o enter	
	the amount of political contributions receiv	ed that were promptly and directly delive	ered to a separate	political organization	ı, such	
	as a separate segregated fund or a political	al action committee (PAC) If additional	space is needed, p	rovide information ir	Part IV.	
	, A	14 14 14 14 14 14 14 14 14 14 14 14 14 1	l .	(d) Amount paid	1	itical
	(a) Name	(b) Address	(c) EIN	filing organization	n's contributions receiv	ed and
				funds. If none, ente	er -0 promptly and dire	
					political organizati	
					none, enter -0	<del>-</del> ,
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

	OUT WOOD WOOD FT COME. DOWN TO MAN	Rolkcom Smith	h Scholarsh		32-03634	145 Page 2
	ule C (Form 990 or 990-EZ) 2015 Devin Lomas Till-A Complete if the organizat	tion is exempt u	nder section 501	(c)(3) and filed	l Form 5768 (elec	tion under
	section 501(h)).					
(	Check F if the filing organization belongs	to an affiliated group (	and list in Part IV eac	h affiliated group me	ember's	
	name, address, EIN, expenses,	, and share of excess l	obbying expenditures	).		
(	Check > if the filing organization checked	d box A and "limited co	ntrol" provisions apply			
		obbying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures	" means amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots le	obbying) • • • •			
b	Total lobbying expenditures to influence a legis	slative body (direct lob	bying) · · · · ·			yanı,
С	Total lobbying expenditures (add lines 1a and	1b) • • • • • • • •				
d						
е	Total exempt purpose expenditures (add lines	70 0174 747				
f	Lobbying nontaxable amount. Enter the amou	nt from the following ta	ıble in both			
	columns.				and the second s	The second second second second second second second second second second second second second second second se
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess ov	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			The state of the s	at the second second second second second second second second second second second second second second second
g	Grassroots nontaxable amount (enter 25% of	line 1f) · · · · · ·		The state of the s		
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-				
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-				
j	If there is an amount other than zero on either	r line 1h or line 1i, did t	he organization file Fo	orm 4720		Пу Пы-
	reporting section 4911 tax for this year?		<u></u>			∐ Yes ∐ No
		4-Year Averag	ing Period Under	section 501(h)		
	(Some organizations that made	a section 501(h) e	ection do not hav	e to complete a	ll of the five columi	ıs below.
	(Some organizations that made	See the separate i	nstructions for lin	es 2a through 2	f.)	
	Lo	bbying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
	beginning in)					
	beginning in		4.7			
2a	Lobbying nontaxable amount					
<b>_</b>	Eddbying Horidadable difficult	1 p.42	•	311		
b	Lobbying ceiling amount			1.4		
	(150% of line 2a, column (e))				The state of the s	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2015

r'ai	Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).				4. 3	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)	<del>,</del>	(b)	
	ription of the lobbying activity.	Yes	No	Ar	nount	
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:					
2	Volunteers? · · · · · · · · · · · · · · · · · · ·		X			
a	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ			
b	Modic advertisements?		Χ			
d	Mailings to members, legislators, or the nublic?		Χ		,	
e	Publications, or published or broadcast statements?		Χ			
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?		Χ			
i	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					
С	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?	/F\	X			
Pa	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(၁),	or se	cuon		
	501(c)(6).				Yes	No
				1	162	140
1	Were substantially all (90% or more) dues received nondeductible by members?	• •		2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		3		<del>                                     </del>
3	Did the diganization agree to carry over lobbying and pointed of the control of t	(5).	or se		ļ	1
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol	₹ (b	) Par	t 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					
_	nalitical averages for which the section 527(f) tay was paid)					
а	Current year		2a			
b	Carryover from last year	• •	2b			
С	Total · · · · · · · · · · · · · · · · · · ·	• •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	8		
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		4			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	<u> </u>		
Pa	Supplemental Information					,
Prov	ide 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, line	es 1 a	and			
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
			- una			
					,	
					,	_,_

#### **SCHEDULE G** (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047 2015

Employer Identification number

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations g | Special fundraising events Phone solicitations C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or control of (ii) Activity from activity fundraiser listed in or entity (fundraiser) organization contributions? col. (i) Yes No 2 3 6 7 8 9 10 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.

Schedule G (Form 990 or 990-EZ) 2015 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

		gross receipts greater than	\$5,000.			Time the second
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			3 Open House		None	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	001. (0))
ல						
Revenue	1	Gross receipts	52,266			52,266
ě	•	G. 1000 . 1000 . 1				
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) · · · · · · · · · · ·	52,266			52,266
		1110 2)				
	4	Cash prizes				
	•	Gudii pii255				
	5	Noncash prizes				
		Honord Prizes				
"	6	Rent/facility costs				
Ses		(Veribracinty costs 1 - 1 - 1				
per	7	Food and beverages · · · · ·				
Ñ	7	Food and beverages				
Direct Expenses	0	Entertainment				
ֿ	8	Entertainment				
		Other direct expenses				
	9	Other direct expenses · · · · ·				
	40	Direct expense summary. Add lines	4 through Q in column (d)			
	10	Net income summary. Subtract line	40 from line 3 column (d)		<b>&gt;</b>	52,266
10	int I	Gaming. Complete if the	organization answered "	Yes" to Form 990. Part	IV. line 19, or reporte	
		than \$15,000 on Form 990	0-F7 line 6a		,	
		(παιτ φτο,σου στι τ στιπ σσο	1	(b) Pull tabs/instant		(d) Total gaming (add
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ		Cross revenue				
	1	Gross revenue · · · · · · · · ·				
	,	Cook prizos				
S	2	Cash prizes				
Direct Expenses	,	Nepeoph prizos				
Š	3	Noncash prizes				
Д.	١.	D - 116 - 126 1				
ie	4	Rent/facility costs · · · · · ·				
ч	1					
	5	Other direct expenses	Yes %	☐ Yes %	Yes 9	6
	_		No No		No No	
	6	Volunteer labor	LEI NO			
	_	Direct expense summary. Add lines	2 through 5 in column (d)			
	7	Direct expense summary. Add lines	2 tillough 5 in column (d)			
		Net gaming income summary. Subt	tract line 7 from line 1 colum	an (d)		
	8	Net gaming income summary. Subt	tract line 7 from line 1, colum	iii (u) 1111111		<u> </u>
_	_		tion and usta asmina activit	ios:		
9	E	nter the state(s) in which the organiza	tion conducts gaming activities in each of	those states?		Yes No
		the organization licensed to conduct		mood diated.		<b>U U</b>
	b If	"No," explain:				
	_					
			licenses revolved evenends	nd or terminated during the	tax vear?	· · · · · Yes No
10		Vere any of the organization's gaming			tun your:	□ . <del></del> □
	b If	"Yes," explain:				
	b If —	"Yes," explain:				

#### SCHEDULE O (Form 990 or 990-EZ)

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.

Inspection

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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.