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FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	April 30,2008				
Estimated average b	ourden				
hours per responses	16.00				

SEC USE ONLY					
Prefix			Serial		
	DATE F	RECEIVE)		
	- 1]		

Name of Offering (☐ check in this is an amendment Filing Under (Check box(es) that apply): ☐ Rule 5 Type of Filing: ☐ New Filing ☐ Amendment	04 Rule 505 Rule 506 Section 4(6)] ULOE
Type of Filing. Mew Filing Minenumer		
1. Enter the information requested about the issuer	A. BASIC IDENTIFICATION DATA	07075058
Name of Issuer (check if this is an amendment an Northstar Mezzanine Partners V L.P.	nd name has changed, and indicate change)	
Address of Executive Offices 2310 Plaza VII, 45 South Seventh Street, Minr	(Number and Street, City, State, Zip Code) neapolis, MN 55402	Telephone Number (Including Area Code) 312-371-5719
Address of Principal Business Operations (if different from Executive Officers)	(Number and Street, City, State Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Investment fund		
Type of Business Organization corporation business trust	☐ limited partnership, already formed☐ limited partnership, to be formed	other (please specify):
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization (Enter		Estimated AUG 2 8 2007

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA						
2. Enter the information requested for the following:						
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 						
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner			
Full Name (Last name first, if individual) Northstar Capital, LLC						
Business or Residence Address (Number and Street, City, State, Zip Code)		. 				
2310 Plaza VII, 45 South Seventh Street, Minneapolis, MN 55402	M 5 4 6 6					
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Becker, Scott L.						
Business or Residence Address (Number and Street, City, State, Zip Code)		-				
2310 Plaza VII, 45 South Seventh Street, Minneapolis, MN 55402 Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or			
Check Box(es) that Apply: Promoter Beneficial Owner	M Executive Officer	Director	Managing Partner			
Full Name (Last name first, if individual)						
Larsen, Kenneth R.						
Business or Residence Address (Number and Street, City, State, Zip Code)						
2310 Plaza VII, 45 South Seventh Street, Minneapolis, MN 55402						
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)						
Minnesota Life Insurance Company						
Business or Residence Address (Number and Street, City, State, Zip Code)						
c/o Advantus Capital Management, Inc., 400 Robert Street North, St. Paul, MN 551	01					
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Partners Group Global Mezzanine 2007 S.C.A., SICAR						
Business or Residence Address (Number and Street, City, State, Zip Code)						
40 Avenue Monterey, L-2163 Luxembourg, Grand Duchy of Luxembourg Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	☐ General and/or			
Circle Box(es) that Apply.	Executive Officer	_ Director	Managing Partner			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
(Use blank sheet, or copy and use addi	tional copies of this sheet, a	s necessary)				

	B. INFORMATION ABOUT OFFERING						
l.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	YES	NO				
2.	Answer also in Appendix, Column 2, if filing under ULOE.						
	,	\$ <u>N/A</u> YES	NO				
3.	Does the offering permit joint ownership of a single unit?		\boxtimes				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
N/A_	lame (Last name first, if individual)						
Full P	rame (Last name first, it individual)						
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)						
Name	of Associated Broker or Dealer						
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	k "All States" or check individual States)	л	All States				
AL	AK AZ AR CA CO CT DE DC FL GA	HI	/III States				
IL MT	IN IA KS KY LA ME MD MA MI MN NY NC ND OH OK	MS OR	MO PA				
RI	SC SD TN TX UT VT VA WA WV WI	WY	PR				
Full N	ame (Last name first, if individual)						
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)						
Name	of Associated Broker or Dealer		 -				
<u> </u>							
	in Which Person Listed Has Solicited or Intends to Solicit Purchasers		441.00				
	k "All States" or check individual States)		All States				
AL IL	IN IA KS KY LA ME MD MA MI MN	MS S	MO MO				
MT RI		OR WY	PA PR				
Full N	ame (Last name first, if individual)						
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)						
Nama	of Associated Broker or Dealer						
ivame	OF ASSOCIATED BLOKET OF DEALET						
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Chec	k "All States" or check individual States)		All States				
AL IL		HI MS	ID MO				
MT RI	NE NV NH NJ NM NY NC ND OH OK	OR WY	PA PR				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	s	\$
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ <u>55,000,000</u>	\$55,000,000
	Other (Specify)	\$	\$
	Total	\$55,000,000	\$55,000, <u>000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>22,000,000</u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dolla Amount of Purchases
	Accredited Investors	11	\$55,000,000
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		S
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.	\boxtimes	\$50,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$50,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds the issuer."	to		\$ <u>54.</u>	950,000		
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of a purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of a estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response Part C — Ouest 4.b above.	he					
		Payments to Officer, Directors, & Affiliates	Payr	nents to Others		
Salaries and fees		\$		s		
Purchase of real estate		\$		s		
Purchase, rental or leasing and installation of machinery and equipment		\$		\$		
Construction or leasing of plant buildings and facilities		\$		s		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$		
Repayment of indebtedness		\$		\$		
Working capital		\$		\$		
Other (specify): Investments, Management Fee and other Fund Expense**						
		\$	Ø	\$54.950.000		

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\$54,950,000

\$54,950,000

Column Totals

Total Payments Listed (column totals added).....

** A portion of such amount may be used to pay salaries of affiliates of the issuer

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Northstar Mezzanine Partners V L.P.	Signature Swell Beiler	Date August / \(\), 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
SCOH L. Becker	Munaging Partner	

_ ATTENTION _

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	YES	NO ⊠					
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (1 such times as required by state law.	7 CFR 23	9.500) at					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon writer request, information furnished by the issuer to offer	erees.						
4.	4. The undersigned represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.								
	r (Print or Type) hstar Mezzanine Partners V L.P. Signature Signature August 10, 2007							
Nam	e (Print or Type) Title (Print or Type)		•					
1	Lott L Becker Managing Partner							

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

State	Intend to sell to non- accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со				<u>-</u>					
СТ				,					
DE									
DC									
FL									
GA									
НІ						, ''			
ID									-
IL									
IN									
IA									
KS									
KY									
LA			-						
ME									
MD									
MA									
Ml									
MN		х	Limited Partnership Interests \$22,000,000	5	\$22,000,000	0	0		Х
MS									
мо									

APPENDIX

ı	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT					i				
NE		ı							
NV									
NH									
NJ									
NM									
NY									
NC		,							
ND						-			
ОН									
ОК									
OR		i			,				
PA						-			
RI									
sc				-					
SD		х	Limited Partnership Interests \$3,000,000	1	\$3,000,000	0	0		Х
TN									
TX									
UT									
VT					-		•		
VA						-			
WA									
wv						·			
WI		X	Limited Partnership Interests \$10,000,000	4	\$10,000,000	0	0		С
WY				-					

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		3 Type of security and					5 Disqualification unde State ULOE (if yes,	
			aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
FN		х	Limited Partnership Interests \$20,000,000	1	\$20,000,000	0	0		Х

END