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.... **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address change label or MINNESOTA COUNCIL ON FOUNDATIONS print or Name change 41-1269275 type Doing Business As Initial-Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific 338-1989 Termin-225 (612)00 PORTLAND AVENUE SOUTH Instruc-1,340,406. Amende G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-tion pending MINNEAPOLIS, MN 55401-2575 H(a) Is this a group return F Name and address of principal officer:WILLIAM KING for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c) (3) (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or J Website: ► WWW.MCF.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1975 M State of legal domicile: MN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities. TO STRENGTHEN AND EXPAND REPAINED MAY 13 PHILANTHROPY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of employees (Part V, line 2a) 200 6 Total number of volunteers (estimate if necessary) 40,435. 7a 7a Total gross unrelated business revenue from Part VIII column (C), line 12 ğ 13,063. b Net unrelated business taxable income from Form 990 T, line 840 9 1 2010 **Prior Year Current Year** 1,037,206. 1,001,825. Contributions and grants (Part VIII, line 1h) 179,300 168,431. Program service revenue (Part VIII, line 2g) 28,667 13,069. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 196,602 157,081. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,441,775 1,340,406. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 746,470. 712,574 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 26,194. b Total fundraising expenses (Part IX, column (D), line 25) 493,966 460,489. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,206,540. 1,213,959. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 235,235 126,447. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 1,144,444. 981,391. 20 Total assets (Part X, line 16) 184,987 109,962. 21 Total liabilities (Part X, line 26) 796,404. 1,034,482. Net assets or fund balances Subtract line 21 from line 20 22 Signature Block Part II 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 4.13.2010 Sian Here WILLIAM KING PRESIDENT Type or print name and title Preparer's identifying number (see instructions) Preparer's Paid self-3/12/2010 signature employed > Preparer's Firm's name (or LARSON**A**LL**EN. LL**P EIN ▶ Use Only 220 SOUTH SIXTH STREET, SUITE 300 self-employed). Phone no. $\triangleright 612-376-4500$ MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

5-17 2

Form 990 (2009)

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00 04	••

Other program services (Describe in Schedule O)

Total program service expenses ► \$

including grants of \$

912,121.

) (Revenue \$

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			=
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ľ		
6		6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٦,
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	х	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	144		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	-	
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	45	-	Х
40		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u></u>	ļ	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form !	<u>ዓ</u> ባብ $\prime\prime$	/OUOC

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			İ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		ŀ	۱.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25ь	ļ	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	-	Х
20		21		. 21
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):	_		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{\Lambda}{X}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		ĺ	37
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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
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	37	- 1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
		Form 9		nna)

MINNESOTA COUNCIL ON FOUNDATIONS 41-1269275 Form 990 (2009) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part VI Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 10 U.S. Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 16 2a filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a

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12a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management					
			0.4		Yes	No
1a	Enter the number of voting members of the governing body	1a	21			
b	Enter the number of voting members that are independent	1b	21			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other	1			
	officer, director, trustee, or key employee?		ļ	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervisi	on			
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the pnor Fe	orm 990 was filed	'. [4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	its?	Ļ	5		Х
6	Does the organization have members or stockholders?			6	X	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of the				
	governing body?		Ļ	7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunng the year				
	by the following:					
а	The governing body?		L	8a	X	
b	Each committee with authority to act on behalf of the governing body?		L	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		.	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliate	s,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to	filing the form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1			<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		Ĺ	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise				ĺ
	to conflicts? .		L	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe				
	ın Schedule O how this is done		L	12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?		. [14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
b	Other officers or key employees of the organization		[15b	Х	<u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		. [16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		tion			l
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janization's				
	exempt status with respect to such arrangements?	 		16b		
Sec	tion 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 (501(c)(3)s only)	available f	or		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest	policy, and	d fına	ncıal	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the	organizati	on: 🕨		
	CHUCK PETERSON - (612) 338-1989					
	100 PORTLAND AVENUE SOUTH, SUITE 225, MINNEAPOLIS,	MIN 5540			25.5	
				Form	990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(cl	(check all the			арр	ly)	compensation	compensation	amount of
	per week	į						from the	from related organizations	other compensation
	Week	Ę			ĺ	ated		organization	(W-2/1099-MISC)	from the
		ustee	truste			Suadi		(W-2/1099-MISC)	,	organization
		Individual trustee or director	Institutional trustee		nploy	st con	_			and related
		Individ	Institu	Officer	Key employee	Highest compensated employee	Former	1		organizations
KAREN KELLEY-ARIWOOLA						┢	-			
BOARD CHAIR	1.00	Х		X	l			0.	0.	0.
JOHN LARSEN										
VICE CHAIR	1.00	X		X		<u> </u>		0.	0.	0.
KATE WOLFORD								_	_	_
SECRETARY	1.00	Х		Х		$oxed{oxed}$	L	0.	0.	0.
JO-ANNE STATELY										
TREASURER	1.00	Х		Х	L_	ļ	ļ	0.	0.	0.
ELLIS BULLOCK	1 00				ľ				0	_
DIRECTOR	1.00	Х				<u> </u>	<u> </u>	0.	0.	0.
GLORIA CONTRERAS EDIN	1.00	x						0.	0.	0.
DIRECTOR AMY CRAWFORD	1.00	^	┝		├	⊢	├	0.		<u></u>
DIRECTOR	1.00	x						0.	0.	0.
JAMES R. FREY	1.00	1			\vdash	├	├─		0.	<u>.</u>
DIRECTOR	1.00	х						0.	0.	0.
MARK HIEMENZ	+	-		-	 	\vdash				
DIRECTOR	1.00	Х						0.	0.	0.
MARK LINDBERG	 						<u> </u>			
DIRECTOR	1.00	Х						0.	0.	0.
BILL LINDER-SCHOLER										
DIRECTOR	1.00	X				١.		0.	0.	0.
NANCY NELSON										
DIRECTOR	1.00	X			L	L		0.	0.	0.
KAREN RAUENHORST									_	
DIRECTOR	1.00	Х	_	Ш		<u> </u>	<u> </u>	0.	0.	0.
CARLEEN RHODES	1								•	
DIRECTOR	1.00	X	<u> </u>		_		<u> </u>	0.	0.	0.
SHERRY RISTAU	1 00	3,5			l				•	
DIRECTOR	1.00	X	<u> </u>			 	<u> </u>	0.	0.	0.
CAROLYN ROBY DIRECTOR	1.00	x						0.	0.	0.
HOLLY SAMPSON	1.00	^					\vdash		U •	U •
DIRECTOR	1.00	х	ŀ					0.	0.	0.
DIRECTOR	1 1.00	Λ	ـــــ		L			<u> </u>	<u> </u>	Fa 990 (2000)

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Part VII Section A. Officers, Directors, Tre	ustees. Key E	mpl	ove	es. a	nd l	High	nest	Compensated Employ	rees (continued)				
(A)	(B)	T			C)			(D)	(E)			(F)	
Name and title	Average	Position						Reportable	Reportable		E	stimate	∍d
	hours	(c		k all			oly)	compensation	compensation		1	nount	
	per	H	1	Γ	Τ	Τ	Ť	from	from related	i i		other	
	week	lact						the	organization			npensa	
	1	1 6	ā	ļ	l	sate		organization	(W-2/1099-MIS	3C)	í	rom th	
		ndividual trustee or director	institutional trustee		yee	Highest compensated employee		(W-2/1099-MISC)			1 -	janizati	
		펺.			Key employee	estco	_ _E	 			1	d relati anızatı	
		Indiv	fast	Officer	Æ	E E	Former				U.g.	21 1122211	5113
KARI SUZUKI BARDY	 	╁╌	+	一	┢	-	\vdash				_		
DIRECTOR	1.00	x		l				0.		0.			0.
KRIS TAYLOR	1	 	\vdash	\vdash	╁─	H	\vdash	 					
DIRECTOR	1.00	X	İ					0.		0.			0.
GEORGE THOMPSON	 		┢	\vdash	-	 -	\vdash	 				_	
DIRECTOR	1.00	x	İ			1	1	0.		0.			0.
KEVIN WALKER	1	 	╁╾	╫┈	┢	┼	╁╴	 					
DIRECTOR	1.00	$ _{\mathbf{X}}$]]	ļ		0.	j	0.			0.
WILLIAM KING	1.00	1	╁─	_	┢	 	\vdash	· · · · · · · · · · · · · · · · · · ·			 	·	
PRESIDENT	37.50			х		1		118,402.		0.	2	5,3	26.
INDOIDENT	37.30	├	╁		├	├	╁╴	110, 1021		-	 -	3,3	
	 	╁	\vdash			H	T						
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		İ				İ	ĺ			ı			
1b Total						`▶		118,402.		0.	2	5,3	26.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportable	 e			
compensation from the organization									<u> </u>				1
								·				Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	- 1			
line 1a? If "Yes," complete Schedule J for s	uch ındivıdual							•			3		_X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization	ļ			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual .			4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	relat	ed organization for serv	ices rendered to				
the organization? If "Yes," complete Sched	ule J for such	pers	on								5		Х
Section B. Independent Contractors													_
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pens	ation t	rom	
the organization. NONE													
(A)								(B)		_)	
Name and business	address						_	Description of s	services		ompe	nsation	า ———
							- 1		1				
	-						-						
							\dashv						
							7						
2 Total number of independent contractors (_	ot li	mrte	d to		_	sted	l above) who received n	nore than				
\$100,000 in compensation from the organi	zation 🕨					<u> </u>						000 /	

1340406.

Total revenue. See instructions.

168,431.

40,435. 129,715.

Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6h	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	7 000	7 000		
	organizations in the U.S. See Part IV, line 21	7,000.	7,000.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,		22.442	44	10 061
	trustees, and key employees	143,729.	89,112.	44,556.	10,061.
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	494,844.	368,239.	122,125.	4,480.
8	Pension plan contributions (include section 401(k)	_			
	and section 403(b) employer contributions)	34,705.	26,443.	8,251.	11. 31.
9	Other employee benefits	27,138.	20,632.	6,475.	31.
10	Payroll taxes .	46,054.	33,167.	11,928.	959.
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	8,000.		8,000.	•
d	Lobbying	2,825.		2,825.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	77,078.	66,442.	9,337.	1,299.
12	Advertising and promotion				
13	Office expenses	134,769.	111,785.	17,645.	5,339.
14	Information technology	-			
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	96,809.	69,720.	25,073.	2,016.
17	Travel	7,274.	6,373.	710.	2,016. 191.
18	Payments of travel or entertainment expenses				•
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,686.	43,649.	6,061.	976.
	Interest			- , , , , , ,	
20	· · · · · · · · · · · · · · · · · · ·				
21 22	Payments to affiliates Depreciation, depletion, and amortization	24,309.	17,507.	6,296.	506.
23	Insurance	2,075.	1,495.	537.	43.
	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) PROF. DEVELOPMENT	27,252.	27,252.		
a	FORUM DUES	12,805.	12,805.		_
b	MISCELLANEOUS	7,690.	4,438.	3,010.	242.
c	LICENSE FEES	4,988.	2,133.	2,815.	40.
d	UBI TAXES	3,929.	3,929.	6,015.	40.
e		3,343.	3,343.		
f	All other expenses	1 212 050	912,121.	275,644.	26 104
25	Total functional expenses. Add lines 1 through 24f	1,213,959.	314,141.	4/5,044.	26,194.
26	Joint costs. Check here J if following				
	SOP 98-2. Complete this line only if the organization	ļ			
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation			<u></u>	Fa 990 (2000)

932010 02-04-10

Part X | Balance Sheet (A) (B) Beginning of year End of year 12,395. 66,659. 1 1 Cash · non-interest-bearing 839,124. 1,022,835. 2 2 3 Pledges and grants receivable, net 21,613. 52,731. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 6,785. 4,606. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 186,964. 10a basis. Complete Part VI of Schedule D 49,389. 137,266. 49,698. 10c 10b b Less: accumulated depreciation Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 1,144,444. 981,391. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 56,356. 70,666. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 16,500. 128,631. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 20,838. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 1,958. 25 Other liabilities. Complete Part X of Schedule D 109,962. 184,987. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Fund Balances 952,479. 776,729. 27 Unrestricted net assets 82,003. 19,675. 28 Temporanly restricted net assets Permanently restricted net assets ... Organizations that do not follow SFAS 117, check here

and ō complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,034,482. 796,404. 33 Total net assets or fund balances 1,144,444. 981,391. Total liabilities and net assets/fund balances

Form **990** (2009)

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.

932012 02-04-10

3b

Form 990 (2009)

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. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Nam	e of t	he organizati	on						E	mployer	identificati	on number
		_		TA COUNCIL C	N FOU	NDATI	ONS		ŀ	4	1-1269	275
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.			
The o	organi	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1				s, or association of chur)			
2				'0(b)(1)(A)(ii). (Attach Sc								
3		A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital	's name,
		city, and stat										
5		An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a govern	mental uni	t describ	ed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, sta	ite, or local governm	ent or governmental unr	t describe	d ın sectio	n 170(b)(1	I)(A)(v).				
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	nbed in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizatı	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross red	ceipts from
		activities rela	ted to its exempt fui	nctions - subject to certa	ıın exceptı	ons, and (a	2) no more	than 33 1	1/3% of its	support	from gross	investment
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 1975.
			509(a)(2). (Complete									
10				perated exclusively to te								
11				perated exclusively for the								
				ations described in secti				?). See se c	ction 509 (a)(3). Ch	eck the box	that
				organization and compl						. —	1	
		a L Type !		L Type II		e III · Func	•	•		d∟	Type III - C	
е				t the organization is not								
				han one or more publicly						∂(a)(1) or	section 509	(a)(2).
f		ŭ		ten determination from t	the IRS tha	atitisa ly	pe I, Type	II, or Type	e III			
			rganization, check th		•							. —
g				organization accepted ar							1	V N-
				rectly controls, either al	one or tog	etner with	persons c	escribed	ın (II) and (iii) below,		Yes No
		•		upported organization?		•	-				11g(i)	
		. ,	•	n described in (i) above?					•		11g(ii)	
			-	person described in (i) o							11g(iii)	<u> </u>
h		Provide the id	ollowing information	about the supported or	gariizatiorii	(5).						
			/:: F(I)	(iii) Type of	riv) is the o	rganization	(v) Did you	, notify the	(vi) Is	the I	/v:!:\ A ==	ount of
(1)		of supported inization	(ii) EIN	organization		sted in your			(vi) Is organizatio (i) organiz	on in col.	(vii) Am supp	
	orga	mzacon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S	.?	0001	
				(see instructions))	Yes	No	Yes	No	Yes	No		
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	_											
								_				
Tota	1											

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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

Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 870,970. 912,349. 4,880,244. 1,057,894 1,037,206 1,001,825 include any "unusual grants.") 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 870,970. 912,349. 1,057,894 1,037,206 1,001,825 4,880,244. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 20,847. 4,859,397. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (f) Total (c) 2007(e) 2009 912,349. 1,037,206 870,970. 1,057,894 4,880,244. 1,001,825 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 13,773. 25,541 37,020. 28,667. 13,069. 118,070. and income from similar sources 9 Net income from unrelated business activities, whether or not the 13,063. 60,895. 6,827. 2,080 23,936. 14,989. business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital 10 10. assets (Explain in Part IV.) 5.059.219. 11 Total support. Add lines 7 through 10 1,301,448. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 96.05 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 84.22 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	[15]	<u> </u>
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more the	nan 33 1/3%, and line	17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

CHEDULE	Α,	PART	II,	LINE	10,	EXPLAN	ATION	FOR	OTHER	INCOME:			
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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 I	have NOT filed Form 5768 (elec	tion under section 501(l	h)): Complete Part II-B. [o not complete Part II-A.
If th	e organization answered "Yes," to	Form 990, Part IV, line 5 (Pro:	xy Tax), then		
• ;	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Er	nployer identification number
	MINNESO	TA COUNCIL ON FO	DUNDATIONS		41-1269275
Pa	irt I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527	organization.
1	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities i	n Part IV.	
2	Political expenditures		-)	\$
3	Volunteer hours				
Pa	rt I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	>	\$
	Enter the amount of any excise tax			·	\$
	If the organization incurred a section				Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt und	der section 501(c),	except section 50)1(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt funct	tion activities	\$
	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,	,	
	line 17b		••		\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and en		EIN) of all section 527 po	olitical organizations to w	hich payments were made.
	For each organization listed, enter t				
	that were promptly and directly deli	vered to a separate political org	ganization, such as a sej	parate segregated fund	or a political action committee
	(PAC). If additional space is needed	I, provide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi	n (e) Amount of political
				filing organization's	
				funds. If none, enter	0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0
	1				1

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 MII Part II-A Complete if the organization	NNESOTA	COUNCIL ON	FOUNDATIONS	41-1 ed Form 5768	1269275 Page 2				
(election under section		inpranaci scom	on oo roogo, and m						
A Check ► ☐ if the filing organization be		ulated group							
B Check If the filing organization of	-		rovisions anniv						
B Check > in the ming organization or	ecked box A a	ria ill'illea control pi	evisions apply:	(a) Filing	(b) Affiliated group				
Limits on l (The term "expenditures	obbying Expe " means amo		L.}	organization's totals	totals				
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)							
b Total lobbying expenditures to influence			· · · · · · · · · · · · · · · · · · ·						
	c Total lobbying expenditures (add lines 1a and 1b)								
d Other exempt purpose expenditures			[
e Total exempt purpose expenditures (add	e Total exempt purpose expenditures (add lines 1c and 1d)								
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	oth columns.						
If the amount on line 1e, column (a) or (b) is		bying nontaxable an	11						
Not over \$500,000	20% of	the amount on line 1	e.		1				
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.						
Over \$1,000,000 but not over \$1,500,000			cess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exc	ess over \$1,500,000.						
Over \$17,000,000	\$1,000	000.							
g Grassroots nontaxable amount (enter 25	% of line 1f)								
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-		[
i Subtract line 1f from line 1c If zero or les			. [
j If there is an amount other than zero on e	either line 1h or	line 1i, did the organi	zation file Form 4720	_					
reporting section 4911 tax for this year?					Yes No				
		eraging Period Unde							
			on do not have to comp les 2a through <mark>2f</mark> on pa						
	obbying Expe	nditures During 4-Ye	ear Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column(e))					<u></u>				
c Total lobbying expenditures					<u> </u>				
d Grassroots nontaxable amount			+	 	 				
e Grassroots ceiling amount									
(150% of line 2d, column (e))		 	 	. <u>. </u>	 				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 MINNESOTA COUNCIL ON FOUNDATIONS 41-126927

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

		(6	a)	(i	o)
		Yes	No	·	ount
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:			-	
-	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?	ļ	X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?	ļ	Х		
f	Grants to other organizations for lobbying purposes?		Х		2005
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			<u>2,825.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	X		
i	Other activities? If "Yes," describe in Part IV		Х		
j	Total. Add lines 1c through 1i				2,825.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3_		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				l
1	Dues, assessments and similar amounts from members	-	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		****	
2	expenses for which the section 527(f) tax was paid).	00,			
-	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		<u> </u>	*	
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	Jonatoa	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-
	t IV Supplemental Information				
Com for a	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	nd Part II-B,	line 1i. Also	o, complete	this part
THI	E MINNESOTA COUNCIL ON FOUNDATIONS ENGAGES IN A SMA	LL AMO	O TNU	F	
DIE	RECT LOBBYING, MOST OFTEN SELF-DEFENSE LOBBYING. T	HE COU	NCIL'	s	
GO	FERNMENT RELATIONS WORK EMPHASIZES AWARENESS OF PUB	LIC PO	DLICY	ISSUES	<u> </u>
AFI	FECTING THE FIELD OF PHILANTHROPY, PARTICULARLY AT	THE FE	EDERAL	LEVE	
THE	E COUNCIL'S PRESIDENT IS ENGAGED IN THIS WORK, ASSI	STED E	Y THE	900 05 900)-EZ) 2000
		Scriedu	ie o (roim	220 01 226	- <u></u> 2009

Schedule C (Form 990 or 990-EZ) 2009 MINNESOTA COUNCIL ON FOUNDATIONS Part IV Supplemental Information (continued)	41-1269275 Page 4
VICE-PRESIDENT OF MEMBER RELATIONS AND OPERATIONS, WHOSE I	POSITION
DESCRIPTION ALSO INCLUDES A NUMBER OF OTHER FUNCTIONS NOT	RELATED TO
PUBLIC POLICY, LOBBYING OR LEGISLATIVE ISSUES.	
	<u> </u>
	_
	و منین پرون کار

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	MINNESOTA COUNCIL ON FOUNDATIONS	41-1269275
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
. i	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
5	•	Yes No
	are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	. — … — …
6		
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	Yes No
Do	impermissible private benefit?	
Pa		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	
	Protection of natural habitat Preservation of a certified h	listoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution onservation easement on the last	
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	
Ŭ	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
,	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	garnzation o docodrining for
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
4.	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
		strice, provide, in Fait XIV, the text of
	the footnote to its financial statements that describes these items.	not wante of out historiaal tropouron
D	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance should be applied to the statement and the	
	or other similar assets held for public exhibition, education, or research in furtherance of public service, prov	nde the following amounts relating to
	these items:	▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	. > \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	5
b	Assets included in Form 990, Part X	. • \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability (b) Amount 1,958. Federal income taxes 1,958. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) . .. 🕨

932053 02-01-10

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

SCHEDULE I					: -			-	OMB No 1545-0047	
(Form 990)			Grants and Governments	Other Assistance , and Individuals	Grants and Other Assistance to Organizations, 3overnments, and Individuals in the United States	es -		<u>.</u> .	2003	ı
Department of the Treasury Internal Revenue Service		Сотр	Complete if the organization	nanswered "Yes" on Fo ► Attach to Form 990.	organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	t IV, line 21 or 22.			Open to Public Inspection	•
Name of the organization	MINNESOTA	COUNCIL	ON FOUNDATIONS	SNC				Employer i	Employer identification number 41-1269275	ı ـ
Part I General Ir	General Information on Grants and Assistance	d Assistance								1 1
1 Does the organiz	Does the organization maintain records to substantiate the amount	substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	-	<u></u>	
	criteria used to award the grants or assistance?	ance?		;					X Yes No	_
하	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant 1	funds in the United	States					ı
Part II Grants an recipient the	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any receipent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needer	overnments and	l Organizations in the box if no one recipien	United States. Con received more the	omplete if the orga an \$5.000. Use Pa	inization answered "Y rt IV and Schedule I-1	es" to Form 990, Part (Form 990) if addition	IV, line 21, 1 al space is	for any	,-
1 (a) Name and ac	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (b) EIN (c) IRC section (d) Amount of organization (e) Amount of valuation (book, organization of if applicable cash grant assistance assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(£)	(h) Purpose of grant or assistance	
MINNESOTA CHAMBER OF COMMERCE	MINNESOTA CHAMBER OF COMMERCE							C	A NITARIAN CHARLES CHA	1 -
ST PAUL, MN 55101	NOVIE SOLITON	41-0417210	501(C)(6)	7,000.	0			BUSINESS	BUSINESS GIVES" PROGRAM	£
		:								1
										1
									:	ŀ
										1
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	d government or	ganizations					•	0	•
3 Enter total numb	Enter total number of other organizations								1	۱.
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the	tion Act Notice,		Instructions for Form 990.				Sched	Schedule I (Form 990) 2009	9

MINNESOTA COUNCIL ON FOUNDATIONS

Page 2

41-1269275

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009

Part III Grants and Othe

(f) Description of non-cash assistance									
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	THE MINNESOTA	UNCIL ON	WHICH ARE	RS.		
(d) Amount of non- cash assistance			line 2, and any other	IS	THEY PROVIDE THE MINNESOTA COUNCIL ON	T REPORT,	BOARD OF DIRECTORS.		
(c) Amount of cash grant			in required in Part I,	ONLY GRANT RECIPIENT	IDE THE MI	ND A BUDGE	THE BOARD		
(b) Number of recipients			de the informatio	ILY GRANT	HEY PROV	VITIES A	ED WITH		
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE ON	CHAMBER OF COMMERCE. EACH YEAR, T	FOUNDATIONS WITH A SUMMARY OF ACTIVITIES AND A BUDGET REPORT, WHICH ARE	REVIEWED BY THE PRESIDENT AND SHARED WITH		

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MINNESOTA COUNCIL ON FOUNDATIONS 41-1269275
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCLUDE FAMILY AND PRIVATE INDEPENDENT FOUNDATIONS, COMMUNITY AND OTHER
PUBLIC FOUNDATIONS, AND CORPORATE FOUNDATIONS AND GIVING PROGRAMS. FOR
MORE INFORMATION, VISIT WWW.MCF.ORG.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
OF CONGRESS THROUGH THE ANNUAL FOUNDATIONS ON THE HILL EVENT IN
WASHINGTON DC AND DISTRICT DAYS IN MINNESOTA.
FORM 990, PART VI, SECTION A, LINE 1: THE COUNCIL HAS AN EXECUTIVE
COMMITTEE, CONSISTING OF THREE OR MORE MEMBERS OF THE BOARD OF DIRECTORS,
INCLUDING THE CHAIR OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HA
THE POWER AND AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE
BOARD, REPORTING TO THE BOARD OF DIRECTORS AT ITS SUCCEEDING MEETING ANY
ACTION TAKEN; PROVIDED, HOWEVER, THAT THE COMMITTEE HAS NO AUTHORITY TO
FILL VACANCIES IN THE BOARD OR TO REPEAL THE BYLAWS OR ANY RESOLUTION OF
THE BOARD OF DIRECTORS THAT BY ITS TERMS IS NOT AMENDABLE OR REPEALABLE.
FORM 990, PART VI, SECTION A, LINE 6: VOTING MEMBERS INCLUDE PRIVATE
FOUNDATIONS, PRIVATE OPERATING FOUNDATIONS, COMMUNITY FOUNDATIONS, BUSINES
ORGANIZATIONS OR, A BOARD DIVISION, TRIBE, PUBLIC CHARITY GRANTMAKER
ANDOTHER GRANTMAKING ORGANIZATIONS THAT:
A. MAKES GRANTS FOR CHARITABLE, RELIGIOUS, EDUCATION, OR SCIENTIFIC
PURPOSES;
B. MAKES GRANTS TO MULTIPLE, UNRELATED ORGANIZATIONS RATHER THAN TO ONE

INSTITUTION, OR SOLELY TO ITS AFFILIATES OR SUBSIDIARIES OR TO A GROUP OF

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Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MINNESOTA COUNCIL ON FOUNDATIONS

Employer identification number 41-1269275

PRESELECTED RECIPIENTS; AND

C. DEVOTES A PORTION OF ITS CHARITABLE BUDGET TO ITS GRANTMAKING PROGRAM
AND ACTIVITIES RATHER THAN TO FUNDRAISING.

ONLY THE MEMBER ORGANIZATIONS DESCRIBED ABOVE CAN BE VOTING MEMBERS, WHOSE

VOTING AND OTHER RIGHTS, INTERESTS AND PRIVILEGES ARE EQUAL. ALL OTHER

MEMBERS, SUCH AS ASSOCIATE MEMBERS, DO NOT HAVE VOTING RIGHTS AND

PRIVILEGES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE COUNCIL ELECT
THE DIRECTORS BY MAJORITY VOTE. IN ANY ELECTION, OR IN ANY OTHER BUSINESS
OF AN ANNUAL OR SPECIAL MEETING OF THE MEMBERS OF THIS CORPORATION, EACH
VOTING MEMBER ORGANIZATION IS REPRESENTED, AND ENTITLED TO VOTE BY, AN
INDIVIDUAL DELEGATE. MEMBERS OF THE COUNCIL DO NOT PARTICIPATE IN THE
MANAGEMENT OF THE COUNCIL BUT MAY RECOMMEND POLICY TO THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, THE VP OF MEMBER RELATIONS AND OPERATIONS, AND THE FINANCE MANAGER REVIEWED THE TAX RETURN FOR ACCURACY AND ENSURED COMPLETION OF ALL SCHEDULES. FOLLOWING THE REVIEW, THE TAX RETURNS WERE REVIEWED BY THE FINANCE AND ADMINISTRATION COMMITTEE WITH A RECOMMENDATION FOR APPROVAL. THE EXECUTIVE COMMITTEE, ON BEHALF OF THE BOARD OF DIRECTORS, HAD THE FINAL REVIEW AND APPROVAL. THE PRESIDENT OF THE COUNCIL REVIEWED AND SIGNED FINAL COPIES PRIOR TO SUBMISSION TO THE APPROPRIATE FEDERAL, STATE AND LOCAL JURISDICTIONS. A COPY OF THE TAX RETURNS WAS PROVIDED TO THE FULL BOARD OF DIRECTORS.

SCHEDULE O (Form 690)

Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MINNESOTA COUNCIL ON FOUNDATIONS

Employer identification number 41-1269275

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE COUNCIL'S BOARD AND STAFF COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM. A COPY OF THE COUNCIL'S CONFLICT OF INTEREST POLICY AND PROCEDURES IS AVAILABLE IF REQUESTED. DECLARATIONS OF CONFLICTS OF INTEREST ARE A STANDARD AGENDA ITEM AT EACH BOARD MEETING. IN ALL BOARD AND COMMITTEE MATTERS, A PERSON WHO KNOWS THEY HAVE A CONFLICT OF INTEREST MAY NOT PARTICIPATE IN THE DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND THE PERSON WITH A CONFLICT LEAVES THE MEETING FOR A TO QUESTIONS. DISCUSSION OF THE ISSUE BY THE REST OF THE DIRECTORS. THE PERSON WITH A CONFLICT MAY NOT VOTE ON THE CONTRACT OR TRANSACTION. ENTIRELY CLEAR WHETHER OR NOT A CONFLICT OF INTEREST EXISTS, THE CHAIR OR PRESIDENT DETERMINES WHETHER A CONFLICT EXISTS. DISCUSSIONS OF CONFLICTS OF INTEREST ARE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE COUNCIL STRIVES TO ACHIEVE TRANSPARENT AND EFFECTIVE WAYS OF RECOGNIZING, MOTIVATING AND REWARDING STAFF FOR CONTRIUTIONS TO ACHIEVING ITS MISSION. USES A COMPENSATION SYSTEM THAT DETERMINES THE CURRENT MARKET VALUE OF THE POSITION BASED ON THE SKILLS, KNOWLEDGE AND BEHAVIORS REQUIRED OF A FULLY THE SYSTEM USED IS OBJECTIVE AND NON-DISCRIMINATORY COMPENTENT INCUMBENT. IN THEORY, APPLICATION AND PRACTICE. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF THE POSITION LEVEL, PAY RANGE, AND THE SPECIFIC COMPENSATION PACKAGE FOR THE PRESIDENT. THE PROCESS LAST INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION IN 2006.

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. Inspection Employer identification number Name of the organization 41-1269275 MINNESOTA COUNCIL ON FOUNDATIONS FORM 990, PART VI, SECTION C, LINE 19: THE COUNCIL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.