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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

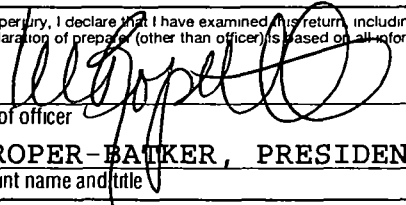
**2009**Open to Public  
Inspection**A** For the **2009** calendar year, or tax year beginning **APR 1, 2009** and ending **MAR 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>WOMEN'S FOUNDATION OF MINNESOTA</b>		<b>D</b> Employer identification number <b>41-1635761</b>
		Doing Business As		<b>E</b> Telephone number <b>612-337-5010</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>155 FIFTH AVENUE SOUTH 500</b>		<b>G</b> Gross receipts \$ <b>2,948,847.</b>
		City or town, state or country, and ZIP + 4 <b>MINNEAPOLIS, MN 55401</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <b>LEE ROPER-BATKER</b> <b>SAME AS C ABOVE</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WFMN.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>MN</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <b>TO INVEST IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA.</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3 22</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 22</b>
<b>Revenue</b>	5 Total number of employees (Part V, line 2a)	<b>5 15</b>
	6 Total number of volunteers (estimate if necessary)	<b>6 130</b>
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0.</b>
	7b Net unrelated business taxable income from Form 990, line 34	<b>7b 0.</b>
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h)	<b>8 2,756,244.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>9 1,409,716.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10 352,735.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11 &lt;8,467.&gt;</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12 3,100,512.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13 823,219.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>14 840,172.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15 1,075,140.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a 890,980.</b>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>222,254.</b>	
<b>Net Assets or Fund Balances</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17 443,298.</b>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18 2,341,657.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>19 758,855.</b>
	20 Total assets (Part X, line 16)	<b>20 14,729,821.</b>
<b>Signature Block</b>	21 Total liabilities (Part X, line 26)	<b>21 289,012.</b>
	22 Net assets or fund balances Subtract line 21 from line 20	<b>22 14,440,809.</b>
	<b>Beginning of Current Year</b> <b>End of Year</b> <b>14,729,821.</b> <b>17,078,838.</b> <b>289,012.</b> <b>96,218.</b> <b>14,440,809.</b> <b>16,982,620.</b>	

**Part II Signature Block**

<b>Sign Here</b>	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.			
	Signature of officer  <b>LEE ROPER-BATKER, PRESIDENT/CEO</b> Type or print name and title		Date <b>Sept 22, 2010</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>KIM HUNWARDSSEN, CPA</b>	Date <b>08/03/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>EIDE BAILLY LLP</b> <b>5601 GREEN VALLEY DRIVE, STE 700</b> <b>MINNEAPOLIS, MN 55437-1145</b>		EIN ▶ Phone no. ▶ <b>(952) 944-6166</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION  
THE WOMEN'S FOUNDATION OF MINNESOTA INVESTS IN SOCIAL CHANGE TO  
ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA.  
THE WOMEN'S FOUNDATION OF MINNESOTA IS A COMMUNITY FOUNDATION THAT  
CHAMPIONS ECONOMIC, POLITICAL AND SOCIAL EQUALITY FOR WOMEN AND GIRLS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code ) (Expenses \$ 872,374. including grants of \$ 507,495. ) (Revenue \$ )  
GRANTMAKING

THE WOMEN'S FOUNDATION HAS TWO COMPETITIVE GRANTMAKING FUNDS: THE  
SOCIAL CHANGE FUND (SCF) AND THE GIRLSBEST (GIRLS BUILDING ECONOMIC  
SUCCESS TOGETHER) FUND. A COMMITMENT TO COMMUNITIES IN GREATER  
MINNESOTA AND A VALUE OF INCLUSIVITY ARE REFLECTED IN THE DEMOGRAPHICS  
OF BOTH THE SOCIAL CHANGE FUND AND GIRLSBEST FUND.

SOCIAL CHANGE FUND

THROUGH THIS FUND, THE WOMEN'S FOUNDATION AWARDS GRANTS AND PROVIDES  
TECHNICAL ASSISTANCE TO NONPROFITS ACROSS THE STATE WORKING IN FIVE  
CORNERSTONES AREAS, LISTED BELOW:

4b (Code: ) (Expenses \$ 263,984. including grants of \$ 63,725. ) (Revenue \$ )  
RESEARCH, EDUCATION, AND PUBLIC POLICY

THE FOUNDATION PUBLISHES RESEARCH REPORTS ON THE STATUS OF WOMEN AND  
GIRLS IN MINNESOTA, TO BE A CATALYST FOR CHANGE AND TO HELP TRANSFORM  
WOMEN'S LIVES. RESEARCH IS CLOSELY LINKED TO THE FOUNDATION'S FIVE  
CORNER STONE AREAS OF SOCIAL CHANGE FOR WOMEN - CREATING ECONOMIC  
JUSTICE, ADVANCING SAFETY AND SECURITY, GUARANTEEING HEALTH AND  
REPRODUCTIVE RIGHTS, PROMOTING HUMAN RIGHTS AND EXPANDING POLITICAL  
REPRESENTATION.

IN 2009 THE WOMEN'S FOUNDATION ESTABLISHED A FIRST OF ITS KIND  
COLLABORATION WITH THE UNIVERSITY OF MINNESOTA'S CENTER ON WOMEN AND

4c (Code: ) (Expenses \$ 552,971. including grants of \$ 268,952. ) (Revenue \$ )  
BUILDING WOMEN'S PHILANTHROPY

A CRITICAL PART OF THE FOUNDATION'S WORK IS HELPING WOMEN UNDERSTAND  
THE POWER THEY HAVE TO CHANGE THE WORLD THROUGH THEIR PERSONAL  
PHILANTHROPY. TODAY, WOMEN COMPRISE 80 PERCENT OF THE WORKFORCE, DIRECT  
85 PERCENT OF ALL CONSUMER-SPENDING DECISIONS, AND CONTROL 56 PERCENT  
OF OUR ECONOMY.

THROUGH THE FOUNDATION'S BUILDING WOMEN'S PHILANTHROPY PROGRAMMATIC  
AREA, WOMEN ARE INVITED TO STEP INTO THEIR PHILANTHROPIC LEADERSHIP AND  
POWER. THIS OCCURS THROUGH SPONSORING DONOR WORKSHOPS, AND GIVING WOMEN  
OPTIONS, SUCH AS OPENING A DONOR ADVISED FUND, MAKING A PLANNED GIFT,  
OR STARTING A GIVING CIRCLE.

4d Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 1,689,329.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
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		<b>X</b>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
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>X</b>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	<b>1a</b> 7		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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	<b>2a</b> 15		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		

Form 990 (2009)

**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.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	22	
b Enter the number of voting members that are independent	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a 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, affiliates, 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 filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **►**  
**LEE ROPER-BATKER - 612-337-5010**  
**155 FIFTH AVENUE SOUTH, SUITE 500, MINNEAPOLIS, MN 55401**

**Part VII 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 compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GRAYCE BELVEDERE YOUNG CHAIR	1.00	X		X				0.	0.	0.
SHEBA COFFEY VICE CHAIR	1.00	X		X				0.	0.	0.
JOANNE GREEN TREASURER	1.00	X		X				0.	0.	0.
SAANII HERNANDEZ-MOHR SECRETARY	1.00	X		X				0.	0.	0.
KIM BORTON TRUSTEE	1.00	X						0.	0.	0.
JULIA CLASSEN TRUSTEE	1.00	X						0.	0.	0.
GLORIA CONTRERAS EDIN TRUSTEE	1.00	X						0.	0.	0.
PAULINE FOFANA TRUSTEE	1.00	X						0.	0.	0.
BARBARA FORSTER TRUSTEE	1.00	X						0.	0.	0.
KAO LY ILEAN HER TRUSTEE	1.00	X						0.	0.	0.
JOAN HIGINBOTHAM TRUSTEE	1.00	X						0.	0.	0.
WILHELMINA HOLDER TRUSTEE	1.00	X						0.	0.	0.
TARA MASON TRUSTEE	1.00	X						0.	0.	0.
CATHERINE MCBRIDE TRUSTEE	1.00	X						0.	0.	0.
ELIZABETH OLSON TRUSTEE	1.00	X						0.	0.	0.
MELANIE PETERSON-HICKEY TRUSTEE	1.00	X						0.	0.	0.
BARBARA PORTER TRUSTEE	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERESA RICHARDSON TRUSTEE	1.00	X						0.	0.	0.
LUCY ROGERS TRUSTEE	1.00	X						0.	0.	0.
ASHLEY SHAVER TRUSTEE	1.00	X						0.	0.	0.
VALERIE SPENCER TRUSTEE	1.00	X						0.	0.	0.
MARY WONG TRUSTEE	1.00	X						0.	0.	0.
LEE ROPER-BATKER PRESIDENT/CEO	40.00			X				153,290.	0.	6,982.
SHEILA GOTHMANN DIR FINANCE (THRU 3-15-10)	40.00			X				73,596.	0.	23,356.
<b>1b Total</b>								<b>226,886.</b>	<b>0.</b>	<b>30,338.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	117,393.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,292,323.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		169,632.				
	<b>h</b> Total. Add lines 1a-1f		1,409,716.				
<b>Program Service Revenue</b>			Business Code				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			336,360.			336,360.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	1175885.			
	<b>b</b> Less: cost or other basis and sales expenses			1150243.			
	<b>c</b> Gain or (loss)			25,642.			
	<b>d</b> Net gain or (loss)			25,642.			25,642.
	<b>8 a</b> Gross income from fundraising events (not including \$ 117,393. of contributions reported on line 1c). See Part IV, line 18						
	<b>a</b>			26,886.			
	<b>b</b> Less: direct expenses			51,068.			
	<b>c</b> Net income or (loss) from fundraising events			<24,182.>			<24,182.>
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions.			1,747,536.	0.	0.	337,820.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	840,172.	840,172.		
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, trustees, and key employees	283,234.	175,883.	79,027.	28,324.
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	443,830.	329,993.	2,860.	110,977.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,331.	5,292.	3,720.	2,319.
9 Other employee benefits	100,818.	51,247.	31,871.	17,700.
10 Payroll taxes	51,767.	35,660.	5,723.	10,384.
11 Fees for services (non-employees):				
a Management				
b Legal	1,757.	1,757.		
c Accounting	14,020.	7,415.	4,356.	2,249.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	121,169.	110,434.	6,910.	3,825.
12 Advertising and promotion	1,834.	1,499.	221.	114.
13 Office expenses	63,625.	38,537.	8,088.	17,000.
14 Information technology				
15 Royalties				
16 Occupancy	104,734.	54,629.	33,044.	17,061.
17 Travel	10,574.	5,587.	3,965.	1,022.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,349.	13,635.	3,240.	2,474.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,267.	11,093.	6,710.	3,464.
23 Insurance	6,390.	3,333.	2,016.	1,041.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>BAD DEBT EXPENSE</b>	153,850.		153,850.	
b <b>MISCELLANEOUS</b>	5,388.	2,598.	60.	2,730.
c <b>PROFESSIONAL DEVELOPMENT</b>	3,809.	565.	1,674.	1,570.
d				
e				
f All other expenses				
<b>25 Total functional expenses</b> Add lines 1 through 24f	<b>2,258,918.</b>	<b>1,689,329.</b>	<b>347,335.</b>	<b>222,254.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	19,122.	1	
	2 Savings and temporary cash investments	1,495,545.	2	1,370,737.
	3 Pledges and grants receivable, net	3,026,778.	3	876,871.
	4 Accounts receivable, net		4	26,365.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 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.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,092.	9	15,878.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 229,086.		
	b Less: accumulated depreciation	10b 200,706.	10c	28,380.
	11 Investments - publicly traded securities	10,099,220.	11	14,729,731.
	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.	23,635.	15	30,876.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	14,729,821.	16	17,078,838.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	98,012.	17	92,218.
	18 Grants payable	191,000.	18	4,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25.	289,012.	26	96,218.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	<2,017,425.>	27	<1,436,755.>
	28 Temporarily restricted net assets	1,646,040.	28	3,788,733.
	29 Permanently restricted net assets	14,812,194.	29	14,630,642.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	14,440,809.	33	16,982,620.
	34 <b>Total liabilities and net assets/fund balances</b>	14,729,821.	34	17,078,838.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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**

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6071275.	2413914.	4039713.	2671227.	1409716.	16605845.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6071275.	2413914.	4039713.	2671227.	1409716.	16605845.
<b>5</b> 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)						4336434.
<b>6 Public support.</b> Subtract line 5 from line 4						12269411.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	6071275.	2413914.	4039713.	2671227.	1409716.	16605845.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	337,001.	461,295.	747,376.	426,147.	336,360.	2308179.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				2,188.		2,188.
<b>11 Total support.</b> Add lines 7 through 10						18916212.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	311,847.

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	64.86	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	66.59	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12)						
<b>14</b> 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 <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 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 C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **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 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), then**

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

Name of organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

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

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

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

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

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

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

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

**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**

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

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		25,000.													
c Total lobbying expenditures (add lines 1a and 1b)		25,000.													
d Other exempt purpose expenditures		2,308,912.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,333,912.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		266,696.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		66,674.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	264,129.	272,155.	267,083.	266,696.	1,070,063.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,605,095.
c Total lobbying expenditures	0.	0.	0.	25,000.	25,000.
d Grassroots nontaxable amount	66,032.	68,039.	66,771.	66,674.	267,516.
e Grassroots ceiling amount (150% of line 2d, column(e))					401,274.
f Grassroots lobbying expenditures	0.	0.	0.		

Schedule C (Form 990 or 990-EZ) 2009

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

	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	

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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	26	
2 Aggregate contributions to (during year)	421,539.	
3 Aggregate grants from (during year)	245,074.	
4 Aggregate value at end of year	2,671,956.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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)(B)(i) 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 statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part 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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13405509.	15690449.			
b Contributions	278,630.	1,931,634.			
c Net investment earnings, gains, and losses	3,410,630.	<3163276.>			
d Grants or scholarships	990,530.	12,298.			
e Other expenditures for facilities and programs	145,866.	1,041,000.			
f Administrative expenses	40,776.	0.			
g End of year balance	15917597.	13405509.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment  $\blacktriangleright$  <14.37> %  
 b Permanent endowment  $\blacktriangleright$  91.92 %  
 c Term endowment  $\blacktriangleright$  22.45 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		925.		925.
d Equipment		228,161.	200,706.	27,455.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				28,380.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,747,536.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,258,918.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<511,382.>
4	Net unrealized gains (losses) on investments	4	3,052,430.
5	Donated services and use of facilities	5	763.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,053,193.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,541,811.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,800,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,052,430.
b	Donated services and use of facilities	2b	763.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,053,193.
3	Subtract line 2e from line 1	3	1,747,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,747,536.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,258,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,258,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,258,918.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ENDOWMENT ASSETS ARE USED, CONSISTENT WITH DONOR**

**RESTRICTIONS, TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS**

**OPERATED OR SUPPORTED BY THE FOUNDATION.**

**PART X: THE FOUNDATION ADOPTED THE PROVISIONS OF FASB**

**ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL**

**INTERPRETATIONS NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) ON**

**MARCH 1, 2008. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE**

**Part XIV** Supplemental Information (continued)

FINANCIAL STATEMENTS. AS OF BOTH THE DATE OF ADOPTION AND AS OF MARCH 31, 2010, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO.

THE FOUNDATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY ASC 740-10.



Department of the Treasury  
Internal Revenue Service

▶ **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 ▶ See separate instructions.**

OMB No. 1545-0047

2009

### Open To Public Inspection

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

**Total**

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

	(a) Event #1 <b>DINNER OF PROFESSIONAL</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	144,279.			144,279.
2 Less: Charitable contributions	117,393.			117,393.
3 Gross income (line 1 minus line 2)	26,886.			26,886.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	36,431.			36,431.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	14,637.			14,637.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 51,068 )
11 Net income summary. Combine line 3, column (d), and line 10				<24,182.>

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number  
**41-1635761**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **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 recipient 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 needed ☐

1 (a) Name and address of organization or government	(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
ALEXANDRA HOUSE INC PO BOX 49039 BLAINE, MN 55449	41-1309977	501(C)(3)	5,192.	0.			YOUTH VIOLENCE PREVENTION PROGRAM
AMAZE PO BOX 17417 MINNEAPOLIS, MN 55417	41-1972162	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ARC GREATER TWIN CITIES 2446 UNIVERSITY AV W #110 ST PAUL, MN 55114	41-0782848	501(C)(3)	15,000.	0.			VOICES OF WOMEN- BUILDING LEADERS FOR CHANGE
AUGSBURG COLLEGE - MN URBAN DEBATE LEAGUE - 2211 RIVERSIDE AV CB #216 - MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	11,000.	0.			THE GIRLSBEST DEBATE TEAM
BOYS AND GIRLS CLUB OF THE LEECH LAKE AREA - 208 CENTRAL AV PO BOX 817 - CASS LAKE, MN 56633	41-1959446	501(C)(3)	9,500.	0.			SMART GIRLS
BREAKING FREE INCORPORATED 770 UNIVERSITY AV ST PAUL, MN 55104	41-1856806	501(C)(3)	15,150.	0.			GENERAL OPERATIONS

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

▶ **44.** ▶

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

Schedule I (Form 990) 2009

**Part III**

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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: GRANTEES ARE REQUIRED TO SUBMIT A FINAL EVALUATION REPORT, INCLUDING AN ACTUAL INCOME AND EXPENSE STATEMENT, ACCORDING TO THE TERMS OUTLINED IN THEIR GRANT AGREEMENT LETTER (USUALLY WITHIN 30 DAYS OF COMPLETION OF THE GRANT TERM). INCOME AND EXPENSE STATEMENTS ARE REVIEWED BY STAFF AS PART OF THE REVIEW OF FINAL REPORTS TO ENSURE FUNDS WERE SPENT IN ACCORDANCE WITH THE TERMS OF THE GRANT.

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
CASA DE ESPERANZA PO BOX 75177 ST PAUL, MN 55175	41-4114710	501(C)(3)	17,500.	0.			ADVOCATING FOR COMPLETE AND EQUITABLE SAFETY-NET SOLUTIONS FOR LATINA WOMEN AND GIRLS
CENTER FOR ASIAN & PACIFIC ISLANDERS COLLABORATE WITH IN PROGRESS - 3702 EAST LAKE STREET - MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	40,000.	0.			GENDER EQUITY FOR REFUGEE & IMMIGRANT WOMEN
CENTER ON WOMEN AND PUBLIC POLICY 264 HUMPHREY CENTER MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	50,150.	0.			STATUS OF WOMEN & GIRLS
CENTRO 1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-1290349	501(C)(3)	9,500.	0.			NICAN TLACA DANCE ACADEMY
CHILD CARE WORKS 212 2ND ST SE SUITE 116 MINNEAPOLIS, MN 55414	41-1961588	501(C)(3)	17,500.	0.			CHILD CARE WORKS STRATEGIC PLAN IMPLEMENTATION
COURAGE CENTER 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422	41-0706118	501(C)(3)	7,000.	0.			CONNECT TO SUCCESS
GENESIS II FOR WOMEN 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	5,654.	0.			ADOLESCENT PARENT PROGRAM
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS - 5601 BROOKLYN BLVD - BROOKLYN CENTER, MN 55429	41-0693910	501(C)(3)	17,885.	0.			BETA GAMMA GIRL SCOUTS, SECUAL HEALTH EDUC, YOUTH VIOLENCE PREVENTION

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

**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(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		
GRAND CENTRAL CHARITIES 130 SPUR CIRCLE WAYZATA, MN 55391	20-5147038	501(C)(3)	9,174.	0.			GENERAL OPERATING SUPPORT		
GROUNDSPARK INC 2180 BRYANT STREET SUITE 203 SAN FRANCISCO, CA 94110	83-0498854	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT		
HNUB TSHIAB: HMONG WOMEN ACHIEVING TOGETHER - PO BOX 14127 - ST PAUL, MN 55114	20-8964738	501(C)(3)	17,500.	0.			HMONG FAMILY DIALOGUES		
KFAI, FRESH AIR INC 1808 RIVERSIDE AVE MINNEAPOLIS, MN 55454	23-7401827	501(C)(3)	8,500.	0.			YOUTH NEWS INITIATIVE		
LAURA JEFFREY ACADEMY 1550 SUMMITT AVE ST PAUL, MN 55105	20-0901562	501(C)(3)	20,847.	0.			STEM PROGRAMMING, A-GAMES, GIRLSBEST		
LIBERIAN WOMEN'S INITIATIVES OF MINNESOTA - 7420 UNITY AVE N SUITE 108 - MINNEAPOLIS, MN 55443	03-0482584	501(C)(3)	7,000.	0.			COLLEGE BOUND		
METROPOLITAN CONSORTIUM OF COMMUNITY DIRECTORS - 3137 CHICAGO AVE - MINNEAPOLIS, MN 55407	41-1658654	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT		
MIDWEST HEALTH CENTER FOR WOMEN 33 S 5TH ST SUITE 400 MINNEAPOLIS, MN 55402	41-1254092	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT, ADOLESCENT PREGNANCY PREVENTION		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)		(a) Name and address of organization or government	(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 COLATION FOR BATTERED WOMEN - 60 E PLATO BLVD #130 - ST PAUL, MN 55107	41-1381433	501(C)(3)	15,000.	0.			BATTERED WOMEN'S CUSTODY PROJECT
		MINNESOTA COMMUNITY FOUNDATION 55 FIFTH STREET E #600 ST PAUL, MN 55101	41-0832480	501(C)(3)	10,000.	0.			PARTNER OF THE GIVEN INITIATIVE
		MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVE S - MINNEAPOLIS, MN 55404	41-1500950	501(C)(3)	19,650.	0.			GENERAL OPERATING SUPPORT, STUDY ON TRAFFICKING OF GIRLS IN MN
		NAYTAHWAUSH COMMUNITY FOUNDATION PO BOX 71 NAYTAHWAUSH, MN 56566	20-5499213	501(C)(3)	17,750.	0.			LEARNING CENTER
		NONVIOLENT PEACEFORCE 425 OAK GROVE STREET MINNEAPOLIS, MN 55403	35-2197019	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
		PANGEA WORLD THEATER 711 WEST LAKE ST #101 MINNEAPOLIS, MN 55408	41-1854164	501(C)(3)	10,000.	0.			BREAKING THE SILENCE
		PEARL BATTERED WOMEN'S RESOURCE CENTER (DBA PEARL CRISIS CENTER) - PO BOX 42 - MILACA, MN 56353	41-1706195	501(C)(3)	11,000.	0.			TADA (TEEN AGAINST DATING ABUSE)
		POWER OF PEOPLE LEADERSHIP INSTITUTE - 3829 W BRAODWAY #104 - MINNEAPOLIS, MN 55422	26-1209294	501(C)(3)	7,000.	0.			GIRLS IN ACTION

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

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT (PAVSA) - 32 EAST 1ST ST SUITE 200 - DULUTH, MN 55805	41-1350021	501(C)(3)	40,000.	0.			RESPONDING TO TRAFFICKING & PROSTITUTION IN DULUTH
RAINBOW HEALTH INITIATIVE 611 A WEST LAKE STREET MINNEAPOLIS, MN 55408	30-0012420	501(C)(3)	40,000.	0.			LBTQ UNPLANNED PREGNANCY REDUCTION PROJECT
READY 4 K 2233 UNIVERSITY AVE #345 ST PAUL, MN 55114	41-2009903	501(C)(3)	17,500.	0.			IMPROVING PUBLIC POLICY: PROMOTING QUALITY CHILD CARE & EARLY EDUCATION
TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE - 650 NP AVE #110 - FARGO, ND 58102	23-7102720	501(C)(3)	10,000.	0.			TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE
W.I.N.D.O.W. (WOMEN IN NEED DEPENDING ON OTHER WOMEN) - PO BOX 739 - HINCKLEY, MN 55037	41-1568992	501(C)(3)	9,500.	0.			OPEN WINDOW
WAITE HOUSE 2529 13TH AVE S MINNEAPOLIS, MN 55407	41-0916478	501(C)(3)	15,000.	0.			MUJERES EN LIDERAZGO
WHITE HOUSE PROJECT 2402 UNIVERSITY AVE W #600 ST PAUL, MN 55114	52-2172075	501(C)(3)	11,000.	0.			THE MINNESOTA RURAL WOMEN'S LEADERSHIP INITIATIVE, MN GENERAL OPERATING SUPPORT
WOMEN'S FOUNDATION OF MINNESOTA 155 FIFTH AVE S SUITE 900 MINNEAPOLIS, MN 55401	41-1635761	501(C)(3)	8,500.	0.			GIRLSBEST, GENERAL OPERATING SUPPORT (DONOR-ADVISED FUND GRANT TO WFM PROGRAMS)

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

Schedule I-1 (Form 990) 2009

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number  
**41-1635761**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(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
WOMEN'S HEALTH CENTER OF DULUTH, PA - 32 EAST 1ST ST #300 - DULUTH, MN 55802	41-1444270	501(C)(3)	15,000.	0.			WMC REPRODUCTIVE HEALTH ACCESS
WOMEN'S INITIATIVE FOR SELF-EMPOWERMENT - 570 ASBURY ST #202 - ST PAUL, MN 55104	41-1791358	501(C)(3)	15,000.	0.			CAREER PATHWAYS FOR FEMALE IMMIGRANT PHYSICIANS (CPFIP)
YES! YOUTH FOR ENVIRONMENTAL SANITY - 420 BRONCO ROAD - SOQUEL, CA 95073	77-0467495	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUTH CARE 2701 UNIVERSITY AV SE SUITE 205 MINNEAPOLIS, MN 55414	41-1322470	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT, YOUNG WOMEN'S MENTORING PROGRAM
YWCA OF DULUTH 32 EAST 1ST ST #202 DULUTH, MN 55802	41-0696493	501(C)(3)	9,500.	0.			GIRL POWER!
ZING! FOUNDATION 21 LINWOOD STREET ARLINGTON, MA 02474	57-1190359	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT, ARTS RISING

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: BY ACTION OF THE EXECUTIVE COMMITTEE, SHEILA GOTHMANN RECEIVED A \$13,600 SEVERANCE PAYMENT IN MARCH 2010.

PART I, LINE 7: LEE ROPER-BATKER, PRESIDENT/CEO, RECEIVED VARIABLE PAY OF \$19,500 IN FY 2010 (PAID IN JANUARY 2010). VARIABLE PAY IS PROVIDED TO RECOGNIZE AND REWARD THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR MANAGERS WHO CONSISTENTLY EXCEL IN THEIR POSITIONS. INDIVIDUAL VARIABLE PAY ADJUSTMENTS ARE BASED ON INDIVIDUAL PERFORMANCE AND MAY BE IMPACTED BY EXTERNAL FACTORS IMPACTING THE FOUNDATION SUCH AS ECONOMIC CONDITIONS.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	159,074.	HIGH/LOW AVERAGE ON
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	6,337.	PER FUND STATEMENT R
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>EVENT FOOD</u> )	X	3	3,766.	ACTUAL COST
26 Other ► ( <u>RECOGNITIONS</u> )	X	1	350.	ESTIMATED VALUE
27 Other ► ( <u>SUPPLIES</u> )	X	1	105.	ACTUAL COST
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2009

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

IN MINNESOTA BY FUNDING INNOVATIVE SOCIAL CHANGE PROGRAMS, BUILDING  
WOMEN'S PHILANTHROPY, CONDUCTING AND REPORTING RESEARCH, AND EDUCATING  
THE PUBLIC ABOUT THE SUCCESSES AND CHALLENGES OF MINNESOTA'S WOMEN AND  
GIRLS. FOUNDED IN 1983, IT IS THE OLDEST STATEWIDE WOMEN'S FOUNDATION  
IN THE COUNTRY.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

IN OCTOBER 2009, SOCIAL CHANGE FUND GRANTS WERE EXPANDED TO INCLUDE  
PUBLIC POLICY FUNDING, SPECIFICALLY WITHIN THE ECONOMIC JUSTICE  
CORNERSTONE. THE FOUNDATION BELIEVES THAT A SPECIAL EMPHASIS SHOULD BE  
PLACED ON FUNDING POLICY WORK THAT WILL ADDRESS SAFETY NET ISSUES FOR  
WOMEN IN POVERTY, INCLUDING CHILDCARE, HOUSING, EDUCATION, AND  
EMPLOYMENT.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**1. CREATING ECONOMIC JUSTICE FOR WOMEN**

VISION: IN THE FUTURE WOMEN WILL THRIVE ECONOMICALLY. COMMUNITIES  
WILL BENEFIT WHEN WOMEN - AS A RESULT OF EDUCATION, EMPLOYMENT  
OPPORTUNITIES AND ECONOMIC DEVELOPMENT - MAKE POVERTY HISTORY.

OUTCOMES: DECREASED PAY GAP BETWEEN MEN AND WOMEN, AND BETWEEN WHITE  
WOMEN AND WOMEN OF COLOR; ADEQUATE SOCIAL SAFETY NET THAT ASSURES  
ECONOMIC SELF SUFFICIENCY; FULL AND EQUAL ACCESS TO EDUCATIONAL  
OPPORTUNITIES FOR WOMEN AND GIRLS; FULL AND EQUAL ACCESS TO EMPLOYMENT  
AND ENTREPRENEURIAL OPPORTUNITIES.

**2. ADVANCING WOMEN'S SAFETY AND SECURITY**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

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WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number  
41-1635761

VISION: WE ASPIRE TO A DAY WHEN WOMEN EXPERIENCE THE WORLD AS A SAFE  
PLACE AND OUR MEDIA, POLICY MAKERS, FAMILIES AND POPULAR CULTURE REJECT  
VIOLENCE AGAINST WOMEN.

OUTCOMES: MODELS AND POLICIES MAKE SAFE, AFFORDABLE, LIVABLE HOUSING  
AVAILABLE TO WOMEN AND GIRLS EXPERIENCING DOMESTIC VIOLENCE; MEDIA,  
FAMILIES AND POPULAR CULTURE REJECT VIOLENCE AGAINST WOMEN; MEDIA AND  
ADVERTISING PROMOTE STRONG, POSITIVE IMAGES OF WOMEN AND GIRLS; LOCAL,  
CRIMINAL JUSTICE AND JUDICIAL SYSTEMS ARE MORE RESPONSIVE, E.G. THEY  
INSURE CULTURAL AND LANGUAGE INTERPRETATION SERVICES ARE AVAILABLE;  
SOLUTIONS TO DECREASE VIOLENCE AGAINST WOMEN AND GIRLS ARE FOUND WITHIN  
COMMUNITIES, FAMILIES AND CULTURAL GROUPS; TRAFFICKING OF WOMEN AND  
GIRLS IS ILLEGAL AND PROSTITUTION IS RECOGNIZED AS AN ACT OF VIOLENCE  
AGAINST WOMEN.

3. GUARANTEEING HEALTH AND REPRODUCTIVE RIGHTS FOR WOMEN

VISION: WE ENVISION A TIME WHEN ALL WOMEN IN MINNESOTA WILL HAVE  
LOCAL, LEGAL, AFFORDABLE, SAFE AND COMPREHENSIVE HEALTH CARE.

OUTCOMES: UNIVERSAL, COMPREHENSIVE, HEALTH CARE COVERAGE; HEALTH  
POLICY AND PRACTICE ADEQUATELY MEET WOMEN AND GIRLS' HEALTH NEEDS,  
PROTECT WOMEN AND GIRLS' REPRODUCTIVE RIGHTS, AND PROVIDE COMPREHENSIVE  
SEXUALITY EDUCATION; DECREASED RATES OF TEEN PREGNANCY AMONG TEENS  
OVERALL, ESPECIALLY GIRLS OF COLOR; GENDER, RACE, PLACE AND EQUITY LENS  
IS APPLIED IN HEALTH RESEARCH AND DELIVERY; WOMEN'S HEALTH, WELLNESS  
AND PREVENTION ARE PROMOTED WITHIN HEALTH SYSTEMS AND COMMUNITIES.

4. PROMOTING WOMEN'S HUMAN RIGHTS

VISION: WE LOOK FORWARD TO A DAY WHEN WOMEN'S HUMAN RIGHTS AND DIGNITY  
ARE UNQUESTIONED, WHEN WOMEN ARE FREE FROM DISCRIMINATION AND ABLE TO

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ACT UPON THEIR DREAMS.

OUTCOMES: INCREASED WOMEN'S LEADERSHIP IN PUBLIC, PRIVATE AND  
NONPROFIT SECTORS, SUCH AS INCREASED PARTICIPATION OF WOMEN ON  
NONPROFIT BOARDS; DECREASED DISCRIMINATION ON THE BASIS OF RACE,  
GENDER, SEXUAL ORIENTATION, LEGAL STATUS, ABILITY AND OTHER SYSTEMS  
THAT OPPRESS WOMEN.

5.EXPANDING WOMEN'S POLITICAL POWER

VISION: WOMEN WILL ENJOY EQUAL INFLUENCE AT ALL LEVELS OF GOVERNMENT,  
BRINGING NEW PERSPECTIVES AND EXPERTISE THAT ADVANCE EQUALITY AND  
JUSTICE.

OUTCOMES: INCREASED NUMBER OF WOMEN VOTERS; INCREASED REPRESENTATION  
OF WOMEN IN LOCAL, STATE AND NATIONAL OFFICE; MORE WOMEN ELECTED TO  
OFFICE; INCREASED PERCENTAGE OF COMPOSITION AND LEADERSHIP OF WOMEN ON  
LEGISLATIVE COMMITTEES;

IN 2009, SOCIAL CHANGE FUND GRANTS WERE EXPANDED TO INCLUDE PUBLIC  
POLICY FUNDING, SPECIFICALLY WITHIN THE ECONOMIC JUSTICE CORNERSTONE.  
THE FOUNDATION BELIEVES THAT A SPECIAL EMPHASIS SHOULD BE PLACED ON  
FUNDING POLICY WORK THAT WILL ADDRESS SAFETY NET ISSUES FOR WOMEN IN  
POVERTY, INCLUDING CHILDCARE, HOUSING, EDUCATION, AND EMPLOYMENT.

GIRLSBEST (GIRLS BUILDING ECONOMIC SUCCESS TOGETHER) FUND

IN 2002, THE FOUNDATION LAUNCHED THE GIRLSBEST (GIRLS BUILDING ECONOMIC  
SUCCESS TOGETHER) INITIATIVE AS A KEY STRATEGY TO BOOST GIRLS' ECONOMIC  
FUTURES. BASED ON EXTANT RESEARCH AND A STATEWIDE LISTENING TOUR HELD

IN 14 COMMUNITIES ACROSS THE STATE IN 2001, THE FOUNDATION LAUNCHED THE

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9322211  
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"FIRST-GENERATION" OF GIRLSBEST AS A FIVE-YEAR FUNDING INITIATIVE.

BASED ON THE SUCCESS OF THE FIRST GENERATION OF GIRLSBEST PROGRAMMING,  
THE FOUNDATION CREATED A PERMANENTLY ENDOWED FUND FOR GIRLS IN 2007,  
THE FIRST OF ITS KIND IN THE NATION.

GRANTEE CONVENING'S AND CAPACITY BUILDING

THE STATEWIDE GRANTEES OF BOTH FUNDS ARE CONVENED ANNUALLY IN ORDER TO  
SHARE RESEARCH, DEVELOP SKILLS AROUND CAPACITY BUILDING AND PROGRAM  
EVALUATION, AND FOSTER A NETWORK AMONG GRANTEE-PARTNERS.

IN 2010, THE SOCIAL CHANGE FUND GRANTEE CONVENING, "ADVANCING GENDER  
EQUALITY" (3/10) FOCUSED ON TRAINING NEW SOCIAL CHANGE FUND GRANTEES ON  
EVALUATION.

THE GIRLSBEST FUND CONVENING, "BUILDING NETWORKS FOR SUCCESS" (4/09)  
FOCUSED ON HELPING GIRLS LEARN HOW TO EFFECTIVELY NETWORK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC POLICY. THIS ONGOING RESEARCH PROJECT WILL SYSTEMATICALLY  
EXAMINE KEY INDICATORS FOR WOMEN AND GIRLS IN MINNESOTA. THE PROJECT  
BUILDS ON THE WOMEN'S FOUNDATION'S PREVIOUS REPORTS: THE STATUS OF  
WOMEN OF COLOR IN MINNESOTA, THE STATUS OF WOMEN IN MINNESOTA, COUNTY  
BY COUNTY, AND THE STATUS OF GIRLS IN MINNESOTA. FOUR ONGOING WORKING  
GROUPS ARE KEY TO THIS PROJECT. EACH WORKING GROUP IS ALIGNED WITH THE  
FOUNDATIONS CORNERSTONE AREAS AND IS COMPRISED OF EXPERTS IN THEIR

FIELD, INCLUDING NON-PROFIT LEADERS, ELECTED OFFICIALS, ACADEMICIANS,

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OPINION LEADERS, AND PHILANTHROPISTS.

IN JUNE, 2010 THE FOUNDATION WILL RELEASE THE RESULTS OF THE WORKING  
GROUP'S FINDINGS AND TAKE THIS WORK ON AN EIGHT COMMUNITY ROAD TO  
EQUALITY TOUR ACROSS THE STATE OF MINNESOTA. THE TOUR WILL INCLUDE  
STOPS IN WARROAD, MOOREHEAD, GRAND RAPIDS, DULUTH, ROCHESTER, WILLMAR,  
AND ST. CLOUD. WE ARE WORKING WITH THE BREMER BANKS IN WILLMAR AND ST.  
CLOUD TO HOST THE COMMUNITY MEETINGS IN THOSE CITIES.

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE IS  
COMPRISED OF THE FOUR BOARD OFFICERS, WHO ARE ALSO TRUSTEES. THE EXECUTIVE  
COMMITTEE HAS THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF  
THE BUSINESS OF THE FOUNDATION, IN THE INTERVAL BETWEEN MEETINGS OF THE  
BOARD OF TRUSTEES AND SUCH OTHER AUTHORITY AS IS DELEGATED BY THE BOARD OF  
TRUSTEES BY RESOLUTION.

FORM 990, PART VI, SECTION A, LINE 3: FOLLOWING THE RESIGNATION OF THE  
DIRECTOR OF FINANCE AND OPERATIONS IN MARCH 2010, FINANCIAL MANAGEMENT  
DUTIES OF THIS POSITION WERE DELEGATED TO AN INDEPENDENT CONSULTANT, RUDY  
BRYNOLFSON, WHO IS CURRENTLY SERVING AS FINANCE DIRECTOR ON A CONTRACT  
BASIS.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE AND  
AUDIT COMMITTEE WILL REVIEW AND RECOMMEND APPROVAL. EACH BOARD MEMBER WILL  
RECEIVE A COPY OF THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING.

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FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST FORM ANNUALLY. EXCEPT AS PERMITTED BY LAW, WITH RESPECT TO ANY CONTRACT OR OTHER TRANSACTION BETWEEN THE FOUNDATION AND ANY TRUSTEE (OR AN ORGANIZATION IN WHICH A TRUSTEE IS A TRUSTEE, OFFICER, OR LEGAL REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST), THE MATERIAL FACTS AS TO SUCH CONTRACT OR TRANSACTION AND AS TO THE TRUSTEE'S INTEREST MUST BE FULLY DISCLOSED OR KNOWN TO THE BOARD OF TRUSTEES PRIOR TO APPROVAL OF SUCH CONTRACT OR TRANSACTION, AND THE INTERESTED TRUSTEE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AND MAY NOT VOTE.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR ALL POSITIONS, INCLUDING THE CEO, IS DETERMINED ANNUALLY BASED ON DOCUMENTED PERFORMANCE REVIEWS AND CONSISTENT WITH PERIODIC COMPARABILITY STUDIES. IN 2008, THE FOUNDATION RETAINED AN OUTSIDE CONSULTANT TO REVIEW THE SALARY OF EACH POSITION COMPARED WITH OTHER NONPROFIT ORGANIZATIONS AND FOUNDATIONS OF COMPARABLE SIZE AND PURPOSE. CHANGES IN CEO COMPENSATION ARE RECOMMENDED BY THE CHAIR AND VICE CHAIR, REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.