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Department of the Treasury

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)

OMB No 1545-0047

2009

***Open to Public.**

-Inspection

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

APR 1, 2009 and ending MAR 31, 2010 A For the 2009 calendar year, or tax year beginning Check if applicable D Employer identification number C Name of organization use IRS ROBINS, KAPLAN, MILLER AND CIRESI Address change FOUNDATION FOR CHILDREN print or Name change 41-1955286 type Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ated 800 IDS CENTER 80 S EIGHTH STREET 612-672-3878 Amende G Gross receipts \$ 12,020,549. City or town, state or country, and ZIP + 4 Applica MINNEAPOLIS, MN 55402 H(a) Is this a group return pending F Name and address of principal officer: MICHAEL V. CIRESI for affiliates? JYes □ No SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c) (3 If "No," attach a list. (see instructions)) ◀ (insert no) J 4947(a)(1) or J Website: ► WWW.MPLSFOUNDATION.ORG **H(c)** Group exemption number ▶ L Year of formation: 1998 M State of legal domicile; MN K Form of organization: X Corporation Trust Other > Part I Summary Bnefly describe the organization's mission or most significant activities: TO ACHIEVE A LONG-TERM IMPACT IN Activities & Governance PROMOTING EDUCATION AND EQUAL OPPORTUNITIES FOR ALL MINNESOTANS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) -5,282,087. 1,038,510. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the -5,282,087. 1,038,510. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, colu 923,400. 13 Grants and similar amounts paid (Part IX, column (A), lines பூர்) 765,750. NOV 0 2 2010 Benefits paid to or for members (Part IX, column (A), line Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11¢) b Total fundraising expenses (Part IX, column (D), line 25) 444,735 428,151. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,210,485. 1,351,551. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -6,492,572. -313,041.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 19,106,082. 24,532,131. 20 Total assets (Part X, line 16) 281,250. 6,412. 21 Total liabilities (Part X, line 26) 19,099,670. 24,250,881. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block ed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, Under penalties of perjury, Declare that I have exa-Sign Signature of office Here ₹. MICHAEL CIRESI, PRESIDENT Type or print name and title Preparer's identifying number (see instructions) Preparer's Paid 108 30 leeltsignature Preparer's LARSONALLEN EIN ▶ Use Only 220 SOUTH SIXTH STREET, SUITE 300 self-employed), MINNEAPOLIS, MN 55402 Phone no. $\triangleright 612-376-4500$ X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Fom	n 990 (2009)		KAPLAN, MII ON FOR CHII	LLER AND CII	RESI	41-195	55286	Page 2
Pa	rt III Stateme	ent of Program Servi	ice Accomplish	ments				
1	TO SERVE PROGRAMS	he organization's mission: AS A CATALYS' TO ACHIEVE A PORTUNITIES FO	r for creat	IMPACT IN				3
2	the pnor Form 99			during the year which	were not listed on		Yes	X No
3	Did the organizat	e these new services on Se tion cease conducting, or i e these changes on Sched	nake signıficant char	nges in how it conduc	ts, any program serv	ices?	Yes	X No
4	Describe the exer Section 501(c)(3)	mpt purpose achievement and 501(c)(4) organization ters, the total expenses, and	s for each of the org ns and section 4947(a)(1) trusts are require	ed to report the amou			
4a) (Expenses \$ GRANTS IN TH		including grants of \$ CHILDREN'S	923,400. EDUCATION		H CARI) E.
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$	-)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program se	ervices. (Describe in Sched	dule O.)				····.	-

932002 02-04-10 including grants of \$
\$ 1,081,996.

4e Total program service expenses ►\$

FOUNDATION FOR CHILDREN 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)? **F** "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		Х
	public office? If "Yes," complete Schedule C, Part I	_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44 Jan 37	<u> </u>	
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			200
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•				
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	177		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	The services		2.123 2.123
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	75.C.C	# V	###.TA
	Schedule D, Parts XI, XII, and XIII.	12	X	نىدى يىدى
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			T. T.
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	<u> </u>	4	32
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			٠
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2000)

ROBINS, KAPLAN, MILLER AND CIRESI Form 990 (2009) FOUNDATION FOR CHILDREN Part IV Checklist of Required Schedules (continued)

<u>ٺ</u>		,		
0.4	Did the amount of the description of the descriptio		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	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	 	<u> </u>	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	120		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		\vdash	
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		<u> </u>	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	26		Х
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	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	*****	۲. ڳڙ. درگيت	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	L	Х
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		-	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			₩.
	If "Yes," complete Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		2009)
		LOHII	(<u>د (۳۷۷</u>

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<u> </u>			V	- N-
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4200	Yes	No
	U.S. Information Returns. Enter -0- if not applicable		45.7	4.5
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100 AND 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			3,775
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- W. W.	ÿ.,*#	. 24,
	filed for the calendar year ending with or within the year covered by this return 2a 0		25.	372
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	J	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	1.5.5	y /1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			23.0
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	43	# C	
	Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	753.2. 55 1.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Table 1
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		4	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		444	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			-
9	at any time during the year?	8	ofman's	10% 100m 1
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			all the
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b	* ##	75 5 44,35
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		eder.	
11	Section 501(c)(12) organizations. Enter:			3
''а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	المشتع	i i i i i i i i i i i i i i i i i i i
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		#####	\$ 7.18
		Form	990 (2009)
			- 1	/

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

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 8	100		17,45					
ь	Enter the number of voting members that are independent 1b 7								
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 customanly performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?								
6	· · · · · · · · · · · · · · · · · · ·								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	6		X					
	governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		30, 24c	48.55					
•	by the following:		20 1 T						
_		- 35 miles	X	AC 25.24					
		8a	X						
	Each committee with authority to act on behalf of the governing body?	8b_	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		v						
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		X					
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ŀ							
	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	A Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	a Does the organization have a written conflict of interest policy? If "No," go to line 13								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b	X	<u> </u>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this is done	12c	Х	l					
13	Does the organization have a written whistleblower policy?	13	Х						
14	Does the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent			24					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			# 1905 1100 1100 1100 1100 1100 1100 1100					
а	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.)	1		ŠEK.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			333					
	taxable entity during the year?	16a	323303	X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	HEER!	******	TATE OF					
_	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	المتتفقيد	كتستفتا					
Sec	tion C. Disclosure	100	L						
17	List the states with which a copy of this Form 990 is required to be filed ►MN								
	<u></u>								
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	ior							
	public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial						
	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 organiza THE MINNEAPOLIS FOUNDATION - (612)672-3878	tion: 🕨							
	800 IDS CENTER, 80 SOUTH 8TH STREET, MINNEAPOLIS, MN 55402		000	(2009)					
		- INTIN		/111141					

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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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	heck			Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
		Individ	institu	Officer	Keyen	Higher	Богтег			organizations
MICHAEL V CIRESI PRESIDENT	0.70	х		х				0.	0.	0
JOHN F EISBERG VICE PRESIDENT	0.70	х		Х				0.	0.	0
SANDRA L VARGAS SECRETARY & TREASURER	0.70	х		х				0.	307,259.	26,656
ELLIOT KAPLAN DIRECTOR	0.50	х						0.	0.	0
MAUREEN KUCERA-WALSH DIRECTOR	0.50	х						0.	0.	0
FR. MICHAEL J O'CONNELL DIRECTOR	0.50	х						0.	0.	0
KATHLEEN FLYNN PETERSON DIRECTOR	0.50	x						0.	0.	0
ROBERTA WALBURN DIRECTOR	0.50	х						0.	0.	0
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Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average			Pos	ation	1		Reportable	Reportable	Estimated		
•	hours	(ci	hecl	k all	that	арр	ly)	compensation	compensatio	1		
	per	흥		ł				from	from related			
	week	Individual trustee or director	_	İ		豆		the organization	organization: (W-2/1099-MIS			
		ste	uste		_	eusa		(W-2/1099-MISC)	(***2) 1099-14110	organization		
		를	naf tr	l	loyee	8 8				and related		
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
		Ē	Ĕ	ð	\$	훈늄	암					
	1											
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		T										
	i											
1b Total					•	▶		0.	307,25	59. 26,656.		
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wt	no r	eceived more than \$100	,000 in reportabl	e		
compensation from the organization										0		
										Yes No		
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	plo	yee,	or l	highest compensated en	nployee on	27 A CT 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1 G 1		
line 1a? If "Yes," complete Schedule J for s	uch indıvidual									3 X		
4 For any individual listed on line 1a, is the su									the organization			
and related organizations greater than \$150								·		4 X		
5 Did any person listed on line 1a receive or a	-			from	any	unr	elat	ted organization for servi	ces rendered to			
the organization? If "Yes," complete Sched	ule J for such _i	pers	on		-					5 X		
Section B. Independent Contractors								u	1100 500			
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensation from		
the organization. (A)								/D)		(0)		
Name and business	address							(B) Description of s	ervices	(C) Compensation		
THE MINNEAPOLIS FOUNDATION	ON 80 8	SOI	זיינ	T 8	<u>3 TT</u>	7	ᅦ					
STREET, MINNEAPOLIS, MN				- '		_	١	MANAGEMENT S	ERVICES	259,994.		
,,							一					
							_					
							_]					
2 Total number of independent contractors (-	ot la	mıte	d to			stec	d above) who received m	ore than			
\$100,000 in compensation from the organiz	zation >					L			<u> </u> :			
										Form 990 (2009)		

736,972. 301,538. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a C d All other revenue e Total. Add lines 11a-11d 1038510. 1,038,510. Total revenue. See instructions. 12 Form **990** (2009) 11030831 131839 112140 2009.04020 ROBINS, KAPLAN, MILLER AND 112140_1

41-1955286 Page 10

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,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	002 400	022 400		
	organizations in the U.S. See Part IV, line 21	923,400.	923,400.	The second of th	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				The second of th
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16			A proper with any after a first and brokenseen	Laborate to the state of the st
4	Benefits paid to or for members	ļ			
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits				
10	Payroll taxes			 	
11	Fees for services (non-employees):	259,994.	158,596.	101,398.	
a	Management	439,334.	130,330.	101,330.	
	Legal	8,445.		8,445.	
	Accounting	0,443.		0,443.	
d	Lobbying Professional fundamental control of Part IV line 17			dini-rani a danta mai	
e	Professional fundraising services. See Part IV, line 17	84,712.	alliance and the contract of the second	84,712.	
f	Investment management fees	04,712.		04,712.	
g 40	Other	75,000.		75,000.	
12	Advertising and promotion	73,000.		73,000.	
13 14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy			· · · · · · · · · · · · · · · · · · ·	
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		, , , _ 	 	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	Comment of the state of the sta		The second secon	and the constitution of the control
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,351,551.	1,081,996.	269,555.	0.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		•		
	educational campaign and fundraising solicitation	<u>l. </u>	<u> </u>	l	L
032010	0.02-04-10				Form 990 (2009)

932010 02-04-10

Pa	rt X	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		46,408.	1	256,215.
	2	Savings and temporary cash investments		1,721,901.	2	862,939.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, ki	ey		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
	1	employees, and highest compensated employees. Complete Part I	ı.			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sect	tion	The state of the s	आहे.	ENERGY MENTED
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complet	te		4	
		Part II of Schedule L			6	THE PARTY OF THE P
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	•		8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other		The state of the s		
		basis. Complete Part VI of Schedule D 10a				
	Ь	Less: accumulated depreciation 10b		and the second second	10c	100 X . M AND X . M M 100 X
	11	Investments - publicly traded securities		17,326,840.	11	23,400,140.
	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		10,933.	15	12,837.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		19,106,082.	16	24,532,131.
	17	Accounts payable and accrued expenses	 	6,412.	17	6,250.
	18	Grants payable		18	275,000.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ø	21	Escrow or custodial account liability. Complete Part IV of Schedule	· D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key em			#79.F	
apil	1	highest compensated employees, and disqualified persons. Compl				
Ĩ	1	of Schedule L		diversity to the reference of the contract of	22	Santa Signatura (a la company de la company
	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	Total liabilities. Add lines 17 through 25		6,412.	26	281,250.
		Organizations that follow SFAS 117, check here	complete	THE STATE OF THE S		
တ္ဆ		lines 27 through 29, and lines 33 and 34.				
ဋ	27	Unrestricted net assets		19,099,670.	27	24,250,881.
ala	28	Temporanly restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets	• •		29	
Ë		Organizations that do not follow SFAS 117, check here	and .	distribution of the control of the c	enie E	
P		complete lines 30 through 34.				
ats	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
t A	32	Retained earnings, endowment, accumulated income, or other fund	ds		32	
ž	33	Total net assets or fund balances		19,099,670.	33	24,250,881.
	34	Total liabilities and net assets/fund balances		19,106,082.	34	24,532,131.
			•	,		Fa-m 990 (2000)

Form **990** (2009)

ROBINS, KAPLAN, MILLER AND CIRESI

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.

Form 990 (2009) FOUNDATION FOR CHILDREN 41-1955286 Page 12 Part XI Financial Statements and Reporting Yes Accounting method used to prepare the Form 990: Cash X 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? 2b 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 X 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 X Act and OMB Circular A-133? 3a

Form **990** (2009)

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization ROBINS, KAPLAN, MILLER AND CIRESI Employer identification number FOUNDATION FOR CHILDREN 41-1955286 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.) 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). X 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 c X Type III - Functionally integrated d ___ Type III - Other b Type II e X 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN ganizátion in col. organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? IIS 2 above or IRC section (see instructions)) Yes Yes No No Yes No MINNEAPOLIS FOUNDATION 41-60294027 X X Х 923,400.

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Schedule A (Form 990 or 990-EZ) 2009

923,400.

932021 02-08-10

11030831 131839 112140

Total

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

	rt III Support Schedule for (Organizations	Described in	Section 509(a	a)(2) (Complete only	if you checked the bo	x on line 9 of Part I.)		
-	tion A. Public Support			r					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")				- 				
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
_	organization's tax-exempt purpose				-				
3	Gross receipts from activities that			ĺ					
	are not an unrelated trade or bus-				į				
	iness under section 513	<u> </u>	-		ļ				
4	Tax revenues levied for the organ-			Ì					
	ization's benefit and either paid to			İ					
	or expended on its behalf								
5	The value of services or facilities		ł			!			
	furnished by a governmental unit to]					
	the organization without charge								
6	Total. Add lines 1 through 5				<u> </u>				
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year		ļ						
	Add lines 7a and 7b			3.55					
	Public support (Subtract line 7c from tine 6)	下京选查班的第				THE PROPERTY OF			
	tion B. Total Support	,							
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties		}	İ					
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses					1			
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital	•	,						
	assets (Explain in Part IV)								
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) organiz	ation,		
	check this box and stop here .		<u> </u>				<u> </u>		
	tion C. Computation of Publ		-			· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2009 (column (f))		15	<u> </u>		
	Public support percentage from 2008			- 		16	<u>%</u>		
	tion D. Computation of Inve								
17	Investment income percentage for 20)09 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>		
	18 Investment income percentage from 2008 Schedule A, Part III, line 17								
19a	33 1/3% support tests - 2009. If the						7 is not		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	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%, che		•	•		•	▶Щ		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t		•	<u>▶</u> ∐		
					Scl	nedule A (Form 99)	0 or 990-EZ) 2009		

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.

ROBINS, KAPLAN, MILLER AND CIRESI

OMB No 1545-0047
2009
Open to Public 24

Inspection ...

Name of the organization **Employer identification number** FOUNDATION FOR CHILDREN 41-1955286 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) $oldsymbol{ol}}}}}}}}}}$ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 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) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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

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Schedule D (Form 990) 2009

ROBINS, KAPLAN, MILLER AND CIRESI

		ION FOR CH						6 Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Ot	her Simi	lar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that are a	significant	use of its	collection	n items
	(check all that apply):							
а	Public exhibition	ď	Loan or ex	change programs				
b	Scholarly research	e	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's e	xempt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pa	rt IV Escrow and Custodial Arran				orm 990. Pa	art IV. line !		
-	reported an amount on Form 990, Pa		J		•	,	-,	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributio	ns or other assets n	ot included			
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					—
			g				Amount	
С	Beginning balance				1c	<u> </u>	7 01100111	
	Additions during the year		** * * * *	• •	1d			
e	Distributions during the year			• •	1e			
f	Ending balance		• ••		1f			
	Did the organization include an amount on Fe			•	L <u></u>	<u>'</u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIV.				•		1 162	NO
	Endowment Funds. Complete		swered "Ves" to Fo	orm 990 Part IV line	10		-	
F= 33	Service Complete	(a) Current year	(b) Pnor year	(c) Two years back	1	years back	(a) Four	years back
1a	Beginning of year balance	(a) Culterit year	(b) Filor year	CO TWO YEARS DACK	E STANSON	years back	(e) 1001	Julian Sugar
h	Contributions			The second second	t rendered	Marie Arts	200	A Maritima and a
	• •			Andread appropriate and of	The state of the s	andreas and the	The sattlets	The state of the s
ن	Net investment earnings, gains, and losses			As a standard from the	· Sale Salestina	Stranger of the	14	Andread State of the
a	Grants or scholarships			The same of the state of the same of the s	Carry Conserve		The Later of	Colored Browns
е	Other expenditures for facilities	i				The state of the s		Charles of the same of the sam
	and programs			Control of the State of the Sta		757 TO TO 1	The second	the contact is married
1	Administrative expenses .			The second of the second	Commence of the second	Andreas de la company de la co		
g	End of year balance			State San September State	. Handistand	E. EEFE		Printer Committee
2	Provide the estimated percentage of the yea	r end balance held a						
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered fo	the organi	zation	_	
	by:						$\overline{}$	Yes No
	(i) unrelated organizations		• •				3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations				••		3b	
4	Describe in Part XIV the intended uses of the	organization's endo	owment funds.					
Par	t 🔀 Investments - Land, Building	s, and Equipme	ent. See Form 990), Part X, line 10.				
	Description of investment	(a) Cost or o	1 '	1 ' '	Accumulate	ed	(d) Book	value
		basıs (investn	nent) basis	(other) c	epreciation			
1a	Land			and a				
Ь	Buildings							
C	Leasehold improvements							
d	Equipment							
е	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. column (B), line	10(c))				0.

Schedule D (Form 990) 2009

	FOR CHILDREN		41	-1955286 Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 1:	2.		
(a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security)	(b) Book value		Cost or end-of-year man	ket value
Financial denvatives				
Closely-held equity interests				
Other				
				 ·
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990 Part X line 1			
		T .	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value		Cost or end-of-year mark	
				
				
				
			······	·
		<u> </u>		
Tatal (Cal /h) must assure Form 000 Part V and (D) has 40 \h		so estableta a mi	nia. Mila anti 1,54 mil do, mayoriyati	CONTRACTOR OF SERVICES SAME CHARLES
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15	Sant Edward Color Color		A CONTRACTOR OF THE PROPERTY O
	Description		 	(b) Book value
(a)	Description			(b) Dook value
				- · · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		
				
		 		
				
	· · · · · · · · · · · · · · · · · · ·			
				·
	4-1			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part: X* Other Liabilities. See Form 990, Part X.	2 15.)		<u> </u>	
	line 25.	(1-) 0	ter and terminal states and the size	nicos paralicontes de adminis a et a casa
1. (a) Description of liability		(b) Amount		
Federal income taxes				
		· 		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25) .			
2. FIN 48 Footnote. In Part XIV, provide the text of the foo		financial stateme	ents that reports the orga	anization's liability for

932053 02-01-10

uncertain tax positions under FIN 48.

ROBINS, KAPLAN, MILLER AND CIRESI

	dule D (Form 990) 2009 FOUNDATION FOR CHILDREN						.955286	Page 4
Pa	t XI. Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial S	tatem	ent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			1,038	,510.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			1,351	.551.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-	-313	
4	Net unrealized gains (losses) on investments			4			5,464	
5	Donated services and use of facilities			5				
6	Investment expenses	•		6	-			
				7				
7	Prior period adjustments			8				
8	Other (Describe in Part XIV)	•		\vdash			5,464	252
9	Total adjustments (net). Add lines 4 through 8			9 10			5,151	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements.		ith Pover		or Pot	· · · · ·	<u> </u>	, 411.
		110	THI TICVE	iuc p	1		6,418	050
1	Total revenue, gains, and other support per audited financial statements				100	3.50	0,410	, 030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _	1 5 16	4 21	၂၀			
а	Net unrealized gains on investments	2a	5,46	4, 4	34.	77 F		
b	Donated services and use of facilities	2b			;-	75 ¹⁰ ,		
С	Recovenes of pnor year grants	2c				3 143		
d	Other (Describe in Part XIV.)	2d		<u>-</u>		5 5 2 5	- 464	050
e	Add lines 2a through 2d				Lá	2e	5,464	
3	Subtract line 2e from line 1					3	953	798.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				. [실	in the second		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8	4,7	12.			
b	Other (Describe in Part XIV.)	4b				1		
С	Add lines 4a and 4b				L	tc	84	,712.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		·		· · · L	5	1,038	,510.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	enses	per R	etur		
1	Total expenses and losses per audited financial statements					1	1,266	<u>,839.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				(4)	332		
а	Donated services and use of facilities	2a				運		
b	Pnor year adjustments	2b				S.		
С	Other losses	2c			£	羄		
d	Other (Describe in Part XIV.)	2d			Ě.	47.44 27.45		
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1				. L	3	1,266	<u>,839.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	_		25		·	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8	4,7	12.			
b	Other (Describe in Part XIV.)	4b			130	37.		
С	Add lines 4a and 4b				.] 4	1c		,712.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				. [5	1,351	,551.
Pa	t·XIV Supplemental Information							_
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines	ia and 4; Pa	art IV, lu	nes 1b a	and 2	b; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete the	s part to pro	vide ar	ny additi	onal i	information.	
	**							
							·	
_								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

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

▶ Attach to Form 990.

Name of the organization ROBINS, KAPLAN, MILLER . FOUNDATION FOR CHILDREN	APLAN, MI N FOR CHI	ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN	RESI				Employer identification number $41-1955286$
[Part]] General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? scedures for mon	toring the use of grant	funds in the United	d States			X Yes No
art iigh	Governments an	d Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" 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	55,000 Check thi	s box if no one recipier	it received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if addition	nal 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
							THE NEGOTIATIONS
ACHIEVEMPLS							ENHANCEMENT PROJECT TO
111 THIRD AVENUE SOUTH, SUITE 5							DEVELOP A FRAMEWORK FOR
MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	100,000.	0.			COLLECTIVE BARGAINING TO
							A STATEWIDE INITIATIVE TO
FAMILY HOUSING FUND							IMPROVE SCHOOL SUCCESS
801 NICOLLET MALL, SUITE 1825							AMONG SCHOOL-AGE CHILDREN
MINNEAPOLIS, MN 55402	41-1380923	501(C)(3)	150,000.	0.			IN SUPPORTIVE HOUSING, A
THE MINNEAPOLIS FOUNDATION							
800 IDS CENTER, 80 SOUTH EIGHTH STR	-4			-			
MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	11,400.	0.			MINNESOTA MEETING 6
MINNESOTA EARLY LEARNING							TO PROVIDE GENERAL
FOUNDATION - 2021 EAST HENNEPIN							DPERATING SUPPORT FOR THE
AVENUE, SUITE 250 - MINNEAPOLIS,							MINNESOTA EARLY LEARNING
MN 55413	71-0984782	501(C)(3)	250,000.	0.			FOUNDATION (MELF).
							TO CONTINUE PROGRAM
PROJECT SUCCESS							EXPANSION INTO PATRICK
2124 DUPONT AVENUE SOUTH, SUITE 110							HENRY HIGH SCHOOL IN
MINNEAPOLIS, MN 55405	41-1837278	501(C)(3)	45,000.	0.			MINNEAPOLIS.
TEACH FOR AMERICA		·					SUPPORT TO EXPAND TEACH
711 WEST LAKE STREET							FOR AMERICA TO THE TWIN
MINNEAPOLIS, MN 55408	13-3541913	501(C)(3)	300,000.	.0			CITIES.
2 Enter total number of section 501(c)(3) and government organizations	nd government o	rganizations					7.
3 Enter total number of other organizations							0
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	see the Instructions	for Form 990.				Schedule I (Form 990) 2009
SEE PART	IV FOR CO	OLUMN (H) DE	H) DESCRIPTIONS	മ			

932101 02-02-10

ROBINS, KAPLAN, MILLER AND CIRESI

FOUNDATION FOR CHILDREN

Page 2

41-1955286

Schedule I (Form 990) 2009

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SIZE OF THE GRANT PART I, LINE 2: DEPENDING ON THE TYPE AND SCHEDULE

THE GRANT MAY OR MAY NOT BE OUTCOMES AS A RESULT OF WRITTEN REPORTS OF

REQUIRED

COLUMN (H): , H LINE PART II, NAME OF ORGANIZATION OR GOVERNMENT: ACHIEVEMPLS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE NEGOTIATIONS ENHANCEMENT PROJECT

TO DEVELOP A FRAMEWORK FOR COLLECTIVE BARGAINING TO ACHIEVE CRITICAL

REFORMS.

932102 02-02-10

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for

OMB No 1545-0047
2009

"Open to Public The Inspection Control of C

, c		► Attach to Fo Sched	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	litional informatio Part II or Part III.	n for		(Open to Public) (Inspection)
Name of the organization ROBINS, KAE FOUNDATION	LAN, FOR	MILLER AND CIRESI CHILDREN	RESI			Employe 4	Employer identification number $41-1955286$
Partit Continuation of Grants and Other Assistance to Governments	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	t 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
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104	41-0693889	501(C)(3)	67,000.	0.			ACHIEVEMENT PLUS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	luction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions. ROBINS, KAPLAN, MILLER AND CIRESI

Employer identification number FOUNDATION FOR CHILDREN 41-1955286 Part 1 Questions Regarding Compensation Yes No

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	(3.23	1 .5.30	-7.3%
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	19:34		
	First-class or charter travel Housing allowance or residence for personal use	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	115	
	Travel for companions Payments for business use of personal residence	-5-7		7
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Personal services (e.g., maid, chauneur, cher)	33.13		
	If any of the haves an line to are absolved, did the arganization follows written nation required no promont or	7		
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	P-6/337	×£3.5 X	13. A. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	_1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1_		X -
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	75.3	A
_		730		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		.3.7°	5.4% Jun
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract	\$ 5.5		7.2
	Independent compensation consultant Compensation survey or study	47 1.5.		
	Form 990 of other organizations Approval by the board or compensation committee		4 1 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
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:	EE		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
b b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X
b c	· · · · · · · · · · · · · · · · · · ·	-	12 92 6.2. (Town 34-	,
c	Participate in, or receive payment from, an equity-based compensation arrangement?	-	at Char	,
c	Participate in, or receive payment from, an equity-based compensation arrangement?	-	STATE OF THE STATE	,
b 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.	-	THE CONTROL OF THE STATE OF THE	,
	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.	-	The Control of the second	,
5	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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-	THE PROPERTY OF THE PARTY OF TH	X
5 a	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. 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:	40		X
5 a	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. 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: The organization?	4c 5a	The state of the s	X
5 a	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. 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: The organization? Any related organization?	4c 5a		X
5 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	4c 5a		X
5 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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:	4c 5a		X
5 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4c 5a 5b		X X X
5 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization?	4c 5a 5b 6a 6b		X X X X
5 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	4c 5a 5b 6a		X X X
5 a b 6 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	4c 5a 5b 6a 6b		X X X X
5 a b 6 a b 7	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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.	4c 5a 5b 6a 6b		X X X X
5 a b 6 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4c 5a 5b 6a 6b		X X X X
5 a b 6 a b	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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 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	4c 5a 5b 6a 6b		X X X X
5 a b 6 a b 7	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. 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: The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4c 5a 5b 6a 6b		X X X X

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

Schedule J (Form 990) 2009

ROBINS, KAPLAN, MILLER AND CIRESI

FOUNDATION FOR

Schedule J (Form 990) 2009

CHILDREN

41-1955286

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part. II® Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J.1 if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	(Q)	(E)	(F)
		(-)			Retirement and	Nontaxahle	Total of columns	Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(a)·(l)(B)	reported in prior Form 990 or
			COLLIDATISATION	COLLINGER				Form 990-EZ
	Ξ			0	0	0		0
SANDRA L VARGAS	(11)	307	0	• 0		7	333,915.	0.
	(1)							
	(11)							
	(1)							
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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 FOUNDATION
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 1A: THE MINNEAPOLIS FOUNDATION PAID SOCIAL CLUB MEMBERSHIP DUES
OF \$9,814 FOR THE USE OF SANDRA VARGAS, THE PRESIDENT & CEO. THE
MEMBERSHIP IS FOR THE PURPOSES OF NETWORKING IN THE BUSINESS COMMUNITY AND
CONDUCTING MEETINGS WITH DONORS, BUSINESS LEADERS AND COMMUNITY LEADERS.
THE MEMBERSHIP DUES WERE NOT INCLUDIBLE IN HER TAXABLE COMPENSATION.
Schedule J (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 17
Inspection

Name of the organization

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number 41–1955286

FORM 990, PART VI, SECTION A, LINE 2: MICHAEL V. CIRESI, JOHN F. EISBERG,
ELLIOT KAPLAN, KATHLEEN FLYNN PETERSON, ROBERTA WALBURN AND SANDRA L.

VARGAS - BUSINESS RELATIONSHIPS WITH EACH OTHER.

FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENT OF THE BYLAWS REQUIRES APPROVAL BY THE EXECUTIVE COMMITTEE OF THE MINNEAPOLIS FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY THE

MANAGEMENT OF THE MINNEAPOLIS FOUNDATION, THE SUPPORTED ORGANIZATION OF

ROBINS, KAPLAN, MILLER & CIRESI FOUNDATION FOR CHILDREN. IT WAS THEN

REVIEWED BY THE OFFICERS AND BOARD OF DIRECTORS OF ROBINS, KAPLAN, MILLER &

CIRESI FOUNDATION FOR CHILDREN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION DOES NOT ENTER INTO ANY CONTRACT WITH ITS DIRECTORS, FAMILY MEMBERS OF DIRECTORS, DIRECTORS OF RELATED ORGANIZATIONS, FAMILY MEMBERS OF DIRECTORS OF RELATED ORGANIZATIONS OR ANY ORGANIZATION (OTHER RELATED ORGANIZATIONS) IN WHICH THIS CORPORATIONS DIRECTORS OR FAMILY MEMBERS OF DIRECTORS HAS A MATERIAL FINANCIAL INTEREST; UNLESS THE MATERIAL FACTS AS TO THE CONTRACT OR TRANSACTION AND AS TO THE DIRECTOR'S INTEREST ARE FULLLY DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS AUTHORIZES, APPROVES, OR RATIFIES THE CONTRACT OR TRANSACTION IN GOOD FAITH BY AFFIRMATIVE VOTE (WITHOUT COUNTING THE INTERESTED DIRECTORS) OF A MAJORITY OF THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT

COMPENSATE ITS OFFICERS AND BOARD MEMBERS. COMPENSATION IS ONLY PAID TO

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

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE 0

(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 ¿ Open to Public 📜 Inspection

Name of the organization

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number 41-1955286

THE ORGANIZATION'S SECRETARY/TREASURER BY THE MINNEAPOLIS FOUNDATION, A RELATED ORGANIZATION. THE ORGANIZATION RELIED ON THE MINNEAPOLIS FOUNDATION TO DETERMINE COMPENSATION THROUGH THE APPROPRIATE PROCESS, WHICH INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION A, LINE 9 MAILING ADDRESS OF OFFICERS AND BOARD MEMBERS MICHAEL V. CIRESI, JOHN F. EISBERG, ELLIOT KAPLAN, KATHLEEN FLYNN PETERSON, ROBERTA WALBURN, FATHER MICHAEL J. O'CONNELL AND MAUREEN KUCERA-WALSH CANNOT BE REACHED AT THE ADDRESS OF ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN. THE ADDRESS AT WHICH EACH CAN BE REACHED IS: 2800 LASALLE PLAZA 800 LASALLE AVENUE MINNEAPOLIS, MN 55402-2015 FORM 990, PART VII, SECTION A AVERAGE WEEKLY HOURS OF COMPENSATED INDIVIDUALS

ALL COMPENSATED INDIVIDUALS DEVOTE APPROXIMATELY 40 HOURS PER WEEK TO

THE ORGANIZATION AND ALL RELATED ORGANIZATIONS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE 0

(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
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Inspection

Name of the organization	ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN	Employer identification number 41-1955286
		· · · · · · · · · · · · · · · · · · ·
	<u>.</u>	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2009

> ▼ See separate instructions. ► Attach to Form 990.

Copen to Public F

Employer identification number 41-1955286 Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets ◉ Total income চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ROBINS, KAPLAN, MILLER AND CIRESI Primary activity 9 FOUNDATION FOR CHILDREN Name, address, and EIN of disregarded entity Name of the organization Part Part

(a)	(q)	(c)	(Đ	(0)	(£)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
THE MINNEAPOLIS FOUNDATION - 41-6029402					
800 IDS CENTER, 80 SOUTH 8TH STREET					
MINNEAPOLIS, MN 55402	GRANT MAKING	MINNESOTA	501(C)(3)	LINE 7	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 99	.0.			Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 FOUNDATION FOR CHILDREN

41-1955286

[Part III] Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

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Schedule R (Form 990) 2009

[Part Vii Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		44 Sec. pr 13 154 24.	14.55.25	ا ـــــــــــــــــــــــــــــــــــــ
a Receipt of (I) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		4	×	
c Gift, grant, or capital contribution from other organization(s)		5		×
d Loans or loan guarantees to or for other organization(s)		5		×
e Loans or loan quarantees by other organization(s)		٩		×
		2	,5. ##,	
f Sale of assets to other organization(s)		=	Γ	×
d Purchase of assets from other organization(s)		٩		×
		=		×
		;	T	
Lease of racindes, equipment, of other assets to other organization(s)		= 35	ξ, <u>.</u>	4
Lease of facilities, equipment, or other assets from other organization(s)		=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		Ę		×
n Sharing of paid employees		Ę		×
		3,13	7.7	
o Reimbursement paid to other organization for expenses		٩		×
p Reimbursement paid by other organization for expenses		ç		×
			7,1	
q Other transfer of cash or property to other organization(s)		2		×
		+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds			
(a)	(q)	(၁)		
Name of other organization(s)	Transaction type (a-r)	Amount involved	volvec	ס
(1)				
(2)				
[4]				
(5)			ŀ	
(9)				
932163 02-04-10	Schedi	Schedule R (Form 990) 2009	(066	2009

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41-1955286

[Part VI] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(0)	(G)	(e)	£	(B)	(F)
Name, address, and EIN	Primary activity	nicile	Are all partners section 501(c)(3)	S		Code V-UBI	General or managing
מי פוויון אַ			organizations?	אפמו מספנט	Yes No	of Schedule K-1 (Form 1065)	Yes No
		:					
							-
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							-
							-
							-

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