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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011</b>		
<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	<b>C</b> Name of organization WOMEN'S FOUNDATION OF MINNESOTA	<b>D Employer identification number</b>  41-1635761
	Doing Business As	<b>E Telephone number</b>  (612) 337-5010
	Number and street (or P O box if mail is not delivered to street address) 155 FIFTH AVENUE SOUTH NO 500	Room/suite
	<b>G</b> Gross receipts \$ 9,276,027	
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55401	
	<b>F</b> Name and address of principal officer LEE ROPER-BATKER 155 FIFTH AVENUE SOUTH NO 500 MINNEAPOLIS, MN 55401	<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>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.WFMN.ORG		
<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 1983
		<b>M</b> State of legal domicile MN

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO INVEST IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	13
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	52	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,409,716	2,630,255
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	362,002	751,239
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-24,182	-29,825
		1,747,536	3,351,669
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	840,172	1,038,603
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	890,980	824,561
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 95,918		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	527,766	464,367
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	2,258,918	2,327,531
Net Assets or Fund Balances		-511,382	1,024,138
		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	17,078,838	18,615,663
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	96,218	100,886
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	16,982,620	18,514,777	

<b>Part II Signature Block</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.							
Sign Here	***** Signature of officer				2011-09-23 Date		
	LEE ROPER-BATKER PRESIDENT/CEO Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name	KIM HUNWARDSEN CPA	Preparer's signature	KIM HUNWARDSEN CPA	Date	2011-09-26	
	Firm's name	▶ EIDE BAILLY LLP				Check if self-employed ▶ <input type="checkbox"/>	PTIN
	Firm's address	▶ 5601 GREEN VALLEY DRIVE STE 700  MINNEAPOLIS, MN 554371145				Firm's EIN ▶	Phone no ▶ (952) 944-6166
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1

Briefly describe the organization’s mission

THE WOMEN'S FOUNDATION OF MINNESOTA IS A STATEWIDE COMMUNITY FOUNDATION THAT INVESTS IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA THE FOUNDATION FUNDS INNOVATIVE SOCIAL CHANGE PROGRAMS, BUILDS WOMEN'S PHILANTHROPY, CONDUCTS AND REPORTS RESEARCH, ADVOCATES PUBLIC POLICY, AND EDUCATES THE PUBLIC ABOUT THE SUCCESSES AND CHALLENGES OF MINNESOTA'S WOMEN AND GIRLS IT IS THE OLDEST STATEWIDE WOMEN'S FOUNDATION IN THE COUNTRY

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

4a	(Code ) (Expenses \$ 845,580 including grants of \$ 584,813 ) (Revenue \$ )
GRANTMAKINGTHE 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 FUNDTROUGH THIS FUND, THE WOMEN'S FOUNDATION AWARDS GRANTS AND PROVIDES TECHNICAL ASSISTANCE TO NONPROFITS ACROSS THE STATE WORKING IN FIVE CORNERSTONE AREAS, LISTED BELOW 1 CREATING ECONOMIC JUSTICE FOR WOMENVISION 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 SECURITYVISION 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 WOMENVISION 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 RIGHTSVISION WE LOOK FORWARD TO A DAY WHEN WOMEN'S HUMAN RIGHTS AND DIGNITY ARE UNQUESTIONED, WHEN WOMEN ARE FREE FROM DISCRIMINATION AND ABLE TO 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 POWERVISION 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) FUNDIN 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 "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 BUILDINGTHE 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	

4b	(Code ) (Expenses \$ 441,277 including grants of \$ 50,500 ) (Revenue \$ )
RESEARCH, EDUCATION, AND PUBLIC POLICYTHE 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 CORNERSTONE 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 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, OPINION LEADERS, AND PHILANTHROPISTS IN JUNE, 2010 THE FOUNDATION RELEASED THE RESULTS OF THE WORKING GROUP'S FINDINGS AND TOOK THIS WORK ON AN EIGHT COMMUNITY ROAD TO EQUALITY TOUR ACROSS THE STATE OF MINNESOTA THE TOUR INCLUDED STOPS IN WARROAD, MOOREHEAD, GRAND RAPIDS, DULUTH, ROCHESTER, WILLMAR, ST CLOUD, AND THE TWIN CITIES	


















4c	(Code ) (Expenses \$ 640,423 including grants of \$ 403,290 ) (Revenue \$ )
BUILDING WOMEN'S PHILANTHROPYA CRITICAL PART OF THE FOUNDATION'S WORK IS HELPING WOMEN UNDERSTAND THE POWER THEY HAVE TO CHANGE THE WORLD THROUGH THEIR PERSONAL PHILANTHROPY 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➤\$ 1,927,280
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 Yes	
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b	No
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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 Yes	
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	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	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 any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. 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>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	13
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<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>	No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for 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>	No
<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>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<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>	No
<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?	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>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>	No
<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>	No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	No
<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</b>	<b>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>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

**Governance, Management, and Disclosure** For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	22	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	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		No
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
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		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
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	Yes	
b	Other officers or key employees of the organization . . . . . If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .	15b		No
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		No
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 Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LEE ROPER-BATKER 155 FIFTH AVENUE SOUTH SUITE 500 MINNEAPOLIS, MN 55401 (612) 337-5010

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) SHEBA COFFEY CHAIR	1 00	X		X				0	0	0
(2) JULIA CLASSEN VICE CHAIR	1 00	X		X				0	0	0
(3) PAULINE FOFANA TREASURER	1 00	X		X				0	0	0
(4) SAANII HERNANDEZ-MOHR SECRETARY	1 00	X		X				0	0	0
(5) KIM BORTON TRUSTEE	1 00	X						0	0	0
(6) ALEXINA CHAI TRUSTEE	1 00	X						0	0	0
(7) ELIZABETH OLSON TRUSTEE	1 00	X						0	0	0
(8) GRAYCE BELVEDERE YOUNG TRUSTEE	1 00	X						0	0	0
(9) BARBARA FORSTER TRUSTEE	1 00	X						0	0	0
(10) JOANNE GREEN TRUSTEE	1 00	X						0	0	0
(11) JOAN HIGINBOTHAM TRUSTEE	1 00	X						0	0	0
(12) WILHELMINA HOLDER TRUSTEE	1 00	X						0	0	0
(13) TARA MASON TRUSTEE	1 00	X						0	0	0
(14) CATHERINE MCBRIDE TRUSTEE	1 00	X						0	0	0
(15) JULIE CORTY TRUSTEE	1 00	X						0	0	0
(16) MELANIE PETERSON-HICKEY 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 (describe hours for related organizations in Schedule O)	(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			
(17) ROSA TOCK TRUSTEE	1 00	X						0	0	0
(18) LUCY ROGERS TRUSTEE	1 00	X						0	0	0
(19) ASHLEY SHAVER TRUSTEE	1 00	X						0	0	0
(20) VALERIE SPENCER TRUSTEE	1 00	X						0	0	0
(21) MARY WONG TRUSTEE	1 00	X						0	0	0
(22) LEE ROPER-BATKER PRESIDENT/CEO	40 00			X				192,561	0	7,635
(23) RUDY BRYNOLFSON FINANCE DIRECTOR	24 00			X				46,663	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								239,224	0	7,635

2Total 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? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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		
(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 ▶0		

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c	154,587		
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,475,668		
	g	Noncash contributions included in lines 1a-1f \$		173,311		
	h	Total. Add lines 1a-1f . . . . .		2,630,255		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		274,507	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties . . . . .				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss) . . . . .			476,732	476,732
8a		Gross income from fundraising events (not including \$ 154,587 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
b		Less direct expenses . . . . .				
c		Net income or (loss) from fundraising events . . .			-31,705	-31,705
9a		Gross income from gaming activities See Part IV, line 19 . . .				
b		Less direct expenses . . . . .				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances . . .				
b		Less cost of goods sold . . . . .				
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	OTHER INCOME	900099	1,880		1,880	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		1,880			
12	Total revenue. See Instructions . . . . .		3,351,669	0	0	721,414

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 VIII.		(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	1,016,813	1,016,813		
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	21,790	21,790		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	179,586	106,490	62,517	10,579
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	477,518	375,660	61,338	40,520
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	13,527	11,011	1,343	1,173
9	Other employee benefits . . . . .	103,678	80,461	14,719	8,498
10	Payroll taxes . . . . .	50,252	35,469	11,023	3,760
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	5,434		5,434	
c	Accounting . . . . .	15,100		15,100	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	194,246	106,016	86,810	1,420
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	69,380	48,655	2,912	17,813
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	83,821	66,715	9,994	7,112
17	Travel . . . . .	16,014	13,700	1,975	339
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	31,187	20,508	9,290	1,389
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	16,075	12,794	1,917	1,364
23	Insurance . . . . .	7,118	5,665	849	604
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PROFESSIONAL DEVELOPMEN	9,639	3,914	4,614	1,111
b	MISCELLANEOUS	8,258	1,619	6,403	236
c	BAD DEBT EXPENSE	8,095		8,095	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,327,531	1,927,280	304,333	95,918
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			1,370,737	2	515,969
	3	Pledges and grants receivable, net . . . . .			876,871	3	1,527,003
	4	Accounts receivable, net . . . . .			26,365	4	27,938
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			15,878	9	20,622
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	161,603			
	b	Less: accumulated depreciation . . . . .	10b	119,676	28,380	10c	41,927
	11	Investments—publicly traded securities . . . . .			14,729,731	11	15,948,137
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	500,000
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			30,876	15	34,067
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			17,078,838	16	18,615,663	
Liabilities	17	Accounts payable and accrued expenses . . . . .			92,218	17	100,886
	18	Grants payable . . . . .			4,000	18	
	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	Total liabilities. Add lines 17 through 25 . . . . .			96,218	26	100,886
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-1,436,755	27	1,484,586
	28	Temporarily restricted net assets . . . . .			3,788,733	28	2,609,895
	29	Permanently restricted net assets . . . . .			14,630,642	29	14,420,296
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			16,982,620	33	18,514,777
34	Total liabilities and net assets/fund balances . . . . .			17,078,838	34	18,615,663	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,351,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,327,531
3	Revenue less expenses Subtract line 2 from line 1	3	1,024,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,982,620
5	Other changes in net assets or fund balances (explain in Schedule O)	5	508,019
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,514,777

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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

2010

Open to Public  
Inspection

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number  41-1635761
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,413,914	4,039,713	2,671,227	1,409,716	1,624,255	12,158,825
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,413,914	4,039,713	2,671,227	1,409,716	1,624,255	12,158,825
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,338,650
6 Public Support. Subtract line 5 from line 4						6,820,175

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,413,914	4,039,713	2,671,227	1,409,716	1,624,255	12,158,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461,295	747,376	426,147	336,360	274,507	2,245,685
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )			2,188		1,880	4,068
11 Total support (Add lines 7 through 10)						14,408,578
12 Gross receipts from related activities, etc (See instructions )					12	314,189
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	47 330 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	64 860 %
16a 33 1/3% support test—2010. 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 ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-

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)		30,000													
c Total lobbying expenditures (add lines 1a and 1b)		30,000													
d Other exempt purpose expenditures		2,374,887													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,404,887													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		270,244													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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)		67,561													
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	272,155	267,083	266,696	270,244	1,076,178
b Lobbying ceiling amount (150% of line 2a, column(e))					1,614,267
c Total lobbying expenditures			25,000	30,000	55,000
d Grassroots non-taxable amount	68,039	66,771	66,674	67,561	269,045
e Grassroots ceiling amount (150% of line 2d, column (e))					403,568
f Grassroots lobbying expenditures					

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

		(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 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?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2010

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	29	2
2 Aggregate contributions to (during year)	381,368	23,509
3 Aggregate grants from (during year)	381,290	22,000
4 Aggregate value at end of year	2,878,471	13,571
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 may 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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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 the 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 . . . . .	15,917,597	13,405,509	15,690,449		
b Contributions . . . . .	114,938	278,630	1,931,634		
c Investment earnings or losses . . . . .	1,234,291	3,410,630	-3,163,276		
d Grants or scholarships . . . . .	164,000	990,530	12,298		
e Other expenditures for facilities and programs . . . . .	738,628	145,866	1,041,000		
f Administrative expenses . . . . .	44,752	40,776			
g End of year balance . . . . .	16,319,446	15,917,597	13,405,509		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4 990 %

b

Permanent endowment ▶ 88 360 %

c

Term endowment ▶ 6 650 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

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 . . . . .		160,678	119,676	41,002
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				41,927

Schedule D (Form 990) 2010



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,351,669
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,327,531
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,024,138
4	Net unrealized gains (losses) on investments	505,468
5	Donated services and use of facilities	2,551
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	508,019
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,532,157

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	13,859,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a505,468	
b	Donated services and use of facilities . . . . .2b2,551	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e508,019	
3	Subtract line 2e from line 1 . . . . .33,351,669	
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 . . . . .4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .53,351,669	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,327,531
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 . . . . .2e0	
3	Subtract line 2e from line 1 . . . . .32,327,531	
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 . . . . .4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .52,327,531	

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION EVALUATES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND UNDERGOES AN ANNUAL ANALYSIS OF ITS ACTIVITIES AND VARIOUS TAX AUTHORITIES. AS OF MARCH 31, 2011, NO AMOUNTS WERE RECORDED AS A RESULT OF THIS ANALYSIS. THE FOUNDATION WILL RECOGNIZE ANY FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX OR EXPENSE AS INCURRED. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY AUTHORITIES FOR YEARS BEFORE 2009.





Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	KIBERA SLUM PROJECT, KAJJANSI DISABLED FUND, & GENERAL OPERATING	21,790	WIRE			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ☐

3

Enter total number of other organizations or entities . . . . . ☐

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number  
41-1635761

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		THE STIR			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts . . . .	200,238			200,238
2	Less Charitable contributions . . . .	154,587			154,587
3	Gross income (line 1 minus line 2) . . . .	45,651			45,651
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	45,651		45,651
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	31,705		31,705
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					-31,705

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.

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

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No

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

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

☐

Yes

☐

No

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

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?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



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," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number  
41-1635761

Part I

General Information on Grants and Assistance

- 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

54

3

Enter total number of other organizations . . . . .

**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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Software ID:

Software Version:

EIN: 41-1635761

Name: WOMEN'S FOUNDATION OF MINNESOTA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMAZEPO BOX 17417 MINNEAPOLIS,MN 55417	41-1972162	501(C)(3)	55,000				GENERAL OPERATING SUPPORT
ARC GREATER TWIN CITIES2446 UNIVERSITY AV W 110 ST PAUL,MN 55114	41-0782848	501(C)(3)	12,000				BUILDING LEADERS FOR CHANGE
AUGSBURG COLLEGE - MN URBAN DEBATE LEAGUE 2211 RIVERSIDE AV CB 216 MINNEAPOLIS,MN 55454	41-0694721	501(C)(3)	15,000				MN URBAN DEBATE LEAGUE
BREAKING FREE INCORPORATEDPO BOX 4366 ST PAUL,MN 55104	41-1856806	501(C)(3)	15,500				GENERAL OPERATING, PROJECT CONFERENCE
CASA DE ESPERANZAPO BOX 75177 ST PAUL,MN 55175	41-4114710	501(C)(3)	15,000				ADVOCATING FOR COMPLETE AND EQUITABLE SAFETY-NET SOLUTIONS FOR LATINA WOMEN AND GIRLS
CENTER FOR ASIAN & PACIFIC ISLANDERS COLLABORATE WITH IN PROGRESS3702 EAST LAKE STREET MINNEAPOLIS,MN 55406	41-1417198	501(C)(3)	35,000				REFUGEE & IMMIGRANT WOMEN FOR CHANGE
CENTER ON WOMEN AND PUBLIC POLICY146 HUMPHREY CENTER 301 19TH AVE S MINNEAPOLIS,MN 55455	41-6007513	501(C)(3)	51,000				STATUS OF WOMEN & GIRLS IN MINNESOTA
CENTRO1915 CHICAGO AVENUE MINNEAPOLIS,MN 55404	41-1290349	501(C)(3)	6,000				RAISES YOUTH DEVELOPMENT PROGRAM
CHILD CARE WORKS212 2ND ST SE SUITE 116 MINNEAPOLIS,MN 55414	41-1961588	501(C)(3)	15,000				CHILD CARE WORKS STRATEGIC PLAN IMPLEMENTATION
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS5601 BROOKLYN BLVD BROOKLYN CENTER,MN 55429	41-0693910	501(C)(3)	9,000				SEXUAL HEALTH EDUCATION LEADS
GROUNDSPARK INC2180 BRYANT STREET SUITE 203 SAN FRANCISCO,CA 94110	83-0498854	501(C)(3)	40,000				GENERAL OPERATING SUPPORT
HNUB TSHIAB HMONG WOMEN ACHIEVING TOGETHERPO BOX 14127 ST PAUL,MN 55114	20-8964738	501(C)(3)	17,500				HMONG FAMILY DIALOGUES

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAURA JEFFREY ACADEMY 1550 SUMMITT AVE ST PAUL,MN 55105	20-0901562	501(C)(3)	8,597				GIRLS MATH/SCIENCE
METROPOLITAN CONSORTIUM OF COMMUNITY DIRECTORS 3137 CHICAGO AVE MINNEAPOLIS,MN 55407	41-1658654	501(C)(3)	20,000				GENERAL OPERATING SUPPORT
MIDWEST HEALTH CENTER FOR WOMEN33 S 5TH ST SUITE 400 MINNEAPOLIS,MN 55402	41-1254092	501(C)(3)	8,000				GENERAL OPERATING SUPPORT, ADOLESCENT PREGNANCY PREVENTION
MINNESOTA COLAITION FOR BATTERED WOMEN60 E PLATO BLVD 130 ST PAUL,MN 55107	41-1381433	501(C)(3)	15,000				BATTERED WOMEN'S CUSTODY PROJECT
MINNESOTA COMMUNITY FOUNDATION55 FIFTH STREET E 600 ST PAUL,MN 55101	41-0832480	501(C)(3)	10,000				PARTNER OF THE GIVEMN INITIATIVE
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER2300 15TH AVE S MINNEAPOLIS,MN 55404	41-1500950	501(C)(3)	15,000				GENERAL OPERATING SUPPORT
NAYTAHWAUSH COMMUNITY FOUNDATION PO BOX 71 NAYTAHWAUSH,MN 56566	20-5499213	501(C)(3)	15,000				LEARNING CENTER
PANGEA WORLD THEATER 711 WEST LAKE ST 101 MINNEAPOLIS,MN 55408	41-1854164	501(C)(3)	10,000				BREAKING THE SILENCE
POWER OF PEOPLE LEADERSHIP INSTITUTE 3829 W BRAODWAY 104 ROBBINSDALE,MN 55422	26-1209294	501(C)(3)	9,115				GIRLS IN ACTION
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				RESPONDING TO PROSTITUTION IN DULUTH
RAINBOW HEALTH INITIATIVE3429 HENNEPIN AVENUE S 45 MINNEAPOLIS,MN 55408	30-0012420	501(C)(3)	35,000				LBTQ UNPLANNED PREGNANCY REDUCTION PROJECT
READY 4 K2233 UNIVERSITY AVE 345 ST PAUL,MN 551141629	41-2009903	501(C)(3)	15,000				PROMOTING QUALITY CHILD CARE & EARLY EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE 650 NP AVE 110 FARGO,ND 58102	23-7102720	501(C)(3)	10,000				TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE
WAITE HOUSE2529 13TH AVENUE SOUTH MINNEAPOLIS,MN 55407	41-0916478	501(C)(3)	15,000				MUHERES EN LIDERAZGO
WHITE HOUSE PROJECT 800 IDS CENTER 80 S 8TH STREET MINNEAPOLIS,MN 55402	52-2172075	501(C)(3)	21,009				THE MINNESOTA RURAL WOMEN'S LEADERSHIP INITIATIVE, MN GENERAL OPERATING SUPPORT
WOMEN'S HEALTH CENTER OF DULUTH PA32 EAST 1ST ST 300 DULUTH,MN 55802	41-1444270	501(C)(3)	15,000				WHC REPRODUCTIVE HEALTH ACCESS
WOMEN'S INITIATIVE FOR SELF-EMPOWERMENT HAMLINE PARK PLAZA 570 ASBURE ST 202 ST PAUL,MN 55104	41-1791358	501(C)(3)	15,000				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				GENERAL OPERATING SUPPORT
ZING FOUNDATION21 LINWOOD STREET ARLINGTON,MA 02474	57-1190359	501(C)(3)	15,000				GENERAL OPERATING SUPPORT, ARTS RISING PROGRAM
ANNEX TEEN CLINIC4915 42ND AVENUE N ROBBINSDALE,MN 55422	23-7236943	501(C)(3)	6,000				TEEN PREGNANCY PREVENTION PROGRAM
BAGO SENDAAN2476 230TH STREET MAHNOMEN,MN 56557	20-0990599	501(C)(3)	14,000				BAGO SENDAAN PROGRAM
DIVISION OF INDIAN WORK1001 EAST LAKE STREET MINNEAPOLIS,MN 55407	41-0693933	501(C)(3)	6,000				LIVE IT PROGRAM
EMPLOYMENT ACTION CENTER900 20TH AVENUE SOUTH MINNEAPOLIS,MN 55404	41-0828779	501(C)(3)	7,000				BRIGHT FUTURES PROGRAM
GIRL SCOUTS - LAND OF LAKES COUNCIL400 SECOND AVENUE SOUTH WAITE PARK,MN 56387	41-0877820	501(C)(3)	13,000				CHALLENGE AND CHANGE OUTREACH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GREATER TWIN CITIES UNITED WAY404 S 8TH STREET MINNEAPOLIS,MN 55404	41-1973442	501(C)(3)	10,000				SCHOOL READINESS/EARLY LEARNING
MIGIZI COMMUNICATIONS INC3123 EAST LAKE STREET MINNEAPOLIS,MN 55406	41-1379114	501(C)(3)	16,000				IN THE FOOTSTEPS OF OUR GRANDMOTHERS PROJECT
MINNESOTA ADVOCATES FOR HUMAN RIGHTS3650 THIRD AVENUE SOUTH 1240 MINNEAPOLIS,MN 554021940	36-3292374	501(C)(3)	9,500				SAFE HARBORS INITIATIVE, GENERAL OPERATING SUPPORT
OLD ARIZONA COLLABORATIVE2821 NICOLLET AVENUE MINNEAPOLIS,MN 55408	41-1765159	501(C)(3)	18,976				PETAL PUSHERS FLOWER SHOP
PARENTING RESOURCE CENTER INC301 NORTH MAIN STREET AUSTIN,MN 55912	41-1307920	501(C)(3)	13,000				GIRLS SUCCEEDING TOGETHER
PLANNED PARENTHOOD OF MINNESOTA - NORTH DAKOTA - SOUTH DAKOTA 1200 LAGOON AVENUE MINNEAPOLIS,MN 55408	41-0948382	501(C)(3)	10,000				TEENS TEACHING TEENS
PLYMOUTH CHRISTIAN YOUTH CENTER2210 OLIVER AVENUE N MINNEAPOLIS,MN 55411	41-0794440	501(C)(3)	6,000				FIRST THINGS FIRST
PRO-CHOICE RESOURCES 250 THIRD AVENUE NORTH SUITE 625 MINNEAPOLIS,MN 55401	41-0971333	501(C)(3)	46,000				GENERAL OPERATING SUPPORT, MAKING PROUD CHOICES
SOMALI WOMEN UNITED COUNCIL OF AMERICA 2625 E FRANKLIN AVENUE SUITE LL4 MINNEAPOLIS,MN 55406	06-1814967	501(C)(3)	14,000				GIRLS ACHIEVING SUUCCESS
SUMMERLAND MONASTERY INC2343 WOLD AJO HIGHWAY TUCSON,AZ 85746	59-3246709	501(C)(3)	10,500				PARENTES DE ESPERANZA, BUEN PASTOR, RURAL WORK
SUNKTANKA CO REDWOOD AREA COMMUNITIES FOUNDATION200 S MILL STREET REDWOOD FALLS,MN 56283	36-3611923	501(C)(3)	14,000				DAKOTA YOUNG WOMEN'S PROJECT
SW MN PRIVATE INDUSTRY COUNCIL INC607 WEST MAIN STREET MARSHALL,MN 56258	41-1487964	501(C)(3)	14,000				GROWING AND GOING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED THEOLOGICAL SEMINARY OF THE TC3000 5TH STREET NW NEW BRIGHTON, MN 55112	41-0854766	501(C)(3)	50,000				GENERAL OPERATING
WARROAD AREA WOMEN OF TODAYPO BOX 335 WARROAD, MN 56763	41-1556013	501(C)(3)	14,000				GIRLS LEAD
WE WIN INSTITUTE3805 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55409	41-1820991	501(C)(3)	15,000				GIRLS MENTORING PROGRAM
WOMEN'S ENVIRONMENTAL INSTITUTE AT AMADOR HILL (WEI)PO BOX 128 NORTH BRANCH, MN 55056	20-0312344	501(C)(3)	14,000				GIRL FARM
WORKFORCE DEVELOPMENT INC1302 7TH STREET NW ROCHESTER, MN 55901	41-2239753	501(C)(3)	14,000				ART OF YOGA PROJECT
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	18,000				DISCOVERY LEADERSHIP AND GIRL POWER PROGRAMS

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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Part I

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, 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"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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 from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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	Yes	
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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) 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEE ROPER-BATKER	(i)	162,719	29,500	342	4,635	11,346	208,542	0
	(ii)	0	0	0	0	0	0	0
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
	PART I, LINE 7	LEE ROPER-BATKER, PRESIDENT/CEO, RECEIVED VARIABLE PAY OF \$10,000 IN FY 2011. 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)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number  
41-1635761

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	160,202	HIGH/LOW AVERAGE ON DATE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
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>FOOD/BEVERAGE</u> )	X	6	974	WINNING BID AMOUNT
26 Other ▶ ( <u>TRAVEL/EVENT</u> )	X	32	7,930	WINNING BID AMOUNT
USE OF				
27 Other ▶ ( <u>PROPERTY</u> )	X	3	2,600	WINNING BID AMOUNT
28 Other ▶ ( <u>OTHER</u> )	X	11	1,605	WINNING BID AMOUNT

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 Acknowledgement . . . .

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? . . . . .

30a

Yes

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

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

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

Cat No 51227J

Schedule M (Form 990) 2010

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanat ion
NON REPORTING OF REVENUE	PART I, LINE 33	NON-CASH CONTRIBUTIONS FOR WHICH NO REVENUE WAS RECORDED USE OF CAR FOR OUTSTATE TOUR \$300 PAYMENT FOR FOUNDATION LUNCHEON \$1,325 THESE WERE NOTED IN FUNDRAISING SOFTWARE, BUT FINANCE STAFF DID NOT RECEIVE NOTICE OF THEM

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

<b>Name of the organization</b> WOMEN'S FOUNDATION OF MINNESOTA	<b>Employer identification number</b>  41-1635761
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN JANUARY 2011, THE WOMEN'S FOUNDATION OF MINNESOTA LAUNCHED A FUTURE MINNESOTA GIRLS ARE NOT FOR SALE, A FIVE YEAR, \$4 MILLION CAMPAIGN TO END THE COMMERCIAL SEXUAL EXPLOITATION OF GIRLS IN THE STATE THROUGH GRANTMAKING, RESEARCH, PUBLIC EDUCATION, CONVENING, AND EVALUATION IN OCTOBER 2010, THE WOMEN'S FOUNDATION OF MINNESOTA BEGAN A PROGRAM RELATED INVESTMENT (PRI) PROGRAM TO ADVANCE ITS MISSION, EXTEND GRANTMAKING DOLLARS, AND LEVERAGE FOUNDATION MONIES THE FOUNDATION IS ONE OF THE FIRST WOMEN'S FUNDS IN THE COUNTRY TO LAUNCH A PRI PROGRAM

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE IS COMPRISED OF 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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		DURING FY 2011, FINANCIAL MANAGEMENT DUTIES WERE DELEGATED TO AN INDEPENDENT CONSULTANT, RUDY BRYNOLFSON, WHO IS CURRENTLY SERVING AS INTERIM FINANCE DIRECTOR ON A CONTRACT BASIS

Identifier	Return Reference	Explanation
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



Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 505,468 DONATED SERVICES AND USE OF FACILITIES 2,551 TOTAL TO FORM 990, PART XI, LINE 5 508,019