

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Farm 990

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the 2010 c	elendar year, or tax year beginning $9/01$ , 2010, and ending	8/31	,	2011	
_	Check if applicable		D Emplo	yer Identific	ation Number	-
	Address chang	MINNESOTA JUSTICE FOUNDATION	41-	144753	37	
	Name change	229 19TH AVENUE SOUTH		one number		
	Initial return	MINNEAPOLIS, MN 55455	612	-625-0	7777	
	Terminated		<u> </u>	020	3	
			6 6	recente <b>f</b>	5/1	130.
	Amended retur	7337777 737777	G Gross (			X No
	Application per	· 1	H(b) Are all affiliates inc		Yes Yes	A No
_	<del>-</del>	SAME AS C ADOVE	If 'No,' attach a list		ctions)	
<u> </u>	Tax-exempt statu			_		
<u>J</u>	Website: ►		(c) Group exemption n			
K	Form of organization	<del></del>	on 1982   M	State of lega	al domicile MN	
Pa	rt I Sum					
		scribe the organization's mission or most significant activities <u>MJF_CREAT</u>				<u>T¥M</u> _
e C	1	<u> VIS WITH THE OPPORTUNITY TO PROVIDE PRO BONO LEGAN</u>	<u>L SERVICES (</u>	ON BEH	ALF_OF	
Jan	MEMBE	RS_OF_THE_LOW-INCOME_COMMUNITY				
/err		·			. – – – – –	<del>-</del>
ő		s box • if the organization discontinued its operations or disposed of mor	e than 25% of its	1 - 1	ts	21
≪ರ		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b).		3		21
ïë		ber of individuals employed in calendar year 2010 (Part V, line 2a)		5		11
Activities & Governance		ber of volunteers (estimate if necessary)		6		2,000
Ac		elated business revenue from Part VIII, column (C), line 12		7a	•	0.
	l .	ated business taxable income from Form 990-T, line 34		7b		0.
			Prior Year		Current Ye	ear
	8 Contribut	ons and grants (Part VIII, line 1h)	419,3			517.
ne	1	service revenue (Part VIII, line 2g)		550.		860.
Revenue	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		Î	268.	
æ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		392.	485	
	12 Total revo	nue - add lines 8 through 11 (must equal Part VIII, (column (A), line 12)	434,2	295.	541,	130.
	13 Grants ar	d similar amounts paid (Part IX, column A) Likes 137	70,0	00.	70,	000.
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				
	15 Salaries,	other compensation, employee benefits (Part-IX, column (A), line 4)	340,9	968.	317,	738.
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		ì		
ë		draising expenses (Part IX, column (P), line 25) TEN UT 19,809.				
Ĕ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F7 6	21	16	220
	17 Other exp	enses (Part IX, column (A), lines 11a-11d (1)	57,6			230.
	•	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	468,5			968.
	19 Revenue	less expenses Subtract line 18 from line 12	-34,3			162.
TO OF	20 Takal asa	de (Dark V. June 16)	Beginning of Curren		End of Ye	
Not Assets Fund Balanc		ets (Part X, line 16)	216,7	394.		810. 588.
5 E	•	lities (Part X, line 26)				
_		s or fund balances Subtract line 21 from line 20	211,8	56.	320,	222.
		ture Block			_	
Unde	er penalties of perjur	r, I declare that I have examined this return, including accompanying schedules and statements, and to the preparer (other than officer) is based on all information of which preparer has any knowledge	ne best of my knowledge	and belief,	it is true, correct	, and
				-12	/	
٠.		nature of officer	Date	70-		
Sig	jra j	(1  )	Date			
He		Janine Laiva Executive Director.				
			<del></del>	7, [PII	(N)	
		rpe preparer's name Preparer's signature Date	Check	<b>」"  </b>		
Pai	<u> </u>	L O EVERT ///8//	Z self-employe	ed PC	00048853	
	parer Firm's					
Us	e Only Firm's	address > 7760 FRANCE AVE. S. #940	Firm's EIN		534805	
		BLOOMINGTON, MN 55435	Phone no	(952)	831-008	5
May	the IRS discus	s this return with the preparer shown above? (see instructions)			X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	m 990 (2010) MINNESOTA JUSTICE FOUNDATION		41-1447537	Page 2
Pai	Statement of Program Service Accomplishments	·-		
	Check if Schedule O contains a response to any question in this Par	t III		
1	Briefly describe the organization's mission  MJF CREATES JUSTICE BY PROVIDING LAW STUDENTS W  BONO LEGAL SERVICES ON BEHALF OF MEMBERS OF THE		<del></del>	0 
2	Did the organization undertake any significant program services during the program 990 or 990-EZ?  If 'Yes.' describe these new services on Schedule O	year which were not listed on	the prior Yes	No No
3		it conducts, any program serv	vices? Yes	No No
4		nree largest program services port the amount of grants and	by expenses Section 5 I allocations to others, the	01(c)(3) ne total
4 a	A (Code. (Expenses \$ 305,509. including grants of THE MINNESOTA JUSTICE FOUNDATION IS A NONPROFIT STUDENTS AND ATTORNEYS THAT EDUCATES AND ENCOUR COMMUNITY IN THEIR PROFESSIONAL OBLIGATION TO A BEHALF OF THE LOW-INCOME, DISADVANTAGED AND UNR FOUNDATION LINKS COMMITTED LAW STUDENTS WITH AT LEGAL SERVICES, TO ENCOURAGE PUBLIC SERVICE, TO PROMOTE SOCIAL JUSTICE. IN EXCESS OF 17,000 CLI	, NONPARTISAN ORGAL AGES ITS MEMBERS AL PPLY THEIR SKILLS A EPRESENTED. MINNES TORNEYS TO PROVIDE HELP SHAPE PUBLIC	ND THE LEGAL AND KNOWLEDGE O SOTA JUSTICE QUALITY PRO BO POLICY, AND TO	N
4b	b (Code) (Expenses \$ including grants of	\$) (Re	venue \$	
	c (Code) (Expenses \$			
40	c (Code) (Expenses \$ including grants of		venue v	
	d Other program services (Describe in Schedule O)	\ /D=		
	(Expenses \$ including grants of \$ e Total program service expenses ► 305,509.	) (Revenue \$		
4 <u>e</u>	e Total program service expenses ► 305, 509.			

			Τ	Τ
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	<u> </u>
2	! Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_ X_
4	Section 501(c)(3) organizations 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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Yes$ , $Yes$	10		Х
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			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	<b>b</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	11 ь		Х
	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	11 c		Х
	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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	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		<u>x</u>
20 (	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	_	X
t	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 ь		
		_		

Form 990 (2010) MINNESOTA JUSTICE FOUNDATION

Partily Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X_
t	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		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	/a + 10 + 10 + 10 + 10 + 10 + 10 + 10 + 1	X
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
		204	-	
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	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? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If 'Yes,' complete Schedule M	30	_	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule Q	38	х	
BAA		Form	990 (2	2010)

Page 5

Form 990 (2010), MINNESOTA JUSTICE FOUNDATION 41-1447	7537	F	age
Part V   Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			$-\int$
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		ł
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 1c		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	11		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	х	1
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a 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 If 'Yes,' enter the name of the foreign country	4a		Х
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	$\dashv$		1
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	-	_ <del></del> -
	"		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fil	e   _		17
Form 8282?	<u>7c</u>		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>-</b> /1		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	-
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	<b> </b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b></b>   !		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	$\dashv$		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1.2		
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	I	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

41-1447537 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 21 1 a 21 b Enter the number of voting members included in line 1a, above, who are independent 1 b 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 SEE SCHEDULE O Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director or 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 (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Does the organization have local chapters, branches, or affiliates? 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 10 b X 11 a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this is done SEE SCHEDULE O 12 c X 13 Does the organization have a written whistleblower policy? 13 X 14 14 Does the organization have a written document retention and destruction policy? 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? 15a X a The organization's CEO, Executive Director, or top management official X **b** Other officers of key employees of the organization SEE SCHEDULE O 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a 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 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed - MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization JANINE LAIRD 229 19TH AVENUE SOUTH, MPLS, MN \_ 55455 612-625-0777

#### Part VID 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

#### 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. 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

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

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

(A)	(B)	(C)			Прс	(D)	<b>(E)</b>	(F)			
Name and title	Average	Position (check all that apply			hat app	ly)	Reportable	Reportable compensation from	Estimated		
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) IMANI JAAFAR MOHAMMAD											
DIRECTOR	1	Х						0.	0.	0.	
(2) ARCHANA NATH											
DIRECTOR	1	X						0.	0.	0.	
(3) REGGIE ALIGADA											
DIRECTOR	1	Х						0.	0.		
(4) CRAIG BRANDT											
DIRECTOR	1	Х						0.	0.	0.	
(5) ELIZABETH LARSEN											
TREASURER	1	X		X			L	0.	0.	0.	
(6) JENNIFER STOHL POWELL											
PRESIDENT	1	X		Х				0.	0.	<u> </u>	
(7) KRISTIN EADS						]					
DIRECTOR	1	Х				ļ	<u> </u>	0.	0.	0 <u>.</u>	
(8) SARAH DOERR											
DIRECTOR	1	X	<u> </u>				<u> </u>	0.	0.	0.	
(9) TIMOTHY GOODMAN											
VICE PRESIDENT	1	X	L	X			_	0.	_ 0.	0.	
(10) KATE JAYCOX	ļ										
DIRECTOR	1	X					_	0.	0.	0.	
(11) ANDY CARLSON				[		-			_	_	
DIRECTOR	1	X			<u> </u>		<u> </u>	0.	0.	0.	
(12) JESSICA STERLE								_	_		
DIRECTOR	1	X	<u> </u>	ļ			╙	0.	0.	0.	
(13) TIM FLYNN	ļ								_	_	
DIRECTOR	1	X	ļ	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(14) ANDREA NELSON									_	_	
DIRECTOR	1	X		_	_	-	<u> </u>	0.	0.	0.	
(15) VICTORIA JACOBSON BRENN								_		_	
DIRECTOR	1	X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.	
(16) JOE KENYON	_								_	_	
DIRECTOR	1	X	<b>Ļ</b> _	_	<u> </u>	-	<b> </b>	0.	0.	0.	
(17) MAURY LANDSMAN		١								•	
DIRECTOR	1	X	<u> </u>		<u> </u>	L	<u> </u>	0.	0.	0.	
BAA		•	TEEA	01071	_ 12	2/21/10				Form <b>990</b> (2010)	

Tart VII   Section A. Officers, Directors, 1103		\Cy	<u> </u>			·C3,	, all			pioye	<b>63</b> (CC	<i>/////</i>
(A)	(B)	1			c)			(D)	Œ)		<b>(F)</b>	
Name and title	Average hours				_	_		Reportable compensation from	Reportable compensation from	ar	Estimate nount of o	
	per week (describe hours for related organi	일	Inst	Officer	Key employee	emu	Former	the organization	related organization		ompensat	ION
	hours for	rec vidu	institutional trustee	E	em	nest bloye	ner	(W-2/1099-MISC)	(W 2/1099-MISC)	,	from the organizati	on
	organi	학교	) ja		ploy	e con		İ			and relati rganization	
	ın	trustee	trus		æ	pen						
	Sch O)	"	lee	ĺ		Highest compensated						
						•	1					
(18) JOHN REMAKEL								-				
DIRECTOR	1	X						0.	o			0.
(19) SUMMRA SHARIFF										1		
DIRECTOR	1	X						0.	o			0.
(20) JACK SULLIVAN	<u> </u>			$\vdash$						<del>' </del>		<u> </u>
DIRECTOR	1	Х			ŀ			0.	0			0.
(21) SHARON SMITH					<u> </u>			<u> </u>		•		<del></del>
DIRECTOR	1	x						0.	0			0.
(22) JANINE LAIRD		<u> </u>			_	-		0.		<del>- </del>		<del></del>
EXECUTIVE DIREC	40			х	X			58,000.	0			0.
	40	H			Λ			36,000.		+		<del></del>
(23)												
(24)		-	Н			-	$\vdash$			+		
(24)												
(05)				-	$\vdash$		-					
(25)												
(26)												
(27)		Ì										
(28)												
(29)					ĺ		[					
1 b Sub-total							<b>•</b>	58,000.	0	.		<u>0.</u>
c Total from continuation sheets to Part VII, Section	Δ.						<b>•</b>	0.	0			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	58, <u>000</u> .	0			0.
2 Total number of individuals (including but not limited	to thos	se lis	sted	abo	ve)	who	o rec	ceived more than	\$100,000 in repo	rtable co	mpens	ation
from the organization   0												
								•			Yes	No
3 Did the organization list any former officer, director	or truste	ee. k	ev i	emp	love	e. c	or hic	ghest compensate	d employee			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdua	i '	,		,.			9	,	3		X
4 For any individual listed on line 1a, is the sum of rep	ortable	con	nper	nsatı	on :	and	othe	er compensation f	rom		1	;
the organization and related organizations greater th	an \$150	0,00	07 /	f Ye	es' c	com	plete	Schedule J for		-	1	, ,
such individual										4	<del> </del>	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' or	mpensa	ation	fro	m a	nyι	unre	lated	d organization or	ndıvıdual	5		X
Section B. Independent Contractors	ompiete	. 50	ieut	ne J	101	Suc	n pe	215011		] 3		
1 Complete this table for your five highest compensate	d inder	end	ent	coni	rac	tors	that	received more th	an \$100 000 of			
compensation from the organization	o mace	, c i i d		Ç011		.0.5	(7)(4)		ματι <b>ψ</b> 100,000 στ			
(A)								(B)			(C)	
Name and business address								Description o		Comp	ènsatio	n
		-		_			$\Box$					
							$\dashv$				-	
							$\dashv$					
							$\dashv$	_				
						_	$\dashv$	-				
2 Total number of independent contractors (including t	out not !	limit	ed t	a the	256	lista	le h	hove) who receive	d more than			]
\$100,000 in compensation from the organization				~			41					

Pa	rt 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
AR AMOUNTS	1a Federated campaigns     1a       b Membership dues.     1b       c Fundraising events     1c       d Related organizations     1d				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	e Government grants (contributions)  1 a 126,700  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f				
8 €	h Total. Add lines 1a-1f	<b>535,517</b> .			
UE	Business Code		_		
VICE REVE	bc	4,860.	4,860.		
AM SER\	d				
PROGR	f All other program service revenue g Total. Add lines 2a-2f	<b>▶</b> 4,860.			
	Investment income (including dividends, interest and other similar amounts)	268.			268.
	4 Income from investment of tax-exempt bond proceeds	]	<del>                                     </del>		
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents	$\dashv$			
	b Less rental expenses.	$\dashv$			
	c Rental income or (loss)				
	d Net rental income or (loss)	<del>_</del>			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses				
	c Gain or (loss)			[	
	d Net gain or (loss)	<b>•</b>			
ENUE	8a Gross income from fundraising events (not including \$				
3EVE	of contributions reported on line 1c)		1		;
OTHER REVEN	See Part IV, line 18	_			
OTH	b Less direct expenses b				
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19				1
	<b>b</b> Less direct expenses <b>b</b>				,
	c Net income or (loss) from gaming activities	<b>▶</b>	i		
	10 a Gross sales of inventory, less returns and allowances				,
	<b>b</b> Less cost of goods sold <b>b</b>				ŧ
Į	c Net income or (loss) from sales of inventory	<b>&gt;</b>			
ļ	Miscellaneous Revenue Business Code				
	11a OTHER INCOME	485.			485.
	b	<del> </del>			
ł	c			_	
	d All other revenue				
ļ	e rotali Add lilles Tra-Tru	<b>►</b> 485.		_	
	12 Total revenue. See instructions	<u>► 541,130.</u>	4,860.	0.	753.

#### 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)

1	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	70,000.	70,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				2-
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	58,000.	37,120.	17,400.	3,480
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0 .
7	Other salaries and wages	204,631.	130,964.	61,389.	12,278
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,220.	21,901.	10,266.	2,053.
9	Other employee benefits				·
	Payroll taxes	20,887.	13,368.	6,266.	1,253.
	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
	Investment management fees.				
g	Other	8,916.		8,916.	
12	Advertising and promotion				
	Office expenses		-		
14	Information technology				
15	Royalties.				
16	Occupancy				
	Travel	1,688.	1,604.	84.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	11,855.	11,855.		
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
_	Insurance	6,377.	4,081.	1,913.	383.
	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.)				
	SUPPLIES	7,088.	6,380.	354.	354.
	MISCELLANEOUS	5,745.	3,885.	1,860.	<del></del>
	DUES & SUBSCRIPTIONS	2,471.	2,471.		
	PARKING	1,936.	1,742.	194.	
	PRINTING AND PUBLICATIONS	136.	122.	7.	7.
	All other expenses	18.	16.	1.	1.
	Total functional expenses. Add lines 1 through 24f	433,968.	305,509.	108,650.	19,809.
	Joint costs. Check here Lift of 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				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	11,564.	1	94,676.
	2	Savings and temporary cash investments	128,139.	2	121,777
	3	Pledges and grants receivable, net		3	35,000
	4	Accounts receivable, net	-	4	
	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)		6	
A S S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use.		8	
Š	9	Prepaid expenses and deferred charges.	5,350.	9	5,274
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	1	Less accumulated depreciation 10b		10 c	
	ı	Investments – publicly traded securities	8,219.	11	9,422.
		Investments – other securities See Part IV, line 11	·	12	
	13	Investments – program-related See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	63,478.	15	63,661.
	16	Total assets Add lines 1 through 15 (must equal line 34)	216,750.	16	329,810.
	17	Accounts payable and accrued expenses	4,894.	17	9,588.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B I	21	Escrow or custodial account liability Complete Part IV of Schedule D		21_	
L T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E	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	4,894.	26	9,588.
Й		Organizations that follow SFAS 117, check here X and complete lines			
E		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	211,856.	27	270,754.
SSETS	28	Temporarily restricted net assets		28	49,468.
	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
DZC		lines 30 through 34.			
B	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds.		32	<u> </u>
Ç	33	Total net assets or fund balances.	211,856.	33	<u>320,222.</u>
Š	34	Total liabilities and net assets/fund balances	216,750.	34	329,810.

BAA

Form **990** (2010)

Forn	n 990 (2010) MINNESOTA JUSTICE FOUNDATION 41-14	47537		Pa	ige 12			
Pa	rt X! Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	_			_X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	41,1	130.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	33,9	<u> 968.</u>			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	11,8	<u> 356.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE 0	5		1,2	204.			
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	3:	20,2	222.			
Par	rt 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							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a	X	L			
ı	Were the organization's financial statements audited by an independent accountant?		2b		X			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				1			
(	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a						
	X Separate basis Consolidated basis Both consolidated and separate basis			-				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3а		x			
ı	of If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	26					

Form 990 (2010)

BAA

TEEA0112L 12/21/10

# SCHEDULE A (Form 990 or 990-EZ)

**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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

MIN	NESOTA JUSTICE	FOUNDATION						41-1	44753	7		
Par	t   Reason for Pub	lic Charity Status	s (All organizations	must	comple	ete this	s part.	) See i	ınstruci	tions.		_
The	organization is not a priva	ate foundation becaus	se it is (For lines 1 thro	ough 11,	check o	only one	box )					
1	——————————————————————————————————————											
2												
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	_		d in conjunction with a l	hospital	describe	ed in se	ction 17	'0(Ь)(1)(	A)(iii) E	nter the ho	spital's	5
5	name, city, and state		of a college or universit		or oper	ated by		rnmenta	Lunit de	scribed in		<b>.</b> – -
	170(b)(1)(A)(iv). (Co	omplete Part II )						menta	ii uriit ue	scribea iii	SECTION	•
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X 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 de	escribed in <b>section 1</b>	<b>70(b)(1)(A)(vi).</b> (Comple	ete 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	<del>-</del>	•	exclusively to test for pr		-			• •				
11	more publicly suppor describes the type of	rted organizations de:	exclusively for the bene scribed in section 509(a tion and complete lines	a)(1) or :	section S	509(a)(2	ctions o	of, or ca section	rry out ti 509(a)(3)	). Check th	ie box	that
	a Type I b Type II c Type III — Functionally integrated d Type III — Other											
е	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												
g		06, has the organizati	on accepted any gift o	r contrit	oution fro	om any	of the fo	ollowing	persons	,7		
											Yes	No
	(i) A person who on below, the gove	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
	<del>-</del>	er of a person descri	<del>.</del>							11 g (ii)		
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
<u>h</u>	Provide the following	information about th	e supported organization	on(s)				r <del></del>	,			
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	Is the ration in	the organ	ou notify ization in in (i) of ipport?	organiz colur	s the ation in in (i) ed in the 5 ?	(vii) Amour	at of supp	oort
	<del></del>			Yes	No	Yes	No	Yes	No	•		
<b>(^</b>												
<u>(A)</u>								-				
(B)												
(0)												
<u>(C)</u>				ļ								
<u>(D)</u>		*		-								
<u>(E)</u>					_							
Total												

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

Schedule A (Form 990 or 990-EZ) 2010

#### 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)

Sec	tion A. Public Support						
begi	endar year (or fiscal year inning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	403,965.	517,822.	450,231.	424,903.	540,377.	2,337,298.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	403,965.	517,822.	450,231.	424,903.	540,377.	2,337,298.
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)						1,108,226.
6	Public support. Subtract line 5 from line 4						1,229,072.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	403,965.	517,822.	450,231.	424,903.	540,377.	2,337,298.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,076.	8,205.	-596.		268.	17,953.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	255.	6,659.	9,126.	9,392.	485.	25,917.
11	Total support. Add lines 7 through 10						2,381,168.
12	Gross receipts from related activi	ities, etc (see inst	ructions)			12	43,757.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pub					1	51 64
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		15	51.6 % 52.0 %
	Public support percentage from 2	•	· ·				
16 a	33-1/3% support test $-$ 2010. If to and stop here. The organization	he organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and ganization	d the line 14 is 33	3-1/3% or more,	check this box
b	33-1/3% support test — 2009. If the and stop here. The organization of				a, and line 15 is 3	33-1/3% or more	check this box
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	box and <b>stop her</b> e	e. Explain in Par	t IV how
	10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiza	' test, check this tation qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Par ed organization	t IV how the ▶
	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,			
BAA					ocr ocr	ieuule 🗪 (FOIM 9	90 or 990-EZ) 2010

#### 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.)

Sec	ction A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	(4) 2000	(3) 2007	(6) 2000	(4) 2003	(6) 2510	(i) rotar
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						
	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	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						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				I		
	idar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources a Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c	)(3)
	tion C. Computation of Pub						
	Public support percentage for 20			e 13, column (f))		15	<del></del>
	Public support percentage from 2					16	१
Sec	tion D. Computation of Inve	estment Incor	ne Percentage	)		· •	
17	Investment income percentage for	or <b>2010</b> (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	
18	Investment income percentage fr	om <b>2009</b> Schedu	le A, Part III, line	17		18	8
19 a	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	the organization this box and <b>sto</b>	did not check the <b>b here.</b> The organ	box on line 14, a ization qualifies a	and line 15 is more as a publicly suppo	than 33-1/3%, orted organization	and line 17 on ►
	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a publicly	y supported org	anization -
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instruction	<u>▶</u>

Schedule A	(Form 990 or 990-E	<u>2) 2010 MIND</u>	NESUTA JUS	TICE FOUND	DATION _	41-14	<u>4 /53 /</u>	Page 4
PanilVi	Supplemental In Part II, line 17a (See instructions	<b>iformation.</b> Cor 17b; and Follows).	omplete this Part III, line 1	part to prov 2. Also comp	ide the explana plete this part t	ations required by for any additional	/ Part II, line 1 information.	0;
						·		
						· <b></b>		
								<b>-</b> -
<b></b>					<b>-</b>	. – <b>– – – –</b> – – – .	<del></del> -	
						·		<b>-</b> -
		<del></del>				<b></b>		<b>-</b> -
<b>-</b>								. <b>-</b>
		<b></b>					- <b></b>	
<del>-</del> -		<b></b>				<b></b>		
		- <b>-</b>	<del></del>				·	
. – – – –							<b></b>	
. <b></b>								<b>_</b>
<del>-</del> -								· <b>-</b>
	<b></b>							. – – – –
<b>-</b>	<b>-</b>							
<b>-</b>	<b></b>						·	
<b>-</b>	<b></b>	· ·						
<b></b>		· <b></b>		<b></b> _				
					<b>-</b>			
	- <b></b>				<b></b>		. <del></del>	
	<b></b>			- <del>-</del>			. <b>– –</b> – – – –	
					<b></b>			
	<u></u>			- <b></b>				
			<b>_</b> _		<b>_</b>			_ <b>_</b>

20	4	
ZU		U

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

$\sim$	IENT	u,	ววบา	

#### MINNESOTA JUSTICE FOUNDATION

41-1447537

NATURE AND SOURCE	2010	2009	2008	2007	2006
OTHER INCOME TOT	485.	9,392.	9,126.	6,659.	255.
	AL \$ 485.	\$ 9,392.	\$ 9,126.	\$ 6,659.	\$ 255.

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open(optible)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MINNESOTA JUSTICE FOUNDATION		41-1447537
Part I Organizations Maintaining Dono	or Advised Funds or Other Similar Fun	ids 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		
2 Aggregate contributions to (during year)		· · ·
3 Aggregate grants from (during year)		
4 Aggregate value at end of year .		
,		
funds are the organization's property, subject		∐ Yes
used only for charitable purposes and not for purpose conferring impermissible private ben		r any other Yes No
Part II Conservation Easements. Comp	lete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held b	y the organization (check all that apply)	
Preservation of land for public use (e.g.,	recreation or education) Preservation of	of an historically important land area
Protection of natural habitat	Preservation o	of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservation contribution in	the form of a conservation easement on the
-		Held at the End of the Tax Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation ease	ments	2 b
c Number of conservation easements on a cert	fied historic structure included in (a)	2c
d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a history	ric 2d
3 Number of conservation easements modified,	transferred, released, extinguished, or terminal	
tax year ►  4 Number of states where property subject to compare the states where the states	onservation easement is located >	_
5 Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, inspection, haints it holds?	ndling of violations, Yes No
6 Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation ease	ements during the year
7 Amount of expenses incurred in monitoring, ii ► \$	nspecting, and enforcing conservation easemen	its during the year
8 Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction Yes No
	a construction and an artist and a service a	
include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expento the organization's financial statements that d	lescribes the organization's accounting for
Partill Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or resear	
b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research i	statement and balance sheet works of art, n furtherance of public service, provide the
(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X		*\$ *\$
2 If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets for 116 (ASC 958) relating to these items.	
a Revenues included in Form 990, Part VIII, line	e 1	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990, Part X		►\$

•						
Schedule D (Form 990) 2010 MINNESOT	A JUSTICE	FOUNDATIO	N	41-14	47537	Page 2
Part III Organizations Maintaining	Collections	of Art, Histo	orical Treasures, o	r Other Similar As	sets (cont	ınued)
3 Using the organization's acquisition, ac items (check all that apply)	ccession, and ot	her records, ch	eck any of the following	g that are a significant	use of its col	llection
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future generations	5					
4 Provide a description of the organization Part XIV		•			ose in	
5 During the year, did the organization s assets to be sold to raise funds rather	olicit or receive than to be main	donations of ar itained as part	t, historical treasures, of the organization's co	or other similar ollection?	Yes	No
Part IV Escrow and Custodial Arra 9, or reported an amount of	angements.	Complete if	organization answe		990, Part I	V, line
1a Is the organization an agent, trustee, or included on Form 990, Part X?	custodian, or oth	er intermediary	for contributions or ot	her assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Pa	rt XIV and comp	plete the follow	ing table			
_					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1e   1f		
f Ending balance	t on Form 000 I	Dort V. Ivon 213	•	[ 11]	Yes	No
2a Did the organization include an amoun b If 'Yes,' explain the arrangement in Pa		rant A, line 21			☐ 162	
Part V Endowment Funds. Complete		anization and	swered 'Yes' to For	m 990 Part IV Jin	ne 10	
	Current year	(b) Prior yea		- 1		years back
1a Beginning of year balance	) current year	(b) Thoryea	(C) IWO years but	(u) Thice years back	(e) rour y	Cars back
<b>b</b> Contributions					<u> </u>	
c Net investment earnings, gains,						
and losses					+-	
d Grants or scholarships e Other expenditures for facilities and programs						
f Administrative expenses			-			
g End of year balance						
2 Provide the estimated percentage of th	e vear end bala	nce held as				
a Board designated or quasi-endowment	=	%				
<b>b</b> Permanent endowment ►						
c Term endowment ►	<del></del>					
3a Are there endowment funds not in the organization by	possession of th	ne organization	that are held and adm	inistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	1
<b>b</b> If 'Yes' to 3a(ii), are the related organiz	zations listed as	required on So	chedule R?		3b	
4 Describe in Part XIV the intended uses						
Part VI Land, Buildings, and Equip	ment. See F	orm 990, Pa	rt X, line 10.			
Description of investment	(a) Cost	or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
<b>b</b> Buildings						

c Leasehold improvements **d** Equipment **e** Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2010

Sche	edule <b>D</b> (Form 990) 2010 MINNESOTA JUSTICE FOUNDATION	41-144	17537 Page	e ·
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			_
4	Net unrealized gains (losses) on investments			_
5	Donated services and use of facilities			_
6	Investment expenses	,		_
7	Prior period adjustments			_
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			_
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	۵		_
	t XII Reconciliation of Revenue per Audited Financial Statements Wi		N/A	_
1	Total revenue, gains, and other support per audited financial statements	1	11,711	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del></del>		_
	Net unrealized gains on investments 2a	1	1	
	Donated services and use of facilities 2b	· · · · · · · · · · · · · · · · · · ·	1	
			ı	
		<del>                                     </del>		
	Other (Describe in Part XIV).	<u> </u>		
	Add lines 2a through 2d			
	Subtract line 2e from line 1	3		_
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV )			
	Add lines <b>4a</b> and <b>4b</b>	. 4c		_
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII   Reconciliation of Expenses per Audited Financial Statements V		rn N/A	_
	Total expenses and losses per audited financial statements	1		_
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a	<u> </u>		
	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIV )			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i		
а	Investments expenses not included on Form 990, Part VIII, line 7b	<u> </u>		
	Other (Describe in Part XIV )			
	Add lines 4a and 4b	4c		_
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		_
	XIV   Supplemental Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11: 1 01:	_
Part any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d dditional information	and 4b Also complete this p	art to provide	
	•			
				· -
				· <b>-</b>

TEEA3304L 02/11/11

Schedule **D** (Form 990) 2010

BAA

Schedule D (Form 990) 2010 MINNESOTA JUSTICE FOUNDATION  [Part XIV] Supplemental Information (continued)	41-1447537	Page 5
Rart XIV Supplemental Information (continued)		
<del>-</del>		
- <b></b>		
		<b>_</b>
	·	
		<b></b>
<del>-</del>		
	<b></b>	
<del>-</del>		
		<b>-</b>
		<b>-</b>
		<b>-</b>
		<del>-</del>
·		
	<b> </b>	
		<b>-</b>
	<b></b>	

# SCHEDULE I

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2010

Open to Públic Inspection

Employer identification number 41-1447537 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part | General Information on Grants and Assistance MINNESOTA JUSTICE FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

an $\infty$	the grants or assistanc s procedures for monit	e? oring the use of gra	e use of grant funds in the United States	States SEE PART IV	Y IV		X Yes No
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.	ince to Governme for any recipient	nts and Organiz that received m	<b>zations in the Unite</b> ore than \$5,000. Ct	d States. Complet neck this box if no	e if the organizati one recipient rec	ion answered 'Ye eived more than	.00
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(I)					other)		
(2)							
(E)							
			-				
(4)							
			•				
(5)							
$\omega$							
			-,				
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	ganizations		-			0

Schedule I (Form 990) 2010

TEEA3901L 10/29/10

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2010 MINNESOTA JUSTICE FOUNDATION

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.

Part III can be duplicated 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
7  চুইনুম্বাত্তৰী Supplemental Information. Complete this part to provide the information required in Part I, line	lete this part to p	rovide the informat	ion required in Par	12	and any other additional information.
THE CLERK STIPENDS ARE PAID TO THE AGENCIES WHERE THE CLERKS WORK FOR THE SUMMER.	THE AGENCIES	SE WHERE THE CLERKS WORK FO	US WORK FOR TH	E SUMMER.	
		; ; ; ; ;	 		
			! ! ! !		

Schedule I (Form 990) 2010

## SCHEDULE Q (Form 990 or 990-EZ)

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Ópen to Public Inspection

MINNESOTA JUSTICE FOUNDATION	41-1447537
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS (	OR SHAREHOLDER
LAW STUDENTS ARE MEMBERS OF MJF	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FORM IS MADE AVAILABLE FOR REVIEW BEFORE FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENF	ORCEMENT OF CONFLICTS
CONFLICT OF INTEREST FORMS ARE COMPLETED BY BOARD MEMBERS	S
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL P	ROCESS FOR OFFICERS & KEY EMPLOYEES
PERFORMANCE REVIEWS ARE CONDUCTED ANNUALLY AND THE MN COL	UNCIL ON NONPROFITS SALARY
AND COMPENSATION SURVEY IS REVIEWED FOR INDUSTRY INFORMA	rion.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	ICLY AVAILABLE
AVAILABLE UPON REQUEST	

2010

#### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 2

**CLIENT 013301** 

**MINNESOTA JUSTICE FOUNDATION** 

41-1447537

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 1,204. \$ 1,204.

20	4	•
ZU	ı	u

#### **FEDERAL WORKSHEETS**

PAGE 1

**CLIENT 013301** 

MINNESOTA JUSTICE FOUNDATION

41-1447537

FORM 990, PART IX, LINE 24F OTHER EXPENSES

(A)	(B)	(C)	(D)
	PROGRAM	MANAGEMENT	
TOTAL	<u>SERVICES</u>	<u>&amp; GENERAL</u>	<u>FUNDRAISING</u>

POSTAGE AND SHIPPING

	18.	16.	1.	1.
TOTAL \$	18. \$	16. \$	1. \$	1.

## EXCESS CONTRIBUTIONS SCHEDULE A, PART II, LINE 5

NAME_	2006	2007	2008	2009	2010	TOTAL	<u> 2% AMT</u>	<u>EXCESS</u>
OTTO BRI	EMER FNDTN							
		\$ 60,000.	\$ 0.	\$ 0.	\$ 35,000.	\$ 95,000.	\$ 47,623.	\$ 47,377.
WILLIAM	MITCHELL CO						45 600	005 566
	51,400.	55,000.	55,000.	63,689.	60,300.	285389.	47,623.	237,766.
LAWYERS	TRUST ACCT		06 450	00 554	•	126050	47 600	00 600
	35,000.	36,000.	36,478.	28,774.	0.	136252.	47,623.	88,629.
LEGAL S	C ADV COMMI		00 204	05 673	126700	400221	47 622	440 600
II OF M	85,000.	91,554.	99,304.		126700.	488231.		
UOFM	22,151.	25,000.	25,144.	0.	26,500.	98,795.	47,623.	51,172.
HAMLINE	UNIVERSITY	25 000	26 E00	21 500	21 500	140500.	47,623.	92,877.
DODGEV (	26,000. WHITNEY	25,000.	26,500.	31,500.	31,500.	140500.	47,023.	92,011.
DORSEL	6,000.	6,500.	0.	9,130.	12,750.	34,380.	0.	0.
U OF ST		0,300.	0.	5,150.	12,750.	54,500.	٠.	٠.١
0 OF 31	21,000.	29,200.	27,750.	54,062.	30,440.	162452.	47,623.	114,829.
FAEGRE A	AND BENSON	25,200.	21,150.	54,002.	30, 110.	102102.	1,,020,	221,0231
. mora i	5,000.	16,500.	30,591.	15,500.	15,000.	82,591.	47,623.	34,968.
FREDRICE	KSON & BYRON	10,000.	00,0521	_0,000	20,000	02,002	,	,
112211201	5,000.	12,500.	0.	13,250.	13,400.	44,150.	0.	0.
LEONARD.	STREET&DIEN			,	- ,	•		
,	8,500.	8,500.	0.	9,500.	9,500.	36,000.	0.	0.
LINDQUIS	ST & VENNUM	ŕ						
	6,000.	7,500.	7,500.	8,000.	8,000.	37,000.	0.	0.
MN STATE	E BAR ASSOCIA	ATION						
	5,000.		10,750.	0.	6,000.	30,650.	0.	0.
ROBINS,	KAPLAN, MILI	LER & CIR	ESI				_	
	0.	8,000.	0.	9,500.	10,000.	27,500.	0.	0.
SCHWEGM	AN, LUNDBERG			6 500	6 500	10 000	•	, I
me	0.	5,000.	0.	6,500.	6,500.	18,000.	0.	0.1100226
TOTA	L <u>\$ 276051.</u>	\$ 39515 <b>4</b> .	<u>\$ 319017.</u>	\$ 335078.	<u>\$ 391590.</u>	<u>\$1716890.</u>	<u>\$ 380984.</u>	<u>\$ 1108226.</u>

## Form **8868** (Rev January 2011)

. . . . . . .

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ► |X| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part 1.3 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Employer identification number Type or print MINNESOTA JUSTICE FOUNDATION 41-1447537 File by the due date for filing your return See Number, street, and room or suite number. If a P O. box, see instructions 229 19TH AVENUE SOUTH instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions MINNEAPOLIS, MN 55455 01 Enter the Return code for the return that this application is for (file a separate application for each return). Return Application Return Application Is For Code Code 07 Form 990 01 Form 990-T (corporation) 02 80 Form 990-Bl Form 1041-A Form 990-EZ 03 09 Form 4720 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 ■ The books are in the care of ► JANINE LAIRD Telephone No ► 612-625-0777 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box Fig. 1 If it is for part of the group, check this box I and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  $\underline{4/15}$  \_ \_ \_ , 20  $\underline{12}$  , to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 20 \_\_\_\_ or X tax year beginning 9/01 , 20 10 , and ending 8/31 , 20 11 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return | Final return

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

payments made Include any prior year overpayment allowed as a credit

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

**BAA For Paperwork Reduction Act Notice, see Instructions.** 

Change in accounting period

nonrefundable credits See instructions

Form 8868 (Rev 1-2011)

0.

0.

0.

3a|\$

3Ы\$