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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning 2011 DEC 31, 2011 FEB 2, , and ending A Employer Identification number Name of foundation 27-4741901 THE OAK FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 952-674-2800 PO BOX 5628 City or town, state, and ZIP code C if exemption application is pending, check here 55440-5628 MINNEAPOLIS, MN X Initial return Initial return of a former public charity G Check all that apply: D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 142,592. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements for charitable purposes (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income (cash basis only) 200,000. N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 74 74. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications FCEIVED b Less Cost of goods sold C Gross profit of (loss) N () V Ó 11 Other income Total. Add (nes 1 through 11-200,074. $7\overline{4}$ 12 Compensation of officers, directors trustees 13 14 Other employee salaries and wages 15 Pension plans, employee benefits STMT 2 71 Ō, 71. 16a Legal fees **b** Accounting fees STMT 3 1,915 0 1,915. c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 1,989 0. 1,989. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 1,987 0. 1,987.24 Total operating and administrative 5,962 0. expenses. Add lines 13 through 23 5,962. 51,520 25 Contributions, gifts, grants paid 51,520. Total expenses and disbursements. Add lines 24 and 25 57,482 0 57,482. Subtract line 26 from line 12: 142,592 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 74. N/A C Adjusted net income (if negative, enter -0-)

Form 990-PF (2011) THE OAK FOUNDATION

| _ | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | Ena o | r year |
|---------------------------|----------|---|--------------------|------------------|-----------------------|
| <u> </u> | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | | 142,592. | 142,592. |
| | 3 | Accounts receivable ▶ | | | |
| | | Less: allowance for doubtful accounts | [| • | |
| | 4 | Pledges receivable ► | | | |
| | İ | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | - | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | • | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | ' | Less; allowance for doubtful accounts | · | | |
| | | Inventories for sale or use | | | |
| Assets | 1 | | | | |
| Ass | | Prepaid expenses and deferred charges | | | |
| - | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | l | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 0. | 142,592. | 142,592. |
| | 17 | Accounts payable and accrued expenses | | | l, |
| | 18 | Grants payable | | | , |
| Š | 19 | Deferred revenue | | | 1 |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ā | 21 | Mortgages and other notes payable | | | |
| تَ | 22 | Other liabilities (describe) | | | |
| | | | | | ı |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| es | 24 | Unrestricted | | | |
| | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balanc | 26 | Permanently restricted | | | |
| 펄 | 20 | Foundations that do not follow SFAS 117, check here | | | |
| 풀 | | • | 1, | | |
| þ | ,, | and complete lines 27 through 31 Capital stock, trust principal, or current funds | 0. | 0. | |
| əts | 27 | | 0.1 | 0. | |
| SS | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | • • | |
| ž | 29 | Retained earnings, accumulated income, endowment, or other funds | | 142,592. | |
| ž | 30 | Total net assets or fund balances | 0. | 142,592. | |
| | ١ | - | | 140 500 | |
| | 31 | Total liabilities and net assets/fund balances | 0. | <u>142,5</u> 92. | |
| P | art | III Analysis of Changes in Net Assets or Fund B | Balances | | |
| = | | | | | |
| | | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | _ |
| | | st agree with end-of-year figure reported on prior year's return) | • | 1 | 0. |
| | | r amount from Part I, line 27a | | 2 | 142,592. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 142,592. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 30 | 6 | 142,592. |

| (a) List and desc | and Losses for Tax or cribe the kind(s) of property sold arehouse; or common stock, 200 | (e.g., real estate, | t income | (b) F | low ac - Purc - Dona | quired hase ation | (c) Date a | | (d) Date sold (mo., day, yr.) |
|---|---|---|---------------------|----------------------|----------------------------|---------------------------------------|----------------|-------------------------------|----------------------------------|
| 1a | | | | ↓ | | | | | |
| b NO | NE | | | <u> </u> | | | | | |
| C | | | | 1 | | | | | |
| <u>d</u> | | | | + | | | | | |
| <u>e</u> | (f) Depresention ellowed | (a) Co. | st or other basis | ┸┰ | | | (b) C | aın or (loss) | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | expense of sale | | | | | (f) minus (| |
| <u>a</u> | | | | | | | | | ·-· |
| <u>b</u> | | - | | | | | | | |
| <u>C</u> | | | | -+ | | | | | |
| <u>d</u> | | | | | | | | | |
| Complete only for assets show | l ng gain in column (h) and owned | L by the foundation | on 12/31/69 | | | | (I) Gaine (C | ol. (h) gaın | minue |
| | (j) Adjusted basis | (k) E> | cess of col. (I) | | | | il. (k), but r | not less thar (from col. (| 1 -0-) or |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | over | col. (j), if any | _ | | | L03363 | (110111 601. (1 | ··// |
| <u>a</u> . | | | | | | | | | |
| b | | | *** | + | | | | | |
| <u>C</u> | <u> </u> | | | | | | | | |
| d | | | | | | | | | |
| е | | | | $\overline{}$ | | · · · · · · · · · · · · · · · · · · · | | | |
| 2 Capital gain net income or (net c | If gain, also e | enter in Part I, line er -0- in Part I, line | 7 - 7 | <u>}</u> | 2 | | | | |
| 3 Net short-term capital gain or (lo | ss) as defined in sections 1222(5 | 5) and (6): | | | | | | | |
| If gain, also enter in Part I, line 8 | | , , , | |) | | | | | |
| If (loss), enter -0- in Part I, line 8 | | , <u> </u> | | | 3 | | | | |
| | Jnder Section 4940(e) | | | - | | nent in | come | | |
| (For optional use by domestic privat | e foundations subject to the sect | ion 4940(a) tax on | ı net investment ir | ncome | .) | | | | N/A |
| If section 4940(d)(2) applies, leave | this nart blank. | | | | | | | | |
| | | | | | | | | | <u> — —</u> |
| Was the foundation liable for the sec | | | - | riod? | | | | | Yes No |
| If "Yes," the foundation does not qual 1 Enter the appropriate amount in | each column for each year; see i | | | 100 | | | | · - - | |
| (a) | | iisu uctions before | making any enui | | | | | | (d) |
| Base period years Calendar year (or tax year beginn | (b) ing in) Adjusted qualifying | distributions | Net value of no | (c) onchar | | use asset | s | Dıstrıb (col. (b) dıv | utión ratio ided by col. (c)) |
| 2010 | | | | | | | | | |
| 2009 | | | | | | | | | |
| 2008 | | | | - | | | | | |
| 2007 | | | | | | | | | |
| 2006 | | | l | | | | | | |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | |
| 3 Average distribution ratio for the | • | otal on line 2 by 5, | or by the number | r of ye | ars | | | | |
| the foundation has been in exist | ence if less than 5 years | | | | | | 3 | | |
| 4 Enter the net value of noncharita | ble-use assets for 2011 from Par | rt X, line 5 | | | | | 4 | | |
| | | | | | | | | | • |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | |
| 6 Enter 1% of net investment inco | me (1% of Part I, line 27b) | | | | | | 6 | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | _ | |
| 8 Enter qualifying distributions fro | m Part XII, line 4 | _ | | | | | 8 | | |
| If line 8 is equal to or greater that See the Part VI instructions. | in line 7, check the box in Part VI | , line 1b, and comp | plete that part usi | ng a 1º | % tax | rate. | | | |

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|---|---------------------------------------|--------|--------------|---------------|------|--------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b) | o), 4940(e), or 4 | 1948 - | see in | stru | ctio | ns) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line | e 1. | | | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see ins | tructions) | | | | _ | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and entitle | er 1% | 1 | | | | 0. |
| of Part I, line 27b | | | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 1 | 2, col. (b). | | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | - • • | | | 0. |
| 3 Add lines 1 and 2 | | 3 | | | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | | | 0. |
| 6 Credits/Payments: | | | | | | |
| a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a | | | | | | |
| b Exempt foreign organizations - tax withheld at source 6b | | 1 | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | 1 | | | | |
| d Backup withholding erroneously withheld 6d | · · · · · · · · · · · · · · · · · · · | 1 [| | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | | | Ō. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | | | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | | | | |
| 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax | Refunded | 11 | | | | |
| Part VII-A Statements Regarding Activities | | | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it p | articipate or intervene | : IN | | | Yes | No |
| any political campaign? | • | | | 1a | | х |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruct | tions for definition)? | | | 1b | | Х |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an | | ed or | | 一 | | |
| distributed by the foundation in connection with the activities. | , | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | - | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | | |
| (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ | 0. | | | - 1 | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose | | - | | | | ĺ |
| managers. ► \$ 0. | | | | I | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | 2 ~ | | X |
| If "Yes," attach a detailed description of the activities | | | <u> </u> | <u> </u> | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, artic | les of incorporation, (|)r | | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , | | | 3 | ~ | x |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | <u> </u> | 4a | | Х |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | • | N. | | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • | , | ' F | 5 | | Х |
| If "Yes," attach the statement required by General Instruction T. | | | | Ť | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | | |
| By language in the governing instrument, or | | | | | | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that | conflict with the state | e law | | l | | |
| remain in the governing instrument? | | | - | 6 | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? | | | | 7 | X | |
| If "Yes," complete Part II, col. (c), and Part XV. | • | | | | | \vdash |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | 1 | | | 1 |
| MN | | | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | (or designate) | | | | | |
| of each state as required by General Instruction G? If "No," attach explanation | (5. 400.g.,ato) | |]- | 8b | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | For 4942(i)(5) for calc | endar | | + | | |
| year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part | | | | 9 | | x |
| 10. Did any nersons become substantial contributors during the tay year? | • | тмт | _ | 10 | Y | - |

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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X

3b

4a

Yes X No

during the year?

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|--|--|--|--|--|------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (continu | ued) | | _ |
| 5a During the year did the foundation pay or incur any amount to: | | | | | \exists |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Ye | s 🗶 No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | ectly, | | | 1 |
| any voter registration drive? | | Ye | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | s X No | | - 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | s X No | | , |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | for | ł | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | 1 1 | - 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc | ler the exceptions described | ın Regulatıons | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | | | ▶□ □ | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ined | | | i |
| expenditure responsibility for the grant? | | I/A 🛄 Ye | s D No | | Į |
| If "Yes," attach the statement required by Regulations section 53.4945 | 5-5(d). | | | | • |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | |
| a personal benefit contract? | • | Ye | s X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b X | ζ |
| If "Yes" to 6b, file Form 8870 | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Ye | s X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | |
| Information About Officers Directors Trust | ees, Foundation Ma | nagers, Highly | / | | _ |
| Part VIII Paid Employees, and Contractors | • | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| A Milese and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expens account, oth | e ier |
| (a) Name and address | to position | enter -0-) | and deterred compensation | allowance | s |
| | | | | | |
| | | | _ | _ | _ |
| SEE STATEMENT 6 | | 0. | 0. | (| <u>.</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | , enter "NONE." | (d) Contribution to | (a) Evnono | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expens account, oth | her |
| | devoted to position | , | compensation | allowance | <u>s</u> |
| NONE | | | | | |
| | | | | | |
| | | Ĭ | | | |
| | | | | ļ | |
| | - | | | | |
| | | | | | _ |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | <u>. </u> | <u> </u> | 1 | 0 |
| TOTAL Hamber of build displayees paid over 400,000 | | <u> </u> | | | <u> </u> |

| Part VIII Information About Officers, Directors, Trustées, Foundation Managers, Highly Paid Employees, and Contractors (continued) | |
|---|------------------|
| | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | |
| | (c) Compensation |
| NONE | |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | |
| | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | <u> </u> |
| 1 N/A | |
| | |
| | |
| 2 | |
| | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| | |
| Part IX-B Summary of Program-Related Investments | |
| | Amount |
| 1 N/A | |
| | |
| | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| Total. Add lines 1 through 3 | 0. |

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 1a 167,325. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 167,325. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 167,325. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 2,510. 164,815. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V. line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 7,518. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 7,518. 2a Tax on investment income for 2011 from Part VI, line 5 2b b Income tax for 2011. (This does not include the tax from Part VI.) Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 0. Add lines 3 and 4 5 7.518 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 518. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 57,482. 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3Ь 57,482. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|---|---------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2011 from Part XI, | | | | |
| line 7 | | | | 7,518. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: | | 2 | | ļ , |
| · · · · · · · · · · · · · · · · · · | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | į . |
| a From 2006 | | | | |
| b From 2007 c From 2008 | | | | ; |
| d From 2009 | | | | ! |
| e From 2010 | | | | |
| f Total of lines 3a through e | 0. | | | ı |
| 4 Qualifying distributions for 2011 from | | | | |
| Part XII, line 4: ▶\$ 57, 482. | | | | |
| a Applied to 2010, but not more than line 2a | | | 7 - 0. | 1 |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | , |
| (Election required - see instructions) | 0. | | | , |
| d Applied to 2011 distributable amount | | | | 7,518. |
| e Remaining amount distributed out of corpus | 49,964. | | | , |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | ; |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 49,964. | | | |
| b Prior years' undistributed income. Subtract | 40,004. | | | <u>'</u> |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | • | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2010. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2011. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2006 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2012. | 10 061 | | | |
| Subtract lines 7 and 8 from line 6a | 49,964. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2007 b Excess from 2008 | | | | |
| c Excess from 2009 | | | | |
| d Excess from 2010 | | | | |
| e Excess from 2011 49,964. | | | | |
| | | | | |

| Part XIV Private Operating F | oundations (see ins | structions and Part VII | A, question 9) | N/A | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|--------------------|
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | İ | | |
| foundation, and the ruling is effective fo | | | ▶ | | |
| b Check box to indicate whether the found | lation is a private operatin | g foundation described i | | 4942(j)(3) or 494 | 12(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | ı | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | _ | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| • • | | | , . | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | - | | | | |
| b "Endowment" alternative test - enter | | | | | ·- · |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | - |
| and 5 or more exempt | | | | | |
| organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | ! | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | had \$5,000 or mo | re in assets |
| at any time during t | | | ii tile loulluation | παα φο,σσο στ πτο | ne in assets |
| 1 Information Regarding Foundation | | | | | |
| a List any managers of the foundation wh | - | than 2% of the total cont | ributions received by the | foundation before the clos | e of any tax |
| year (but only if they have contributed r | | | , | | , |
| CARGILL MACMILLAN II | I | | | | |
| b List any managers of the foundation wh | | | or an equally large portion | on of the ownership of a pa | rtnership or |
| other entity) of which the foundation ha | s a 10% of greater interes | ou. | | | |
| NONE | | Cabalanatin -t- C | | | |
| 2 Information Regarding Contribut Check here ► X if the foundation of | | | | not accept uncollected recov | acte for funde. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | <u> </u> | | | | |
| a The name, address, and telephone hun | inet of the betzon to who | in applications snould be | auuresseu. | | |
| | | | | | |
| b The form in which applications should | be submitted and informa | tion and materials they sl | nould include: | | |
| c Any submission deadlines: | | . | | | |
| | | | | | |
| d Any restrictions or limitations on award | is, such as by geographic | al areas, charitable fields, | kinds of institutions, or | other factors: | |
| | | | | | |

Form 990-PF (2011) · THE OAK FOUNDATION

Part XV | Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY UNRESTRICTED THERE WITH CARE NONE 2825 WILDERNESS PLACE, SUITE 100 BOULDER, CO 80301 10,520. NONE PUBLIC CHARITY EVENT SPONSORSHIP THERE WITH CARE 2825 WILDERNESS PLACE, SUITE 100 6,000. BOULDER, CO 80301 MEDICINE HORSE PROGRAM NONE PUBLIC CHARITY UNRESTRICTED 8778 ARAPAHOE ROAD BOULDER, CO 80303 10,000. COMMUNITY HEALTH SERVICES NONE PUBLIC CHARITY UNRESTRICTED 4675 E 69TH AVE COMMERCE CITY, CO 80022 10,000. PUBLIC CHARITY UNRESTRICTED BROADWAY IN BOULDER STUDIOS, INC. NONE 1123 W. ENCLAVE CIRCLE LOUISVILLE, CO 80027 15,000. ► 3a 51,520. Total b Approved for future payment NONE Total 0. 3b

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | Exclud | ded by section 512, 513, or 514 | (e) |
|--|----------------------------|------------------------|-------------------------------|---------------------------------|---------------------------------------|
| - | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | code | | |
| a | | | | | |
| b | | | \vdash | | |
| <u> </u> | | | | | |
| d | | | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | • | |
| investments | | | 14 | 74. | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | ! | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | . | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 74. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13_ | /4. |
| (See worksheet in line 13 instructions to verify calcula | | | | | |
| Part XVI-B Relationship of Activ | ities to the Accoi | mplishment of Ex | kemp | τ Purposes | |
| Line No Explain below how each activity for wh | | | contrib | outed importantly to the accor | nplishment of |
| ▼ the foundation's exempt purposes (ot | her than by providing fund | ds for such purposes). | | <u></u> | <u> </u> |
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| 123621 12-02-11 | _ | | | | Form 990-PF (2011) |

| Form 990-PF (2011) | \cdot THE | OAK | FOUNDATION | <u>27-4741901</u> | Pa | ge 1 |
|------------------------|---------------------|----------|-----------------------------|--|-----|------|
| | ormation lempt Orga | _ | • | and Transactions and Relationships With Noncharitable | - | |
| 1 Did the organization | n directly or in | directly | andade in any of the follow | ung with any other organization described in section 501/c) of | /es | No |

| | organization directly of man | | | - • | | 1011 30 1(0) 01 | 1 F | | |
|-------------------|--------------------------------------|----------------------------|--------------------|---|--------------------------|---------------------------------------|-----------------------|---------|-------------|
| | le (other than section 501(c) | | | - · · · · · · · · · · · · · · · · · · · | ıızatıons? | | 1 1 | l | ! |
| | rs from the reporting founda | ation to a noncharital | ble exempt or | ganization of: | | | | | ئــ |
| (1) Ca: | sh | | | | | | 1a(1) | | X |
| (2) Oth | ner assets | | | | | | 1a(2) | | X |
| b Other tr | ansactions: | | | | | | | | |
| (1) Sa | les of assets to a noncharital | ble exempt organizat | tion | | | | 1b(1) | ļ | _X |
| (2) Pu | rchases of assets from a noi | ncharitable exempt o | rganization | | | | 1b(2) | | X |
| (3) Re | ntal of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) Re | imbursement arrangements | | | | | | 1b(4) | T | X |
| | ans or loan guarantees | | | | | | 1b(5) | | X |
| | rformance of services or me | mbership or fundrais | sına solıcıtatıo | ns | | | 1b(6) | | X |
| | of facilities, equipment, ma | • | = | | | | 1c | _ | <u>X</u> |
| | nswer to any of the above is | | | | wave chow the fair n | narket value of the goods (| | ıte . | |
| | ces given by the reporting fo | | | | | = | | ιο, | |
| | (d) the value of the goods, | | | ou 1635 thair iail market valt | ie iii ariy u arisacuori | or snamy ananyement, s | IIOW III | | |
| a)Line no | (b) Amount involved | | | exempt organization | (d) December | of transfers, transactions, and | | | |
| a)Line no | (b) Amount involved | (c) Harrie or | N/A | - cxempt organization | (u) Description | i di transiers, transactions, and | snaring arra | uigeme | ——— |
| + | | | <u> N/A</u> | | - | | | | |
| | | | | | | <u> </u> | | | |
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| | | 1) (5) (5) | .1.1.11- | | | | | | |
| | oundation directly or indirect | - | | | zations described | F | ٦ | - | 1 |
| | on 501(c) of the Code (other | | (3)) or in sect | ion 5277 | | . L | Yes | X |] No |
| b if Yes, | complete the following sche | | | | | | | | |
| | (a) Name of org | janization | | (b) Type of organization | | (c) Description of relations | nip | | |
| | N/A_ | | | | | | | | |
| | | | | | | | | | |
| | _ | | _ | | | | | | |
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| | | | | | | | | | |
| | der penalties of perjury, I declare | | | | | | y the IRS di | ecuse f | nie – |
| Sign and | belief, it is true, correct, and con | nplete, Declaration of pro | eparer (other than | n taxpayer) is based on all inform | nation of which prepare | retu | ım with the | prepare | er |
| Here | X 117 | | | 11/13/13 | OFFICE | ER S | wn below (s X Yes | see mst | "No |
| ! # | ignature of officer or trustee |) | | Date | Title | <u> </u> | <u>т 162</u> | | , 140 |
| | Print/Type preparer's na | | Preparer's s | | Date | Check If PTIN | | | |
| | , , , , , , , , , , , , , , | . | 1 | , | | self- employed | | | |
| Paid | BRIAN HOUS | יםי | Brian 5 | House | 11/00/11 | | กกอาส | 70 | |
| | | | 17. | | 11/08/12 | | $\frac{00821}{60715}$ | _ | |
| Prepare | lt . | CKUSSE, I | NC | | | Firm's EIN ► 41-1 | 39/I/ | / U | |
| Use Onl | | 407 200- | mu | D typedm | | <u> </u> | | | |
| | Firm's address ► 15 | | | | | | | | _ |
| | WA | YZATA, MN | 55391 | | | Phone no. 952- | | _ | |
| | | | | | | Fo | rm 990- | PF (| 2011) |

Schedule B (Form 990, 990'EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization **Employer identification number** THE OAK FOUNDATION 27-4741901 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE OAK FOUNDATION

27-4741901

| Part I | Contributors (see instructions). Use duplicate copies of Part I | l if additional space is needed. | |
|------------|---|----------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | CARGILL MACMILLAN III PO BOX 5628 MINNEAPOLIS, MN 55440-5628 | \$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II of there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | * | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

THE OAK FOUNDATION

27-4741901

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | | |
|------------------------------|---|--|----------------------|--|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |

Employer identification number

| | FOUNDATION ***Clusively religious, charitable, etc., indi ****Consists columns (a) through (a) and i | vidual contributions to section 501(c)(7), (1) | 27-4741901 8), or (10) organizations that total more than \$1,000 inpleting Part III, enter ear. (Enter this information once) \$\\$\\$\$ | | | | |
|-------------|---|--|---|--|--|--|--|
| ti | ne total of exclusively religious, charitable, e | ic., contributions of \$1,000 or less for the ye | Par- (Enter this information once) | | | | |
| · [| se duplicate copies of Part III if addition | nal space is needed. | T | | | | |
| | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| \perp | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, a | and 7ID + 4 | Polationship of transferor to transferos | | | | |
| | Transferee's flame, address, a | III ZIF + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
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| | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
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| - | | | | | | | |
| | | (e) Transfer of gift | | | | | |
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| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| 1- | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
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| · [| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | (2) | (e, eee e, g | (a) Decemplish of their gire to their | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| - | (-, | | | | | | |
| | | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | |
| | Transferee's name, address, a | ind ZIP + 4 | Relationship of transferor to transferee | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | Transferee's name, address, a | (c) Use of gift | Relationship of transferor to transferee (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (c) Use of gift | | | | | |
| | | | | | | | |
| | | (c) Use of gift (e) Transfer of gift | | | | | |

| FORM 990-PF INTEREST ON SAVI | NGS AND TEM | PORARY CASH II | NVESTMENTS | STATEMENT | 1 |
|---|------------------------------|-----------------------------------|-------------------------------|------------------------------|------------|
| SOURCE | | | | AMOUNT | |
| WXCLC, INC. | | | _ | 7 | 74. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, CO | LUMN A | = | 7 | 4. |
| FORM 990-PF | LEGAL | FEES | | STATEMENT | 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAB E PURPOSE | |
| LEGAL FEES | 71. | 0. | | 7 | 71. |
| TO FM 990-PF, PG 1, LN 16A | 71. | 0. | | 7 | 71. |
| FORM 990-PF C | THER PROFES | SIONAL FEES | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITAB E PURPOSE | |
| WAYCROSSE FEES | 1,915. | 0. | | 1,915 | |
| TO FORM 990-PF, PG 1, LN 16C | 1,915. | 0. | | 1,91 | .5 • |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| UNITED STATES TREASURY-FORM 1023 APPLICATION STATE OF MINNESOTA INSURANCE MISCELLANEOUS | 750. 25. 1,141. 71. | 0. 0. | | 2 1,14 | 50. 25. |
| TO FORM 990-PF, PG 1, LN 23 | 1,987. | | | 1,98 | |

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

F

NAME OF CONTRIBUTOR

ADDRESS

CARGILL MACMILLAN III

PO BOX 5628

MINNEAPOLIS, MN 55440-5628

| | T OF OFFICERS, DI FOUNDATION MANAG | | STAT | EMENT 6 |
|--|---------------------------------------|-------------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | |
| SALLY L MACMILLAN PO BOX 5628 MINNEAPOLIS, MN 55440-5628 | DIRECTOR/PRESII | DENT 0. | 0. | 0. |
| ROBERT THEILER PO BOX 5628 MINNEAPOLIS, MN 55440-5628 | DIRECTOR/TREASU | URER 0. | 0. | 0. |
| GLENNY LEGENDRE 4828 W MOORHEAD CIRCLE BOULDER, CO 80305 | DIRECTOR/VICE I | PRESIDENT 0. | 0. | 0. |
| TOM BLEY 1180 BUFFALO RIDGE COURT CASTLE ROCK, CO 80108 | DIRECTOR 0.00 | 0. | 0. | 0. |
| MARTHA VAN GELDER 2701 E CALLE SIN PECADO TUCSON, AZ 85718 | DIRECTOR/SECRET | ΓARY 0. | 0. | 0. |
| JOHN HENRY HULLSIEK 3635 WESTVIEW DRIVE DEEPHAVEN, MN 55391 | DIRECTOR/CHAIRI | PERSON 0. | 0. | 0. |
| CARGILL MACMILLAN III PO BOX 5628 MINNEAPOLIS, MN 55440-5628 | MEMBER 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | , PART VIII | 0. | 0. | 0. |

| Form 886 | 68 (Rev. 1-2012) | | | | _ | Page 2 | |
|---|---|-----------------------|--|------------------------------|---|-----------------|--|
| • If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this | box | | ightharpoons | |
| Note. Or | nly complete Part II if you have already been granted an a | utomatic | 3-month extension on a previously fi | led Form | 8868. | | |
| • If you | are filing for an Automatic 3-Month Extension, complete | te only Pa | rt I (on page 1). | | _ | _ | |
| Part I | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies need | ed). | |
| | <u> </u> | | Enter filer's | identifyin | g number, s | ee instructions | |
| Type or | or Name of exempt organization or other filer, see instructions | | | | Employer identification number (EIN) or | | |
| print | | | | | <u></u> | | |
| File by the | THE OAK FOUNDATION | | | | X 27-4741901 | | |
| due date for filing your return See | Number, street, and room or suite no. If a P.O. box, s. PO BOX 5628 | ox, see instructions. | | Social security number (SSN) | | | |
| instructions | City, town or post office, state, and ZIP code. For a for MINNEAPOLIS, MN 55440-5628 | oreign add | lress, see instructions. | | - | | |
| Enter the | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | |
| Applicat | ion | Return | Application | pplication | | | |
| ls For | | Code | Is For | | | Code | |
| Form 99 | 0 | 01 | | | | | |
| Form 99 | 0-BL | 02 | Form 1041-A | | | 08 | |
| Form 99 | 0-EZ | 01 | Form 4720 | | | | |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 | |
| Form 99 | Form 990-T (sec. 401(a) or 408(a) trust) | | Form 6069 | | | 11 | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| STOP! D | o not complete Part II if you were not already granted | | natic 3-month extension on a prev | iously file | d Form 8868 | 3. | |
| | ROBERT J. THEI | | | | | | |
| | pooks are in the care of PO BOX 5628 - 1 | MINNE | | 628 | | | |
| | hone No. ► 652-674-2800 | | FAX No. > | | | . \Box | |
| | organization does not have an office or place of business | | | | | P | |
| | is for a Group Return, enter the organization's four digit | 1 | | | | | |
| box 🕨 | If it is for part of the group, check this box | | ach a list with the names and EINs of | all memb | ers the exten | sion is for. | |
| | | | BER 15, 2012 , 2011 and ending | חפכ | 21 20 | 111 | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 6 If t | the tax year entered in line 5 is for less than 12 months, o | neck reas | on: 🕰 initial return 🗆 | Final r | eturn | | |
| - 04 | Change in accounting period | | | | | | |
| 7 St | ate in detail why you need the extension DDITIONAL TIME IS NECESSARY | TN OR | DER TO ETTE & COMP | प्रकार | AND ACC | איז איז איז איז | |
| | AX RETURN. | III OIL | DER TO TIBE A COM! | | THID TICE | , OIGII D | |
| | AR RETORN. | | | | | | |
| 8a If 1 | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069 e | inter the tentative tay less any | | | | |
| | • | 01 0003, 6 | inter the terrative tax, less arry | 8a | \$ | 0. | |
| nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, ent | | enter any | refundable credits and estimated | | Ψ | | |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid. | | | | | | |
| | previously with Form 8868. | | | 8b | \$ | 0. | |
| | alance due. Subtract line 8b from line 8a. Include your pa | vment wit | th this form, if required, by using | <u> </u> | - ▼ | | |
| | TPS (Electronic Federal Tax Payment System). See instri | - | | 8c | \$ | 0. | |
| | · · · · · · · · · · · · · · · · · · · | | st be completed for Part II o | | ▼ | | |
| Under per | nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo | ling accomp | | - | f my knowledg | e and belief, | |

Title ► OFFICER

Form 8868 (Rev. 1-2012)

Date 🕨

Signature >