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### DLN: 93493278004122

Department of the Treasury

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

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

OMB No 1545-0047

Open to Public

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formation 1983	aniber F
N	¶ State of legal domicile
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S IN MINNESOT	<u>A</u>
25% of its net a	ssets
3	2(
. 4	2(
5	1
6	7
7a	(
7b	(
ior Year	Current Year
2,630,255	3,880,826
0	C
751,239	-45,986
-29,825	104,503
3 351 669	3,939,343
	1,435,072
-	2,133,372
824,561	955,123
0	C
464,367	554,609
2,327,531	2,944,804
1,024,138	994,539
ng of Current Year	End of Year
18,615,663	19,741,501
	343,062
18,514,777	19,398,439
<u>'</u>	
	. 4 5 6 7a 7b or Year  2,630,255 0 751,239 -29,825 3,351,669 1,038,603 0 824,561 0 824,561 0 464,367 2,327,531 1,024,138 ng of Current Year 18,615,663 100,886

51111 5 5	90 (2	2011)	Page <b>2</b>
art I	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. ৷
L B	riefly	ly describe the organization's mission	•
CHIE\ ROGR DUCA	/EE AMS TES	EN'S FOUNDATION OF MINNESOTA IS A STATEWIDE COMMUNITY FOUNDATION THAT INVESTS IN SOCIAL OF EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA THE FOUNDATION FUNDS INNOVATIVE SOCIAL CHAS, BUILDS WOMEN'S PHILANTHROPY, CONDUCTS AND REPORTS RESEARCH, ADVOCATES PUBLIC POLICY, AS THE PUBLIC ABOUT THE SUCCESSES AND CHALLENGES OF MINNESOTA'S WOMEN AND GIRLS IT IS THE OF WOMEN'S FOUNDATION IN THE COUNTRY	ANGE ND
		ne organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ?	
D	ıd the	rs," describe these new services on Schedule O  the organization cease conducting, or make significant changes in how it conducts, any program ces?	
Ιf	"Yes	ribe the organization's program service accomplishments for each of its three largest program services, as measured by	hv
ex	kpen:	nses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount s and allocations to others, the total expenses, and revenue, if any, for each program service reported	
<b>a</b> (	Code	e ) (Expenses \$ 799,197 including grants of \$ 563,350 ) (Revenue \$	)
E T T M A A C C A A C C C A A C C C C C C C C	BUILD: ITHE D INOT F ITHE D INOT F ITHE D INOT F ITHE D INOT F ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITHE	ITMAKINGTHE WOMEN'S FOUNDATION HAS TWO COMPETITIVE GRANTMAKING FUNDS. THE SOCIAL CHANGE FUND (SCF) AND THE GIRLSBEST (DING ECONOMIC SUCCESS TOGETHER) FUND A COMMITMENT TO COMMUNITIES IN GREATER MINISCAT AND A VAULE OF INCLUSIVITY ARE R DEMOGRAPHICS OF BOTH THE SOCIAL CHANGE FUND AND GIRLSBEST FUND THE FOUNDATION'S THIRD COMPETITIVE GRANTMAKING FUND, M FOR SALE, FALLS UNDER RESEARCH, EDUCATION AND PUBLIC POLICY (LINE 4B) SOCIAL CHANGE FUND GUNDENDER FUND, THE WOMEN'S FG FOR SALE, FALLS UNDER RESEARCH, EDUCATION AND PUBLIC POLICY (LINE 4B) SOCIAL CHANGE FUND GUNDENT FUND FOR WOMEN'S FG ROS GRANTS AND PROVIDES TECHNICAL ASSISTANCE TO MONPROPITS ACROSS THE STATE WORKING IN FIVE CORNERSTONE AREAS, LISTED BE WITNE CEONOMIC JUSTICE FOR WOMEN'S FIND IN THE WITNE WOMEN'S FG ROS WOMEN STATEMENT OF THE WORK OF WOMEN'S FOR	REFLECTED IN N GIRLS ARE OUNDATION ELOW 1 MEN - AS A P BETWEEN RENCY, FULL L PLACE AND E, REJECT D JUDICIAL GASE VIOLENCE AL AND ION WE UNIVERSAL, MEN AND GIRLS COMES T BOARDS, S WOMEN 5 TIVES AND N IN LOCAL, EGISLATIVE HE FIVE E OTHER FOUR GRANTS AUNCHED THE XTANT GENERATION" NDATION ILDINGTHE AND PROGRAM FOR FOCUS ON CHOLDERS WAS TION FOCUSED ON SHIP SKILL
FOR THE PROPERTY OF THE PROPER	DF WCWMINNER MINNER MIN	e ) (Expenses \$ 1,038,880 including grants of \$ 442,070 ) (Revenue \$ ACCH, EDUCATION, AND PUBLIC POLICYTO EDUCATE AND GALVANIZE OPINION LEADERS AND POLICYMAKERS, AND RAISE PUBLIC AWARENESS OF JOMEN AND GIRLS IN MINNESOTA, THE WOMEN'S FOUNDATION OF MINNESOTA HAS RESEARCHED AND PUBLISHED MANY REPORTS, INCLUDING BEN IN MINNESOTA (2000) STATUS OF WOMEN IN MINNESOTA COUNTIES (2004), STATUS OF WOMEN OF COLOR IN MINNESOTA (2000), STATUS OF WOMEN IN MINNESOTA COUNTIES (2004), STATUS OF WOMEN OF COLOR IN MINNESOTA (2005), STATUS (2008), AND ON THE ROAD TO EQUALITY STATEWIDE FINDINGS & POLICY RECOMMENDATIONS (2009) IN 2009, THE WOMENS FOUNDA LESOTA LAUNCHED THE STATUS OF WOMEN & GIRLS IN MINNESOTA, AN ONGOING COLLABORATIVE RESEARCH PROJECT OF THE FOUNDATION A RESITY OF MINNESOTA HUMPHREY SCHOOL'S CENTER ON WOMEN & PUBLIC POLICY ANNUALLY, DATA SPECIFIC TO MINNESOTA WOMEN AND GERED AND ANALYZED IN ECONOMICS, SAFETY, HEALTH AND LEADERSHIP THE PROJECT REPRESENTS A UNIQUE APPROACH TO RESEARCH BY U CARRACTER ON ANALYZED IN ECONOMICS, SAFETY, HEALTH AND LEADERSHIP THE PROJECT REPRESENTS A UNIQUE APPROACH TO RESEARCH BY U CARRACTER ON THE PROJECT REPRESENTS A UNIQUE APPROACH TO RESEARCH BY INTERPRETED IN WORKING GROUPS AND REVIEWED DATA TO IDENTIFY THE KEY ISSUES OUTLINED IN THE PUBLISHED REPORTS, AND ANALYZED IN WORKING GROUPS AND REVIEWED DATA TO IDENTIFY THE KEY ISSUES OUTLINED IN THE PUBLISHED REPORTS, AND AND ANALYZED THE RESEARCH, EDUCATION, AND PUBLIC POLICY PROGRAMMATIC AREA ALSO INCLUDES THE MIN GIRLS ARE NOT FOR SALE PROGR , \$5 MILLION CAMPAIGN TO END THE PROSTITUTION OF MINNESOTA GIRLS, JULY 2011 * IN AUGUST 2011, HIRED THE MELIMAN GROUP (WASHINGTON, D C ) TO CONDUCT FOC PROSTITUTION OF MINNESOTA GIRLS, JULY 2011 * IN AUGUST 2011, HIRED THE MELIMAN GROUP (WASHINGTON, D C ) TO CONDUCT FOC PROSTITUTION OF MINNESOTA GIRLS, JULY 2011 * IN AUGUST 2011, HIRED THE MELIMAN GROUP (WASHINGTON, D C ) TO CONDUCT FOC PROSTITUTION OF MINNESOTA GIRLS, JULY 2011 * IN AUGUST 2011, HIRED THE MILLIAND GROUP (WASHINGTON, D C ) TO CONDUCT	STATUS OF S OF GIRLS IN ATION OF AND THE GIRLS IS JSING A BODIES AND AND PROFFER 2010 AND AND RAMA HOW AFIVE DUNDATION HO ARE CONFERENCE CUS GROUPS DIMMISSIONED HIMENDATIONS TO THE STIR, THE D GENDER ROUGH MN T PAUL POLICI TH AND
E		e ) (Expenses \$ 690,929 including grants of \$ 429,652 ) (Revenue \$  DING WOMEN'S PHILANTHROPYA CRITICAL PART OF THE FOUNDATION'S WORK IS HELPING WOMEN UNDERSTAND THE POWER THEY HAVE TO C  LD THROUGH THEIR PERSONAL PHILANTHROPY THROUGH THE FOUNDATION'S BUILDING WOMEN'S PHILANTHROPY PROGRAMMATIC AREA, WOM	

OPTIONS, SUCH AS OPENING A DONOR ADVISED FUND, MAKING A PLANNED GIFT, OR STARTING A GIVING CIRCLE \* IN MAY 2011, LEAD A DAY-LONG TOUR OF THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA RESERVATION FOR DONORS TO LEARN ABOUT FEDERAL INDIAN POLICY AND PRESENT-DAY IMPACTS \* INVITED FOUNDATION DONORS TO THE PROGRESSIVE LUNCHES AT THE SOCIAL CHANGE FUND AND GIRLSBEST FUND CONVENINGS "ADVANCING EQUALITY THROUGH PUBLIC POLICY" AND "DISCOVERING YOUR BEST WITH GIRLSBEST GIRLS CALCULATING THEIR FUTURE SUCCESS," RESPECTIVELY TO MEET GRANTEES AND LEARN ABOUT THEIR PROGRAMS, FIRSTHAND \* IN SEPTEMBER 2011, HELD THE ANNUAL LEADERSHIP AND LEGACY CIRCLE FOR WOMEN & GIRLS LUNCHEON TO ABOUT THEIR PROGRAMS, FIRSTHAND \* IN SEPTEMBER 2011, HELD THE ANNUAL LEADERSHIP AND LEGACY CIRCLE FOR WOMEN & GIRLS LONGHOIN TO CELEBRATE AND ENGAGE FOUNDATION DONORS OF \$1,000 OR MORE ANNUALLY AND/OR HAVE MADE A PLANNED GIFT TO THE FOUNDATION \* HELD A DONOR EDUCATION FORUM ON THE PROSTITUTION OF MINNESOTA GIRLS, WHICH INCLUDED A TOUR TO VISIT TWO FOUNDATION GRANTEE-PARTNERS WORKING ON THIS ISSUE \* HELD THE STIR IN MARCH 2012, THE FOUNDATION'S ANNUAL FUNDRAISING EVENT THAT ENGAGES NEARLY 1,000 MINNESOTA CORPORATE WOMEN \* MANAGED 31 DONOR ADVISED FUNDS HELD AT THE FOUNDATION AND FACILITATED DONOR-CENTERED GRANTMAKING PROCESS FOR THE RIPLEY MEMORIAL FUND \* MANAGED TWO GIVING CIRCLES

) (Revenue \$

4d	Other program services	(Describe in Schedule O )

(Expenses \$ including grants of \$

Total program service expenses►\$ 2,529,006 4e

art IV	Checklis	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Pell	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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 O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-103	
2-	Did the annual transfer have immediated him and a management of \$1,000 an management than			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
<del>'l</del> a	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
ou	organization solicit any contributions that were not tax deductible?	ou		140
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization of the			
	file Form 8282?	<b>7</b> c		<u>No</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Dod bloom and the second of th			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7.		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
4.0	Casting 4047(a)(4) and account described as a first second			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
-	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)			<u> </u>				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	Yes					
Ь	Other officers or key employees of the organization	15b		No				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶MN		<u></u>					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply							

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 LEE ROPER-BATKER

155 FIFTH AVENUE SOUTH SUITE 500 MINNEAPOLIS, MN 55401

(612)337-5010

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)  Name and Title	(B) (C) A verage hours more than one box, unless person is both an officer and a director/trustee) hours							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		,	organizations
(1) SHEBA COFFEY CHAIR	1 00	х		Х				0	0	0
(2) JULIA CLASSEN VICE CHAIR	1 00	х		Х				0	0	0
(3) PAULINE FOFANA TREASURER	1 00	х		Х				0	0	0
(4) SAANII HERNANDEZ-MOHR SECRETARY	1 00	х		Х				0	0	0
(5) KIM BORTON TRUSTEE	1 00	Х						0	0	0
(6) ALEXINA CHAI TRUSTEE	1 00	х						0	0	0
(7) ELIZABETH OLSON TRUSTEE	1 00	х						0	0	0
(8) ALANA HEDLUND TRUSTEE	1 00	х						0	0	0
(9) APRIL SUTOR TRUSTEE	1 00	Х						0	0	0
(10) JOANNE GREEN TRUSTEE	1 00	Х						0	0	0
(11) JEAN ADAMS TRUSTEE	1 00	х						0	0	0
(12) WILHELMINA HOLDER TRUSTEE	1 00	Х						0	0	0
(13) SUDHA SHETTY TRUSTEE	1 00	х						0	0	0
(14) CATHERINE MCBRIDE TRUSTEE	1 00	х						0	0	0
(15) JULIE CORTY TRUSTEE	1 00	х						0	0	0
(16) VICTORIA WHITE TRUSTEE	1 00	х						0	0	0
(17) ROSA TOCK TRUSTEE	1 00	Х						0	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe	more unles an	on (d e than s per offic	n one son er ar	not check one box, on is both r and a rustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from to	ated f other sation the on and
		hours for related organizations in Schedule O)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relati organiza	
(18) TRUS	LUCY ROGERS TEE	1 00	х						0	0		0
(19) <i>i</i> TRUS	ASHLEY SHAVER RAJARATNAM TEE	1 00	х						0	0		0
(20) ' TRUS	VALERIE SPENCER TEE	1 00	х						0	0		0
	TARA MASON TEE (THRU MAY 2011)	1 00	х						0	0		0
	LEE ROPER-BATKER IDENT/CEO	40 00			Х				175,940	0		16,702
	HEIDI WALSH ICE DIRECTOR	34 00			Х				33,256	0		2,012
	RUDY BRYNOLFSON RIM FINANCE DIRECTOR	24 00			Х				48,057	0		0
1b	Sub-Total			•	•			<b>&gt;</b>				
С.	Total from continuation sheets t							<b>&gt;</b>	257 252	0		10.714
d 	Total (add lines 1b and 1c)  Total number of individuals (inclu							N/h O	257,253			18,714
_	\$100,000 of reportable compens					·cu c	100 (0)	, ,,,,,	received more tha			
											Yes	No
3	Did the organization list any form				e, ke	y ei	mploye	ee, o	r highest compens	ated employee		
	on line 1a? If "Yes," complete School For any individual listed on line 1					•		• ·		<u> </u>	3	No
4	organization and related organiza											
_	Individual			•	• •	from		• Inrol			1 Yes	
5	Did any person listed on line 1a r services rendered to the organiza										5	No
Se	ection B. Independent Cont	ractors										
1	Complete this table for your five l \$100,000 of compensation from or within the organization's tax ye	highest compen the organizatior										
		<b>(A)</b> e and business add	ress						Descr	(B) iption of services	(C Comper	
	Total number of independent contra \$100,000 of compensation from th			ot lim	ııted	to t	hosel	ısted	d above) who receiv	ed more than		

								Page <b>9</b>
Part \	<u>/1111</u>	Statement of	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
\$ \$	1a	Federated cam	paigns 1a					
g ja	b	Membership du	es <b>1b</b>					
s, g	c	Fundraising eve	ents <b>1c</b>	60,929				
Other Revenue Program Service Revenue and other similar amounts 25.00 of 15.00 of 15	d	Related organiz	zations 1d					
E, S	e	Government grant	s (contributions) 1e					
rio er s	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	3,819,897				
通り	g	Noncash contri	butions included in					
멸	١.	lines 1a-1f \$ _	9,830		2 000 026			
ुंख	h	Total. Add lines	s 1a-1f		3,880,826			
ē	3-			Business Code				
Wen	2a			-				
Program Service Rev	b c							
	d		_					
	e			+				
ran	f	All other progra	am service revenue					
ွို	'							
	g		s 2a-2f					
	3		ome (including dividen ar amounts)	<del>-</del>	342,929			342,929
	4		stment of tax-exempt bond	F	,			,
	5			· · · · · · · · · · · · · · · · · · ·				
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)	+				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	3,042,020					
		assets other than inventory						
	b	Less cost or other basıs and	3,430,935					
	c	sales expenses Gain or (loss)	-388,915					
	d	Net gain or (los			-388,915			-388,915
	8a	Gross income f						
ne		events (not inc	ludıng ,929					
ᅙ		of contributions	reported on line 1c)					
Ŗ		See Part IV, lir	ne 18 <b>a</b>					
<u> </u>	Ь	less directey	penses b	174,210 75,502				
₹	c		(loss) from fundraising		98,708			98,708
	9a	Gross income f See Part IV, lir						
	ь	Less direct ex	a penses b					
	c		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b> (loss) from sales of inv	entory ►				
		Miscellaneou		Business Code				
	11a	OTHER INCOM	1E	900099	5,795			5,795
	ь							
	C							
	d		ue					
	е	Total. Add lines	s 11a-11d		5,795			
	12	Total revenue.	See Instructions .	▶	3,939,343	0	0	58,517

### 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)

	neck if Schedule O contains a response to any question in this Part IX	<del></del>	<u> </u>	<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,435,072	1,435,072		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	239,572	124,972	110,725	3,875
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	534,095	452,685	52,619	28,791
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	17,289	14,913	1,416	960
9	Other employee benefits	109,025	91,284	12,313	5,428
10	Payroll taxes	55,142	40,251	12,646	2,245
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,939		11,939	_
С	Accounting	15,560		15,560	_
d	Lobbying	,		·	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	233,638	176,508	56,281	849
12	Advertising and promotion	3,500	2,500	1,000	
13	Office expenses	75,430	52,607	6,026	16,797
14	Information technology		52,001	3,020	10,137
15	Royalties				
16	Occupancy	94,739	66,608	24,362	3,769
17	Travel	15,272	9,571	5,601	100
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,272	3,3,1	3,001	
19	Conferences, conventions, and meetings	53,481	43,090	9,777	614
20	Interest	,	,	, i	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,474	10,172	3,726	576
23	Insurance	6,925	4,871	1,778	276
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	,			
а	PROFESSIONAL DEVELOPMEN	9,308	2,508	6,800	
b	BAD DEBT EXPENSE	8,281		8,281	
c					
d					
e					
f	All other expenses	12,062	1,394	10,489	179
25	Total functional expenses. Add lines 1 through 24f	2,944,804	2,529,006	351,339	64,459
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-	-	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 515.969 1.335.947 2 3 1,527,003 2.012.325 27.938 23.767 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 20.622 9 27,448 Prepaid expenses and deferred charges . . . . . . 173.045 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 134,149 b Less accumulated depreciation . . . . 41,927 10c 38,896 15,948,137 11 15,772,689 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 500,000 13 500,000 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 34,067 15 30,429 15 18,615,663 19,741,501 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 100,886 17 98,062 17 Accounts payable and accrued expenses . 18 18 245,000 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . . 26 100,886 26 343,062 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,484,586 27 612,206 Unrestricted net assets . . . . 2,609,895 28 4,033,365 28 Temporarily restricted net assets . . . . . Fund 29 14,420,296 29 14,752,868 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 18.514.777 33 19.398.439 34 Total liabilities and net assets/fund balances . . . . . 18.615.663 34 19.741.501

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.9	39,343
2	Total expenses (must equal Part IX, column (A), line 25)	2			944,804
3	Revenue less expenses Subtract line 2 from line 1	3		9	94,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,5	514,777
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	.10,877
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		19,3	398,439
Par	The triangle of the contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits $\cdot$ .	required	3b		

**Employer identification number** 

### OMB No 1545-0047

Inspection

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

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

Support Schedule for Organizations Described in IRC 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.)

	under Part III. II tile	organización	ialis to quality u	nder the tests i	isted below, pie	ase co	ilpiete i	Part III.)
	ection A. Public Support	1	1 -		1			
Car	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
-	membership fees received (Do not	4,039,71	3 2,671,227	1 400 716	1 624 255	2	000 026	13,625,737
	ınclude any "unusual	4,039,71	2,6/1,22/	1,409,716	1,624,255	3	,880,826	13,625,737
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf						-	
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	4,039,71	3 2,671,227	1,409,716	1,624,255	3	,880,826	13,625,737
_	The portion of total contributions	4,035,71	2,071,227	1,405,710	1,024,233		,000,020	15,025,757
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							6,260,895
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							7,364,842
	from line 4							.,
	ection B. Total Support	<u> </u>						
Cal	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
-	beginning in)	4,039,713	2,671,227	1,409,716	1,624,255	2	,880,826	13,625,737
7	A mounts from line 4	4,039,713	2,071,227	1,409,710	1,024,233	3	,000,020	13,023,737
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	747,376	426,147	336,360	274,507		342,929	2,127,319
	and income from similar	,,5, 5	123,111	330,300	27 1,507		3 .2,323	2,127,019
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV ) Do not include gain or loss		2,188		1,880		5,795	9,863
	from the sale of capital assets							
11	Total support (Add lines 7							15,762,919
12	through 10) Gross receipts from related activiti	es etc (See inst	tructions )			12		436,636
	First Five Years If the Form 990 is			* L	£		) \ _ ========	
13	check this box and <b>stop here</b>	ior the organizati	on s mst, second,	tillia, lourtii, or ii	itii tax year as a :	501(5)(3	o) organiz	:ation, ▶□
	eneck and box and stop here							-,
S	ection C. Computation of Pub	lic Support F	Percentage					
14	Public Support Percentage for 201:			11 column (f))		14		46 720 %
15	Public Support Percentage for 2010	) Schedule A , Pa	rt II, line 14			15		47 330 %
16a	33 1/3% support test—2011. If the	•	•	on line 13, and l	ine 14 is 33 1/3%		. check t	
	and <b>stop here.</b> The organization qua				,		,	<b>▶</b>  ▼
b	<b>33 1/3% support test—2010.</b> If the	_			a, and line 15 is 3	3 1/3%	or more,	check this_
	box and <b>stop here.</b> The organization							<b>►</b> □
17a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organiza			•		-	•	
	in Part IV how the organization mee	ets the "facts and	a circumstances" 1	test The organiza	ation qualifies as a	a publicl	y support	
h	organization 10%-facts-and-circumstances test-	_2010 Ifthe ora	anization did not o	hack a hov on lin	a 13 16a 16h a	r 17222	d line	<b>P</b> 1
U	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza			•		-		
	supported organization					40 (		<b>▶</b> □
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	
	instructions		,		•			<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 41-1635761

Name: WOMEN'S FOUNDATION OF MINNESOTA

### Form 990, Special Condition Description:

**Special Condition Description** 

DLN: 93493278004122

OMB No 1545-0047

Yes

Yes

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

V	ame	of	the	org	anız	atı	on	
٨	OMEN	l'S	FOUI	VDAT	TON	OF	MINNE	SOTA

Employer identification number

41-1635761

ш	L L-A	complete ii	the organiz	zation is ex	xempt under	section 5	OT(C) OL	is a section	11 32/	organiz	auon.
1	Provi	de a description	of the organiza	tion's direct a	and indirect polit	ıcal campaıgı	n activities	on behalf of o	r		

- in opposition to candidates for public office in Part IV
- Political expenditures
- Volunteer hours

art I-B	Complete	if the organizatio	n is exempt under	section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

encadic e (i	01111 330 01 330 12/2011	ı agı
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check	$\sqcap$	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)
В	Check	Г	if the filing organization checked box A and "limited control" provisions apply

	Check   If the filing organization checked box	x A and limited control provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
а	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	25,000	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	64,408	
c	Total lobbying expenditures (add lines 1a and 1b	o)	89,408	
d	Other exempt purpose expenditures		2,439,598	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	2,529,006	
f	Lobbying nontaxable amount Enter the amount f	276,450		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	69,113	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	

i Subtract line 1f from line 1c If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	V	_	NI.
	Yes		N

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) Total	
2a	Lobbying non-taxable amount	267,083	266,696	270,244	276,450	1,080,473	
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,620,710	
c	Total lobbying expenditures		25,000	30,000	89,408	144,408	
d	Grassroots non-taxable amount	66,771	66,674	67,561	69,113	270,119	
e	Grassroots ceiling amount (150% of line 2d, column (e))					405,179	
f	Grassroots lobbying expenditures				25,000	25,000	

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>		
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 		
		(a)		(a)		(	b)
		Yes	No	Am	ount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	O ther activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1i		_				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion		
			_	Y	es No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion		
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
а	Current year	2a					
b	Carryover from last year	2b					
C	Total	2c					
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4					
5	Taxable amount of lobbying and political expenditures (see instructions)	5					

### Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

DLN: 93493278004122

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	me of the organization MEN'S FOUNDATION OF MINNESOTA	Employer identification number			
VVC	THEN 3 TOONDATION OF PINNESOTA	41-1635761			
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		nds or Accounts. Complet	e if the	
	organization answered Tes to Form 9	(a) Donor advised funds	(b) Funds and other accou	nts	
1	Total number at end of year	32		2	
2	Aggregate contributions to (during year)	943,214		28,795	
3	Aggregate grants from (during year)	392,235		37,417	
4	Aggregate value at end of year	3,386,367		4,949	
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		r advised <b>ア Yes</b>	┌ No	
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit	nefit of the donor or donor advisor, or for any	y other purpose	┌ No	
	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.		
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	cion or pleasure)	ertified historic structure	a	
	casement on the last day of the tax year	Γ	Held at the End of the	Year	
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	s	2b		
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d		
3	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminated	by the organization during		
4	Number of states where property subject to conserv	ation easement is located ►	_		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and <b>Yes</b>	┌ No	
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year 🛌		
7	A mount of expenses incurred in monitoring, inspect ►\$	ing, and enforcing conservation easements	during the year		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	rion <b>Tyes</b>	┌ No	
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s			
Par	Complete if the organization answered		or Other Similar Assets.	_	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its revenue statemer d for public exhibition, education or researcl	h in furtherance of public service	2,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA		financial gain, provide the		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Col	<u>lections of Art, Hi</u>	<u>stor</u>	<u>ical Treasur</u>	res, or Othe	<u>r Similar Asse</u>	ets (co	<u>ntınued)</u>
3	Using the organization's accession and other items (check all that apply)	records, check any of	the fo	llowing that are	a significant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	$\Gamma$	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	llections and explain ho	ow the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						Yes	┌ No
Pai	Part IV, line 9, or reported an am	ements. Complete	f the	organization		es" to Form 990	Ο,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediar	y for	contributions o	r other assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	wing	able		Amo	ınt	
c	Beginning balance				1c	Amo	unt	
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990 Part X line 21	2				Yes	
2u b	If "Yes," explain the arrangement in Part XIV	1111 990,1 are X, 1111e 21				'	103	, 140
	rt V Endowment Funds. Complete if	the organization an	swer	ed "Yes" to F	orm 990 Par	t IV line 10		
	Endownient Fands Complete II		<b>b)</b> Prior				<b>e)</b> Four Y	ears Back
1a	Beginning of year balance	16,319,446	1	5,917,597	13,405,509	15,690,449		
b	Contributions	690,796		114,938	278,630	1,931,634		
C	Investment earnings or losses	-139,014		1,234,291	3,410,630	-3,163,276		
d	Grants or scholarships	164,073		164,000	990,530	12,298		
е	Other expenditures for facilities and programs	512,819		738,628	145,866	1,041,000		
f	Administrative expenses	42,958		44,752	40,776			
g	End of year balance	16,151,378	16	5,319,446	15,917,597	13,405,509		
2	Provide the estimated percentage of the year							
а	Board designated or quasi-endowment 🕨	0 970 %						
b	Permanent endowment ► 7 690 %							
C	Term endowment ► 91 340 %							
3a	Are there endowment funds not in the posses	sion of the organizatior	that	are held and ac	dmınıstered for	the		
	organization by  (i) unrelated organizations					3a(i)	Yes	No No
	(ii) related organizations					3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization					3b	<del> </del>	
4	Describe in Part XIV the intended uses of the	organization's endown	nent f	unds				
Pai	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 990, P	art X	, line 10.				
	Description of property			a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook value
1a	Land							
b	Buildings							
c	Leasehold improvements				925			925
d	Equipment				172,120	134,149		37,971
	Other							
Tota	I. Add lines 1a-1e (Column (d) should equal For	m 990, Part X, column (E	3), line	≥ 10(c).)				38,896

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

tal expenses (Form 990, Part IX, column (A), line 25) cess or (deficit) for the year Subtract line 2 from line 1 it unrealized gains (losses) on investments	3	2,944,804 994,539
	3	994,539
t unrealized gains (losses) on investments		
	4	-110,877
nated services and use of facilities	5	
vestment expenses	6	
or period adjustments	7	
	8	
	9	-110,877
	10	883,662
<u> </u>	er Retu	<del></del>
· · · · · · · · · · · · · · · · · · ·	1	3,828,466
mounts included on line 1 but not on Form 990, Part VIII, line 12		
et unrealized gains on investments		
onated services and use of facilities		
ecoveries of prior year grants		
ther (Describe in Part XIV) 2d		
dd lines <b>2a</b> through <b>2d</b>	2e	-110,877
ubtract line <b>2e</b> from line <b>1</b>	3	3,939,343
mounts included on Form 990, Part VIII, line 12, but not on line 1		
nvestment expenses not included on Form 990, Part VIII, line 7b . 4a		
ther (Describe in Part XIV)		
dd lines <b>4a</b> and <b>4b</b>	4c	0
	5	3,939,343
	per Re	
	1	2,944,804
<b>.</b>		
rior year adjustments		
ther (Describe in Part XIV)		
dd lines <b>2a</b> through <b>2d</b>	2e	0
ubtract line <b>2e</b> from line <b>1</b>	3	2,944,804
mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
ther (Describe in Part XIV) 4b		
dd lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
otal expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) . . . . .	5	2,944,804
	otal revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments	### (Describe in Part XIV)  tal adjustments (net) Add lines 4 - 8  cess or (deficit) for the year per financial statements. Combine lines 3 and 9  I Reconciliation of Revenue per Audited Financial Statements With Revenue per Returbal variety of tall revenue, gains, and other support per audited financial statements.  ##### (Describe in Part XIV)  #### (Describe in Part XIV)  #### (Describe in Part XIV)  ### (Describe i

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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	1 '	ENDOWMENT ASSETS ARE USED, CONSISTENT WITH DONOR RESTRICTIONS, TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS OPERATED OR SUPPORTED BY THE FOUNDATION AND FOR OTHER GRANTMAKING
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION EVALUATES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND UNDERGOES AN ANNUAL ANALYSIS OF ITS ACTIVITIES AND VARIOUS TAX AUTHORITIES AS OF MARCH 31, 2012, NO AMOUNTS WERE RECORDED AS A RESULT OF THIS ANALYSIS THE FOUNDATION WILL RECOGNIZE ANY FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX OR EXPENSE AS INCURRED THE FOUNDATION IS NO LONGER SUBJECT TO FEDERAL OR STATE TAX EXAMINATIONS BY AUTHORITIES FOR YEARS BEFORE 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493278004122

OMB No 1545-0047

2011

Inspection

**Employer identification number** 

Open to Public

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

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

VOTTER OF CONDATTON OF TH	INNESSTA			41-1635761	
Part I Fundraising Act	tivities. Complet	te if the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
<ul> <li>Indicate whether the organ</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a or key employees listed in</li> <li>If "Yes," list the ten highes to be compensated at leas</li> </ul>	ilicitations s a written or oral agr Form 990, Part VII st paid individuals o	e f g eement with any ind i) or entity in conne	Solicitation of no Solicitation of go Special fundraisii dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fui	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total	organization is regi	stered or licensed	to solicit funds or has b	een notified it is exempt	t from registration or

Revenue			· · · · · · · · · · · · · · · · · · ·			,000.
Kevenue			(a) Event #1 THE STIR	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
Кеуелие			(event type)	(event type)	(total number)	(0)
Keve	1	Gross receipts	235,139			235,139
	2	Less Charitable contributions	60,929			60,929
	3	Gross income (line 1 minus line 2)	174,210			174,210
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	626			626
	7	Food and beverages	45,026			45,026
reg C	8	Entertainment				
5	9	Other direct expenses .	29,850			29,850
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(75,502)
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		98,708
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Kevelkue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<u>.</u>	1	Gross revenue				
က သ	2	Cash prizes				
expenses	3	Non-cash prizes				
	4	Rent/facility costs				
2 2 5	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	Г Yes Г No	Г Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9	Ente	er the state(s) in which the organiza	ition operates gaming ac	tivities		
a b	Is th	he organization licensed to operate No," Explain	gaming activities in eacl	n of these states?		· Fyes FNo
0-		co any of the organization's gaming				
.0a b		re any of the organization's gaming   Yes," Explain				· ·   Yes   No

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>		
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No		
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity				
	formed to administer charitable gaming?						
13	Indicate the percentage of gamii	ag activity operated in		1 1			
a				13a			
b							
14		f the person who prepares the organiza		<u> </u>			
	Name ►						
	Address ►						
	revenue?	ntract with a third party from whom the			_ No		
		ed by the third party 🟲 \$					
С	If "Yes," enter name and address	S					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	<b>\$</b> \$					
	Description of services provided	<b>&gt;</b>					
17 a		Employee er state law to make charitable distribu		· · ·	- No		
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>		
_		activities during the tax year > \$		hadala C /			
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see			
	Identifier	ReturnReference	Explana	tion			
		•	•				

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493278004122

Open to Public Inspection

Name of the organization Employer identification number WOMEN'S FOUNDATION OF MINNESOTA 41-1635761 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 56 

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEES ARE REQUIRED TO SUBMIT A FINAL EVALUATION REPORT, INCLUDING
MONITORING GRANTS		AN ACTUAL INCOME AND EXPENSE STATEMENT, ACCORDING TO THE TERMS OUTLINED IN THEIR GRANT
IN THE U S		AGREEMENT LETTER (USUALLY WITHIN 30 DAYS OF COMPLETION OF THE GRANT TERM) INCOME AND EXPENSE
		STATEMENTS ARE REVIEWED BY STAFF AS PART OF THE REVIEW OF FINAL REPORTS TO ENSURE FUNDS WERE
		SPENT IN ACCORDANCE WITH THE TERMS OF THE GRANT

Software ID: **Software Version:** 

**EIN:** 41-1635761

Name: WOMEN'S FOUNDATION OF MINNESOTA

(a) Name and address of organization or government	(b) EIN		(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZEPO BOX 17417 MINNEAPOLIS, MN 55417	41- 1972162	501(C)3	50,000	othery		GENERAL OPERATING SUPPORT
ARC GREATER TWIN CITIES2446 JNIVERSITY AVENUE N 110 ST PAUL, MN 55114	41- 0782848	501(C)3	10,000			VOICES OF WOMEN BUILDING LEADERS FOR CHANGE
AUGSBURG COLLEGE- MN URBAN DEBATE LEAGUE2211 RIVERSIDE AVE CB 216 MINNEAPOLIS, MN	41- 0694721	501(C)3	14,575			GIRLSBEST DEBATE TEAM
55454 BAGOSENDAAN2476 230TH ST MAHNOMEN, MN 56557	20- 0990599	501(C)3	12,500			GENERAL OPERATING SUPPORT
BREAKING FREE INC 770 UNIVERSITY AVE ST PAUL,MN 55104	41- 1856806	501(C)3	84,657			STRATEGIC PLANNING, DESIGN AND DEVELOPMENT OF THE TOOLS NECESSARY TO DEVELOP STRATEGIES FOR INTERVENTION THROUGH MULTI- JURISDICTIONAL EDUCATION AND COLLABORATION WHILE CREATING A PLAN FOR PUBLIC EDUCATION FOR FUTURE DEMAND REDUCTION AND GENERAL OPERATIONS
CAPI3702 EAST LAKE ST MINNEAPOLIS, MN 55406	41- 1417198	501(C)3	31,000			REFUGEE & IMMIGRANT WO MEN FOR CHANGE
CASA DE ESPERANZA PO BOX 75177 ST PAUL,MN 55175	41- 4114710	501(C)3	12,000			ADVOCATING FOR COMPLETE AND EQUITABLE SAFETY-NET SOLUTIONS FOR LATINA WOMEN
CENTER ON WOMEN AND PUBLIC POLICY 146 HUMPHREY CENTER 301 19TH AVENUE SOUTH MINNEAPOLIS, MN	41- 6007513	501(C)3	16,060			STATUS OF WOMEN AND GIRLS IN MINNESOTA
CENTRO CULTURAL CHICANO INC1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41- 1290349	501(C)3	12,000			DEVELOP A STRATEGIC PLAN TO STRENGTHEN THE CAPACITY OF HEALTH DEPARTMENT TO SUSTAIN LATINAS' HEALTH AND WELL- BEING, RAICES YOUTH DEVELOPMENT PROGRAM
CHILD CARE WORKS 709 UNIVERSITY AVE SAINT PAUL, MN 55104	41- 1961588	501(C)3	12,000			CHILD CARE WORKS STRATEGIC PLAN IMPLEMENTATION
EMPLOYMENT ACTION CENTER (RESOURCE INC)900 20TH AVENUE SOUTH MINNEAPOLIS, MN	41- 0828779	501(C)3	8,000			BRIGHT FUTURES
GIRL SCOUTS - LAND OF LAKES COUNCIL 400 SECOND AVENUE SOUTH WAITE PARK, MN 56387	41- 0877820	501(C)3	10,000			CHALLENGE AND CHANGE OUTREACH PROGRAM
GROUNDSPARK INC 2180 BRYANT STREET SUITE 203 SAN FRANCISCO,CA 94110	83- 0498854	501(C)3	40,000			GENERAL OPERATING SUPPORT
HEARTLAND RANCH INC189 HIGHWAY 9 NE BENSON,MN 56215	41- 1723574	501(C)3	32,500			DEVELOPING SUSTAINABLE HOUSING AND PROGRAM MODELS
HNUB TSHIAB HMONG WOMEN ACHIEVING FOGETHERPO BOX 14127 ST PAUL, MN 55114	20- 8964738	501(C)3	14,000			GENERAL OPERATING SUPPORT, HMONG FAMILIY DIALOGUES
THE JEREMIAH PROGRAM1510 LAUREL AVENUE STE 100 MINNEAPOLIS, MN 55403	41- 1801834	501(C)3	9,500			SHERO LEADERSHIP ACADEMY, PLANNING TO INCORPORATE CIVIC ENGAGEMENT AND PUBLIC POLICY INTO THEIR PROGRAMMING WITH WOMEN
LAO FAMILY COMMUNITY OF MINNESOTA INC320 WEST UNIVERSITY AVENUE ST PAUL,MN 55103	41- 1434916	501(C)3	7,000			KEV XAIV MEANS 'MAKING CHOICES'
LAURA JEFFREY ACADEMY1550 SUMMIT AVENUE ST PAUL, MN 551052243	20- 0901562	501(C)3	15,660			STEM EDUCATION, A-GAMES
METROPOLITAN CONSORTIUM OF COMMUNITY DIRECTORS3137 CHICAGO AVENUE MINNEAPOLIS, MN	41- 1658654	501(C)3	20,000			GENERAL OPERATING SUPPORT
MIGIZI COMMUNICATIONS INC3123 EAST LAKE STREET MINNEAPOLIS, MN 55406	41- 1379114	501(C)3	11,000			IN THE FOOTSTEPS OF OUR GRANDMOTHERS

orm 990	Schadula T	Dart II	Grants and	Other	Assistance to	<b>Governments and</b>	Organizations in	the United States
UI III 220,	ociicaaic 1,	raitit,	Grants and	Othici	Assistance to	GOVERNING and	Organizacions in	the office states

Form 990,Schedule	I, Part II,	Grants and Oth	er Assist	ance to Gov	ernments	and Organiz	ations in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	Description of	(h) Purpose of grant or assistance
MINNESOTA AFRICAN WOMEN'S ASSOCIATION3300 COUNTY ROAD 109 SUITE 510 BROOKLYN CENTER, MN 554293068	48- 1259139	501(C)3	6,000				AMAKOLO YOUTH POWER PREGNANCY PREVENTION PROJECT
MINNESOTA COALITION FOR BATTERED WOMEN 60 E PLATO BLVD 130 ST PAUL, MN 55107	41- 1381433	501(C)3	12,000				BATTERED WOMEN'S CUSTODY PROJECT
MINNESOTA COMMUNITY FOUNDATION55 FIFTH STREET E 600 ST PAUL, MN 55101	41- 0832480	501(C)3	10,000				GIVEMN
MINNESOTA DEPARTMENT OF PUBLIC SAFETY OFFICE OF JUSTICE PROGRAMS445 MINNESOTA STREET 2300 ST PAUL, MN 55101	41- 6007162	GOVERNMENT	11,780				SUPPORT THE LEADERSHIP AND CONVENING OF THE MANDATED TASK FORCE FOR SAFE HARBOR IMPLEMENTATION, AS WELL AS THE DEVELOPMENT OF THE IMPLEMENTATION REPORT AND LEGISLATIVE RECOMMENDATIONS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404	41- 1500950	501(C)3	47,000				GENERAL OPERATING SUPPORT, CORE TRAINING CURRICULUM
MINNESOTA PUBLIC RADIO47 7TH STREET EAST ST PAUL, MN 55101	41- 0953924	501(C)3	52,900				MN PUBLIC RADIO
MINNESOTANS UNITED FOR ALL FAMILIESPO BOX 582841 MINNEAPOLIS, MN 55458	45- 2302860		25,000				WOMEN UNITED FOR ALL FAMILIES
NAYTAHWAUSH COMMUNITY FOUNDATIONPO BOX 71 NAYTAHWAUSH,MN 56566	20- 5499213	501(C)3	10,000				LEARNING CENTER
NONVIOLENT PEACEFORCE425 OAK GROVE STREET MINNEAPOLIS, MN 55403	35- 2197019	501(C)3	25,000				GENERAL OPERATING SUPPORT
OLD ARIZONA COLLABORATIVE 2821 NICOLLET AVENUE MINNEAPOLIS, MN 55408	41- 1765159	501(C)3	14,290				29TH STREET PETAL PUSHERS
PARENTING RESOURCE CENTER INC301 NORTH MAIN STREET AUSTIN,MN 55912	41- 1307920	501(C)3	10,000				THE GIRLS ARE IN THE HOUSE! SUCCEEDING TO GETHER
PLANNED PARENTHOOD OF MINNESOTA- NORTH DAKOTA- SOUTH DAKOTA671 VANDALIA STREET ST PAUL, MN 55114	41- 0948382	501(C)3	14,000				HMONG STAR AND YOUTH POWER PROGRAMS, TEENS TEACHING TEENS
PLYMOUTH CHRISTIAN YOUTH CENTER2210 OLIVER AVENUE N MINNEAPOLIS, MN 55411	41- 0794440	501(C)3	8,000				FIRST THINGS FIRST
PRO-CHOICE RESOURCES250 3RD AVE N SUITE 625 MINNEAPOLIS, MN 55401	41- 0971333	501(C)3	20,000				GENERAL OPERATING SUPPORT AND PILOT REVOVLING LOAN FUND FOR MEDICAID PATIENTS
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT (PAVSA)32 EAST 1ST STREET SUITE 200 DULUTH, MN 55805	41- 1350021	501(C)3	64,000				GENERAL OPERATING SUPPORT, RESPONDING TO TRAFFICKING AND PROSTITUTION IN DULUTH, DEVELOPING SUSTAINABLE HOUSING AND PROGRAM MODELS
RAMSEY COUNTY ATTORNEY'S OFFICE50 W KELLOGG BOULEVARD 315 ST PAUL,MN 55102	41- 6005875	GOVERNMENT	60,000				SAFE HARBORS YOUTH INTERVENTION PROJECT
REGENTS OF THE UNIVERSITY OF MINNESOTA450 MCNAMARA ALUMNI 200 OAK STREET SE	41- 6007513	GOVERNMENT	31,330				LOST GIRLHOODS THE FACE OF CHILD PROSTITUTION IN MINNESOTA
MINNEAPOLIS, MN 55455 SOUTHSIDE FAMILY SCHOOL4500 CLINTON AVENUE S MINNEAPOLIS, MN	41- 1253375	501(C)3	21,100				GENERAL OPERATING SUPPORT
ST PAUL POLICE DEPARTMENT367 GROVE STREET ST PAUL,MN 55101	41- 6005521	GOVERNMENT	55,000				A TWO-PRONGED PROJECT AIMED AT ENDING THE COMMERCIAL SEXUAL EXPLOITATION OF
SUNKTANKA CO DAKOTA WICOHAN PO BOX 2 - 280 N CENTENNIAL DRIVE MORTON, MN 56270	36- 3611923	501(C)3	11,000				GIRLS  DAKOTA WIKOSKA (YOUNG WOMEN'S) PROJECT

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

Form 990,Schedule	I, Part II,	Grants and	Other Assi	stance to Go	vernments	and Organiz	ations in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SW MN PRIVATE INDUSTRY COUNCIL INC607 WEST MAIN STREET MARSHALL, MN 56258	41- 1487964	501(C)3	11,000				GROWING AND GOING
THE ADVOCATES FOR HUMAN RIGHTS330 SECOND AVENUE S 800 MINNEAPOLIS, MN 55401	36- 3292374	501(C)3	35,000				"ADVOCACY EFFORTS DRAFT SAFE HARBOR'S IMPLEMENTATION REPORT AND RECOMMENDATIONS, PARTICIPATE IN THE MANDATED CONSULTATION PROCESS, CONTINUE ADVOCACY WORK IN IMPLEMENTATION OF SAFE HARBORS
THE FAMILY PARTNERSHIP414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41- 0693858	501(C)3	68,000				PRIDE PROGRAM, TEEN OUTREACH PROGRAM (TOP)
THINK SMALL10 YORKTON COURT SAINT PAUL, MN 55117	41- 1260581	501(C)3	12,000				POLICY PROMOTING QUALITY CHILD CARE & EARLY EDUCATION
TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE650 NP AVENUE 10 FARGO,ND 58102	23- 7102720	501(C)3	10,000				TRI-COLLEGE NEW LEADERSHIP DEVELOPMENT INSTITUTE
UNITED THEOLOGICAL SEMINARY OF THE TC3000 5TH STREET NW NEW BRIGHTON, MN 55112	41- 0854766	501(C)3	50,000				GENERAL OPERATING SUPPORT
WAITE HOUSE2529 13TH AVENUE SOUTH MINNEAPOLIS, MN 55407	41- 0916478	501(C)3	12,000				MUJERES EN LIDERAZGO
WARROAD AREA WOMEN OF TODAY CO NORTHWEST MINNESOTA FOUNDATIONPO BOX 335 WARROAD, MN 56763	41- 1556013	501(C)3	11,000				GIRLS LEAD
WATCH608 2ND AVE S SUITE 465 NORTHSTAR EAST MINNEAPOLIS, MN 55402	41- 1720822	501(C)3	6,000				LAY GROUNDWORK FOR A GUN SURRENDER PILOT PROJECT IN HENNEPIN COUNTY, GENERAL OPERATING SUPPORT
WE WIN INSTITUTE 3805 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55409	41- 1820991	501(C)3	14,000				SISTER'S SUPPORTING SISTERS PROJECT, WOMEN OF DISTINCTION GIRLS MENTORING PROGRAM SUPPORTING
WOMEN'S FUNDING NETWORK505 SANSOME STREET 2ND FLOOR SAN FRANCISCO, CA 94111	41- 1685134	501(C)3	11,500				ORGANIZATIONAL TRANSITION, NETWORK PERSPECTIVES SEX WORK FROM ABOLITION TO AGENCY, GENERAL OPERATING SUPPPORT
WOMEN'S HEALTH CENTER OF DULUTH PA320 E 1ST ST STE 300 DULUTH, MN 55802	41- 1444270	501(C)3	17,000				RESEARCH, DESIGN, AND INCORPORATE A YOUTH-FOCUSED POLICY ADVOCACY CURRICULUM AND TRAINING TO SUPPLEMENT CURRENT POLICY EFFORTS, REPRODUCTIVE
WOMEN'S INITIATIVE FOR SELF- EMPOWERMENT570 ASBURY STREET 202 SAINT PAUL, MN 55104	41- 1791358	501(C)3	23,000				GIRLS GETTING AHEAD IN LEADERSHIP PROGRAM, CAREER PATHWAYS FOR FEMALE IMMIGRANT PHYSICIANS(CPFIP)
WORKFORCE DEVELOPMENT INC CO ROCHESTER AREA FOUNDATION400 S BROADWAY STE 300 ROCHESTER, MN 55904	41- 2239753	501(C)3	11,000				THE ART OF YOGA PROJECT
YMCA CAMP WIDJIWAGAN2125 EAST HENNEPIN AVENUE SUITE 150 MINNEAPOLIS, MN 55413	41- 0693932	501(C)3	21,000				ENDOWMENT AND GENERAL OPERATING SUPPORT
YWCA OF MINNEAPOLIS1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41- 0693891	501(C)3	15,000				CONTACT PLUS
ZING FOUNDATION 21 LINWOOD STREET ARLINGTON, MA 02474	57- 1190359	501(C)3	10,000				GENERAL OPPORETING SUPPORT

DLN: 93493278004122

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA **Employer identification number** 

41-1635761

Pai	t I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?			
	omeers, andeers, trastees, and the GEO/Executiv	The billion of the incine and in the ru	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all				
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$ , list the persons and $p$	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of $\ensuremath{N}$	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"	A , line 1a , did the organization provide any non-fixed ' describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII,	, paid or accured pursuant to a contract that was			
	-	in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(i) Base	W-2 and/or 1099-MI (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or
		compensation	compensation	compensation				Form 990-EZ
(1) LEE ROPER- BATKER	(I) (II)	165,940 0	10,000 0	0	6,082 0	11,760 0	193,782 0	0 0

#### Part III Supplemental Information

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

	Ident if ier	Return Reference	Explanation
1		7	LEE ROPER-BATKER, PRESIDENT/CEO, RECEIVED VARIABLE PAY OF \$10,000 IN FY 2012 VARIABLE PAY IS PROVIDED TO RECOGNIZE AND REWARD THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR MANAGERS WHO CONSISTENTLY EXCEL IN THEIR POSITIONS INDIVIDUAL VARIABLE PAY ADJUSTMENTS ARE BASED ON INDIVIDUAL PERFORMANCE AND MAY BE IMPACTED BY EXTERNAL FACTORS IMPACTING THE FOUNDATION SUCH AS ECONOMIC CONDITIONS

Schedule J (Form 990) 2011

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DLN: 93493278004122

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA

**Employer identification number** 

					41-1635761			
Pa	Types of Property	•						
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de contribution	etermi	_	
1	Art—Works of art	Х	4		AUCTION HIGH BI	DS		
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	х		2,007	AUCTION HIGH BI	DS		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	49,981	HIGH/LOW AVERA	GE O1	N DATI	 E
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	GIFT Other►( <u>CERTIFICATES</u> )	Х	14	26,776	AUCTION HIGH BI	DS		
	TRAVEL							
26	AND	x	39	8 0 2 7	AUCTION HIGH BI	DS		
	Other►( <u>ENTERTAINMENT</u> ) Other►(WINE )	X	53		AUCTION HIGH BI			
	Other ► ( )			2,220	Acciton mon bi			
29	Number of Forms 8283 received	bv the ora	anization during the tax vea	ar for contributions				
	for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the (	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	22-		NI -
	If "Yes," describe in Part II	•			· · · ·	32a		N o
ם 33	If the organization did not report	revenues	in column (c) for a type of a	roperty for which column (a	) is chacked			
<i>.</i>	describe in Part II	revenues I	m commit (c) for a type of p	roperty for willen column (a	, is checked,			

Page 2

## Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public

Inspection

Name of the organization
WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	* THE FOUNDATION PUBLICLY LAUNCHED MN GIRLS ARE NOT FOR SALE (MN GIRLS) ON NOV 1, 2011 MN GIRLS IS A FIVE YEAR, \$5 MILLION CAMPAIGN TO GALVANIZE RESOURCES TO END THE PROSTITUTION OF MINNESOTA GIRLS THE PUBLIC ROLLOUT OF THE CAMPAIGN INCLUDED A DEDICATED WEBSITE (WWW MNGIRLSNOTFORSALE ORG), FACEBOOK PAGE, AND TWITTER ACCOUNT * THE FOUNDATION DEVELOPED THE GENDER EQUALITY EXPLORER WEBSITE TO OFFER FREE, 24/7, ONLINE PUBLIC ACCESS TO CREATE TABLES, MAPS AND REPORTS TO ILLUSTRATE, ANALYZE AND UNDERSTAND THE STATUS OF WOMEN AND GIRLS IN THEIR COMMUNITY TO MOVE EQUALITY FORWARD THIS ONLINE TOOL IS PART OF THE FOUNDATION'S STATUS OF WOMEN & GIRLS IN MINNESOTA PROJECT WITH THE UNIVERSITY OF MINNESOTA'S HUMPHREY SCHOOL'S CENTER ON WOMEN & PUBLIC POLICY THIS NEW SERVICE WAS LAUNCHED IN APRIL 2012

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	AS PART OF ITS MN GIRLS ARE NOT FOR SALE PROGRAM, A FIVE-YEAR, \$5 MILLION CAMPAIGN TO END THE PROSTITUTION OF MINNESOTA GIRLS, THE FOUNDATION BEGAN GRANTMAKING IN FY 2012, AWARDING \$426,000 IN GRANTS UNDER THIS PROGRAM

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	DURING PART OF FY 2012, FINANCIAL MANAGEMENT DUTIES WERE DELEGATED TO AN INDEPENDENT CONSULTANT, RUDY BRYNOLFSON, WHO SERVED AS INTERIM FINANCE DIRECTOR ON A CONTRACT BASIS

Identifier	Return Reference	Explanation
		THE FOUNDATION'S BY LAWS WERE AMENDED IN MAY 2011 THE CHANGES INCLUDED ADDING LANGUAGE TO ALLOW MEN TO SERVE ON THE BOARD OF DIRECTORS AND ACTION VIA ELECTRONIC COMMUNICATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FOUNDATION'S AUDIT COMMITTEE WILL REVIEW AND RECOMMEND APPROVAL EACH BOARD MEMBER WILL RECEIVE A COPY OF THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR ALL POSITIONS, INCLUDING THE CEO, IS DETERMINED ANNUALLY BASED ON DOCUMENTED PERFORMANCE REVIEWS AND CONSISTENT WITH PERIODIC COMPARABILITY STUDIES IN 2008, THE FOUNDATION RETAINED AN OUTSIDE CONSULTANT TO REVIEW THE SALARY OF EACH POSITION COMPARED WITH OTHER NONPROFIT ORGANIZATIONS AND FOUNDATIONS OF COMPARABLE SIZE AND PURPOSE. THIS STUDY IS BEING UPDATED IN 2012 CHANGES IN CEO COMPENSATION ARE RECOMMENDED BY THE CHAIR AND VICE CHAIR, REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD

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

ldentifier	Return Refe	erence Explanation	
CHANGES IN NET ASSETS OR FUND BALANC	ES FORM 990, PART	XI, LINE 5 NET UNREALIZED LOSSES ON INVESTMENTS -110,8	77