

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



Form **990-PF**

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2013 or tax year beginning

, and ending

MARTHA ELIZABETH MACMILLAN FOUNDATION Number of boar variety in the provide country, and 2 Por Totage postal code Section 5476 Section	Na	me of	foundation					A Employer identification	number
PO BOX 56.28 College PO BOX Colleg	3.	כו גיו	MILA ELTZADEMI MAGNITTI		017177			44 400 450	
PO BOX 56.28 MINDERPOLIS, MIN 55.4.40-5628						1	<u> </u>		<u> </u>
Contributions, State or province, country, and ZiP or foreign postal code ### MTNNEAPCDLIS MN 55440-5628 Check all that apply:				reet addre	SS)		Hoom/suite		0.0
MININEAPOLIS, MN 55440-5628 6 Check all that apply: Initial return Anderes change Final Return Anderes Change Fina	_			n noctal			<u> </u>		
Check all that apply:					coue			If exemption application is p	ending, check here
Final return	_				Initial return of a fo	rmer nublic c	hanty	D 1 Foreign organizations	chack hara
Address change Name change Section 5947(a)(1) noncernpt charitable trust Other travable private foundation Satisfy Section 5947(a)(1) noncernpt charitable trust Other travable private foundation Satisfy Section 5947(a)(1) noncernpt charitable trust Other travable private foundation Satisfy Section 5947(a)(1) noncernpt charitable trust Other (specify) Section 5947(a)(1) noncernpt charitable trust Other (specify) Part I, column (cf) must be on cash bases) Fifther trust of section 507(b)(1)(B), check five Part I Analysis of Revenue and Expenses (a) Revenue and expenses (b) Net investment (c) Adjusted in the five section 507(b)(1)(B), check five Mark Section 607(b)(1)(B), check five Mark Section 607(b), check Secti	_		'''	F	_	minor public o	munty	V. Foreigh organizations	s, check liefe
H. Check type of organization: Section 947(c)(1) asserting private foundation Section 947(c)(1) an asserting that halb let trust in Cher branching private foundation 1 Fair market value of all assets at end of year of the third private foundation in Cherch private foundation in Cherch private foundation in Cherch private foundation 1 Fair market value of all assets at end of year of the private foundation in Cherch				Ē	_			Foreign organizations me check here and attach co	eeting the 85% test,
Section 4947(a)(1) nonexempt chandable frust □ Other traphet private foundation Far market wide of all assests and and year Accounting method: □ Catalogy Cata	H	Check) exempt				1	
Fair market value of all assets at end of year Accounting method: Clean Accrual Fill the foundation is in a 80-month termination The foundation is in the foundation in the foundation Th		_				ition			
Interest	I F	air ma	arket value of all assets at end of year J Accou	inting me	ethod: X Cash	Accr	ual	1	
Part II Analysis of Revenue and Expenses (a) Revenue and expenses (c) Adjusted net income (c) Adjusted net income (d) Distancement (e) Adjusted net income (e)	(f	rom i	Part II, col. (c), line 16)	Other (s	specify)				
The total of amounts in columns (a), closed (d) may not necessary in each man (a)) and the expenses per books Columns (a)) and (a)				olumn (d	d) must be on cash l	oasis)			
1 Contributions, gifts, grants, etc., received 2 Cheek X After lountaines of a request to stack Sc 8 3 Interest or concepts and interest from securities 85, 930. 85, 930. STATEMENT 1	P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no	,					(d) Disbursements
2 Check ► ★					expenses per books	inco	ome		
State Stat		1		ļ				N/A	
A Dividentis and interest from securities Sa Gross rents Sa water securities		2	Check if the foundation is not required to attach Sch. B. Interest on savings and temporary	<u> </u>			0.4		
Sa Gross rents Determination or (loca)		3						······································	
Day Net rental microme or (loss) 185		1 -	_		85,930.	8	5,930.		STATEMENT 2
6a Not gain or (loss) from leak of assets not on line 10 175,676.		1	· · · ·	-					
Description		١.	· · · · · · · · · · · · · · · · · · ·	-	175 676				
Net short-refrir capital gain 10 and dislownees	Revenue	l "h	Gross sales price for all 105 220		173,070.			RECI	TVED
Net short-refrir capital gain 10 and dislownees		7		<u>-</u>		17	5.676.	1,1201	
9 Income modifications		8					70.01	186	
10 10 10 10 10 10 10 10		9	, ,						7 2314 Q
Discrete Cost of goods sold C Gross profit or (loss)		10a	Gross sales less returns and allowances	-	,			-	
11 Other income 12 Total. Add lines 1 through 11 257,555. 257,555. 13 Compensation of officers, directors, trustees, etc 0. 0. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1,932. 819. 1,1113. 15 Total expenses STMT 5 20,327. 20,327. 0. 16 Traves STMT 6 2,696. 2,096. 0. 17 Interest 788. 788. 0. 18 Taxes STMT 6 2,696. 2,096. 0. 19 Depreciation and depletion 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 25. 0. 25. 24 Total expensions 3 through 23 25,768. 24,030. 350,000. 25 Contributions, gifts, grants paid 350,000. 351,138. 26 Contributions, gifts, grants paid 350,000. 351,138. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 10 10 10 10 10 10 10 1		Ι.						OGDF	NIIT
12 Total Add lines 1 through 11 257,555. 257,555. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1,932. 819. 1,1113. 15 Country of the size of the professional fees STMT 5 20,327. 20,327. 0. 17 Interest 788. 788. 788. 0. 18 Taxes STMT 6 2,696. 2,096. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 25. 0. 25. 25 Contributions, gifts, grants paid 350,000. 350,000. 26 Total expenses and disbursements Add lines 24 and 25 375,768. 24,030. 351,138. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (i		C	Gross profit or (loss)						
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees b Accounting fees STMT 4 1,932. 819. 1,113. C Other professional fees STMT 5 20,327. 20,327. 0. O. O. O. O. O. O. O		11	Other income						STATEMENT 3
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1		12	Total. Add lines 1 through 11			25			
15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1,932. 819. 1,113.		13		<u> </u>	0.		0.		0.
16a Legal fees			, ,	-					
C Other professional fees STMT 5 20,327. 20,327. 0.	Š	1		<u> </u>					,
C Other professional fees STMT 5 20,327. 20,327. 0.	SE	l l	-	-	1 022		010		1 112
17 Interest 18 Taxes STMT 6 2,696. 2,096. 0. 19 Depreciation and depletion	×pe	1	ŭ	<u> </u>		2			
18 Taxes STMT 6 2,696 2,096 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 25 0 24 Total operating and administrative expenses. Add lines 13 through 23 25,768 24,030 25 Contributions, gifts, grants paid 350,000 26 Total expenses and disbursements Add lines 24 and 25 375,768 24,030 351,138 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 233,525 c Adjusted net income (if negative, enter -0-) N/A	Б П		-	<u> </u>					
26 Total expenses and disbursements. Add lines 24 and 25	ativ								
26 Total expenses and disbursements. Add lines 24 and 25	istr				2,000.		_,		ļ
26 Total expenses and disbursements. Add lines 24 and 25	풀	20	•		<u>.</u> .				
26 Total expenses and disbursements. Add lines 24 and 25	Ad	21	· · · ·						
26 Total expenses and disbursements. Add lines 24 and 25	Pug Bug	22	Printing and publications					, , , , , , , , , , , , , , , , , , ,	
26 Total expenses and disbursements. Add lines 24 and 25	g	23	Other expenses STMT 7		25.		0.		25.
26 Total expenses and disbursements. Add lines 24 and 25	rati	24	Total operating and administrative						
26 Total expenses and disbursements. Add lines 24 and 25	De	ł	expenses. Add lines 13 through 23			2	4,030.		
Add lines 24 and 25 375,768. 24,030. 351,138. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	O	25			350,000.				350,000.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26	·			_			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		-			375,768.	2	4,030.		351,138.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A				1	110 010				
C Adjusted net income (if negative, enter -0-)		1		<u> </u>	-110,213.	22	3 535		
		1		<u> </u>			5,545.	NT / A	
	3235	01.		ee inetro	rtions			L	Form QQO_DE (2012)

Page 2

Da	art II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	9,006.		
	3 Accounts receivable ▶			
Ų	Less: allowance for doubtful accounts			- -
	4 Pledges receivable ►			· · · · · · · · · · · · · · · · · · ·
	Less: allowance for doubtful accounts ▶			'
	5 Grants receivable			-
	6 Receivables due from officers, directors, trustees, and other			
- {	disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts		-	
رم ا	8 Inventories for sale or use			
Assets	9 Prepaid expenses and deferred charges			
\$	10a Investments - U.S. and state government obligations			
- 1	b Investments - corporate stock STMT 8	919,821.	911,680.	2,099,493.
	c Investments - corporate bonds STMT 9	931,215.	968,083.	1,001,414.
	11 Investments - land, buildings, and equipment basis			1,001,414.
- 1.	Less accumulated depreciation 12 Investments - mortgage loans			
- 1	13 Investments - other			
	14 Land, buildings, and equipment; basis	· / · ·		
			±	· · · · · · · · · · · · · ·
	Less accumulated depreciation			
- 1	15 Other assets (describe)			
- 1	16 Total assets (to be completed by all filers - see the	1 060 042	1 970 762	2 100 007
+	instructions. Also, see page 1, item 1)	1,860,042.	1,879,763.	3,100,907.
	17 Accounts payable and accrued expenses			,
	18 Grants payable			,
ies	19 Deferred revenue			
₹ !	20 Loans from officers, directors, trustees, and other disqualified persons	<u> </u>		
<u> </u>	21 Mortgages and other notes payable		127 024	i 1
-	22 Other liabilities (describe ► <u>CASH_DEFECIT</u>)	0.	137,934.	l
		_	127 024	
-	23 Total liabilities (add lines 17 through 22)	0.	137,934.	
	Foundations that follow SFAS 117, check here			
s l	and complete lines 24 through 26 and lines 30 and 31.			
_ ⊻ ⊤	24 Unrestricted			1
aga l	25 Temporarily restricted			1
8	26 Permanently restricted			1
Ĕ	Foundations that do not follow SFAS 117, check here			
造	and complete lines 27 through 31.	0 050 405	0 050 105	
इं	27 Capital stock, trust principal, or current funds	2,870,185.	2,870,185.	
SS	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	ı
Net Assets or Fund Balan	29 Retained earnings, accumulated income, endowment, or other funds	-1,010,143.	-1,128,356.	1
울	30 Total net assets or fund balances	1,860,042.	1,741,829.	
		1 000 040	1 070 762	•
	31 Total liabilities and net assets/fund balances	1,860,042.	1,879,763.	
Pa	art III Analysis of Changes in Net Assets or Fund B	alances		
				
	otal net assets or fund balances at beginning of year - Part II, column (a), line	30		1 000 040
	must agree with end-of-year figure reported on prior year's return)			1,860,042.
	inter amount from Part I, line 27a		2	-118,213.
	Other increases not included in line 2 (itemize)		3	0.
	Add lines 1, 2, and 3		. 4	1,741,829.
	Decreases not included in line 2 (itemize)			1 7/1 020
<u>6 T</u>	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	1,741,829.
				Form 990-PF (2013)

(a) List and describe th	e kind(s) of property sold (e.g., real estates; or common stock, 200 shs. MLC Co.	te, (b) How acquired P - Purchase	(c) Date : (mo., d	acquired	(d) Date sold (mo., day, yr.)
<u></u>	50, 5. 3011111011 31300, 200 3113. WEU OU.	<u>'</u>	D - Donation	γο., α	-,, ,,	
b SEE ATTACHED ST	AMEMENTO					-
	ATEMENIS					
d						
e						
		Cost or other basis us expense of sale	1		in or (loss) (f) minus (
a	· -					
b						
С						
d						
e 185,338.		9,662				175,676.
Complete only for assets showing gain	in column (h) and owned by the founda			I) Gains (C	ol. (h) gaın	-
(i) F.M.V. as of 12/31/69	(j) Adjusted basis (k as of 12/31/69 o) Excess of col. (i) ver col. (j), if any	cò	l. (k), but r	ot less thar (from col. (l	n -0-) or
a						
b						
C						<u> </u>
d						
е						175,676.
2 Capital gain net income or (net capital lo	If gain, also enter in Part I, I () If (loss), enter -0- in Part I, I		} 2			175,676.
3 Net short-term capital gain or (loss) as	defined in sections 1222(5) and (6)	•				
If gain, also enter in Part I, line 8, colum		•)			
If (loss), enter -0- in Part I, line 8 Part V Qualification Under			ʃ 3		N/A	
(For optional use by domestic private found if section 4940(d)(2) applies, leave this par Was the foundation liable for the section 49 if "Yes," the foundation does not qualify und 1 Enter the appropriate amount in each c	t blank. 942 tax on the distributable amount of an der section 4940(e). Do not complete this	y year in the base period s part.	d?			Yes X No
(a)				1		(d)
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) :harıtable-use assets	;	Dıstrıb (col. (b) dıv	putión ratio rided by col. (c))
2012	133,981		2,804,704	1.		.047770
2011	149,763	3.	2,696,565	5.		.055538
2010	239,432		2,690,87	L.		.088979
2009	159,422		2,580,259		-	.061785
2008	168,495	5.	2,899,669	9.		.058108
2 Total of line 1, column (d)				2		.312180
3 Average distribution ratio for the 5-year the foundation has been in existence if I		y 5, or by the number of	f years	3		.062436
						3,009,291.
4 Enter the net value of noncharitable-use	assets for 2013 from Part X, line 5			4		
5 Multiply line 4 by line 3				5		187,888.
6 Enter 1% of net investment income (1%	of Part I, line 27b)			6		2,335.
7 Add lines 5 and 6				7		190,223.
8 Enter qualifying distributions from Part	XII, line 4			8		351,138.
If line 8 is equal to or greater than line 7 See the Part VI instructions.	, check the box in Part VI, line 1b, and co	omplete that part using a	a 1% tax rate.			

	0-PF (2013) MARTHA ELIZABETH MACMILLAN FOU					1924			Page 4
Part				40(e), or 4	948	- see	nstru	ction	าร)
1a Ex	empt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	nter "N/	A" on line 1.)					
	te of ruling or determination letter' (attach copy of letter if nea			18)					ا
	mestic foundations that meet the section 4940(e) requirements in Part V, check here	► <u>[X</u>]	and enter 1%	•	1			2,3	<u>35.</u>
	Part I, line 27b								,
	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			(b). 丿					
	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only 0	thers er	nter -0-)		2			<u> </u>	<u> </u>
	d lines 1 and 2				3			2,3	35.
	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C)thers e	nter -0-)		4	 			2 -
	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			ļ	5	 		2,3	35.
	edits/Payments:	1 -	1	1 202		1			ļ
	13 estimated tax payments and 2012 overpayment credited to 2013	6a	 	1,282.					
	empt foreign organizations - tax withheld at source	6b	<u> </u>	2 000					1
	x paid with application for extension of time to file (Form 8868)	6c	 	2,000.					
	ckup withholding erroneously withheld	6d	٠	 		 		<u> </u>	
	tal credits and payments. Add lines 6a through 6d				7	_		3,2	82.
	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	•	_	8	<u> </u>			<u> </u>
	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9	 			
	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	046	•	10	 		9	46.
	ter the amount of line 10 to be: Credited to 2014 estimated tax VII-A Statements Regarding Activities		946.	Refunded ►	11	<u> </u>			0.
		lation o	er did it nortioins	to or interiore				Yes	No
	ring the tax year, did the foundation attempt to influence any national, state, or local legis y political campaign?	siation t	or ord it participa	ne or intervene	111			163	X
	y political campaigh? I it spend more than \$100 during the year (either directly or indirectly) for political purpo	(a inatriiatiana fa	r the defenda	٠,		1a 1b		X
							""		
	the answer is "Yes" to _{1a} or _{1b} , attach a detailed description of the activities an	ia copi	es or any mad	ariais publisrie	a or				
	stributed by the foundation in connection with the activities. I the foundation file Form 1120-POL for this year?						1c		X
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the	woor.					10		
	On the foundation. > \$ 0.00 (2) On foundation managers			0.					
• •	ter the reimbursement (if any) paid by the foundation during the year for political expend			·					
	anagers. > \$	ituro ta	k imposcu on io	undanon					
	s the foundation engaged in any activities that have not previously been reported to the li	RS?					2		X
	"Yes," attach a detailed description of the activities		•				H-		
	s the foundation made any changes, not previously reported to the IRS, in its governing	ınstrum	ent articles of i	ncorporation o	ır				
	laws, or other similar instruments? If "Yes," attach a conformed copy of the chang		,	,	•		3		X
_	the foundation have unrelated business gross income of \$1,000 or more during the year						4a		X
	Yes," has it filed a tax return on Form 990-T for this year?				N	I/A	4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year	7					5		X
lf '	"Yes," attach the statement required by General Instruction T								
6 Are	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ıther:							
• [By language in the governing instrument, or								İ
•	By state legislation that effectively amends the governing instrument so that no mandator	y direct	tions that confli	t with the state	law				
rer	main in the governing instrument?						6	X	Ĺ
7 Di	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete	Part II, col (c,	, and Part XV	,		7	X	
8a En	ter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨	·						
_	<u>N</u>								
b If t	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	General (or des	signate)				_ <u></u> .	.
	each state as required by General Instruction G? If "No," attach explanation						8b	X	
	the foundation claiming status as a private operating foundation within the meaning of se		****	l2(j)(5) for cale	ndar				- <u></u> -
	ar 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," of						9		X
10 Did	d any persons become substantial contributors during the tax year? if "yes," attach a schedi	ule listino	their names and	ddresses			1 10		X

orn	1990-PF(2013) MARTHA ELIZABETH MACMILLAN FOUNDATION 41-1924	.729	1	Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	\Box		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ROBERT THEILER Telephone no. ►952-67	4-2	800	
	Located at ▶ 15407 WEST MCGINTY ROAD, WAYZATA, MN ZIP+4 ▶55	391	-23	99
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			,
	country >			r
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			ļ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1		i
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1 1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 1		
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			t
-	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.1		
	before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			t
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? Yes X No			
				į
	If "Yes," list the years ▶	1 !		,
				į
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2ь	-	'
	·	20		 ,
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			i
3	during the year?			
	b if "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			!
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3ь		- 1
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	,	\mathbf{x}^{-}
	· · · · · · · · · · · · · · · · · · ·			

Form 990-PF (2013) MARTHA ELIZABETH MACMILI			41-1924/	<u> 29</u>	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		1		
any voter registration drive?			es 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			- 1	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for	İ		
the prevention of cruelty to children or animals?			s X No	,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	nder the exceptions described i	ın Regulations		- 1	
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined	, <u> </u>		
expenditure responsibility for the grant?			es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 49-		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					į
a personal benefit contract?	pay promiums on		es X No		
•	narranal banafit agairs at		~	6b	_ <u>_</u>
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal denent contract?		<u></u>	עס	- ^ -
If "Yes" to 6b, file Form 8870	1.0.		. .		1
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y(es X No	_,	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	inagers, Higni	У		
List all officers, directors, trustees, foundation managers and their	r componention	· · · · · · · · · · · · · · · · · · ·			
List all officers, directors, disters, foundation managers and trea		(c) Compensation	(d) Contributions to	(0)	Evnense
(a) Name and address	(b) Title, and average hours per week devoted	`(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
	to position	enter -0-)	compensation	allo	wances
MARTHA E MACMILLAN	_PRESID ENT & D	TRECTOR			
15407 WEST MCGINTY ROAD					•
WAYZATA, MN 553912399	0.25	0.	0.		0.
STEVEN A. HORNIG	SECRETARY				
15407 WEST MCGINTY ROAD		_			_
WAYZATA, MN 553912399	0.25	0.	0.		<u> </u>
ROBERT J. THEILER	TREASURER				
15407 WEST MCGINTY ROAD				ŀ	
WAYZATA, MN 553912399	0.25	0.	0.	İ	0.
	7	1			
	Ī				
2 Compensation of five highest-paid employees (other than those in		enter "NONE."			
A Name and address of such amplayed paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) compensation	and deferred compensation		owances
NONE			i		
	7				
	<u> </u>				
	╡				
		<u> </u>			
	7				
	 	 		 	
	┥	1			
	+	 	 		
	-				
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	ч	0
Total number of outer employees paid over \$50,000			·		

3 Five highest-paid independent contractors for professional services. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	ce (c) Compensation
NONE		
		
		
		
Total number of others receiving over \$50,000 for professional services		•
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	. •
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele	vant statistical information such as the apers produced, etc.	. Expenses
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research p	vant statistical information such as the apers produced, etc.	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research p	vant statistical information such as the apers produced, etc.	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research part in N/A	vant statistical information such as the apers produced, etc.	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research part in N/A	vant statistical information such as the apers produced, etc.	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research p N/A	vant statistical information such as the apers produced, etc.	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research p N/A	vant statistical information such as the apers produced, etc.	
Total number of others receiving over \$50,000 for professional services Part X-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele number of organizations and other beneficiaries served, conferences convened, research p 1 N/A 2 3	vant statistical information such as the apers produced, etc.	

0 . Form **990-PF** (2013)

▶

N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 3,047,798. 1a Average of monthly cash balances 1b c Fair market value of all other assets 10 3,055,118. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 2 3,055,118. 3 Subtract line 2 from line 1d 3 45,827. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3,009,291. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 150,465. 6 (Pait XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here | and do not complete this part.) Minimum investment return from Part X, line 6 150,465. 2,335. Tax on investment income for 2013 from Part VI, line 5 2a , ,,, 2b b Income tax for 2013 (This does not include the tax from Part VI.) 2.335 c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 148,130. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 148,130. Part XII. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 351,138. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 AN A Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 351,138. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 2,335. 348,803. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				148,130.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 24,576.				,
b From 2009 31,565.				
cFrom 2010 107,704.				
dFrom 2011 16,510.				
eFrom 2012				
f Total of lines 3a through e	180,355.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 351,138.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
dApplied to 2013 distributable amount				148,130.
e Remaining amount distributed out of corpus	203,008.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
·	383,363.			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	303,303.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		,
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		1
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	Į
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	24,576.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	358,787.	<u> </u>		<u> </u>
10 Analysis of line 9				
a Excess from 2009 31,565.				
b Excess from 2010 107, 704.				
c Excess from 2011 16,510.				
dExcess from 2012				
e Excess from 2013 203,008.			<u> </u>	<u> </u>

MARTHA ELIZABETH MACMILLAN FOUNDATION

	ELIZABETH M			41-192	4729 Page 10
Part#XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo					
b Check box to indicate whether the found		_	n section	4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for				 	
each year listed					
b 85% of line 2a			-		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				 	
used directly for active conduct of					
exempt activities			İ	}	
e Qualifying distributions made directly				1	
for active conduct of exempt activities.	1				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					"-
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				 	
2/3 of minimum investment return	Ì		İ		
shown in Part X, line 6 for each year listed				1	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part'XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed t	more than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh			(or an equally large porte	on of the ownership of a pai	rtnership or
other entity) of which the foundation ha	is a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribut					
Check here ► X If the foundation of					
the foundation makes gifts, grants, etc.	<u> </u>				<u>a. </u>
a The name, address, and telephone num	ber or e-mail address of	the person to whom appl	ications should be addre	ssed:	
	 				
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines;					
			lunda of make it are	ath as foots was	
d Any restrictions or limitations on award	is, such as by geographic	ai areas, charitable lields.	, kinas ot institutions, or	omer factors:	

MARTHA ELIZABETH MACMILLAN FOUNDATION 41-1924729 Form 990-PF (2013) Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ABBOTT NW HOSPITAL FOUNDATION NONE PUBLIC CHARITY MOTHER BABY CENTER 800 EAST 28TH STREET MINNEAPOLIS, MN 55407 75,000. PACER CENTER NONE PUBLIC CHARITY GENERAL FUND 8161 NORMANDALE BOULEVARD MINNEAPOLIS, MN 55437 25,000. PUBLIC CHARITY GENERAL FUND BROWN UNIVERSITY NONE 45 PROSPECT ST. 50,000. PROVIDENCE, RI 02912 PUBLIC CHARITY NICARAGUA COMMUNITY NONE OPPORTUNITY INTERNATIONAL DEVELOPMENT - TRACTOR 2122 YORK ROAD, SUITE 150 PROJECT 200,000. OAK BROOK, IL 60523 350,000. **▶** 3a b Approved for future payment NONE

Ō.

Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
· ·	COGE		10000		
<u> </u>	-		+ +		
b	_		 		
<u> </u>	_		┼		
d	_		-		
e	_		1	_	
f	_		1 1		
g Fees and contracts from government agencies			↓ ↓		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	21.	
4 Dividends and interest from securities			14	85,930.	_
5 Net rental income or (loss) from real estate:					
a Debt-financed property					·
b Not debt-financed property			11		
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income		,,_, ,,,,	14	-4,072.	
8 Gain or (loss) from sales of assets other			 		
			14	175,676.	
than inventory	-		 	1/3,0/0.	•
9 Net income or (loss) from special events			+ +		
10 Gross profit or (loss) from sales of inventory			 		·
11 Other revenue:			1 1		
<u> </u>	_		+		
b	_				
C		ļ	\vdash		
d			$\downarrow \downarrow \downarrow$		
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	257,555.	0.
13 Total. Add line 12, columns (b), (d), and (e)				. 13	257,555.
(See worksheet in line 13 instructions to verify calculations.			_		
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contrib	uted importantly to the accom	plishment of
the toutoation's exempt purposes (other in	an by proviously in	ilius ioi sucii purposes).			<u> </u>
	-		•		
			_		
				-	
		 		·	<u>-</u>
					
				<u> </u>	
					
				_	
					
323621 10-10-13					
					Form 990-PF (2013)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

the Code (offer than section 501(c)(3) organizations) or in section 527, relating to political organizations? (1) Cash (2) Other assets Define transactions: (1) Sales of assets to a noncharitable exempt organization (2) Prenchese of assets to an oncharitable exempt organization (3) Inertial of facilities, equipment, or other assets (4) Removinement arrangements (5) Loans or loan guaranties (6) Performance of services or membership or fundraising solitications (5) Performance of services or membership or fundraising solitications (5) Performance of services or membership or fundraising solitications (6) Performance of services or membership or fundraising solitications (6) Performance of services or membership or fundraising solitications (7) Performance of services or membership or fundraising solitications (8) Performance of services or membership or fundraising solitications (8) Performance of services or membership or fundraising solitications (8) Performance of services or membership or fundraising solitications (9) Performance of services or membership or fundraising solitications (9) Performance of services or membership or fundraising solitications (9) Performance of services or membership or fundraising solitications (9) Performance of services or membership or fundraising solitications (9) Performance of services or membership or fundraising services or services greatly services or services greatly services or services greatly services greatly services or services greatly services g	1	Did the or	ganization directly or indir	ectly engage in any	of the following	with any other organization	n described in section	on 501(c) of		Yes	No
(2) Other assets (2) Other sasets (3) Retail of transactions: (1) Sales of assets to a nonchardable exempt organization (2) Purchases of assets from a nonchardable exempt organization (3) Retail of technice, quipment, or other assets (4) Rembursoment arrangement or an aguarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) It is a services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or system grown and the process of the services of the services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) have also the goods, other assets, or services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in insection 501(c) of the Code (other than section 501(c)(3)) or in section 52/? (a) It is a foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52/? (b) It is a foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52/? (b) It is a foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described i		the Code ((other than section 501(c)	(3) organizations) o	r in section 523	7, relating to political organ	ızatıons?				
(2) Other assets Sales of assets to a noncharidable exempt organization 16(2) X (2) Purchases of assets from a noncharidable exempt organization 16(2) X (3) Rental of decisies, equipment or other assets 16(4) X (4) Remoturement arrangements 16(4) X (5) Loans or fora guarantees 16(5) Loans or fora guarantees 16(6) X (6) Performance of servores or membership or fundratising solicitations 16(6) X (6) Remoturement arrangements 16(6) X (7) Loans or fora guarantees 16(6) X (8) Remoturement arrangements 16(6) X (9) Remoturement arrangements 16(6) X (16(6)	Transfers	from the reporting founda	ition to a noncharita	ble exempt org	anization of:						
Color transactions: 15 class of assets to a nonchartable exempt organization 15 class of assets to an anonchartable exempt organization 15 class of assets to an anonchartable exempt organization 16 class of 16 class of assets from a nonchartable exempt organization 16 class of 16 class of assets from a nonchartable exempt organization 16 class of 16		(1) Cash							1a(1)		
(1) Sales of assets from a noncharable example organization (2) Purchases of assets from a noncharable example organization (3) Rental of facilities, equipment, or other assets (4) Rental of facilities, equipment, or other assets (5) Loans or food an guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or paid employes (6) It is enswer to any of the above serves, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greened. (6) Libe no (b) Amount involved (c) Name of noncharitable example organization (d) Description of relationship, show in scolumn (d) the value of the goods, other assets, or services received. (6) Libe no (b) Amount involved (c) Name of noncharitable example organization (d) Description of relationship, show in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) of the Code cother than section 501(c)(3) or in section 501(c) or in section 501(c) or in section 501		(2) Other	assets						1a(2)		<u>X</u>
(a) Brandal of laciblese, equipment, or other assets (b) Performance of services or membership or fundraising solicitations (c) Loans or loan quarantees (d) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Performance of services or membership or fundraising solicitations (e) Performance of services or services great by the reporting foundation. If the foundation develoc Column (b) should always show the fair market value of the goods, other assets, or services great by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services great by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services greatly to service services greatly to the value of the goods, other assets, or services greatly to service services greatly to the color of the value of the goods, other assets, or services greatly to the value of the goods, other assets, or services greatly to the goods, other assets, or services greatly to the goods of the services of the goods, other assets, or services greatly to the goods of goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the	b	Other tran	sactions:]
(3) Rental of facilities, equipment, or other assets (4) Remboursment arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Loans or loan quarantees (8) Performance of services or complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greater the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services preserved. (8) Iven no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 If Yes 1 Yes No 1 If Yes No 1 If Yes No 1		(1) Sales	of assets to a noncharital	ole exempt organizat	tion						
(4) Rembursament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (5) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Loans or loan guarantees (8) Title as vive the four market value of the goods, other assess, or services given by the reporting foundation. If the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assess, or services given by the reporting foundation. If the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assess, or services given by the reporting foundation. If the foundation received lists than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assess, or services given by the reporting foundation. If the foundation discreting it is sold to service the collection of the value, in resolution of the service of the goods, other assess, or services given by the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? ■ If "Yes complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and bellet, in it true accepts, and complete potentials and statements, and to the best of my knowledge and bellet in it true accepts, and complete potentials and statements, and to the best of my knowledge accepts the following accompanying schedules and statements, and to the best of my knowledge accepts the second of information of which prepare is any knowledge accepts the property of the second of the property is any knowledge accepts the propert				· ·	organization						
(6) Performance of services or membership or fundraising solicitations (7) Performance of services provides or membership or fundraising solicitations (8) Performance of services provides or membership or fundraising solicitations (8) It was asset to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (8) Livia no livia no livia of the solicitation									· `-'		
(6) Performance of services or membership or fundratising solicitations: Sharing of facilities, equipment, making lists, other assets, or paid employees If It is asset to any of the above is Yes'; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of variatives, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under panalities of person, Localize that I have examined this return, including accompanying schedules and distlements, and to this best of my knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the programs of the proper has any knowledge return with the proper of the proper proper is name. Primits and results the following the proper of the proper of the prop			J						— ` 		
to Sharing of facilities, equipment, making lists, other assets, or paid employees d if the answer to any of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services preserved. (a) Line ro (b) Amount involved (c) Name of nonchariable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)3) or in section 52?? b if Yes, complete the following schedule. (a) Name of organization (b) Type of organizations (e) Description of relationship N/A Onder penalties of persory, Lockiers that I have examined the return, including accompanying schedules and statements and to this best of my knowledge here best in a suggest and complete policies of a proportion of proportion of the proportion of								!			
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the boundation received less than fair market value in any bransaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in the following schedule in the section 501(c) of the Code (other than section 501(c)(3)) or in section 5		` '		•	•			•	- `		
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. (6) Amount involved (6) Name of noncharable exempt organization (7) Description of transfers, transactions, and sharing arrangements (8) Name of noncharable exempt organization (9) Description of transfers, transactions, and sharing arrangements (1) N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? 3b If Yes, complete the following schedule. (3) Name of organization (b) Type of organization (c) Description of relationship N/A 3ign and observe, Lecture that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and best of the size and complete position of prepare (other than taxopayer) is based on all information or which prepare has any knowledge above to the first proper than any knowledge and the safety of the first proper preparer is signature. Printflype preparer name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's address > 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800		-		•		•	usus show the foir m	arket value of the goods, of		otc	
(a)Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(s)) or in section 527? If I Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of pergury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge may the second or all information or which prepare has any knowledge and contains the second of the second of the second of the second of the second of the second of the second of the second or prepare (other than taxpayer) is based on all information of which prepare has any knowledge and statements, and to the best of my knowledge may the second or all information of which prepare has any knowledge and statements, and to the best of my knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare all the best of my knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare all the best of my knowledge may the second or all information of which prepare has any knowledge may the second or all information of which prepare all the best of my knowledge may knowledge may the second or all information of which prepare all the best of my knowledge may knowledge may knowledge may knowledge may knowledge may knowledg	a		-		-	• •	•			e15,	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under parallel of perpay, Lecters that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester, it is type, cargot, and complete Declaration of prepayer (other than taxpayer) is based on all infrared not which prepayer has any knowledge and bester in the prepayer of the total taxpayer and the prepayer of the prepayer of the prepayer of the total taxpayer and the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the prepayer of the pr			• • •			d 1633 than lair market valu	e in any nansaonon	or sharing arrangement, sir	017 111		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of the Code (other	(a)L					exempt organization	(d) Description	of transfers, transactions, and sh	aring an	angeme	nts
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A	<u>`</u>		,				1				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linit?) Yes X No If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see linit?) TREASURER Title Print/Type preparer's name Preparer's signature Date Tritle Print/Type preparer's name P											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linit?) Yes X No If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see linit?) TREASURER Title Print/Type preparer's name Preparer's signature Date Tritle Print/Type preparer's name P								 			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linit?) Yes X No If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see linit?) TREASURER Title Print/Type preparer's name Preparer's signature Date Tritle Print/Type preparer's name P											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linit?) Yes X No If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer shown below (see linit?) TREASURER Title Print/Type preparer's name Preparer's signature Date Tritle Print/Type preparer's name P						.					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800						·					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800			····								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800				ļ			_				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800			 								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes,* complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see linst)? Yes X No If Yes,* complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship May the IrlS discuss this return with the preparer has any knowledge shown below (see linst)? X Yes No Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's name Primit/Type preparer's signature Date Check if PTIN self-employed Primit's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800		la tha fau	adation directly or indirect	the offiliated with or	rolated to ano	or more tay evemat ergani	zations described				
b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst if return with the preparer shown below (see inst if self- employed Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer'	2 a			-			zalions described		¬ _{Vec}	Γx	T No
(a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true_correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instrict). Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true_correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	h		• • •)(0)) or in sect	1011 327 :			00	LEE	_ 140
N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge seturn with the preparer seturn with the preparer seturn with the preparer is nown below (see instrict in the left discuss this return with the preparer seturn with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with the preparer is nown below (see instrict in the left discuss this return with t		11 103, 0				(b) Type of organization		c) Description of relationsh	ıp		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes								<u> </u>			
Sign Here And belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Yes No						<u> </u>					
Sign Here And belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Yes No											
Sign Here And belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Yes No											
Sign Here And belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr)? Yes No											
Here Signature of officer/or trustee Paid Preparer Use Only Firm's address ▶ 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 PTREASURER TREASURER TREASURER TREASURER Tritle Date Tritle Date Check if PTIN self- employed Proport's signature 11/03/14 Po0035775 Firm's EIN ▶ 41-1697170		l and h							the IRS	discuss	this
Paid Preparer Use Only Prim's name ► WAYCROSSE, INO Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Paid Preparer's signature Date Check if self-employed self-employed self-employed self-employed P00035775 Firm's EIN ► 41-1697170 Phone no. 952-674-2800		gn 👢	eller, it is up a large, all o cor	ipioto boolization or pr	opara (ona ma	, anpayar, io occor on an innom		show	n with th	(see ins	<u>tr</u>)?
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self- employed Proparer's signature 11/03/14 P00035775 Firm's name ►WAYCROSSE, INO Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800	H				-		. <u>/</u>	RER	Yes	L	J No
Paid Preparer Use Only Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Self- employed P00035775 Firm's Self- employed P00035775 Firm's EIN ► 41-1697170 Phone no. 952-674-2800		Sigi			Th			Chook if DTIN			
Paid Preparer Use Only JULIE A. LORENZ JULIE A. LORENZ JULIE A. LORENZ JULIE A. LORENZ P00035775 Firm's name ► WAYCROSSE, INO Firm's EIN ► 41-1697170 Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800			Print/Type preparer's na	ime	Preparer's si	gnature	Date				
Preparer Use Only Firm's name ►WAYCROSSE, INC Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800	D,	aid	T T T T T T T T T T T T T T T T T T T	ODENIA	1/31. 1.1	A XTUM	11/02/14		035	775	
Use Only Firm's address 15407 WEST MCGINTY ROAD					INC	y or proof	11/03/14				
Firm's address ► 15407 WEST MCGINTY ROAD WAYZATA, MN 55391-2399 Phone no. 952-674-2800		•	rirm s name WAI	CKOSSE, I	.114	V		LIMIN SEIM MAT TO	· / 1	, 5	
WAYZATA, MN 55391-2399 Phone no. 952-674-2800	J.	JO OTTIN	Firm's address ► 1 5	407 WEST	MCGTNT	Y ROAD		 			
			1					Phone no. 952-67	4-2	800	ı
	_										

MARTHA ELIZABETH MACMILLAN FOUNDATION

Part IV | Capital Gains and Losses for Tax on Investment Income

<u> </u>		d describe the kind(s) of property solerick warehouse; or common stock, 20		(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
+ CMAIT CAT	•	TY FUND PASS THR		D - Donation	(mo., day, yr.)	(mo., day, yr.)		
		TY FUND PASS THR						
		EQUITY FUND PAS		P				
		EQUITY FUND PAS		P				
		ND PASS THROUGH						
		ND PASS THROUGH		P				
g INTERNATI	IONAL	EQUITY FUND II P	ASS THROUGH ITEM					
h INTERNATI	IONAL	EQUITY FUND II P	ASS THROUGH ITEM					
		UND PASS THROUGH		P				
GROWTH INDEX FUND PASS THROUGH ITEM P								
k GLOBAL BOND FUND PASS THROUGH ITEM								
GLOBAL BO		ND PASS THROUGH		P				
		UND PASS THROUGH		P				
		UND PASS THROUGH FUND PASS THROUG		P				
0 GLODAL E	20111	(f) Depreciation allowed		 	Gain or (loss)			
(e) Gross sales	price	(or allowable)	(g) Cost or other basis plus expense of sale		lus (f) minus (g)			
<u>a</u>			969.			-969.		
	5,145.			·		5,145.		
<u>C</u>	773.					773.		
·	2,460.		7.			72,460.		
e /	4,393.		/•			4,393.		
9	1,000.		3,324.			-3,324.		
h			550.		.,	-550.		
<u></u>	816.					816.		
1 23	3,481.					23,481.		
k			4,812.			-4,812.		
1 12	2,072.					12,072.		
m	87.					87.		
n	677.					677.		
	1,346.		the female transport 10/04/60			1,346.		
Complete only for a	issets snowii	ng gain in column (h) and owned by	·		ses (from col. (h)) of col. (h) gain over	col (k)		
(i) F.M.V. as of 12	2/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but n	ot less than "-0-")			
a						-969.		
b						5,145.		
C						773.		
d						72,460.		
e						4,393.		
f	•					$\frac{4,333.}{-3,324.}$		
9 h						-550.		
1						816.		
1	· · · ·					23,481.		
k						-4,812.		
1						12,072.		
m						87.		
n						677.		
0		<u> L</u>				1,346.		
2 Capital gain net inco	me or (net c	apıtal loss) { If gaın, also enter If (loss), enter "-C	r in Part I, line 7)-" in Part I, line 7	2				
If gain, also enter in	Part I, line 8,	ss) as defined in sections 1222(5) an , column (c).	5					
If (loss), enter "-0-"	π Part I, line	0)	3				

Eagg Capital Gains	and Losses for Tax on Investment Incom	<u> </u>			
2-9	ist and describe the kind(s) of property sistory brick warehouse; or common stock,	200 shs. MLC Co.	(b) How acquir P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a GLOBAL EQUI	TY FUND PASS THROU	GH ITEM	P		
	NS DIVIDENDS				
С					
d					
e					
f					
g					-
h					
<u> </u>		-		-	
<u> </u>	······································				
k				-	<u>-</u>
1	· · · · · · · · · · · · · · · · · · ·				
m					
n				_	
				-	
0	(f) Depreciation allowed	(g) Cost or other basis	<u> </u>	(h) Gain or (loss)	·
(e) Gross sales price	(i) Depreciation allowed (or allowable)	plus expense of sale	\ (e) plus (f) minus (g)	
a 63,7	1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		63 706
	82.				63,706.
	62.		·		302.
C					
d					
<u>e</u>					
<u>f</u>					
g					
<u>h</u>					
<u> </u>					
]					
k					
1					
m					
n			_ <u></u>		
0				-	
Complete only for assets	showing gain in column (h) and owned b	by the foundation on 12/31/69	(1) t	osses (from col. (h))	
(i) F.M.V. as of 12/31/6	9 (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (exces	s of col. (h) gain ove t not less than "-0-")	r col. (k),
a					63,706.
b					382.
C			-		
d					
e					
f			7		
9				-	
h			1 -		
1					
·		+			
<u>J</u>			+		
1		 			
<u> </u>			 		
<u>m</u>			 		
<u>n</u>			 		
0		1	 		
2 Capital gain net income o	r (net capital loss) { If gain, also en	ter in Part I, line 7 "-0-" in Part I, line 7	2		175,676.
If gain, also enter in Part I		and (6):		NT / 7	
If (loss), enter "-0-" in Par	t I, line 8)	3	N/A	

FORM 990-PF INTERES	ST ON SAVING	GS AND T	EMPOR	ARY C	ASH :	INVES	TMENTS	នា	TATEMENT	1
SOURCE					(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME			
WXCLC, INC.			21.			21.				
TOTAL TO PART I, LIN	NE 3			21.			21.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URITI	ES	SI	TATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	REV	A) ENUE BOOK!		(B) ET INVES ENT INCO		(C) ADJUSTE NET INCO	
GLOBAL BOND FUND GLOBAL EQUITY FUND GROWTH INDEX FUND INTERNATIONAL	15,141. 9,966. 5,016.		0. 0. 35.		5,14: 9,96: 4,98:	6.	15,14 9,96 4,98	6.		
EQUITY FUND II MID CAP GROWTH	10,699.		0.	1	0,69	9.	10,69	9.		
FUND NATIONAL FINANCIAL	3,967.		157.		3,81	0.	3,81	0.		
SERVICES SMALL CAP EQUITY	1,535.		0.		1,53	5.	1,53	5.		
FUND TAXABLE BOND FUND UBS VALUE INDEX FUND	1,499. 27,555. 4,350. 6,584.		79. 0. 0. 111.	2	1,420 7,559 4,350 6,47	5. 0.	1,42 27,55 4,35 6,47	5. 0.		
TO PART I, LINE 4	86,312.		382.	8	5,93	0.	85,93	0.		
=		= 								
FORM 990-PF		OTHER	INCO	ME				S'.	PATEMENT	3
DESCRIPTION			RE'	(A) VENUE BOOK			(B) INVEST- INCOME		(C) ADJUSTEI NET INCOM	
GLOBAL BOND FUND GLOBAL EQUITY FUND INTERNATIONAL EQUITY TAXABLE BOND FUND	Y FUND II				126. 238. 78. 214.		-4,126 -238 78 214			
TOTAL TO FORM 990-P	F, PART I,	LINE 11		-4,	072.		-4,072	•		

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES-WAYCROSSE	1,932.	819.		1,113.		
TO FORM 990-PF, PG 1, LN 16B	1,932.	819.		1,113.		
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	ratement 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
UBS - INVESTMENT FEES	245.	245.		0.		
INVESTMENT FEES - GLOBAL BOND FUND INVESTMENT FEES - GROWTH	3,968.	3,968.		0.		
INDEX FUND INVESTMENT FEES - VALUE	1,543.	1,543.		0.		
INDEX FUND INVESTMENT FEES - TAXABLE	1,437.	1,437.		0.		
BOND FUND INVESTMENT FEES - MID CAP	4,719.	4,719.		0.		
GROWTH FUND INVESTMENT FEES - SMALL	1,263.	1,263.		0.		
CAP EQUITY FUND INVESTMENT FEES - GLOBAL	710.	710.		0.		
EQUITY FUND P/K/A INTL EQ FUND INVESTMENT FEES -	4,162.	4,162.		0.		
INTERNATIONAL EQUITY FUND II ADVISORY FEES-WAYCROSSE	1,383. 897.			0.		
TO FORM 990-PF, PG 1, LN 16C	20,327.	20,327.		0.		

FORM 990-PF	TAX	ES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOM			
FOREIGN TAXES - GLOBAL EQUITY FUND FOREIGN TAXES - INTERNATIONAL EQUITY FUND	730.	7:	30.			0.	
II FOREIGN TAXES - GLOBAL	1,197.	1,19	97.			0.	
BOND FUND FEDERAL TAXES	169. 600.		69. 0.			0. 0.	
TO FORM 990-PF, PG 1, LN 18	2,696.	2,0	96.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT	7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES' MENT INCO		(C) ADJUSTEI NET INCOM			
MN SECRETARY OF STATE	25.	-	0.			25.	
TO FORM 990-PF, PG 1, LN 23	25.		0.			25.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	8	
DESCRIPTION			воог	VALUE	FAIR MARKE VALUE	T	
5,118 SHS WELLS FARGO COMMON GROWTH INDEX FUND VALUE INDEX FUND MID CAP GROWTH FUND SMALL CAP GROWTH FUND GLOBAL EQUITY FUND INTERNATIONAL EQUITY FUND II				100,441. 104,268. 98,776. 78,754. 5,089. 389,783. 134,569.	232,3 277,9 282,8 232,3 136,3 522,4 415,0	61. 89. 96. 29. 72.	
TOTAL TO FORM 990-PF, PART II	LINE 10B			911,680.	2,099,4	93.	

FORM 990-PF CORPORATE BOND	S	STATEMENT	9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	;
GLOBAL BOND FUND TAXABLE BOND FUND	400,857. 567,226.	406,57 594,84	
TOTAL TO FORM 990-PF, PART II, LINE 10C	968,083.	1,001,41	4.

- · ·	1 969 (Dov. 1 2014)					Page		
	868 (Rev 1-2014) u are filing for an Additional (Not Automatic) 3-Month Ex	tonsion o	complete only Part II and check this	hov		Page ► X		
-	Only complete Part II if you have already been granted an a				RRER			
	u are filing for an Automatic 3-Month Extension, complet			ieu i oiiii i	5000.			
Part				al (no co	ppies need	ed)		
	Additional (Not Automatic) o month							
Time e						dentifying number, see instructions Employer identification number (EIN) or		
Type o print	Name of exempt organization of other liler, see instru-	CHORS.		Employer identification flumber (Em) of				
File by the	MARTHA ELIZABETH MACMILLAN I	ELIZABETH MACMILLAN FOUNDATION				24729		
due date					ocial security number (SSN)			
filing your	Dour Dov E 520					1 (0014)		
return Se instructio	~	oreign add	lress see instructions					
	MINNEAPOLIS, MN 55440-5628	oreign aud	ness, see instructions.					
	FIRMUM ODIE, IN 33110 3020							
Codon di	he Deturn and for the veturn that this application is for fill		to contraction for each return)			0 4		
Enterti	he Return code for the return that this application is for (file	e a separa	te application for each return			<u> </u>		
	allan	Botum	Application			Return		
Applica	ation	Return	Is For			Code		
Is For	000 or Form 000 F.7	01	is Fu		* £	4 (14.)		
	90 or Form 990-EZ	02	Form 1041-A		231 1	08		
Form 9		03	Form 4720 (other than individual)			09		
	.720 (ındıvıdual)	04	Form 5227			10		
Form 9		05	Form 6069			11		
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	06	Form 8870			12		
	Do not complete Part II if you were not already granted		<u> </u>	iously file	d Form 886			
SIUP	ROBERT THEILER	an auton	natic 3-month extension on a pre-	lously file	a i cilli coc	<u>~</u>		
• T	books are in the care of ▶ 15407 WEST MCG	TNTY 1	ROAD - WAYZATA MN	5539	1-2399			
Tala	ephone No > 952-674-2800		Fax No.					
	the organization does not have an office or place of business	e in the Llr				ightharpoonup		
	is is for a Group Return, enter the organization's four digit			f thie ie fo	r the whole a	roup check this		
_			ach a list with the names and EINs o					
<u>box</u> ▶			BER 15, 2014	anthemb	CIS CIC CACCI	13101113 1011		
	For calendar year 2013, or other tax year beginning		, and endin	a				
	f the tax year entered in line 5 is for less than 12 months, c	hack rose		Final r	eturn	·		
6 I	Change in accounting period	nicck reas	initial return	·a, ·	ctarr			
7 5	State in detail why you need the extension							
		IN OR	DER TO FILE A COMP	LETE	AND ACC	CURATE		
	TAX RETURN.							
_						-		
8a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any					
	nonrefundable credits. See instructions.	, 0. 0000,	one the tempero tan, recounty	8a	\$	3,282		
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	,	<u> </u>	·-		
	ax payments made. Include any prior year overpayment al							
	previously with Form 8868		a oroon and any amount paid	8b	\$	3,282		
	Balance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form if required, by using	1	<u> </u>	<u> </u>		
	EFTPS (Electronic Federal Tax Payment System). See instri			8c	\$	0		
			st be completed for Part II					
Under n	penalties of perjury, I declare that I have examined this form, includ				f my knowleda	e and belief,		
it is true	e, correct, and complete, and that I am authorized to prepare this fo	orm.	, , , , , , , , , , , , , , , , , , , ,			•		
Signatu	re 🕨 Title 🕨	CPA		Date	•			