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THE WALLIN FOUNDATION

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

Employer identification number

41-6283068

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	S01(c)(3) exempt private foundation				
	4947(a)(1) nonexampt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule. 7). (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions				
Goneral Rule					
For an organization contributor. Compl	ifiling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special Rules					
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, eclentific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Perts I, II, and III.					
contributions for us If this box is check- purpose. Do not co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.				
but it must answer "No" on	hat Is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 890, 890-EZ, or 980-PF) (2013)				

	3 (Form 990, 990-EZ, or 990-PF) (2013)		Page 2	
Name of org	ganization	Employer identification number		
THE W	41-6283068			
Part	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) No.	(h) Name, address, and ZIP + 4	(a) Tatal contributio	(d) Type of contribution	
1	MAXINE H WALLIN 7022 TUPA CIRCLE EDINA, MN 55439	\$ 200.7	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution	
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributio	(d) Type of contribution	
	6-13	s	Person Payroll Noncash (Complete Part II for noncash contributions.) B (Form 090, 890-EZ, or 900-PF) (2018	

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	Form 990, 990 EZ, or 990 PF) (2013)			Page
Name of orga	112311011	Employer	identification number	
THE WAI	LLIN FOUNDATION	41-6283068		
Partil	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	đ.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)		(d) Date received
1	3,200 SHARES ST JUDE MEDICAL STOCK			
. -		\$ 200,7	68.	12/26/13
(a) No. Irom Part I	(b) Description of nancash property given	(c) FMV (or estimate) (see instructions) Date		(d) Date received
		\$		
(a) No. from Part ((b) Description of noncash property given	i PMV (Or estimate) i		(d) Date received
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
		·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimal (see instruction		(d) Date received
323463 10-24	33	Sepadule	A (Farm Q	90, 890-EZ, or 990-PF) (201

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Froehling Anderson

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer Identification number THE WALLIN FOUNDATION 41-6283068 Exclusively religious, charitable, etc., individual contributions to section 601(c)(/), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, onter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (entry this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferoe (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 890-EZ, pr 990-PF) (2013)