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Return of Private Foundation

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

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► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

For calendar year 2013 or tax year beginning

DEC 23, 2013

, and ending

DEC 31, 2013

Name of foundation

WEEKES FAMILY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

2600 COMO AVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ST. PAUL, MN 55108

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year J Accounting method: Cash Accrual
 (from Part II, col. (c), line 16) Other (specify)
 ► \$ 1,453,081. (Part I, column (d) must be on cash basis.)

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	1,442,533.		N/A	
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	1,442,533.	0.		0.
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees				
c	Other professional fees				
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses				
24	Total operating and administrative expenses. Add lines 13 through 23	0.	0.		0.
25	Contributions, gifts, grants paid	0.			0.
26	Total expenses and disbursements. Add lines 24 and 25	0.	0.		0.
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-)	1,442,533.	0.	N/A	

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Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing				
	2 Savings and temporary cash investments				
	3 Accounts receivable ►				
	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 ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock	STMT 1	0.	1,442,533.	1,453,081.
	c Investments - corporate bonds				
Liabilities	11 Investments - land, buildings, and equipment basis ►				
	Less accumulated depreciation ►				
	12 Investments - mortgage loans				
	13 Investments - other				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation ►				
	15 Other assets (describe ►)				
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		0.	1,442,533.	1,453,081.
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ►)				
	23 Total liabilities (add lines 17 through 22)		0.	0.	
	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
Net Assets or Fund Balances	27 Capital stock, trust principal, or current funds		0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds		0.	1,442,533.	
	30 Total net assets or fund balances		0.	1,442,533.	
	31 Total liabilities and net assets/fund balances		0.	1,442,533.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	1,442,533.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	1,442,533.
5 Decreases not included in line 2 (itemize) ►	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,442,533.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	NONE				
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
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, column (c). If (loss), enter -0- in Part I, line 8	{ }		3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012			
2011			
2010			
2009			
2008			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
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
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	<small>(attach copy of letter if necessary-see instructions)</small>	<small>1</small>	<small>0</small>
Date of ruling or determination letter:				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b.			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments:			
a	2013 estimated tax payments and 2012 overpayment credited to 2013			
b	Exempt foreign organizations - tax withheld at source	<small>6a</small> <small>6b</small> <small>6c</small> <small>6d</small>	<small>7</small>	<small>0</small>
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<small>8</small> <small>9</small> <small>10</small>	<small>9</small> <small>0</small>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ►	<small>Refunded</small> <small>11</small>	<small>0</small>	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<small>1a</small> <small>1b</small> <small>1c</small> <small>2</small> <small>3</small> <small>4a</small> <small>4b</small> <small>5</small> <small>6</small> <small>7</small>	<small>Yes</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small> <small>X</small>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file Form 1120-POL for this year?		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1)	On the foundation. ► \$ <u>0.</u>		
(2)	On foundation managers. ► \$ <u>0.</u>		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		
<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<small>N/A</small>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		
<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
• By language in the governing instrument, or			
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► <u>MN</u>		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	<small>8b</small> <small>9</small> <small>10</small>	<small>X</small> <small>X</small> <small>X</small>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		

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Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13	X	
Website address ► N/A		
14	The books are in care of ► STEVEN WEEKES	Telephone no. ► 651-644-9807
Located at ► 2600 COMO AVE, ST. PAUL, MN ZIP+4 ► 55108		
15	► 15 N/A	
16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	X No
(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)?	<input type="checkbox"/> Yes	X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" 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.)	<input type="checkbox"/> Yes	X No
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)?	N/A ►	
Organizations relying on a current notice regarding disaster assistance check here		
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 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 defined in section 4942(i)(3) or 4942(i)(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?	<input type="checkbox"/> Yes	X No
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	►	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	X No
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 3b	
4a 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 X	

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e)) Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b



Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

 Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MONICA J. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	PRESIDENT 1.00	0.	0.	0.
SKYLER E. WEEKES 342 NORTH COVE ROAD HUDSON, WI 54016	VICE PRESIDENT 1.00	0.	0.	0.
ERICA J. W. KANEWISCHER 900 NORTH 73RD STREET SEATTLE, WA 98103	SECRETARY 1.00	0.	0.	0.
STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	TREASURER 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000



0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

►

0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	N/A	
2		
3		
4		

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		

All other program-related investments. See instructions.

3		
Total. Add lines 1 through 3		0.

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Part X**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,453,081.
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,453,081.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,453,081.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,796.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,431,285.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,765.

Part 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.)

1	Minimum investment return from Part X, line 6	1	1,765.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,765.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,765.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,765.

Part XII**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	0.
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1b	0.
b	Program-related investments - total from Part IX-B	2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	3a	
3	Amounts set aside for specific charitable projects that satisfy the:	3b	
a	Suitability test (prior IRS approval required)	4	0.
b	Cash distribution test (attach the required schedule)	5	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	6	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b		
6	Adjusted qualifying distributions. Subtract line 5 from line 4		

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 4940(e) reduction of tax in those years.

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				1,765.
2 Undistributed income, if any, as of the end of 2013			0.	
a Enter amount for 2012 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 0.			0.	
a Applied to 2012, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
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:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.				0.
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				1,765.
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	0.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NONE				
Total				► 3a 0.
b Approved for future payment				
NONE				
Total				► 3b 0.

Part XVI-A Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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.

OMB No. 1545-0047

2013

Name of the organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195

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

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

WEEKES FAMILY FOUNDATION

46-4138195

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 23,724.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
2	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 25,149.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 52,066.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
4	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 76,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
5	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 18,818.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 44,727.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 110,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
8	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 81,575.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
9	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 38,602.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 98,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
11	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 24,904.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 44,885.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 26,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 56,731.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 19,311.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 22,572.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 60,404.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 16,013.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 10,897.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
20	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 52,238.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
21	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 37,532.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
22	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 54,531.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
23	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 12,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
24	<u>STEVEN E. WEEKES</u> <u>2600 COMO AVE</u> <u>ST. PAUL, MN 55108</u>	\$ 28,337.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 48,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 101,890.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
27	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 189,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
28	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 41,427.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
29	STEVEN E. WEEKES 2600 COMO AVE ST. PAUL, MN 55108	\$ 24,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>325 SHARES WALT DISNEY COMPANY</u>	\$ <u>23,724.</u>	<u>12/23/13</u>
2	<u>491 SHARES JOHNSON CONTROLS INC.</u>	\$ <u>25,149.</u>	<u>12/26/13</u>
3	<u>700 SHARES ROSS STORES INC.</u>	\$ <u>52,066.</u>	<u>12/26/13</u>
4	<u>1,200 SHARES TJX COMPANIES, INC.</u>	\$ <u>76,194.</u>	<u>12/26/13</u>
5	<u>650 SHARES MCCORMICK & COMPANY</u>	\$ <u>18,818.</u>	<u>12/23/13</u>
6	<u>1,350 SHARES PEPSICO, INC.</u>	\$ <u>44,727.</u>	<u>12/26/13</u>

Name of organization

Employer identification number

WEEKES FAMILY FOUNDATION

46-4138195

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	1,000 SHARES PROCTER & GAMBLE	\$ 110,585.	12/23/13
8	550 SHARES CONOCOPHILLIPS	\$ 81,575.	12/23/13
9	1,128 SHARES SCHLUMBERGER LIMITED	\$ 38,602.	12/26/13
10	475 SHARES CITIGROUP INC.	\$ 98,926.	12/23/13
11	500 SHARES TRAVELERS COMPANIES INC.	\$ 24,904.	12/23/13
12	500 SHARES ABBVIE INC.	\$ 44,885.	12/26/13

Name of organization

WEEKES FAMILY FOUNDATION

Employer identification number

46-4138195**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	<u>500 SHARES AMGEN INC.</u> 	\$ <u>26,350.</u>	<u>12/26/13</u>
14	<u>225 SHARES CIGNA CORP.</u> 	\$ <u>56,731.</u>	<u>12/26/13</u>
15	<u>300 SHARES GILEAD SCIENCES INC.</u> 	\$ <u>19,311.</u>	<u>12/23/13</u>
16	<u>655 JOHNSON & JOHNSON</u> 	\$ <u>22,572.</u>	<u>12/23/13</u>
17	<u>100 SHARES MCKESSON CORP.</u> 	\$ <u>60,404.</u>	<u>12/23/13</u>
18	<u>100 THERMO FISHER SCIENTIFIC</u> 	\$ <u>16,013.</u>	<u>12/23/13</u>

Name of organization

Employer identification number

WEEKES FAMILY FOUNDATION

46-4138195

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	700 SHARES UNITEDHEALTH GROUP INC.	\$ 10,897.	12/23/13
20	869 DONALDSON COMPANY INC.	\$ 52,238.	12/26/13
21	600 SHARES HONEYWELL INTERNATIONAL	\$ 37,532.	12/23/13
22	300 SHARES TYCO INTERNATIONAL INC.	\$ 54,531.	12/26/13
23	50 SHARES APPLE INC.	\$ 12,010.	12/23/13
24	600 SHARES AUTO DATA PROCESSING	\$ 28,337.	12/23/13

Name of organization

Employer identification number

WEEKES FAMILY FOUNDATION

46-4138195

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	4,106 SHARES EMC CORPORATION	\$ 48,300.	12/26/13
26	1,810 SHARES ECOLAB INC.	\$ 101,890.	12/23/13
27	450 SHARES SIGMA ALDRICH CORP.	\$ 189,064.	12/23/13
28	350 SHARES VALSPAR CORPORATION	\$ 41,427.	12/26/13
29	350 SHARES VALSPAR CORPORATION	\$ 24,771.	12/26/13

Name of organization

Employer identification number

WEEKES FAMILY FOUNDATION

46-4138195

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (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, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	

HOLDINGS BY ASSET CLASS

Weekes Family Foundation - Schwab Acct #8444-6431

December 31, 2013

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Unrealized Gain/Loss	Pct. Assets	Moody S & P	Cur. Yield
COMMON STOCK									
CONSUMER DISCRETIONARY									
325	DISNEY WALT CO	57.06	18,544	76.40	24,830	6,286	1.7	A+	1.1
491	JOHNSON CONTROLS INC	28.22	13,855	51.30	25,188	11,333	1.7	B+	1.7
700	ROSS STORES INC	32.91	23,036	74.93	52,451	29,415	3.6	A+	0.9
1,500	T J X COS INC	21.02	31,535	63.73	95,595	64,060	6.6	A+	0.9
			86,971		198,064	111,093	13.6		1.0
CONSUMER STAPLES									
650	MC CORMICK & CO	36.63	23,808	68.92	44,798	20,990	3.1	A+	2.1
1,350	PEPSICO INCORPORATED	37.19	50,202	82.94	111,969	61,767	7.7	A-	2.7
1,000	PROCTER & GAMBLE	31.99	31,992	81.41	81,410	49,418	5.6	A+	3.0
			106,003		238,177	132,174	16.4		2.7
ENERGY									
550	CONOCOPHILLIPS	37.82	20,801	70.65	38,857	18,057	2.7	B+	3.9
1,128	SCHLUMBERGER LTD F	25.74	29,035	90.11	101,644	72,609	7.0	NR	1.4
			49,835		140,502	90,666	9.7		2.1
FINANCIALS									
475	CITIGROUP INC	27.97	13,287	52.11	24,752	11,466	1.7	B-	0.1
500	TRAVELERS COMPANIES INC	50.37	25,183	90.54	45,270	20,087	3.1	A-	2.2
			38,470		70,022	31,552	4.8		1.5
HEALTH CARE									
500	ABBVIE INC	24.92	12,459	52.81	26,405	13,946	1.8	NR	3.0
500	AMGEN INCORPORATED	58.66	29,329	114.08	57,040	27,710	3.9	B+	2.1
225	CIGNA CORP.	45.09	10,146	87.48	19,683	9,537	1.4	NR	0.0
300	GILEAD SCIENCES INC	19.74	5,923	75.10	22,530	16,607	1.6	B	0.0

PLISADE
Asset Management, Inc

December 31, 2013

HOLDINGS BY ASSET CLASS

Weekes Family Foundation - Schwab Acct #8444-6431

December 31, 2013

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Unrealized Gain/Loss	Pct. Assets	Moody S & P	Cur. Yield
655	JOHNSON & JOHNSON	29.50	19,322	91.59	59,991	40,670	4.1	A+	2.9
100	MCKESSON CORP	60.76	6,076	161.40	16,140	10,063	1.1	A-	0.6
100	TERMO FISHER SCIENTIFIC	47.96	4,796	111.35	11,135	6,338	0.8	B	0.5
700	UNITEDHEALTH GROUP INC	32.93	23,050	75.30	52,710	29,660	3.6	A+	1.5
			111,102		265,634	154,533	18.3		1.8
INDUSTRIALS									
869	DONALDSON COMPANY INC	16.17	14,049	43.46	37,767	23,718	2.6	A	1.3
600	HONEYWELL INTL	41.25	24,749	91.37	54,822	30,073	3.8	A-	2.0
300	TYCO INTL LTD	19.98	5,994	41.04	12,312	6,318	0.8	B	1.6
			44,791		104,901	60,109	7.2		1.7
INFORMATION TECHNOLOGY									
50	APPLE INC	10.510	561.02	28,051	17,541	1.9		B+	2.2
600	AUTO DATA PROCESSING	24.496	80.80	48,479	23,984	3.3		A	2.4
4,106	EMC CORP MASS	49.268	25.15	103,266	53,998	7.1		B+	1.6
			84,273		179,796	95,523	12.4		1.9
MATERIALS									
1,810	ECOLAB INC	56.476	104.27	188,729	132,253	13.0		A+	1.1
450	SIGMA ALDRICH CORP	52.24	23,506	94.01	42,304	18,798	2.9	A+	0.9
3336	VALSPAR CORPORATION	33.36	11,678	71.29	24,951	13,274	1.7	B+	1.5
			91,659		255,985	164,325	17.6		1.1
			613,105		1,453,081	839,977	100.0		1.7
TOTAL PORTFOLIO									
			613,105		1,453,081	839,977	100.0		1.7

WEEKES FAMILY FOUNDATION

46-4138195

FORM 990-PF

CORPORATE STOCK

STATEMENT 1

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS - STOCK	1,442,533.	1,453,081.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,442,533.	1,453,081.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 2

NAME OF CONTRIBUTOR

ADDRESS

STEVEN WEEKES

2600 COMO AVENUE
ST PAUL, MN 55108