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Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.us.gov/form990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

MB No 1545-0047

A	or the	2013 calendar year, or tax year beginning DEC 1, 2013 and ending	NOV 30, 2014	
B	Check if ipplicable	C Name of organization	D Employer identifi	cation number
	Addres change	THE HARRY KAY CHARITABLE FOUNDATION		
L	Name change	Doing Business As	41-1	448610
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/s		
	Termin	Z501 WAIZAIA BOOHEVAND	612-	381-8820
F	Amend return Applica	City or town, state or province, country, and 21P or foreign postal code	G Gross receipts \$	22,572,550.
Ц.	_ltion pendin	MINNEAFOLIS, FM 33403	H(a) Is this a group r	
		F Name and address of principal officer: TOM SANDERS 2501 WAYZATA BLVD, MINNEAPOLIS, MN 55416	for subordinates H(b) Are all subordinates i	
		······································		•
				list. (see instructions)
		e: ► N/A proganization: X Corporation Trust Association Other ► L Y	H(c) Group exemption	A State of legal domicile; MN
	art I		ear or formation. 1902	A State of legal dofficile, PILA
	,	Summary	FINANCIAL SU	DDODE TO
Activities & Governance		Briefly describe the organization's mission or most significant activities: PROVIDES VARIOUS PUBLIC CHARITIES DESIGNATED IN ITS A		PPORT TO
rna	2	Check this box Fig. if the organization discontinued its operations or disposed of p	nore than 25% of its net as	ssets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		10
Ŏ	J	Number of independent voting members of the governing body (Part VI, fine 1b)	() 4	10
S	•		2015 0 5	0
ìţi	j	Total number of individuals employed in calendar year 2013 (Part V, line Pa) 00721	2015	10
Ę	1	Total unrelated business revenue from Part VIII, column (C), line 12		0.
4	1	Net unrelated business taxable income from Form 990-T, line 34	1. UT 76	0.
			Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	i .	Program service revenue (Part VIII, line 2g)	0.	0.
š	i .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,297,805.	3,485,730.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,478.	2,731.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,301,283.	3,488,461.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	875,711.	1,840,998.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	i e		0,	0.
č	,	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 0 •		
Š	L		238,091.	246,498.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,113,802.	2,087,496.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,187,481.	1,400,965.
<u></u>		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
ts o		Salahan da (Dad V. bar d 0)	24,803,087.	End of Year 25,771,991.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,771,921.	4,079,284.
int Part	21	fotal liabilities (Part X, line 26)	21,031,166.	21,692,707.
뜐	122 1rt	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	21,031,100.	21,052,707.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomonto and to the heat of m	v knowledge and helief it is
		, and complete. Declaretion of preparer (other than officer) is based on all information of which prep		y knowledge and beller, it is
ti uc,	COITECT	and complete. Decidation of pieparer (other trial officer) is based on an information of which prep	11/17/	
C:	_	Signature of officer	Date	
Sig	- 1	TOM SANDERS, CO-PRESIDENT Channel		
Her	e	Type or print name and title		
			Date Loheck	PTIN
Paid		Print/Type preparer's name Print/Type preparer's stylature	1 1011 1 12 " L	
		BETH K. LEONARD Firm's name LURIE BESIKOF LAPIDUS & MAPANY, LL	self-employ	41-0721734
	L		P Firm's EIN	41-0171124
use	Only	Firm's address 2501 WAYZATA BOULEVARD	100	101277 4404
		MINNEAPOLIS, MN 55405-2197	Phone no. (O	12)377-4404

625

X Yes No

Form **990** (2013)

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2013) THE HARRY KA Part IV Checklist of Required Schedules

			Yes	No
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		71
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	:		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4=		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\dashv	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
^ ~	complete Schedule G, Part III	19		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
ט	To to the Zoa, and the organization attach a copy of its addition financial statements to this fetum?		990 (2013)
		. 5.111	(_0.0)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ч	any tax-exempt bonds? Did the organization set as an "on behalf of" you are for bonds outstanding at any time during the year?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
23a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	100		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		:	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	i		v
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	ا مر ا		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31	İ	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ان		<u></u>
	Schedule N, Part II	32	ŀ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
^-	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	
	Transfer with some more directed to complete defleatile of	Form		2013)
		· OIIII		-0 10)

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Form 990 (2013) THE HARRY KAY CHARITABLE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	`		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	}		
	(gambling) winnings to prize winners?	1c	X	İ.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_	
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	į,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
q	If "Yes," indicate the number of Forms 8282 filed during the year	_ [İ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\frac{\Lambda}{X}$
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		-	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		l	
С	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a]	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b]	
		Form	990 (2013)

332005 10-29-13

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

<u> </u>				
Sec	tion A. Governing Body and Management		1	T
			Yes	No
1a		4		İ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1c]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i		
	officer, director, trustee, or key employee?	_2		X
3	If there are materal differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, splan in Schedule 0. Enter the number of voting members included in the 1a, above, who are independent Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mainly address? If *Yes.** provide the names and addresses in Schedule O Did the organization have local chapters, branches, or affiliates? If *Yes.** did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organi			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		Х
7a	-			
		7a		х
b				
		7 _b		х
8	• • • • • • • • • • • • • • • • • • • •	۔۔۔		
а		8a	х	
	• • •	8b	 -	X
		100		
3		9	х	
Sec		<u> </u>	21	
-	tion by the mental neverties code?		Yes	No
10a	Did the organization have local chanters, branches, or affiliates?	10a	163	X
		100		
		10b		
110		11a	X	
		Ha		
		40-		X
		12a		-21
		12b		
		40-		
	•	12c		Х
	· · · · · · · · · · · · · · · · · · ·	13		X
		14		
15				
			.	w
		15a		X
		15b		X
			l	
			Ì	37
	, .	16a		<u> </u>
		16b		
	•	vailab	le	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	d finan	cial		
	statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	·	
	BETH LEONARD - 612-381-8820			
	2501 WAYZATA BLVD, MINNEAPOLIS, MN 55405			

Form 990 (2013)

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization						nsat				
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	POS heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson Irecte	nore than one son is both an rector/trustee)		1 .	compensation	amount of
	week	├			Γ-	Γ	Ĺ	from the	from related	other
	(list any hours for	Trect			İ	L		organization	organizations (W-2/1099-MISC)	compensation from the
	related) i	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	Individual trustee or director	Institutional frustee		Key employee	Highest compensated employee		'		and related
	below	ndual	tution	ا	empid	lest co	声		}	organizations
	line)	ig ig	ln st	Officer	Key	문별	Former			
(1) LINDA FITERMAN	1.00							_		_
DIRECTOR		X			L			0.	0.	0.
(2) SCOTT LIFSON	1.00					İ		_	_	_
DIRECTOR		Х			$oxed{oxed}$	_		0.	0.	0.
(3) JUDGE ROSANNE NATHANSON	1.00									
DIRECTOR		X						0.	0.	0.
(4) THOMAS P. SANDERS	1.00					ł			_	_
CHAIRMAN		Х			<u> </u>			0.	0.	0.
(5) MICHAEL HOROVITZ	1.00								_	_
PRESIDENT		X		X				0.	0.	0.
(6) SUSAN R. SHAPIRO	1.00									
DIRECTOR		X					_	0.	0.	0.
(7) BARRY GLASER	1.00						ĺ	1		
DIRECTOR		X			ļ			0.	0.	0.
(8) STEPHEN E. LIEBERMAN	1.00									
CO-PRESIDENT	1 00	X	_	X		_		0.	0.	0.
(9) FRANK TRESTMAN	1.00	3,5		37	ŀ				0	0
CO-PRESIDENT	1 00	X	Щ	X	_	<u> </u>		0.	0.	0.
(10) BETH LEONARD	1.00	₹.		v				0.	0.	0.
TREASURER		X	-	X	<u> </u>	-	_	0.	0.	
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332007 10-29-13

Page 7

Page 8

Fai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	yees	, an	<u>d H</u>	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	l		(6	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos beck			one	Reportable	Reportable	e l	E:	stimate	ed
		hours per	box	c, unie	ess pe	erson	is bo	th an	compensation	compensati	on	ar	nount	of
		week	H-	icer ar	no a c	irecto	or/trus	stee)	from	from relate	O. O. O. O. able Compensatio	l	other	
		(list any hours for	recto			i	1	ļ	the	organization			npensa	
		related	p to	e e	1		ated	ĺ	organization	(W-2/1099-MI	SC)		rom th	
		organizations	nstee	nal trustee	ł	 	ıbeu	l	(W-2/1099-MISC)			-	janızat id relat	
		below	lag t	lonal	ļ	og .							anızatı	
		line)	Individual trustee or director	Institution	Officer	Key employee	Highest compensated employee	E G		ļ		J	4111241	0.,0
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			十	\vdash	-	-	\vdash	\vdash		<u> </u>				
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			_	-	_	_	-	-						
			_				<u> </u>					<u> </u>		
1b	Sub-total								0.					0.
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportat	ole			
	compensation from the organization				_									0
													Yes	No
3	Did the organization list any former officer,	•		e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on				Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the st			amb	ensa	ation	ano	d oti	her compensation from	the organization	. }	3		^
•	and related organizations greater than \$15									and organization		4_		X
5	Did any person listed on line 1a receive or							elat	ed organization or indiv	idual for service:	s	_		~
- 500	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e <i>J</i> 1	or s	uch	pers	son	_				5		_X_
1	Complete this table for your five highest co	mnensated inc	dene	-nde	ent c	ontr	racto	ors t	that received more than	\$100,000 of cor	mpens	ation '	from	
•	the organization. Report compensation for											u		
	(A)								(B)			(()	
	Name and business	address						_	Description of s	ervices	С	ompe	nsatio	n
	JBERGER BERMAN	NTT 101	- 0						ACCEM NOVE E	BBC		1 C	1 (<i>C</i> 1
60:	THIRD AVE, NEW YORK,	NY TUT:	98						ASSET MGMT F	EES		10	1,6	01.
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					_			7		· · · · · · · · · · · · · · · · · · ·				
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🕨				1	1							

Form 990 (2013)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 572,026. 572,026 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 21,997,793 assets other than inventory b Less: cost or other basis 19,084,089 and sales expenses 2,913,704 c Gain or (loss) 2,913,704. 2,913,704. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a LITIGATION SETTLEMENTS 2,731. 900099 2,731 b d All other revenue 2,731. e Total. Add lines 11a-11d 2,731. 3 488 461. 3,485,730. Total revenue. See instructions. 332009 10-29-13

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	1,840,998.	1,840,998.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages Pension plan accruals and contributions (include										
8	•										
9	section 401(k) and 403(b) employer contributions) Other employee benefits		<u> </u>								
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal										
С	Accounting	29,900.		29,900.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	207 206		207,896.							
f	Investment management fees	207,896.		201,090.							
g	Other. (If line 11g amount exceeds 10% of line 25,	548.		548.							
40	column (A) amount, list line 11g expenses on Sch O.)	340.		3 40 0							
12 13	Advertising and promotion Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses	- - -									
	for any federal, state, or local public officials		 _								
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates		<u></u>								
22 23	Depreciation, depletion, and amortization Insurance										
23 24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)										
а	FOREIGN TAXES PAID	5,601.		5,601.							
b	CONTRACT SERVICE	2,372.	2,372.	0.							
С	MISCELLANEOUS	121.		121.							
ď	MN REGISTRATION FEE	60.		60.							
	All other expenses	2,087,496.	1,843,370.	244,126.	0.						
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,001,490.	1,043,370	233,120.							
26	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here fif following SOP 98-2 (ASC 958-720)										

332010 10-29-13

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,596. 484,980. 1 Cash - non-interest-bearing 500,000. 436,236. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 66,824. 31,574. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 23,751,283. 25,296,585. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 25,771,991. 24,803,087. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,635. 8,500. 17 Accounts payable and accrued expenses 17 4,070,784. 3,754,286. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 3,771,921. 4,079,284. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 21,031,166. 21,692,707. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 21,031,166. 21,692,707. 33 33 Total net assets or fund balances 25,771,991. 24,803,087. Total liabilities and net assets/fund balances

Form **990** (2013)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

332012 10-29-13 X

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Form 990 (2013)

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Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs qov/form990

THE HARRY KAY CHARITABLE FOUNDATION 41-1448610 Part T Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d X Type III - Non-functionally integrated b Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section		organization sted in your document?	organizat	u notify the non in col. r support?	(i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
MINNEAPOLIS JEWISH FEDER	41-0693866	7	х		х		х		1,289,198.
UNITED JEWISH FUND	41-0693887	7	х		Х		X.		541,800.
TC JEWFOLK	27-4463056	7	х		Х		Х		10,000.
Total 3				}					1,840,998.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 THE HARRY KAY CHARITABLE FOUNDATION 41-14486 [Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		}				ļ
	include any "unusual grants.")	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2	Tax revenues levied for the organ-	(İ		1		(
	ızatıon's benefit and either paid to		1				1
	or expended on its behalf			ļ	_		
3	The value of services or facilities	i	1			ľ	i
	furnished by a governmental unit to	j	1	ſ	1		j
	the organization without charge			 	 	<u> </u>	<u> </u>
4	Total. Add lines 1 through 3	ļ		 	 	<u> </u>	
5		ĺ	j			j	
	by each person (other than a]
	governmental unit or publicly	}			1		ł
	supported organization) included	1					
	on line 1 that exceeds 2% of the		[}		
	amount shown on line 11,		}		ì		}
_	column (f)			 	 	 	
	Public support. Subtract line 5 from line 4 ction B. Total Support	Ĺ	l	<u> </u>	<u> </u>	<u> </u>	L
	ndar year (or fiscal year beginning in)	(=) 0000	(h) 0010	/=\ 0011	(4) 0010	(=) 0010	(6) T-4-1
	Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
				 	 -	 	
0	Gross income from interest,		ļ	}			
	dividends, payments received on		·	}	}		
	securities loans, rents, royalties		ł	ì		1	
	and income from similar sources Net income from unrelated business			 	 		
9	activities, whether or not the		ļ	}			
	business is regularly carried on			ł	ł		
10	Other income. Do not include gain			 	 		
	or loss from the sale of capital				1		
	assets (Explain in Part IV.)			1		ł	
11	Total support. Add lines 7 through 10			 	 	 	
	Gross receipts from related activities,	etc. (see instructi	ons)	<u> </u>	· L 	12	L
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop		,,	, ,	•	` ` ` ` `	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatioi	ז			
b	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check tl	nis box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - 2013. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop i	<mark>here.</mark> Explaın ın Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶∟₋
b	10% -facts-and-circumstances test	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ie "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explair	n in Part IV how the	,
	organization meets the "facts-and-circ		-				▶ڸٳ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	<u>s</u>
					Sche	edule A (Form 990	or 990-EZ) 2013

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ	[[1		[
	include any "unusual grants.")		ļ]	1	ļ	ļ
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that			 	 	 	
3	are not an unrelated trade or bus-		ł				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	,	i		ľ		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_					 	 	
	Total. Add lines 1 through 5			 	 		<u> </u>
7 6	Amounts included on lines 1, 2, and 3 received from disgualified persons					1	
ŧ	normal and the persons of the persons of the persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			ļ	ļ	<u> </u>	ļ
	Add lines 7a and 7b		ļ <u></u>	ļ 	 	 	ļ
8	Public support (Subtract line 7c from line 6)		<u></u>	L	<u> </u>	<u></u>	ļ ,
	ction B. Total Support	, -		,		, 	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011_	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6					ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income	,		Ì		!	
	(less section 511 taxes) from businesses acquired after June 30, 1975	_					
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		-				
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)			 		ļ	
	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>	L	ــــــــــــــــــــــــــــــــــــــ
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2013 (I		· ·	column (f))		15	%
	Public support percentage from 2012					<u> </u>	<u>%</u>
_	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20	•	• •	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2013. If the	•					7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is me	ore than 33 1/3% , a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anızatıon qualıfıes	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check ti	his box and see in	structions	▶└

Schedule A	(Form 990 or 990-E Supplemental	Z) 2013 THE	HARRY KA	Y CHARI	TABLE FOU	NDATION	41-144	8610 Page 4
Part IV	Supplemental	Information	Provide the ex	planations requ	ired by Part II, line	10; Part II, line 17	a or 17b; and Part	III, line 12.
	Also complete this	part for any add	litional informati	on (See instruc	tions).			
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Б.	THE HARRY RAY CHAR				41-1448610	_
Pa			r Otner Similar Fun	ias or A	Accounts.Complete if the	
	organization answered "Yes" to Form 990, Part IV, line					_
	<u> </u>	(a) Do	nor advised funds		(b) Funds and other accounts	_
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that th	e assets held in donor ad	lvised fur	nds	_
	are the organization's property, subject to the organization's	-			Yes N	D
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writ	ing that grant funds can	be used	only	
	for charitable purposes and not for the benefit of the donor or	r donor advis	or, or for any other purpo	se confe	rnng	
	impermissible private benefit?		, , ,		Yes N	5
Pa		anization ans	wered "Yes" to Form 990), Part IV.		_
1	Purpose(s) of conservation easements held by the organization					_
•	Preservation of land for public use (e.g., recreation or ed			historical	lly important land area	
	Protection of natural habitat	addao,	Preservation of a c			
	Preservation of open space			ion timod in	iotorio di dotaro	
2	Complete lines 2a through 2d if the organization held a qualifi	ad consoniat	ion contribution in the fo	rm of a co	enconviction excement on the last	
_		ed conservat	ion contribution in the for	morace	onservation easement on the last	
	day of the tax year.				Held at the End of the Tax Yea	_
_	Total number of conservation easements				2a	÷
a					2b	
b	Total acreage restricted by conservation easements		nd in (a)		2c	-
С.	Number of conservation easements on a certified historic stru		• •		20	_
d	`,'	mer 8/17/06,	and not on a historic stru	acture	1	
_	listed in the National Register				2d	_
3	Number of conservation easements modified, transferred, rele	eased, exting	uished, or terminated by	the organ	nization during the tax	
	year >					
4	Number of states where property subject to conservation eas			- .		
5	Does the organization have a written policy regarding the peri		ng, inspection, handling	of	<u> </u>	
	violations, and enforcement of the conservation easements it				Yes No)
6	Staff and volunteer hours devoted to monitoring, inspecting, a	-				
7	Amount of expenses incurred in monitoring, inspecting, and e					
8	Does each conservation easement reported on line 2(d) above	e satisty the r	requirements of section 1	70(n)(4)(E		
	and section 170(h)(4)(B)(ii)?				Yes No)
9	In Part XIII, describe how the organization reports conservation					
	include, if applicable, the text of the footnote to the organization	ion's financial	statements that describ	es the or	ganization's accounting for	
	conservation easements.	A.A. Iliaka	wind Tunney or	045	Similar Accets	_
Pai	rt III Organizations Maintaining Collections of			Other	Similar Assets.	
	Complete if the organization answered "Yes" to Form 9					_
1a	If the organization elected, as permitted under SFAS 116 (AS)					
	historical treasures, or other similar assets held for public exhi			erance of	public service, provide, in Part XIII,	,
	the text of the footnote to its financial statements that describ					
b	If the organization elected, as permitted under SFAS 116 (AS6					
	treasures, or other similar assets held for public exhibition, ed	ucation, or re	search in furtherance of	public se	rvice, provide the following amount	.s
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1				\$	_
	(ii) Assets included in Form 990, Part X	•			► \$ ► \$	_
2	If the organization received or held works of art, historical trea	sures, or oth	er sımılar assets for fınan	cial gain,		_
	the following amounts required to be reported under SFAS 11					
а	Revenues included in Form 990, Part VIII, line 1	•			> \$	_
	Assets included in Form 990, Part X	_			▶ \$	
	• • •	•				_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

_		
	3a(i)	
	3a(ii)	
	3b	

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Lar	nd				
b Bu	ldings		_		
c Lea	asehold improvements				
d Equ	upment				
e Oth	ner				
Total. Ad	ld lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colur	nn (B), line 10(c))	•	

Schedule D (Form 990) 2013

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Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11b. See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market v	value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	i1c. See Form 990, Part X, line 1	13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market v	/alue
(1)				
(2)				
(3)				
(4)				

(2)		
(3)		- "
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5) (7)(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)

Part X	Other Liabilities.
IFAILA	i Ouici Liaviiilics.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

LINE 8B EXPLANATION

EXPLANATION: PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR INCOME TAX PURSUANT TO FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE. THIS GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE FOUNDATION BELIEVES ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS WILL BE SUSTAINED UPON EXAMINATION, AND ACCORDINGLY, NO RESERVES OR ACCRUALS FOR INTEREST AND PENALTIES HAVE BEEN RECORDED AT NOVEMBER 30, 2014 AND 2013. THE

FOUNDATION'S REMAINING OPEN TAX YEARS SUBJECT TO EXAMINATION INCLUDE THE

Schedule D (Form 990) 2013

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Scheduk Differm 990/2013 THE HARRY KAY CHARITABLE FOUNDATION 41-1448610 Pages Fart XIII Supplemental Information (continued) YEARS ENDED NOVEMBER 30, 2011 THROUGH 2013.	Schedule D	(Form 990)	2013	PHE I	HARRY	KAY	CHARITABLE	FOUNDATION	41-1448610 F	age 5
TORNO EMPLO NOVERBER JU, ZULI LINVUGII EULIV							מזוכש 2013			
	TEARS	FNDED	NOVEMBER	30,	2011	THRO	JUGH 2013.			
										
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

Open to Public Inspection ,

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www its gov/form990.

% ⊠ Employer identification number 41-1448610 (h) Purpose of grant or assistance __ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection CAPITAL CAMPAIGN CAPITAL CAMPAIGN CAPITAL CAMPAIGN CAPITAL CAMPAIGN (g) Description of non-cash assistance CAPITAL CAMPAIGN (f) Method of valuation (book, FMV, appraisal, other) 20,000. 387,000. 330,000, 777,500. 10,000 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 0 0 0. ö ö (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE HARRY KAY CHARITABLE FOUNDATION (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 83-0506393 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 27-4463056 36-3411361 41-0693887 41-0693866 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MINNEAPOLIS FEDERATION FOR JEWISH SERVICE - 13100 WAYZATA BLVD, STE 7204 WEST 27TH STREET SUITE 226 UNITED JEWISH FUND AND COUNCIL 790 S CLEVELAND AVE, STE 227 200 - MINNEAPOLIS, MN 55305 ST. LOUIS PARK, MN 55426 ST. LOUIS PARK, MN 55426 ST. LOUIS PARK, MN 55416 or government 4330 S CEDAR LAKE ROAD 3620 PHILLIIPS PARKWAY Name of the organization ST. PAUL, MN 55116 JEWFOLK MEDIA INC SHOLOM FOUNDATION HERZL CAMP Part

Schedule I (Form 990) (2013)

Page 2

41-1448610

(Form 990) (2013) THE HARRY KAY CHARITABLE FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2013)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required	uired in Part I, line	2, Part III, column	in Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
SCHEDULE I PART 1, LINE 2					
EXPLANATION: THE ORGANIZATION REVIEWS		MNUAL FIN	THE ANNUAL FINANCIAL REPORTS OF	ORTS OF	
THE DONEES. IN ADDITION, THE ORGA	NIZATION	IS IN CON	THE ORGANIZATION IS IN CONTACT WITH THE DONEE	THE DONEE	
YEARLY PROGRESS ON THEIR CAPITAL CAMPAIGN.	AMPAIGN.				

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 41 – 1 4 4 8 6 1 0

THE HARRY KAY CHARITABLE FOUNDATION 41-1448610
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MINNEAPOLIS-ST PAUL AREA.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS REVIEWED IN DETAIL BY THE TREASURER. THE FINAL
DRAFT OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT ONE OF THEIR
MEETINGS FOR APPROVAL PRIOR TO THE FORM BEING FILED WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 18:
EXPLANATION: THE FINANCIAL STATEMENTS AND ALL OTHER GOVERNING DOCUMENTS ARE
AVAILABLE UPON REQUEST IN EITHER PAPER OR DIGITAL FORMAT.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE FINANCIAL STATEMENTS AND ALL OTHER GOVERNING DOCUMENTS ARE
AVAILABLE UPON REQUEST IN EITHER PAPER OR DIGITAL FORMAT.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS -739,424.