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Form **990-PF**Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052 2014

For	calendar year 2014 or tax year beginning		, and ending		
Name of foundation A Employer identification number					
_	INGERHUT FAMILY FOUNDATIO	41-6030930	<u></u> _		
	nber and street (or P O box number if mail is not delivered to street $660~\mathrm{HIGHWAY}~100~\mathrm{S}$.	address)	Room/suite 230	B Telephone number	.00
		antal anda	1230	952-545-30	
	or town, state or province, country, and ZIP or foreign partition in the country, and ZIP or foreign partition.	ustai code		C If exemption application is p	ending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s check here
•	Final return	Amended return	The public charty	1. Foreign organizations	s, chock note
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
HC	Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
		Other taxable private founda	tion	under section 507(b)(1)	
l Fa	ur market value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	_
_		mn (d) must be on cash t	oasis)		
Pa	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	3,850,000.		N/A	
	2 Check In the foundation is not required to attach Sch. B				,
	3 Interest on savings and temporary cash investments	979.	979.		STATEMENT 1
	4 Dividends and interest from securities	44,205.	44,205.		STATEMENT 2
	5a Gross rents				,
	b Net rental income or (loss)	1,271.	· · · · · · · · · · · · · · · · · · ·		
E	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 1,271.	1,2/10		REC	EIVED 1
Revenue	D assets on line 6a		1,271.		一一
æ	8 Net short-term capital gain	**************************************	= 7 = 7 = 7	MAY	2.7 2015 [0]
	9 Income modifications	** ** * * * * * * * * * * * * * * * *		" " "	(6)
	Gross sales less returns and allowances			1 -	
	b Less Cost of goods sold		` ,	- ことで	A STATE OF THE STA
	c Gross profit or (loss)		·		***, #
	11 Other income	1,200.	1,200.		STATEMENT 3
	12 Total. Add lines 1 through 11	3,897,655.	47,655.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages 15 Pension plans, employee benefits				_
es	16a Legal fees				
ens	b Accounting fees STMT 4	364.	182.		182.
Expenses	c Other professional fees STMT 5	415.	415.		0.
	17 Interest	3,286.	3,286.		0.
rati	18 Taxes STMT 6	624.	624.		0.
nist	19 Depreciation and depletion				
Ē	20 Occupancy	_			
Ă	21 Travel, conferences, and meetings				
ä	22 Printing and publications	0.640	0.615		
ing	23 Other expenses STMT 7	9,640.	9,615.		25.
Operating and Administrative	24 Total operating and administrative	14,329.	14,122.		207.
ŏ	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	341,183.	14,122.		341,183.
	26 Total expenses and disbursements.	341,103			J = 1 , 1 U J +
	Add lines 24 and 25	355,512.	14,122.		341,390.
_	27 Subtract line 26 from line 12:		_ , .		
•	a Excess of revenue over expenses and disbursements	3,542,143.			·
)	b Net investment income (if negative, enter -0-)		33,533.		
722-	C Adjusted net income (if negative, enter -0-)			N/A	
4235 11-2	01 4-14 LHA For Paperwork Reduction Act Notice, see	instructions		11111 76	Form 990-PF (2014)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	r year
LP	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,354.	3,281.	3,281.
		Savings and temporary cash investments	100,417.	502,448.	502,448.
		Accounts receivable			,
	Ĭ	Less; allowance for doubtful accounts	- ~		
	4	Pledges receivable			
	7	Less: allowance for doubtful accounts			
	_	Grants receivable			
				:	
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			÷
		Less: allowance for doubtful accounts		· · · · · · · · · · · · · · · ·	
ets	_	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
٩	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	0.	3,001,317.	3,039,718.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		}!!!!	<u> </u>
		Less accumulated depreciation			·
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	0.	139,868.	180,201.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			and the first the first of an included the second the s
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the	- "		
		instructions. Also, see page 1, item ()	104,771.	3,646,914.	3,725,648.
	17	Accounts payable and accrued expenses		,	
	18	Grants payable			-
ro.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			,
<u>:</u>	l	Other liabilities (describe)			
	22)			
	,,	Total liabilities (add lings 17 through 22)	0.	0.	c &
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	0.	
		•			
S	۱.,	and complete lines 24 through 26 and lines 30 and 31.			
Balances		Unrestricted			· ·
ala		Temporarily restricted			_
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
卢		and complete lines 27 through 31.		_	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	, ,
ğ	29	Retained earnings, accumulated income, endowment, or other funds	104,771.	3,646,914.	•
Ž	30	Total net assets or fund balances	104,771.	3,646,914.	, , , , , , , , , , , , , , , , , , ,
	31	Total liabilities and net assets/fund balances	104,771.	3,646,914.	
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	104,771.
	•	r amount from Part I, line 27a		2	3,542,143.
		r increases not included in line 2 (itemize)	-	3	0.
		lines 1, 2, and 3		4	3,646,914.
		eases not included in line 2 (itemize)		. 5	3,040,514.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II. c	oluma (h) line 30	- 5	3,646,914.
U	111111	cust gaasta diciunu ugigiitsa gi suu di VSdi URRS 4 HIIIUN iirs 3) * Edil II. G	www.nii toj. iiic JV	ı n	

423511 11-24-14 Page 2

Form 990-P			UT FAMILY FO						4	1-603	0930	Page 3
Part IV	(a) List and desci	ribe the ki	osses for Tax on In ind(s) of property sold (e.g. or common stock, 200 shs	, real estate,	income	(b) P	low ac - Purc - Dona	nase i ') Date a	acquired ay, yr)	(d) Dat (mo , da	
1a CAP	ITAL GAINS	DIVI	DENDS			Ť						_
b												
C												
d												
е						Ц,						
(e)	Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss i (f) minus	(g)	
a	1,271.										1	,271.
b												
_ C	_ , , ,											
_d												
<u>e</u>					10101100							
Comple	ete only for assets showing		column (h) and owned by t							ol. (h) gaın ıot less tha		
(i) F.N	N V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any					(from col. ((h)) ´	
a											1	,271.
b												
C												
_ <u>d</u>												
<u>e</u>												
2 Capital g	gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				1	,271.
If gain, a	ilso enter in Part I, line 8,		ined in sections 1222(5) an			}						
	enter -0- in Part I, line 8			Doduce d	I Tau an Nas		3			N/A	<u> </u>	
Part V			Section 4940(e) for					nent inco	me			
(For optional	al use by domestic private	foundati	ons subject to the section 4	1940(a) tax on	net investment in	come	9.)					
If section 49	940(d)(2) applies, leave t	nis part b	ank.									
Was the fou	indation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ear in the base pei	rıod?					Yes	X No
			section 4940(e). Do not co									
1 Enter th		each colu	mn for each year; see the in	istructions be	fore making any e	entries	i.				741	
Colordon	(a) Base period years		(b) Adjusted qualifying dist	tributions	Net value of no	(c) encha		use assets		Distril	(d) bution ratio vided by col.	(0))
Calendar	year (or tax year beginni	ng in)		2,802.	1100 14300 01 110	7110110		5,068.		(coi. (b) aiv		$\frac{(0))}{41142}$
-	2013 2012			$\frac{2,002.}{3,935.}$		-		$\frac{3,000.}{3,139.}$	-			$\frac{1142}{15884}$
				$\frac{3,333.}{8,330.}$				$\frac{5,139}{5,039}$	_			91189
	2011			5,345.				$\frac{3,033}{8,333}$				$\frac{31103}{41618}$
	2010 2009			$\frac{3,345}{2,645}$				4,498.	_			$\frac{15902}{15902}$
	2009			2,013.				4,400.			1.0	13302
2 Total of	line 1, column (d)								2		30.9	05735
		5-vear ha	se period - divide the total c	on line 2 hy 5	or by the number	of ve	ars					00.00
	dation has been in existe			,, inic 2 by 0,	or by the named	O. yo	uis		3		6.1	81147
1110 10011	dation has been in oxide	1100 11 1000	, man o yearo						Ť			
4 Enter the	e net value of noncharitat	ole-use as	sets for 2014 from Part X,	line 5					4		3,375	,854.
5 Multiply	line 4 by line 3				_				5	2	0,866	,650.
	•		(B. 11 ft - 0=1)					-				
6 Enter 1%	6 of net investment incon	ne (1% of	Part I, line 27b)						6			335.
7 Add lines	s 5 and 6								7	2	0,866	,985.

8 Enter qualifying distributions from Part XII, line 4

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.

Form **990-PF** (2014)

341,390.

423521 11-24-14

Form	990-PF (2014) FINGERHUT FAMILY FOUNDATION		-6030		j	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					e 6
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			6	71.
	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).					·
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	~-	•		0.
	Add lines 1 and 2	3			6	71.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	1			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			6	71.
	Credits/Payments:	<u> </u>				
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 56				1	,
	Exempt foreign organizations - tax withheld at source 6b	7				1
	Tax paid with application for extension of time to file (Form 8868) 6c	-				ţ
		-				,
		- "		- '`		56.
	Total credits and payments Add lines 6a through 6d	7				12
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				$\frac{13}{28}$.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	—		- 0	<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be; Credited to 2015 estimated tax	11				
	rt VII-As Statements Regarding Activities			Tessee on a fact	N / -	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in		Mar. 141	Yes	
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ned or			* *	1943
	distributed by the foundation in connection with the activities.					113
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0	•		S. 5.3	\$.3>	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				2 (,
	managers. ► \$ 0.			7/4 8/1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.				, ,	. 14
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? If "Yes," attach a conformed copy of the changes			3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.	•				- 3
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. 	te law				
	remain in the governing instrument?			6	X.	•
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part >	1/		7	X	
•	bio and realisation have at least 40,000 in about at any line adming the your. If you, correplete i art is, our top, and i art i	•		Ro 144	è 25	
R a	Enter the states to which the foundation reports or with which it is registered (see instructions)			· -/		,
O.	MN					· .
k	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? If "No," attach explanation			20	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	landar		8b	, A.	
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	uudi				X
10				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		F.	10	DE.	
			FOII	m 990	-rr(2014)

orm 990-PF (2014) FINGERHUT FAMILY FOUNDAT			41-60309	30 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No	,
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	;
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			
the prevention of cruelty to children or animals?	,		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i			
section 53 4945 or in a current notice regarding disaster assistance (see instru	·		N/A ~	5b
Organizations relying on a current notice regarding disaster assistance check h	,		~ ;;;; ⊢	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		mad		
expenditure responsibility for the grant?			es No	
If "Yes," attach the statement required by Regulations section 53 494		·/ A 11	ES NO	
· · · · · · ·	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	,	(1 27)	
a personal benefit contract?		Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870	_			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	
b if "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highl	У	
				
List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d)	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
• • • • • • • • • • • • • • • • • • • •	to position	`enter-0-)	and deferred compensation	allowances
	PRESIDENT			
1660 HIGHWAY 100 SOUTH, STE 230				
MINNEAPOLIS, MN 55416	0.50	0.	<u> </u>	0.
	VP/SEC/TREASU	RER		
1660 HIGHWAY 100 SOUTH, STE 230				
MINNEAPOLIS, MN 55416	0.50	0.	0.	0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
			(d) Contributions to	(e) Expense account, other
(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	account, other allowances
NONE	dovoted to position		compensation	ano wanees
-				
				
Total number of other employees paid over \$50,000			>	0
			Form	990-PF (2014)

Form 990-PF (2014) FINGERHUT FAMILY FOUNDATION		030930 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."	
(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 in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the , 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	I allu Z.	Amount
I N/A		
2		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

	m 990-PF (2014) FINGERHUT FAMILY FOUNDATION	41-6030930	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 1,566	,401.
b	Average of monthly cash balances	1b 1,804	
c	Fair market value of all other assets	1c 56	,065.
đ	Total (add lines 1a, b, and c)	1d 3,427	,263.
е	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 3,427	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 51	,409.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 3,375	,854.
6	Minimum investment return. Enter 5% of line 5	6 168	,793.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 168	,793.
2a	Tax on investment income for 2014 from Part VI, line 5		
þ	Income tax for 2014. (This does not include the tax from Part VI.)	_	
C	Add lines 2a and 2b	2c	671.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 168	,122.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 168	,122.
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.	7 168	,122.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	***	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 341	,390. 0.
b	Program-related investments - total from Part IX-B		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	, , , , , , , , , , , , , , , , , , ,	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 341	,390.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 341	,390.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

FINGERHUT FAMILY FOUNDATION Form 990-PF (2014) 41-6030930 Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) (c) Years prior to 2013 2013 Corpus 2014 1 Distributable amount for 2014 from Part XI, line 7 168,122. 2 Undistributed income, if any, as of the end of 2014 0. a Enter amount for 2013 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: a From 2009 60,920. 44,928. **b** From 2010 48,078. c From 2011 153,278. dFrom 2012 286,549. e From 2013 593,753 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 341,390. Part XII, line 4. ►\$ a Applied to 2013, but not more than line 2a 0 4) b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) d Applied to 2014 distributable amount 168, 173,268 e Remaining amount distributed out of corpus 0 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 767,021 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 7 Amounts treated as distributions out of 43 corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 60,920 not applied on line 5 or line 7 Excess distributions carryover to 2015. 706,101 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:

423581 11-24-14

· manyons or mile o.	
a Excess from 2010	44,928.
b Excess from 2011	48,078.
c Excess from 2012	153,278.
dExcess from 2013	286,549.
e Excess from 2014	173,268.

	JT FAMILY F				30930 Page
Part XIV Private Operating Fo				N/A	<u>_</u> .
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2014, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of all assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					_
Part:XV Supplementary Infor			if the foundation	n had \$5,000 or m	ore in assets
at any time during the	ne year-see insti	ructions.)			
1 Information Regarding Foundation	n Managers:				•
a List any managers of the foundation who			tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here □ if the foundation or		* * * * * * * * * * * * * * * * * * * *	-	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	riduals or organizations	under other conditions, c	omplete items 2a, b, c, and	1 d.
a The name, address, and telephone numb	er or e-mail address of t	he person to whom app	lications should be addre	ssed:	
SEE STATEMENT 10					
b The form in which applications should be	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographica	al areas, charitable fields	s, kınds of ınstıtutions, or	other factors:	
	·				

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	1		
Name and address (home or business)	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
a Paid during the year		·		
,				
SEE ATTACHED SCHEDULE				
SEE ATTACHED SCHEDULE				341,183
				311,103
			1	
·				
				244 400
Total	,	· · · · · · · · · · · · · · · · · · ·	. <u>▶</u> 3a	341,183
b Approved for future payment				
SEE ATTACHED SCHEDULE				
				609,167
	<u> </u>			
				_
			ł	
Total		<u>. </u>	▶ 3b	609,167
. 3141			50	

Part XVI-A	Analysis of Income-Producing Activities	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	741104111	code	Anoun	Toneson meonic	
<u>a</u>	- 		+			
b			+ +			
C	-		+ +			
						
t						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14			
4 Dividends and interest from securities			14	44,205.		
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			14	1,200.	-	
8 Gain or (loss) from sales of assets other than inventory			14	1,271.		
9 Net income or (loss) from special events			1 1			
10 Gross profit or (loss) from sales of inventory					•	
11 Other revenue:						
a	_ [
b						
C						
d						
e	Ì				-	
12 Subtotal. Add columns (b), (d), and (e)).	47,655.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	47,655.	
(See worksheet in line 13 instructions to verify calculations.)						

_						
Part XVI-R	Relationshin	of Activities to	the Accom	nlichment of	Evamnt	Durnages

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	
423621 11-24-14	Form 990-P	F (2014)

14) FINGERHUT FAMILY FOUNDATION 41-6030930 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		<u>. </u>								
ı	Did the or	ganization directly or indire	ectly engage in any o	of the followin	g with any other organizatio	n described in secti	on 501(c) of		Yes	No
	the Code	(other than section 501(c)((3) organizations) or	in section 52	7, relating to political organi	izations?				l ,
а	Transfers	from the reporting foundat	tion to a noncharitab	ile exempt org	janization of:					:
	(1) Cash							1a(1)		X
	(2) Other	rassets						1a(2)		X
b	Other tran	isactions;								,
	(1) Sales	s of assets to a noncharitab	le exempt organizati	ion				1b(1)		X
	(2) Purci	hases of assets from a non	icharitable exempt o	rganization				1b(2)		X
	(3) Renta	al of facilities, equipment, o	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		Х
	(5) Loan	s or loan guarantees						1b(5)		X
		ormance of services or men	· ·	=				1b(6)		X
	-	f facilities, equipment, mail	= :		·			1c		Х
d		•	· ·	_	dule. Column (b) should alv	=			ets,	
		• • •			ed less than fair market valu	e in any transaction	or sharing arrange	ment, show in		
	<u>`</u>	d) the value of the goods, o				1 (4) -				
a } L	ine no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transaction	ns, and sharing an	rangeme	ents
				N/A						
										
						-				
					<u> </u>					
		=								
2.	le the fou	ndation directly or indirect	ly affiliated with or r	alated to one	or more tay exempt organi	zatione decaribed	-			
2 a		noalion directly or indirectl 501(c) of the Code (other	•	•	or more tax-exempt organi	zalions described		Yes	v	No
		omplete the following sche	` '	(3)) OF HI SECT	1011 327 7			162	LA	_ INO
<u> </u>	11 165, 0	(a) Name of orga			(b) Type of organization		(c) Description of re	lationship		
		N/A	urrize dorr		(b) 1) po oi oi gaii Lation		(-, - 100. p. 0	р		
										
			×							
	Under	penalties of perjury, declare the	that I have examined this	s return, ıncludın	g accompanying schedules and	statements, and to the	best of my knowledge			
Si	gn and b	elief it is true, correct, and com	plete Declaration of pre	eparer (other that	n taxpayer) is based on all intern	nation of which prepare	r has any knowledge	May the IRS or return with th	e prepar	rer
	ere	N 91 V 16	1		15/191/7			shown below X Yes		
	Sigi	nature of officer or trustee			Date	Title				
		Print/Type preparer's nai	me	Preparer's s		Date	Check If	PTIN		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	_		self- employed			
Pa	aid	ANNE M. LEI	DWEIN	ann	m. Sami	5-14-15	-	P00448	677	
Pr	eparer	Firm's name ► CBI			5	1 - 1 , 5	Firm's EIN ► 3			
	se Only		,	-						
	•	Firm's address ▶ 22	2 SOUTH 9	TH STR	EET, SUITE 1	000	1			
			NNEAPOLIS		-		Phone no. 61	2-339-7	811	
								Form 99 0		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

or (ii) Form 990-EZ, line 1 Complete Parts I and II

the prevention of cruelty to children or animals. Complete Parts I, II, and III

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Employer identification number

▶ \$

2014

FINGERHUT FAMILY FOUNDATION 41-6030930 Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h,

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).

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*.

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) (2014)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization

Employer identification number

Jse duplicate copies of Part I if a b) is, and ZIP + 4 , SUITE 230 5416 b) is, and ZIP + 4	(c) Total contributions \$ 3,850,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
, SUITE 230 5416	\$ 3,850,000.	Person X Payroll Noncash (Complete Part II for
5416		Payroll Noncash (Complete Part II for
•	4.3	1
o, and air TY	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
o) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
o) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Complete Part II for noncash contributions.)
b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll
	es, and ZIP + 4 D) es, and ZIP + 4	s, and ZIP + 4 S (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions

Employer identification number

FINGERHUT FAMILY FOUNDATION

41-6030930

Part II Nonc	eash Property (see instructions) Use duplicate copies of P	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 3453 11-05-14		\$Schedule R (Form 6	990, 990-EZ, or 990-PF) (20

Employer identification number

FAMILY FOUNDATION Isively religious, charitable, etc., contear from any one contributor. Complete deting Part III, enter the total of exclusively religious duplicate copies of Part III if addition. (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (e) Transfer of gift (c) Use of gift	section 501(c)(7), (8), or (10) that total more than \$1,000 g line entry. For organizations is for the year (Enter this into once). (d) Description of how gift is held. Relationship of transferor to transferee. (d) Description of how gift is held. Relationship of transferor to transferee.
duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held
Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and transferee's name, address, addr	(e) Transfer of gift (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	
Transferee's name, address, a	(e) Transfer of gift	
	nd ZIP + 4	Relationship of transferor to transferee
	nd ZIP + 4	Relationship of transferor to transferee
		Relationship of transferor to transferee
(h) Purpose of gift		
(h) Purpose of gift		
(a) i dibooc oi giit	(c) Use of gift	(d) Description of how gift is held
T	(e) Transfer of gift	Deletionship of transferor to transferor
Transferee's name, accress, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift

FORM 990-PF INTERE	ST ON SAVIN	GS AND TE	MPORARY	CASH :	INVESTMENTS	STATEMENT 1
SOURCE	REV	(A) REVENUE M PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
AMERITRADE US BANK - AGENCY		***************************************	72. 907.		72. 907.	
TOTAL TO PART I, L		979.		979.		
FORM 990-PF	DIVIDENDS	AND INTE	REST F	ROM SECT	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	F	(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO	
AMERITRADE US BANK - AGENCY	45,472.	1,2	71.	44,20	1. 44,20 4.	1.
TO PART I, LINE 4	45,476.	1,2	71.	44,20	44,20	5.
FORM 990-PF		OTHER	INCOME			STATEMENT 3
DESCRIPTION			(A) REVEN PER BO	WE	(B) NET INVEST- MENT INCOME	
AMERITRADE OTHER IN	ICOME	هستند	· · · · · · · · · ·	1,200.	1,200	•
TOTAL TO FORM 990-E	PF, PART I,	LINE 11		1,200.	1,200	•
FORM 990-PF		ACCOUNT	ING FE	ES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET]	(B) INVEST- INCOME		
ACCOUNTING FEES		364	•	182	•	182.
TO FORM 990-PF, PG	1, LN 16B	364	•	182	•	182.

FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AGENCY FEES	415.	415.		0.
TO FORM 990-PF, PG 1, LN 16C =	415.	415.		0.
FORM 990-PF	TAX	ES	S	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
PASSTHROUGH FOREIGN TAXES PAID	624.	624.		0.
TO FORM 990-PF, PG 1, LN 18	624.	624.		0.
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PASSTHROUGH INVESTMENT INT. EXP. PASSTHORUGH OTHER EXPENSES MN ANNUAL FEE	882. 8,733. 25.			0. 0. 25.

FORM 990-PF	CORPORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
11,020 SHS VANGUARD TOTAL 14,700 SHS VANGUARD TOTAL 12,245 SHS VANGUARD FTSE A	900,808. 1,470,631. 629,878.	907,71 1,558,20 573,80	0.	
TOTAL TO FORM 990-PF, PART	II, LINE 10B	3,001,317.	3,039,71	8.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
VALOR EQUITY PARTNERS III	COST	139,868.	180,20	1.
TOTAL TO FORM 990-PF, PART	r II, LINE 13	139,868.	180,20	1.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BEVERLY DEIKEL 1660 HIGHWAY 100 SOUTH, SUITE 230 MINNEAPOLIS, MN 55416

TELEPHONE NUMBER

952-545-3000

FORM AND CONTENT OF APPLICATIONS

LETTER OF REQUEST, ACCOMPANIED BY AUDITED FINANCIAL STATEMENTS, TAX RETURNS, OR EQUIVALENT FORM INDICATING FINANCIAL DATA.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

FFF FINGERHUT FAMILY FOUNDATION

41-6030930

FYE 12/31/2014

FEDERAL STATEMENTS

Grants and Contributions Paid During The Year Or Approved For Future Payment

Recipient Name and Address (home or business)	Recipient Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
ALZHEIMERS ASSOCIATION 7900 W 78TH STREET #100 MINNEAPOLIS, MN 55439	N/A	PUBLIC	GENERAL OPERATING	2,000
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	N/A	PUBLIC	GENERAL OPERATING	33,333
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVENUE NORTH MINNEAPOLIS, MN 55411	N/A	PUBLIC	GENERAL OPERATING	1,000
BEST PREP/BEEF 7100 NORTHLAND CIRCLE NORTH #402 BROOKLYN PARK, MN 55428	N/A	PUBLIC	GENERAL OPERATING	500
BRIDGE FOR YOUTH 1111 W 22ND STREET MINNEAPOLIS, MN 55405	N/A	PUBLIC	GENERAL OPERATING	1,000
COMMUNITY ED SERVICES OF EDEN PRAIRIE 8040 MITCHELL ROAD EDEN PRAIRIE, MN 55344	N/A	PUBLIC	ROBOTICS TEAM	250
EMERGE 1101 W BROADWAY AVENUE N MINNEAPOLIS, MN 55411	N/A	PUBLIC	GENERAL OPERATING	1,000
HADASSAH 50 W 58TH STREET NEW YORK CITY, NY 10019	N/A	PUBLIC	GENERAL OPERATING	5,000
HERZL CAMP 7204 W 27TH STREET #226 ST LOUIS PARK, MN 55426	N/A	PUBLIC	CAPITAL CAMPAIGN	5,000
JEWISH COMMUNITY RELATIONS COUNCIL 12 N 12TH STREET #480 MINNEAPOLIS, MN 55403	N/A	PUBLIC	GENERAL OPERATING	3,000
JEWISH FAMILY & CHILDRENS SERVICE 13100 WAYZATA BOULEVARD #400 MINNETONKA, MN 55305	N/A	PUBLIC	GENERAL OPERATING	1,000
JEWISH FUNDERS NETWORK 150 W 30TH STREET #900 NEW YORK, NY 10001	N/A	PUBLIC	MEMBERSHIP	600
LIVING LEGACY 2845 HEDBERG DRIVE MINNETONKA, MN 55305	N/A	PUBLIC	GENERAL OPERATING	1,000
MAZON-JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD #100	N/A	PUBLIC	GENERAL OPERATING	1,000

FFF FINGERHUT FAMILY FOUNDATION

41-6030930

FEDERAL STATEMENTS

FYE. 12/31/2014

Grants and Contributions Paid During The Year Or Approved For Future Payment

Recipient Name and Address (home or business)	Recipient Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
LOS ANGELES, CA 90025 MEET INTERNATIONAL, INC	N/A	PUBLIC	GENERAL OPERATING	1,000
2440 TAMALPAIS STREET MOUNTAIN VIEW, CA 94043				
MICROGRANTS 1035 E FRANKLIN AVENUE MINNEAPOLIS, MN 55404	N/A	PUBLIC	GENERAL OPERATING	1,000
MINNEAPOLIS JEWISH DAY SCHOOL 4330 CEDAR LAKE ROAD MINNEAPOLIS, MN 55416	N/A	PUBLIC	GENERAL OPERATING	500
MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD #200 MINNETONKA, MN 55305	N/A	PUBLIC	ENDOWMENT FUND/SPECIAL ISRAEL EMERGENCY FUND	255,000
MINNESOTA HILLEL 1521 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	N/A	PUBLIC	GENERAL OPERATING	2,000
NATIONAL PARKINSON FOUNDATION MN 5905 GOLDEN VALLEY ROAD #201 GOLDEN VALLEY, MN 55422	N/A	PUBLIC	WALK SPONSOR	500
NECHAMA-JEWISH RESPONSE TO HUNGER 4330 S CEDAR LAKE ROAD MINNEAPOLIS, MN 55416	N/A	PUBLIC	GENERAL OPERATING	1,000
PACER CENTER 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437	N/A	PUBLIC	GENERAL OPERATING	1,000
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BOULEVARD MINNEAPOLIS, MN 55426	N/A	PUBLIC	MH JEWISH SPIRITUAL CARE FUND	500
PROJECT FOR PRIDE IN LIVING, INC 1035 E FRANKLIN AVENUE MINNEAPOLIS, MN 55404	N/A	PUBLIC	GENERAL OPERATING	1,000 -
SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY ST LOUIS PARK, MN 55426	N/A	PUBLIC	GENERAL OPERATING	17,000
ST DAVIDS CHILD DEVELOPMENT & FAMILY CENTER 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	N/A	PUBLIC	GENERAL OPERATING	1,000
STEP 6812 W LAKE STREET ST LOUIS PARK, MN 55426	N/A	PUBLIC	GENERAL OPERATING	1,000
TEENS ALONE 915 MAINSTREET	N/A	PUBLIC	GENERAL OPERATING	1,000

FFF FINGERHUT FAMILY FOUNDATION 41-6030930 FEDERAL STATEMENTS								
FYE 12/31/2014								
Grants and Contribut	ions Paid During	Γhe Year Or Ap	proved For Future Payment					
Recipient Name and Address (home or business) HOPKINS, MN 55343	Recipient Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount				
WALK-IN COUNSELING CENTER 2421 CHICAGO AVENUE S MINNEAPOLIS, MN 55404	N/A	PUBLIC	GENERAL OPERATING	1,000				
YOUTHCARE 2701 UNIVERSITY AVENUE SE #205 MINNEAPOLIS, MN 55414	N/A	PUBLIC	GENERAL OPERATING	1,000				

341,183

TOTAL TO FORM 990-PF, PART XV, LINE 3A

FFF FINGERHUT FAMILY FOUNDATION 41-6030930 FYE 12/31/2014	REDERAL STATEMENTS			
Approved For Future Payment				
Recipient Name and Address (home or business)	Recipient Relationship	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	N/A	PUBLIC	GENERAL OPERATING	66,667
MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD #200 MINNETONKA, MN 55305	N/A	PUBLIC	PLEDGE	500,000
SHOLOM FOUNDATION 3610 PHILLIPS PARKWAY ST LOUIS PARK, MN 55426	N/A	PUBLIC	GENERAL OPERATING	42,500
TOTAL TO FORM 990-PF, PART XV, LINE 3b				\$ 609,167