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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

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

|                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>THE JAMF NATION GLOBAL FOUNDATION                                                                                                                                                                                                |  | A Employer identification number<br>46-1591030                                                                                                                                                                                                                                                                                                                                                                    |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>100 WASHINGTON AVENUE S NO 1100                                                                                                                                    |  | Room/suite                                                                                                                                                                                                                                                                                                                                                                                                        | B Telephone number (see instructions)<br>(612) 605-6625 |
| City or town, state or province, country, and ZIP or foreign postal code<br>MINNEAPOLIS, MN 55401                                                                                                                                                      |  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input checked="" type="checkbox"/> Address change                                                                                       |  | <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change                                                                                                                                                                                                                                                             |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/><br>E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |                                                         |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 83,031                                                                                                                                                         |  | J Accounting method<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                                                                                                                 |                                                         |

| Part I Analysis of Revenue and Expenses<br><i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i> |                                                                                                     | Revenue and expenses per books<br>(a) | Net investment income<br>(b) | Adjusted net income<br>(c) | Disbursements for charitable purposes<br>(d) (cash basis only) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------|----------------------------------------------------------------|
| Revenue                                                                                                                                                                       | 1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .                          | 700,000                               |                              |                            |                                                                |
|                                                                                                                                                                               | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 3 Interest on savings and temporary cash investments                                                |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 4 Dividends and interest from securities . . . . .                                                  |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 5a Gross rents . . . . .                                                                            |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | b Net rental income or (loss) _____                                                                 |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 6a Net gain or (loss) from sale of assets not on line 10                                            |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | b Gross sales price for all assets on line 6a _____                                                 |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 7 Capital gain net income (from Part IV, line 2) . . .                                              |                                       | 0                            |                            |                                                                |
|                                                                                                                                                                               | 8 Net short-term capital gain . . . . .                                                             |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 9 Income modifications . . . . .                                                                    |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 10a Gross sales less returns and allowances                                                         |                                       |                              |                            |                                                                |
| Operating and Administrative Expenses                                                                                                                                         | b Less Cost of goods sold . . . . .                                                                 |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | c Gross profit or (loss) (attach schedule) . . . . .                                                |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 11 Other income (attach schedule) . . . . .                                                         |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                                   | 700,000                               | 0                            |                            |                                                                |
|                                                                                                                                                                               | 13 Compensation of officers, directors, trustees, etc                                               | 0                                     | 0                            |                            | 0                                                              |
|                                                                                                                                                                               | 14 Other employee salaries and wages . . . . .                                                      |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 15 Pension plans, employee benefits . . . . .                                                       |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 16a Legal fees (attach schedule). . . . .                                                           | 375                                   | 0                            |                            | 375                                                            |
|                                                                                                                                                                               | b Accounting fees (attach schedule). . . . .                                                        | 2,400                                 | 0                            |                            | 2,400                                                          |
|                                                                                                                                                                               | c Other professional fees (attach schedule) . . . . .                                               |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 17 Interest . . . . .                                                                               |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 18 Taxes (attach schedule) (see instructions) . . .                                                 |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 19 Depreciation (attach schedule) and depletion . . .                                               |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 20 Occupancy . . . . .                                                                              |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 21 Travel, conferences, and meetings. . . . .                                                       |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 22 Printing and publications . . . . .                                                              |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | 23 Other expenses (attach schedule). . . . .                                                        | 3,731                                 | 0                            |                            | 3,731                                                          |
|                                                                                                                                                                               | 24 <b>Total operating and administrative expenses.</b>                                              |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | Add lines 13 through 23 . . . . .                                                                   | 6,506                                 | 0                            |                            | 6,506                                                          |
|                                                                                                                                                                               | 25 Contributions, gifts, grants paid . . . . .                                                      | 615,047                               |                              |                            | 215,047                                                        |
|                                                                                                                                                                               | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                     | 621,553                               | 0                            |                            | 221,553                                                        |
|                                                                                                                                                                               | 27 Subtract line 26 from line 12                                                                    |                                       |                              |                            |                                                                |
|                                                                                                                                                                               | a <b>Excess of revenue over expenses and disbursements</b>                                          | 78,447                                |                              |                            |                                                                |
|                                                                                                                                                                               | b <b>Net investment income</b> (if negative, enter -0-)                                             |                                       | 0                            |                            |                                                                |
|                                                                                                                                                                               | c <b>Adjusted net income</b> (if negative, enter -0-) . . .                                         |                                       |                              |                            |                                                                |

| Part II Balance Sheets      |                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )              | Beginning of year | End of year    |                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                                                               |                                                                                                                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                              | 104,584           | 75,531         | 75,531                |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                 |                   |                |                       |
|                             | 3                                                                                                                             | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                      |                   |                |                       |
|                             | 4                                                                                                                             | Pledges receivable ▶ _____ 500,000<br>Less allowance for doubtful accounts ▶ _____                                               |                   | 500,000        |                       |
|                             | 5                                                                                                                             | Grants receivable . . . . .                                                                                                      |                   |                |                       |
|                             | 6                                                                                                                             | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . . |                   |                |                       |
|                             | 7                                                                                                                             | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                       |                   |                |                       |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                            |                   |                |                       |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                  |                   |                |                       |
|                             | 10a                                                                                                                           | Investments—U S and state government obligations (attach schedule)                                                               |                   |                |                       |
|                             | b                                                                                                                             | Investments—corporate stock (attach schedule) . . . . .                                                                          |                   |                |                       |
|                             | c                                                                                                                             | Investments—corporate bonds (attach schedule) . . . . .                                                                          |                   |                |                       |
|                             | 11                                                                                                                            | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____              |                   |                |                       |
|                             | 12                                                                                                                            | Investments—mortgage loans. . . . .                                                                                              |                   |                |                       |
|                             | 13                                                                                                                            | Investments—other (attach schedule) . . . . .                                                                                    |                   |                |                       |
|                             | 14                                                                                                                            | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                          |                   |                |                       |
| 15                          | Other assets (describe ▶ _____)                                                                                               | 0                                                                                                                                | 7,500             | 7,500          |                       |
| 16                          | Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)                                     | 104,584                                                                                                                          | 583,031           | 83,031         |                       |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                  |                   |                |                       |
|                             | 18                                                                                                                            | Grants payable . . . . .                                                                                                         |                   | 400,000        |                       |
|                             | 19                                                                                                                            | Deferred revenue . . . . .                                                                                                       |                   |                |                       |
|                             | 20                                                                                                                            | Loans from officers, directors, trustees, and other disqualified persons                                                         |                   |                |                       |
|                             | 21                                                                                                                            | Mortgages and other notes payable (attach schedule). . . . .                                                                     |                   |                |                       |
|                             | 22                                                                                                                            | Other liabilities (describe ▶ _____)                                                                                             |                   |                |                       |
|                             | 23                                                                                                                            | Total liabilities(add lines 17 through 22) . . . . .                                                                             | 0                 | 400,000        |                       |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                                                                                                                                  |                   |                |                       |
|                             | 24                                                                                                                            | Unrestricted . . . . .                                                                                                           |                   |                |                       |
|                             | 25                                                                                                                            | Temporarily restricted . . . . .                                                                                                 |                   |                |                       |
|                             | 26                                                                                                                            | Permanently restricted . . . . .                                                                                                 |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.   |                                                                                                                                  |                   |                |                       |
|                             | 27                                                                                                                            | Capital stock, trust principal, or current funds . . . . .                                                                       | 0                 | 0              |                       |
|                             | 28                                                                                                                            | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                   | 0                 | 0              |                       |
|                             | 29                                                                                                                            | Retained earnings, accumulated income, endowment, or other funds                                                                 | 104,584           | 183,031        |                       |
|                             | 30                                                                                                                            | Total net assets or fund balances(see instructions) . . . . .                                                                    | 104,584           | 183,031        |                       |
| 31                          | Total liabilities and net assets/fund balances(see instructions) . . . . .                                                    | 104,584                                                                                                                          | 583,031           |                |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                                    |   |         |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . . | 1 | 104,584 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 78,447  |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0       |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 183,031 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 0       |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 183,031 |

Part IV

Capital Gains and Losses for Tax on Investment Income

|                                                                                                                                      |  |                                              |                                      |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--------------------------------------|----------------------------------|
| List and describe the kind(s) of property sold (e g , real estate,<br>(a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) |  | How acquired<br>P—Purchase<br>(b) D—Donation | Date acquired<br>(c) (mo , day, yr ) | Date sold<br>(d) (mo , day, yr ) |
| 1a                                                                                                                                   |  |                                              |                                      |                                  |
| b                                                                                                                                    |  |                                              |                                      |                                  |
| c                                                                                                                                    |  |                                              |                                      |                                  |
| d                                                                                                                                    |  |                                              |                                      |                                  |
| e                                                                                                                                    |  |                                              |                                      |                                  |

|                       |                                            |                                                 |                                              |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | Depreciation allowed<br>(f) (or allowable) | Cost or other basis<br>(g) plus expense of sale | Gain or (loss)<br>(h) (e) plus (f) minus (g) |
| a                     |                                            |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

|                                                                                             |                                      |                                               |                                                                                              |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>(l) Losses (from col (h)) |
| (i) F M V as of 12/31/69                                                                    | Adjusted basis<br>(j) as of 12/31/69 | Excess of col (i)<br>(k) over col (j), if any |                                                                                              |
| a                                                                                           |                                      |                                               |                                                                                              |
| b                                                                                           |                                      |                                               |                                                                                              |
| c                                                                                           |                                      |                                               |                                                                                              |
| d                                                                                           |                                      |                                               |                                                                                              |
| e                                                                                           |                                      |                                               |                                                                                              |

|   |                                                                                                                                                                                                                |                                                                                     |   |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|--|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                                  | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 |  |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . } |                                                                                     | 3 |  |

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

|                                                                      |                                          |                                              |                                                           |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2014                                                                 | 76,586                                   | 140,557                                      | 0 544875                                                  |
| 2013                                                                 | 24,655                                   | 56,263                                       | 0 438210                                                  |
| 2012                                                                 |                                          |                                              |                                                           |
| 2011                                                                 |                                          |                                              |                                                           |
| 2010                                                                 |                                          |                                              |                                                           |

|   |                                                                                                                                                                               |   |          |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 2 | Total of line 1, column (d). . . . .                                                                                                                                          | 2 | 0 983085 |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years | 3 | 0 491543 |
| 4 | Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .                                                                                         | 4 | 129,141  |
| 5 | Multiply line 4 by line 3. . . . .                                                                                                                                            | 5 | 63,478   |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                           | 6 | 0        |
| 7 | Add lines 5 and 6. . . . .                                                                                                                                                    | 7 | 63,478   |
| 8 | Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                 | 8 | 221,553  |

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

|                                                                                                                                                                                                                                                       |           |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|--|
| <b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____<br><b>(attach copy of letter if necessary—see instructions)</b> |           |   |  |
| <b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 0 |  |
| <b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                                      |           |   |  |
| <b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                                    | <b>2</b>  | 0 |  |
| <b>3</b> Add lines 1 and 2. . . . .                                                                                                                                                                                                                   | <b>3</b>  | 0 |  |
| <b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                                  | <b>4</b>  | 0 |  |
| <b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                                            | <b>5</b>  | 0 |  |
| <b>6 Credits/Payments</b>                                                                                                                                                                                                                             |           |   |  |
| <b>a</b> 2015 estimated tax payments and 2014 overpayment credited to 2015                                                                                                                                                                            | <b>6a</b> |   |  |
| <b>b</b> Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                                | <b>6b</b> |   |  |
| <b>c</b> Tax paid with application for extension of time to file (Form 8868). . . . .                                                                                                                                                                 | <b>6c</b> |   |  |
| <b>d</b> Backup withholding erroneously withheld . . . . .                                                                                                                                                                                            | <b>6d</b> |   |  |
| <b>7</b> Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                                 | <b>7</b>  | 0 |  |
| <b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.                                                                                                                    | <b>8</b>  |   |  |
| <b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                                               | <b>9</b>  | 0 |  |
| <b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                                  | <b>10</b> |   |  |
| <b>11</b> Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                                   | <b>11</b> |   |  |

Part VII-A

Statements Regarding Activities

|                                                                                                                                                                                                                                                                                                                                                                   |           |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                          | <b>1a</b> | Yes | No |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> |     | No |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                    | <b>1c</b> |     | No |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____                                                                                                                 |           |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____                                                                                                                                                                                   |           |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                           | <b>2</b>  |     | No |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                              | <b>3</b>  |     | No |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                   | <b>4a</b> |     | No |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                        | <b>4b</b> |     |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                     | <b>5</b>  |     | No |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .             | <b>6</b>  | Yes |    |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .                                                                                                                                                                                                      | <b>7</b>  | Yes |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><input checked="" type="checkbox"/> MN _____                                                                                                                                                                                                      |           |     |    |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>                                                                                                                                      | <b>8b</b> | Yes |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                 | <b>9</b>  |     | No |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .                                                                                                                | <b>10</b> | Yes |    |

Part VII-A

Statements Regarding Activities *(continued)*

|    |                                                                                                                                                                                                                                                                                                                                                                                |    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).                                                                                                                                                                                       | 11 |     | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                                                                       | 12 |     | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address N/A                                                                                                                                                                                                                                     | 13 | Yes |    |
| 14 | The books are in care of DANIEL J KINSELLA Telephone no (612) 605-6625<br>Located at 100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS MN ZIP+4 55401                                                                                                                                                                                                                             |    |     |    |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                             | 15 |     |    |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country | 16 | Yes | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |    |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | Yes | No |
| 1a                                                                                      | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |    |
|                                                                                         | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No  |    |
|                                                                                         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No  |    |
|                                                                                         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No  |    |
|                                                                                         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No  |    |
|                                                                                         | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                   | Yes | No  |    |
|                                                                                         | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).                                                                                                                                                                                                                                                 | Yes | No  |    |
| b                                                                                       | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                                                        | 1b  |     |    |
| c                                                                                       | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                                                         | 1c  |     | No |
| 2                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                   |     |     |    |
| a                                                                                       | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years 20 , 20 , 20 , 20                                                                                                                                                                                                                                                                                                    |     |     |    |
| b                                                                                       | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).                                                                                                                                                                                         | 2b  |     |    |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20                                                                                                                                                                                                                                                                                                                                                               |     |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                      |     | Yes | No |
| b                                                                                       | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015). | 3b  |     |    |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                 | 4a  |     | No |
| b                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                               | 4b  |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

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

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

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

☐ Yes ☐ No

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

6a

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

☐ Yes ☒ No

b

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

6b

No

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

7a

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

☐ Yes ☒ No

b

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

7b

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address      | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

2

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

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

Total

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

0

## Part VIII

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

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

|                                                                                          |   |
|------------------------------------------------------------------------------------------|---|
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . | 0 |
|------------------------------------------------------------------------------------------|---|

## Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. |  | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|
| <b>1</b>                                                                                                                                                                                                                                               |  |          |
| <b>2</b>                                                                                                                                                                                                                                               |  |          |
| <b>3</b>                                                                                                                                                                                                                                               |  |          |
| <b>4</b>                                                                                                                                                                                                                                               |  |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments See instructions                                                           |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

|   |                                                                                                                    |    |         |
|---|--------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |    |         |
| a | Average monthly fair market value of securities. . . . .                                                           | 1a | 0       |
| b | Average of monthly cash balances. . . . .                                                                          | 1b | 131,108 |
| c | Fair market value of all other assets (see instructions). . . . .                                                  | 1c | 0       |
| d | Total (add lines 1a, b, and c). . . . .                                                                            | 1d | 131,108 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | 1e | 0       |
| 2 | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | 2  | 0       |
| 3 | Subtract line 2 from line 1d. . . . .                                                                              | 3  | 131,108 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | 4  | 1,967   |
| 5 | Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4                 | 5  | 129,141 |
| 6 | Minimum investment return.Enter 5% of line 5. . . . .                                                              | 6  | 6,457   |

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                          |    |       |
|----|----------------------------------------------------------------------------------------------------------|----|-------|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                   | 1  | 6,457 |
| 2a | Tax on investment income for 2015 from Part VI, line 5. . . . .                                          | 2a |       |
| b  | Income tax for 2015 (This does not include the tax from Part VI ). . . . .                               | 2b |       |
| c  | Add lines 2a and 2b. . . . .                                                                             | 2c | 0     |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                            | 3  | 6,457 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                       | 4  | 0     |
| 5  | Add lines 3 and 4. . . . .                                                                               | 5  | 6,457 |
| 6  | Deduction from distributable amount (see instructions). . . . .                                          | 6  | 0     |
| 7  | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | 7  | 6,457 |

Part XII

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 | 221,553 |
| b | Program-related investments—total from Part IX-B. . . . .                                                                                                    | 1b | 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                                                                                          |    |         |
| a | 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  | 221,553 |
| 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 (see instructions). . . . . | 5  | 0       |
| 6 | Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .                                                                                       | 6  | 221,553 |

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                             | (a)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7                                                                                                                        |               |                            |             | 6,457       |
| 2 Undistributed income, if any, as of the end of 2015                                                                                                                       |               |                            |             |             |
| a Enter amount for 2014 only.                                                                                                                                               |               |                            | 0           |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                              |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2015                                                                                                                           |               |                            |             |             |
| a From 2010.                                                                                                                                                                |               |                            |             |             |
| b From 2011.                                                                                                                                                                |               |                            |             |             |
| c From 2012.                                                                                                                                                                |               |                            |             |             |
| d From 2013.                                                                                                                                                                |               |                            |             | 21,842      |
| e From 2014.                                                                                                                                                                |               |                            |             | 69,558      |
| f Total of lines 3a through e.                                                                                                                                              | 91,400        |                            |             |             |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 221,553                                                                                                      |               |                            |             |             |
| a Applied to 2014, but not more than line 2a                                                                                                                                |               |                            | 0           |             |
| b Applied to undistributed income of prior years (Election required—see instructions).                                                                                      |               | 0                          |             |             |
| c Treated as distributions out of corpus (Election required—see instructions).                                                                                              | 0             |                            |             |             |
| d Applied to 2015 distributable amount.                                                                                                                                     |               |                            |             | 6,457       |
| e Remaining amount distributed out of corpus                                                                                                                                | 215,096       |                            |             |             |
| 5 Excess distributions carryover applied to 2015<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                      | 0             |                            |             | 0           |
| 6 Enter the net total of each column as indicated below:                                                                                                                    |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                           | 306,496       |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b.                                                                                                          |               | 0                          |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. |               | 0                          |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions.                                                                                                            |               | 0                          |             |             |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.                                                                              |               |                            | 0           |             |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.                                                                |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).       | 0             |                            |             |             |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).                                                                              | 0             |                            |             |             |
| 9 Excess distributions carryover to 2016.<br>Subtract lines 7 and 8 from line 6a.                                                                                           | 306,496       |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                       |               |                            |             |             |
| a Excess from 2011.                                                                                                                                                         |               |                            |             |             |
| b Excess from 2012.                                                                                                                                                         |               |                            |             |             |
| c Excess from 2013.                                                                                                                                                         |               |                            |             | 21,842      |
| d Excess from 2014.                                                                                                                                                         |               |                            |             | 69,558      |
| e Excess from 2015.                                                                                                                                                         |               |                            |             | 215,096     |

## Part XIV

**b** Check box to indicate whether the organization is a private operating foundation described in section 170(c)(2)(B)(i) or 170(c)(2)(B)(ii): ☐ 170(c)(2)(B)(i) or ☐ 170(c)(2)(B)(ii)

**b** 85% of line 2a . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying  
under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return 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

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

[illegible]

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                          | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                                                |                                                                                                           |                                |                                  |         |
| a Paid during the year<br>See Additional Data Table                                                                |                                                                                                           |                                |                                  |         |
| Total . . . . .                                                                                                    |                                                                                                           |                                | 3a                               | 215,047 |
| b Approved for future payment<br>UWEC FOUNDATION<br>214 SCHOFIELD HALL 105 GARLAND AVE<br>EAU CLAIRE, WI 547024004 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 400,000 |
|                                                                                                                    |                                                                                                           |                                |                                  |         |
|                                                                                                                    |                                                                                                           |                                |                                  |         |
| Total . . . . .                                                                                                    |                                                                                                           |                                | 3b                               | 400,000 |

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

(See worksheet in line 13 instructions to verify calculations )

[illegible]



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                                          | Title, and average hours per week (b) devoted to position | (c) Compensation(If not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| CHRISTOPHER J PEARSON                                         | DIRECTOR/CHAIRMAN<br>0 50                                 | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| R ZACHARY HALMSTAD                                            | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| KATIE BOSCH                                                   | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| RACHEL KJOS                                                   | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| BEN MICHAEL                                                   | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| JILL PUTNAM                                                   | DIRECTOR/TREASURER<br>0 50                                | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| MEGHAN HUTCHINS                                               | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| ADAM SEGAR                                                    | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |
| JOHN MILLER                                                   | DIRECTOR<br>0 50                                          | 0                                        | 0                                                                     | 0                                     |
| 100 WASHINGTON AVENUE S<br>SUITE 1100<br>MINNEAPOLIS,MN 55401 |                                                           |                                          |                                                                       |                                       |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                         |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                               |                                                                                                           |                                |                                  |         |
| ADVENT CONSPIRACY<br>123 W HAMILTON AVE<br>EAU CLAIRE,WI 54701                              | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 150     |
| AIDS WALK - SAN FRANCISCO<br>273 9TH ST<br>SAN FRANCISCO,CA 94103                           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 350     |
| ALZHEIMERS ASSOCIATION<br>225 N MICHIGAN AVENUE 17TH FL<br>CHICAGO,IL 60601                 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 125     |
| AMERICAN CANCER SOCIETY<br>950 BLUE GENTIAN RD ST 100<br>EAGAN,MN 55121                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 735     |
| AMERICAN FOUNDATION FOR<br>SUICIDE PREVENTION<br>120 WALL ST 29TH FLOOR<br>NEWYORK,NY 10005 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 250     |
| AMERICAN RED CROSS<br>1201 WEST RIVER PARKWAY<br>MINNEAPOLIS,MN 55454                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 130     |
| AMERICAN REFUGEE COMMITTEE<br>PO BOX 1002<br>MINNEAPOLIS,MN 554801002                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 118     |
| AUTISM SPEAKS INC<br>1 EAST 33RD ST 4TH FLOOR<br>NEWYORK,NY 10016                           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 75      |
| B-SIDE COMMUNITY CHURCH<br>405 N FARWELL ST<br>EAU CLAIRE,WI 54703                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| BACA MINNESOTA PO BOX 32256<br>FRIDLEY,MN 55432                                             | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| BIG BROTHERS BIG SISTERS<br>424 GALLOWAY STREET<br>EAU CLAIRE,WI 54703                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 4,175   |
| BOARDING FOR BREAST CANCER<br>1505 AVIATION BLVD<br>REDONDO BEACH,CA 90278                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| BOBS HOUSE FOR DOGS<br>E3015 CO RD HH<br>ELEVA,WI 54738                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,533   |
| BOLTON REFUGE HOUSE<br>PO BOX 482<br>EAU CLAIRE,WI 54702                                    | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 4,800   |
| BOYS AND GIRLS CLUB<br>201 EAST LAKE STREET<br>EAU CLAIRE,WI 54701                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,930   |
| <b>Total . . . . . 3a</b>                                                                   |                                                                                                           |                                |                                  | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                  |         |
| BOYS AND GIRLS CLUB OF THE TWIN CITIES<br>690 JACKSON STREET<br>ST PAUL,MN 55130                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| BURNSVILLE ATHLETIC CLUB<br>100 CIVIC CENTER PARKWAY<br>BURNSVILLE,MN 55337                                            | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,728   |
| CANCER RESEARCH INSTITUTE<br>ONE EXCHANGE PLAZA 55<br>BROADWAY<br>SUITE 1802<br>NEWYORK,NY 10006                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| CARE PO BOX 7039<br>MERRIFIELD,VA 22116                                                                                | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 400     |
| CATHOLIC CHARITIES<br>3710 EAST AVENUE SOUTH<br>LA CROSSE,WI 54601                                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| CATHOLIC YOUTH CAMP<br>2233 HAMLINE AVE SUITE B1<br>ROSEVILLE,MN 55113                                                 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 3,598   |
| CHARITY WATER<br>200 VARICK STREET SUITE 201<br>NEWYORK,NY 10014                                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 3,000   |
| CHILDREN'S MIRACLE NETWORK HOSPITALS<br>205 W 700 S<br>SALT LAKE CITY,UT 84101                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| CHILDRENS CANCER RESEARCH FUND<br>7301 OHMS LANE SUITE 460<br>MINNEAPOLIS,MN 55439                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 220     |
| CHILDRENS HOSPITAL & CLINICS - MINNESOTA<br>2910 CENTRE POINTE DR<br>ROSEVILLE,MN 55113                                | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| CHIPPEWA VALLEY SYMPHONY ORCHESTRA<br>316 EAU CLAIRE ST<br>EAU CLAIRE,WI 54701                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,500   |
| CYSTIC FIBROSIS FOUNDATION<br>8011 34TH AVE S STE 116<br>BLOOMINGTON,MN 55425                                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 155     |
| DOCTORS WITHOUT BORDERS<br>333 SEVENTH AVE<br>NEWYORK,NY 10001                                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 350     |
| DOROTHY DAYCATHOLIC CHARITIES<br>1200 2ND AVE SOUTH<br>MINNEAPOLIS,MN 55403                                            | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| EAU CLAIRE AREA ECONOMIC DEVELOPMENT CENTER<br>101 N FARWELL ST SUITE 101<br>EAU CLAIRE,WI 54702                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,000   |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                             | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                   |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                           |                                |                                  |         |
| EAU CLAIRE COUNTY HUMANE ASSOCIATION<br>3900 OLD TOWN HALL RD<br>EAU CLAIRE,WI 54701  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| EAU CLAIRE REGIONAL ARTS CENTER<br>316 EAU CLAIRE STREET<br>EAU CLAIRE,WI 54701       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 3,300   |
| ELECTRONIC FRONTIER FOUNDATION<br>815 EDDY ST<br>SAN FRANCISCO,CA 94109               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 625     |
| FEED MY PEOPLE 2610 ALPINE RD<br>EAU CLAIRE,WI 54703                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,000   |
| FEED MY STARVING CHILDREN<br>401 93RD AVENUE NW<br>COON RAPIDS,MN 55433               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,050   |
| FISHING HAS NO BOUNDARIES<br>PO BOX 375<br>HAYWARD,WI 54843                           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,000   |
| FRIENDS OF THE RECREATION CENTER INC<br>140 SBROAD ST<br>BAYFIELD,WI 54814            | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| GENESYS WORKS<br>14400 MEMORIAL DR SUITE 200<br>HOUSTON,TX 77079                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 7,000   |
| GIRLS WHO CODE 919 THIRD AVE<br>NEW YORK,NY 10010                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,000   |
| GREATER TWIN CITIES UNITED WAY<br>404 EIGHTH ST S<br>MINNEAPOLIS,MN 55404             | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| GUADALUPE MONTESSORI SCHOOL<br>1731 N ALABAMA ST<br>SILVER CITY,NM 88061              | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 250     |
| HABITAT FOR HUMANITY<br>1005 OXFORD AVE<br>EAU CLAIRE,WI 54703                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,000   |
| HARVEST PREPARATORY CHARTER SCHOOL<br>1300 OLSON MEMORIAL HWY<br>MINNEAPOLIS,MN 55411 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,200   |
| HELPING HANDS INC<br>1241 BRIAR CREEK RD<br>CHARLOTTE,NC 28205                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,000   |
| HOUSE OF HOPE 230 MAVIS RD<br>MARION,WI 54950                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| <b>Total . . . . .</b>                                                                |                                                                                                           |                                | <b>3a</b>                        | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                          | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                                |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                      |                                                                                                           |                                |                                  |         |
| JDRF 442 4TH ST NE<br>MINNEAPOLIS,MN 55413                                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 290     |
| JENNINGS COMMUNITY LEARNING CENTER<br>2455 UNIVERSITY AVENUE WEST<br>SAINT PAUL,MN 55114           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,000   |
| KARAM FOUNDATION<br>230 NORTHGATE 742<br>LAKE FOREST,IL 60045                                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| KIKA<br>GROEN VAN PRINSTERERLAAN 99<br>1181 TR<br>AMSTELVEEN<br>NL                                 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 277     |
| KTIS 3003 SNELLING AVE N<br>ST PAUL,MN 55113                                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| LAND STEWARDSHIP PROJECT<br>821 EAST 35TH ST 200<br>MINNEAPOLIS,MN 55407                           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| LIFELINE ANIMAL PROJECT<br>PO BOX 15466<br>ATLANTA,GA 30333                                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,000   |
| LIZ LOGELIN FOUNDATION<br>2201 ESSEX RD<br>MINNETONKA,MN 55305                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 225     |
| LOVE TO GROW ON<br>10101 LEXINGTON AVE CIRCLE<br>PINES,MN 55014                                    | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| LUTHER COLLEGE<br>DEVELOPMENT OFFICE 700<br>COLLEGE DR<br>DECORAH,IA 52101                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 250     |
| MAGEN DAVID ADOM UK (MDAUK)<br>SHIELD HOUSE HARMON WAY<br>LONDON NW4<br>2BZ UK<br>LONDON<br>UK     | NONE                                                                                                      |                                | PROGRAM SUPPORT                  | 234     |
| MATTER 7005 OXFORD<br>ST LOUIS PARK,MN 55426                                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| METRO RELIEF PO BOX 560962<br>THE COLONY,TX 75056                                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| MINNESOTA HIGH TECH<br>ASSOCIATION<br>400 SOUTH FOURTH STREET SUITE<br>416<br>MINNEAPOLIS,MN 55415 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| MINNESOTA PUBLIC RADIO<br>480 CEDAR ST<br>SAINT PAUL,MN 55101                                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,032   |
| <b>Total . . . . .</b>                                                                             |                                                                                                           |                                |                                  | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                            |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                  |                                                                                                           |                                |                                  |         |
| MINNESTAR<br>2186 MAILAND ROAD E<br>ST PAUL, MN 55119                                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| MISSISSIPPI RIVER FUND<br>111 KELLOGG BLVD E 105<br>ST PAUL, MN 55101                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 500     |
| MUSIC AND MEMORY<br>160 FIRST STREET PO BOX 590<br>MINEOLA, NY 11501                           | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 98      |
| NATIONAL MS SOCIETY<br>PO BOX 4527<br>NEW YORK, NY 10163                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 375     |
| NATIONAL PARKS CONSERVATION ASSOCIATION<br>777 6TH STREET NW SUITE 700<br>WASHINGTON, DC 20001 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 80      |
| NURSE FAMILY PARTNERSHIP<br>1900 GRANT ST SUITE 400<br>DENVER, CO 80203                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| ORG FOUNDATION PO BOX 91<br>GARRISONVILLE, VA 22463                                            | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 350     |
| PATH PO BOX 19210<br>SEATTLE, WA 98109                                                         | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 45      |
| PEACE LUTHERAN CHURCH<br>501 E FILLMORE AVE<br>EAU CLAIRE, WI 54701                            | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,675   |
| PEDERSEN ELEMENTARY PTO<br>1827 BARTLETT AVE<br>ALTOONA, WI 54720                              | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,160   |
| PEOPLE SERVING PEOPLE<br>614 S 3RD ST<br>MINNEAPOLIS, MN 55415                                 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,025   |
| POWER OF PRODUCE CLUB - MILL CITY FARMERS MARKET<br>704 S 2ND ST<br>MINNEAPOLIS, MN 55401      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,000   |
| PRAIRIE RIDGE EARLY LEARNING SCHOOL<br>3031 EPIPHANY LN<br>EAU CLAIRE, WI 54703                | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 2,000   |
| PREVENT CHILD ABUSE AMERICA<br>228 SOUTH WABASH AVE<br>CHICAGO, IL 60604                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 200     |
| REACH FOUNDATION INC<br>2205 HEIMSTEAD RD<br>EAU CLAIRE, WI 54703                              | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 4,650   |
| <b>Total . . . . .</b>                                                                         |                                                                                                           |                                |                                  | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                          |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                |                                                                                                           |                                |                                  |         |
| RENAISSANCE CANCER FOUNDATION<br>5501 S MCCOLL RD<br>EDINBURG,TX 78539                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| SECOND HARVEST HEARTLAND<br>1140 GERVAIS AVE<br>SAINT PAUL,MN 55109                          | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 921     |
| SF SPCA 201 ALABAMA ST<br>SAN FRANCISCO,CA 94103                                             | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 150     |
| SHARE OUR STRENGTH<br>1030 15TH ST NW SUITE 1100 W<br>WASHINGTON,DC 20005                    | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,000   |
| SHELTER BOX<br>8374 MARKET ST 203<br>LAKEWOOD RANCH,FL 34202                                 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| SILICON NORTH STARS<br>211 LEXINGTON DR<br>MENLO PARK,CA 94025                               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 4,000   |
| SPECIAL OLYMPICS<br>1133 19TH STREET NW 12TH FLOOR<br>WASHINGTON,DC 20036                    | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 83      |
| ST PAUL ACADEMY<br>1712 RANDOLPH AVE<br>ST PAUL,MN 55105                                     | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 500     |
| ST PAUL PUBLIC SCHOOLS-BRIDGE VIEW SCHOOL<br>360 COLBORNE ST<br>ST PAUL,MN 55102             | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 300     |
| STARLIGHT CHILDREN'S FOUNDATION<br>2049 CENTURY PARK EAST SUITE 4320<br>LOS ANGELES,CA 90067 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| SUCCESS BEYOND THE CLASSROOM<br>2 PINE TREE DR SUITE 101<br>ARDEN HILLS,MN 55112             | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 5,000   |
| SUSAN G KOMEN<br>960 SOUTHDALE CENTER<br>EDINA,MN 55435                                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 130     |
| THE COMMUNITY TABLE<br>320 PUTNAM ST<br>EAU CLAIRE,WI 54703                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 450     |
| THE SANNEH FOUNDATION<br>1511 GRAND AVE<br>ST PAUL,MN 55104                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| THE ST OLAF FUND<br>1520 ST OLAF AVENUE<br>NORTHFIELD,MN 55057                               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| <b>Total . . . . .</b>                                                                       |                                                                                                           |                                |                                  | 215,047 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                      | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                                                                            |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                                  |                                                                                                           |                                |                                  |         |
| UNIVERSITY OF MN FOUNDATION<br>MCNAMARA ALUMNI CENTER 200<br>OAK ST<br>SOUTH SUITE 500<br>MINNEAPOLIS,MN 55455 | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 50      |
| URBAN HOMEWORKS<br>2015 EMERSON AVE N<br>MINNEAPOLIS,MN 55411                                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 300     |
| URBAN VENTURES<br>2924 4TH AVE S<br>MINNEAPOLIS,MN 55408                                                       | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,000   |
| UWEC FOUNDATION<br>214 SCHOFIELD HALL 105<br>GARFIELD AVE<br>EAU CLAIRE,WI 54702                               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 105,115 |
| WHITE BEAR LAKE EDUCATIONAL<br>FOUNDATION<br>4855 BLOOM AVE<br>WHITE BEAR LAKE,MN 55110                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 250     |
| WIKEMEDIA<br>149 NEW MONTGOMERY ST FLOOR<br>6<br>SAN FRANCISCO,CA 94105                                        | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 100     |
| WILDLIFE REHABILITATION AND<br>RELEASE<br>E 9356 830TH AVE<br>COLFAX,WI 54730                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 300     |
| WISCONSIN PUBLIC RADIO<br>821 UNIVERSITY AVE<br>MADISON,WI 53706                                               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 120     |
| WISHINGWELLS SANCTUARY<br>2710 CONCESSION ROAD 10<br>BRADFORD WEST GWILLIMBURY<br>CA                           | NONE                                                                                                      |                                | PROGRAM SUPPORT                  | 125     |
| WORLD VISION PO BOX 9716<br>FEDERAL WAY,WA 98063                                                               | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 25      |
| WORLD WILDLIFE FUND<br>1250 24TH ST NW<br>WASHINGTON,DC 20037                                                  | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 250     |
| YMCA OF EAU CLAIRE<br>700 GRAHAM AVE<br>EAU CLAIRE,WI 54701                                                    | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 1,000   |
| YOUNG LIFE 420 N CASCADE AVE<br>COLORADO SPRINGS,CO 80903                                                      | NONE                                                                                                      | PUBLIC CHARITY                 | PROGRAM SUPPORT                  | 40      |
| <b>Total . . . . .</b>                                                                                         |                                                                                                           |                                |                                  | 215,047 |

**TY 2015 Accounting Fees Schedule**

**Name:** THE JAMF NATION GLOBAL FOUNDATION

**EIN:** 46-1591030

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| TAX PREP FEES | 2,400  | 0                        |                        | 2,400                                       |

TY 2015 Legal Fees Schedule

**Name:** THE JAMF NATION GLOBAL FOUNDATION

**EIN:** 46-1591030

| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 375    | 0                        |                        | 375                                         |

TY 2015 Other Assets Schedule

**Name:** THE JAMF NATION GLOBAL FOUNDATION

**EIN:** 46-1591030

| Description      | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|------------------|-----------------------------------|-----------------------------|------------------------------------|
| ART WORK DEPOSIT | 0                                 | 7,500                       | 7,500                              |

**TY 2015 Other Expenses Schedule****Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030

| Description          | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|----------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| BANK CHARGES         | 137                               | 0                        |                     | 137                                      |
| MN REGISTRATION FEES | 50                                | 0                        |                     | 50                                       |
| SOFTWARE             | 574                               | 0                        |                     | 574                                      |
| APPAREL              | 2,970                             | 0                        |                     | 2,970                                    |

TY 2015 Substantial Contributors  
Schedule

**Name:** THE JAMF NATION GLOBAL FOUNDATION  
**EIN:** 46-1591030

| Name              | Address                                                     |
|-------------------|-------------------------------------------------------------|
| JAMF SOFTWARE LLC | 100 WASHINGTON AVENUE S SUITE 1100<br>MINNEAPOLIS, MN 55401 |

|                                                                                                                                   |                                                                                                                                                                                                                                                          |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> | <div>OMB No 1545-0047</div> <div>2015</div> |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|

|                                                                                  |                                                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <div>Name of the organization</div> <div>THE JAMF NATION GLOBAL FOUNDATION</div> | <div>Employer identification number</div> <div>46-1591030</div> |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|

Organization type (check one)

|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div> | <div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div> |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

- ☒ 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 other 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<sup>1</sup>/<sub>3</sub>% 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ 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 the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ 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, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE JAMF NATION GLOBAL FOUNDATION | <b>Employer identification number</b><br>46-1591030 |
|------------------------------------------------------------------|-----------------------------------------------------|

| Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed |                                    |                            |                                                                                   |
|-----------------------------------------------------------------------------------------------------|------------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| 1                                                                                                   | JAMF SOFTWARE LLC                  | \$ 700,000                 | Person <input checked="" type="checkbox"/>                                        |
|                                                                                                     | 100 WASHINGTON AVENUE S SUITE 1100 |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     | MINNEAPOLIS, MN55401               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No.                                                                                          | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|                                                                                                     |                                    | \$                         | Person <input type="checkbox"/>                                                   |
|                                                                                                     |                                    |                            | Payroll <input type="checkbox"/>                                                  |
|                                                                                                     |                                    |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE JAMF NATION GLOBAL FOUNDATION | <b>Employer identification number</b><br>46-1591030 |
|------------------------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|-----------------------|----------------------------------------------|------------------------------------------------|----------------------|
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |
| (a)<br>No.from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| <br><br>              | <br><br><br>                                 | \$<br><br>                                     | <br><br>             |

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE JAMF NATION GLOBAL FOUNDATION | <b>Employer identification number</b><br>46-1591030 |
|------------------------------------------------------------------|-----------------------------------------------------|

Part III

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

| (a)<br>No.from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------|---------------------------------------|------------------------------------------|-------------------------------------|
| -                     |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | (e) Transfer of gift                  |                                          |                                     |
|                       | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | --                                    |                                          |                                     |
|                       |                                       |                                          |                                     |
| (a)<br>No.from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
| -                     |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | (e) Transfer of gift                  |                                          |                                     |
|                       | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | --                                    |                                          |                                     |
|                       |                                       |                                          |                                     |
| (a)<br>No.from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
| -                     |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | (e) Transfer of gift                  |                                          |                                     |
|                       | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | --                                    |                                          |                                     |
|                       |                                       |                                          |                                     |
| (a)<br>No.from Part I | (b) Purpose of gift                   | (c) Use of gift                          | (d) Description of how gift is held |
| -                     |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | (e) Transfer of gift                  |                                          |                                     |
|                       | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                       |                                       |                                          |                                     |
|                       |                                       |                                          |                                     |
|                       | --                                    |                                          |                                     |
|                       |                                       |                                          |                                     |