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2016

OMB No. 1545-0052

## Return of Private Foundation

Department of the Treasury

990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Open to Public ▶ Information about Form 990-PF and its instructions is at <a href="mailto:www.irs.gov/form990pf">www.irs.gov/form990pf</a>. Inspection For calendar year 2016, or tax year beginning 05-01-2016 , and ending 04-30-2017 A Employer identification number Jerome Foundation Inc Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (651) 224-9431 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Saint Paul, MN 55101 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end ☐ Cash ✓ Accrual J Accounting method F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), line 16)▶\$ 99,383,914 Other (specify) (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach 15.000 schedule) Check ► L ☐ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 2,253,990 2,253,990 Gross rents 5a Net rental income or (loss) 4,220,176 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 4,220,176 Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . b Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 Total. Add lines 1 through 11 6,489,166 6,474,166 Compensation of officers, directors, trustees, etc 260,000 26,000 234.000 13 14 Other employee salaries and wages 462,843 9,423 405,509 15 104.370 5.572 98.798 Pension plans, employee benefits Operating and Administrative Expenses اروه Legal fees (attach schedule) . 19,650 C 20,719 <u>쏗</u> 11,061 Accounting fees (attach schedule) 18,435 7,374 ر**چه** 193.832 100.111 93.721 Other professional fees (attach schedule) 17 ارجه 166,505 2,870 37,606 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 8,889 20 59.468 2,973 56.495 53,927 21 Travel, conferences, and meetings . 53,92 1,624 22 Printing and publications . 1,624 23 Other expenses (attach schedule) 38,412 2,307 37,746 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 1,387,953 156,630 1,051,206 25 Contributions, gifts, grants paid 4.452.962 3.283.145 26 Total expenses and disbursements. Add lines 24 and 5,840,915 156,630 4,334,351 27 Subtract line 26 from line 12 Excess of revenue over expenses and 648,251 disbursements 6,317,536 Net investment income (if negative, enter -0-)

**Adjusted net income**(If negative, enter -0-)

7,383

4,966,219

65,195,810

15,478,879

3,030,405

30,849

3,287,072

2,832

이吟』

92,371,707

1,185,473

1,188,305

87,896,330

3,287,072

91,183,402

92,371,707

ارچە

اروه

9,213

3,323,444

71,375,879

17,514,840

3,133,496

21,959

3,788,131

57,245

535,628

2,948,163

92,647,620

3,788,131

96,435,751

99.383.914

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91,183,402

648,251

455,842

5,059,940

96,891,593

96,435,751

Form 990-PF (2016)

99,383,914

2.355.290

9,213

3,323,444

71,375,879

17,514,840

3,133,496

21,959

3,788,131

99,383,914

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule) 

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Investments—mortgage loans . . . . . . . . . . . . 

Less accumulated depreciation (attach schedule) ▶ 137,111

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Permanently restricted . .

Temporarily restricted

Less allowance for doubtful accounts ▶

| Assets |  |
|--------|--|
|        |  |

7

8

9

10a

b

C

11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

27 28

29

31

Part III

2

3

4

5

Liabilities

Balances

Fund 26

ŏ

Assets

Net 30

Page **3** 

| List and describe t<br>2-story brick ware                  | (a)<br>the kınd(s) of property sold (e g , re<br>ehouse, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr ) | (d) Date sold (mo , day, yr )              |                                         |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|--------------------------------------------|-----------------------------------------|
| 1 a Publicly traded securities                             |                                                                                   |                                        |                                   |                                            |                                         |
| <b>b</b> Class Action Lawsuit Sett                         | lement Income                                                                     |                                        | Р                                 |                                            |                                         |
| c Capital Gains Dividends                                  |                                                                                   |                                        | Р                                 |                                            |                                         |
| d                                                          |                                                                                   |                                        |                                   |                                            |                                         |
| e                                                          |                                                                                   |                                        |                                   |                                            |                                         |
|                                                            | (f)                                                                               | 1                                      | g)                                | (                                          | h)                                      |
| (e)<br>Gross sales price                                   | Depreciation allowed                                                              | Cost or c                              | ther basis                        | Gain o                                     | r (loss)                                |
| 12.67                                                      | (or allowable)                                                                    | pius expe                              | nse of sale                       | (e) plus (r                                | ) minus (g)                             |
| a 12,67                                                    | <u> </u>                                                                          |                                        | 8,516,387                         |                                            | 4,163,21                                |
|                                                            | 5,694                                                                             |                                        |                                   |                                            | 5,694                                   |
|                                                            | 1,271                                                                             |                                        |                                   |                                            | 51,27                                   |
| d                                                          |                                                                                   |                                        |                                   |                                            |                                         |
| е                                                          |                                                                                   |                                        |                                   |                                            |                                         |
| Complete only for assets                                   | showing gain in column (h) and ow                                                 | ned by the foundation o                | on 12/31/69                       | ,                                          | 1)                                      |
| (i)                                                        | (j)                                                                               |                                        | k)                                |                                            | h) gain minus                           |
| F M V as of 12/31/69                                       | Adjusted basis<br>as of 12/31/69                                                  |                                        | of col(ɪ)<br>(ງ), ıf any          |                                            | less than -0-) <b>or</b><br>om col (h)) |
| a                                                          | 43 01 12/31/03                                                                    | 0761 601                               | (J), ii arry                      | 20000 (                                    | 4,163,21                                |
| b                                                          |                                                                                   |                                        |                                   |                                            | 5,69                                    |
| c                                                          |                                                                                   |                                        |                                   |                                            | 51,27                                   |
| d                                                          |                                                                                   |                                        |                                   |                                            | 31,27                                   |
| <u>ч</u><br>е                                              | <u> </u>                                                                          |                                        |                                   |                                            |                                         |
|                                                            |                                                                                   | If gain, also enter in Pa              | art I line 7                      |                                            |                                         |
| 2 Capital gain net income                                  | or (net capital loss)                                                             | If (loss), enter -0- in P              |                                   | 2                                          | 4,220,176                               |
| 3 Net short-term capital o                                 | gain or (loss) as defined in sections 1                                           | 1222(5) and (6)                        |                                   |                                            |                                         |
| If gain, also enter in Pai<br>in Part I, line 8            | rt I, line 8, column (c) (see instructi                                           | ons) If (loss), enter -0-              | $^{\cdot}$ $\} $                  | 3                                          |                                         |
| Part V Qualification U                                     | Jnder Section 4940(e) for Re                                                      | duced Tax on Net                       | Investment Inc                    | come                                       |                                         |
|                                                            | rivate foundations subject to the sec                                             |                                        |                                   |                                            |                                         |
|                                                            | •                                                                                 | icion 15 To(a) tax on no.              | investment meem                   | ,                                          |                                         |
| f section 4940(d)(2) applies, le                           | ave this part blank                                                               |                                        |                                   | _                                          | _                                       |
|                                                            | e section 4942 tax on the distributal                                             |                                        | in the base period?               | γ                                          | es 🗹 No                                 |
|                                                            | ot qualify under section 4940(e) Do nount in each column for each year,           |                                        | making any entries                | <del>-</del>                               |                                         |
| (a)                                                        | dult in each column for each year,                                                |                                        | Illaking any entries              | (d)                                        |                                         |
| Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions                                   | (c) Net value of noncharitable         | e-use assets                      | Distribution rati<br>(col (b) divided by c |                                         |
| 2015                                                       | 4,542,558                                                                         |                                        | 86,851,548                        | (cor (b) divided by c                      | 0 052303                                |
| 2014                                                       | 4,709,735                                                                         |                                        | 92,337,367                        |                                            | 0 051006                                |
| 2013                                                       | 4,401,113                                                                         |                                        | 86,780,538                        |                                            | 0 050715                                |
| 2012                                                       | 3,942,192                                                                         |                                        | 77,443,169                        |                                            | 0 050904                                |
| 2011                                                       | 3,636,692                                                                         |                                        | 74,541,476                        |                                            | 0 048787                                |
| 2 Total of line 1, column (d                               |                                                                                   |                                        | 2                                 |                                            | 0 253715                                |
| ·                                                          | for the 5-year base period—divide (                                               | the total on line 2 by 5               |                                   |                                            | 0 233713                                |
|                                                            | dation has been in existence if less                                              |                                        | <u>3</u>                          |                                            | 0 050743                                |
| 4 Enter the net value of no                                | ncharitable-use assets for 2016 from                                              | n Part X, line 5                       | 4                                 |                                            | 90,371,445                              |
| <b>5</b> Multiply line 4 by line 3                         |                                                                                   |                                        | 5                                 |                                            | 4,585,718                               |
| <b>6</b> Enter 1% of net investme                          | ent income (1% of Part I, line 27b)                                               |                                        | 6                                 |                                            | 63,175                                  |
| <b>7</b> Add lines 5 and 6                                 |                                                                                   |                                        | 7                                 |                                            | 4,648,893                               |
|                                                            | ons from Part XII, line 4 ,                                                       |                                        |                                   |                                            | 4,334,351                               |
|                                                            | ater than line 7, check the box in Pa                                             | art VI, line 1b, and comp              | plete that part usin              | g a 1% tax rate Se                         | e the Part VI                           |
| instructions                                               |                                                                                   |                                        |                                   |                                            | orm <b>990-PF</b> (2016                 |
|                                                            |                                                                                   |                                        |                                   | FC                                         | лип <b>ээо-гг</b> (2010                 |

| and Contractors (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------|
| 3 Five highest-paid independent contractors for professiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | al services (see instructions). If none enter "NO | NE"              |
| (a) Name and address of each person paid more than \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) Type of service                               | (c) Compensation |
| VANGUARD INSTITUTIONAL ADVISORY SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Investment services                               | 58,189           |
| PO Box 2900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | — Investment services                             | 30,103           |
| Valley Forge, PA 194822900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| Total number of others receiving over \$50,000 for professional service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es                                                | 0                |
| Part IX-A Summary of Direct Charitable Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
| List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   | Expenses         |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| Delay Delay Comment of Delay and Del | - /                                               |                  |
| Part IX-B Summary of Program-Related Investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                 | A                |
| Describe the two largest program-related investments made by the foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n during the tax year on lines 1 and 2            | Amount           |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | -                |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | -                |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | -                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | 1                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                  |
| All other program-related investments See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                  |
| All other program-related investments See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                  |
| , -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                  |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

2

3a 3h

4

5

4.334.351

4.334.351

Form 990-PF (2016)

a From 2011. . . . . **b** From 2012. . . . c From 2013. .

d From 2014. . . . .

e From 2015. . . . .

2016

Page 9

4,392,221

4,334,351

Form **990-PF** (2016)

57,870

Part XIII Undistributed Income (see instructions) Distributabl

|   |                                                     | ı |  |  |  |  |
|---|-----------------------------------------------------|---|--|--|--|--|
| 1 | Distributable amount for 2016 from Part XI, line 7  |   |  |  |  |  |
| 2 | Undistributed income, if any, as of the end of 2016 | Γ |  |  |  |  |
| а | Enter amount for 2015 only                          | L |  |  |  |  |
| b | Total for prior years 20, 20, 20                    | Γ |  |  |  |  |
| 2 | Excess distributions carryover if any to 2016       | Г |  |  |  |  |

Excess distributions carryover, if any, to 2016

(a)

Corpus

235.571

57,870

177,701

177,701

177,701

(b)

Years prior to 2015

(c)

2015

235,571

f Total of lines 3a through e. . . . . . .

XII, line 4 > \$ 4,334,351 (Election required—see instructions). . . . .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a . . . . . .

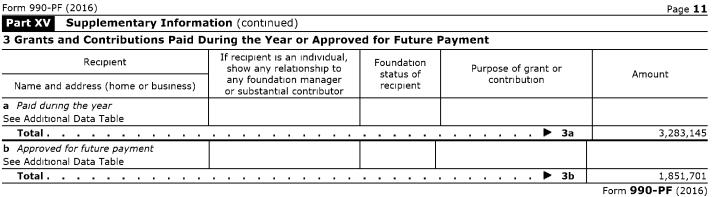
indicated below:

**d** Applied to 2016 distributable amount. . . .

same amount must be shown in column (a) )

NEW YORK CITY AND MINNESOTA NOT-FOR-PROFIT ARTS/CULTURAL ORGANIZATIONS AND ARTISTS

factors



| itei gioss       | amounts unless otherwise indicated                                                                 | Unrelated bus                 | siness income        | Excluded by section   | 512, 513, or 514     | (e)<br>Related or exempt               |
|------------------|----------------------------------------------------------------------------------------------------|-------------------------------|----------------------|-----------------------|----------------------|----------------------------------------|
| <b>L</b> Program | service revenue                                                                                    | (a)<br>Business code          | <b>(b)</b><br>Amount | (c)<br>Exclusion code | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  | <u> </u>                                                                                           |                               |                      |                       |                      |                                        |
|                  | and contracts from government agencies                                                             |                               |                      |                       |                      |                                        |
| Membe            | rship dues and assessments                                                                         |                               |                      |                       |                      |                                        |
|                  | st on savings and temporary cash<br>ments                                                          |                               |                      |                       |                      |                                        |
| Dividen          | ds and interest from securities                                                                    |                               |                      | 14                    | 2,253,990            |                                        |
|                  | tal income or (loss) from real estate                                                              |                               |                      |                       |                      |                                        |
|                  | financed property ebt-financed property                                                            |                               |                      |                       |                      |                                        |
|                  | ntal income or (loss) from personal property                                                       |                               |                      |                       |                      |                                        |
|                  | nvestment income                                                                                   |                               |                      |                       |                      |                                        |
|                  | r (loss) from sales of assets other than ory                                                       |                               |                      | 18                    | 4,220,176            |                                        |
| Net inco         | ome or (loss) from special events                                                                  |                               |                      |                       |                      |                                        |
|                  | orofit or (loss) from sales of inventory<br>evenue <b>a</b>                                        |                               |                      |                       |                      |                                        |
|                  | evenue u                                                                                           |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               | 0                    |                       | 6,474,166            | 1                                      |
| Total.           | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                            |                               |                      | 13                    | B                    | 6,474,166                              |
| art XVI          | neet in line 13 instructions to verify calculation Relationship of Activities to the               | ns )<br><b>e Accomplish</b> r | ment of Exemp        | pt Purposes           |                      |                                        |
| ine No.<br>▼     | Explain below how each activity for which the accomplishment of the foundation's ex instructions ) |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
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|                  |                                                                                                    |                               |                      |                       |                      |                                        |
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|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |
|                  |                                                                                                    |                               |                      |                       |                      |                                        |

| Part           | XVII               | Information Re<br>Exempt Organi                                                |                               | ransf          | fers To a              | and Transact                           | ior  | ns and R                | Relation              | nships With Nor                               | ncharita         | able             |            |      |
|----------------|--------------------|--------------------------------------------------------------------------------|-------------------------------|----------------|------------------------|----------------------------------------|------|-------------------------|-----------------------|-----------------------------------------------|------------------|------------------|------------|------|
|                |                    | janization directly or in<br>Code (other than sectio                           |                               |                |                        |                                        |      |                         |                       |                                               | on 501           |                  | Yes        | No   |
| <b>a</b> Tran  | sfers f            | rom the reporting foun                                                         | dation to a n                 | oncha          | ritable ex             | empt organizatio                       | n c  | of                      |                       |                                               | Γ                |                  |            |      |
| (1)            | Cash.              |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               | .  :             | 1a(1)            |            | No   |
| (2)            | Other              | assets                                                                         |                               |                |                        |                                        |      |                         |                       |                                               | . [              | 1a(2)            |            | No   |
| <b>b</b> Othe  | er trans           | sactions                                                                       |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
| (1)            | Sales              | of assets to a nonchar                                                         | ıtable exempi                 | t orga         | nızatıon.              |                                        |      |                         |                       |                                               | . [              | 1b(1)            |            | No   |
| (2)            | Purch              | ases of assets from a r                                                        | noncharitable                 | exem           | pt organiz             | zation                                 |      |                         |                       |                                               |                  | 1b(2)            |            | No   |
| (3)            | Renta              | l of facilities, equipmer                                                      | nt, or other a                | ssets.         |                        |                                        |      |                         |                       |                                               | [:               | 1b(3)            |            | No   |
| (4)            | Reımb              | oursement arrangemen                                                           | ts                            |                |                        |                                        |      |                         |                       |                                               |                  | 1b(4)            |            | No   |
| ٠.             |                    | or loan guarantees.                                                            |                               |                |                        |                                        |      |                         |                       |                                               |                  | 1b(5)            |            | No   |
|                |                    | mance of services or m                                                         | ·                             |                | _                      |                                        |      |                         |                       |                                               | ·                | 1b(6)            |            | No   |
|                | -                  | facilities, equipment, n                                                       |                               |                |                        |                                        |      |                         |                       |                                               | · L              | 1c               |            | No   |
| of th<br>in ar | ne good<br>ny tran | ver to any of the above<br>ds, other assets, or ser<br>saction or sharing arra | vices given b<br>ngement, sho | y the<br>ow in | reporting<br>column (c | foundation If th<br>d) the value of th | e f  | oundation<br>goods, oth | receivei<br>her asset | d less than fair mar<br>s, or services receiv | ket value<br>ved | <b>!</b>         |            |      |
| (a) Line       | No                 | (b) Amount involved                                                            | (c) Name of                   | noncha         | aritable exe           | mpt organization                       |      | (d) Desc                | ription of t          | transfers, transactions,                      | and shari        | ng arrar         | ngement    | ts   |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    | dation directly or indire<br>n section 501(c) of the                           | •                             |                | •                      | •                                      |      |                         | -                     |                                               | $\sqsubset$      | ] <sub>Yes</sub> | <b>☑</b> N | 0    |
|                |                    | mplete the following s                                                         | chedule                       | ı              | _                      |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    | (a) Name of organization                                                       | on                            |                | (1                     | <b>b)</b> Type of organiza             | TIOI | n                       |                       | (c) Description                               | or relation      | nsnip            |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
|                |                    |                                                                                |                               |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
| Sign           | of m               | er penalties of perjury,<br>y knowledge and belief<br>n preparer has any kno   | , it is true, co              |                |                        |                                        |      |                         |                       |                                               |                  |                  |            |      |
| Here           | *                  | ****                                                                           |                               |                |                        | 2017-08-11                             |      | **                      | ****                  |                                               | May the IRS      |                  |            |      |
|                | 5                  | ignature of officer or t                                                       | rustee                        |                |                        | Date                                   |      | Tıt                     | le                    |                                               | see instr )      |                  |            |      |
|                |                    | Print/Type preparer's  Lawrence H Mohr (                                       |                               | Prepa          | arer's Sıgr            | nature                                 |      | Date                    |                       | Check if self-<br>employed ▶ □                | PTIN<br>F        | P00447           | 603        |      |
| Paid<br>Prepa  |                    | Firm's name ► Bake                                                             | er Tilly Vircho               | w Kra          | use LLP                |                                        |      |                         |                       | <br>                                          | Fırm's EII       | N ▶39-           | 08599      | 10   |
| Use (          | nly                | Firm's address ▶ 22                                                            | .5 S 6th St 23                | 300            |                        |                                        |      |                         |                       | <u>_</u>                                      |                  |                  |            |      |
|                |                    |                                                                                | nneapolis, MI                 |                | 102                    |                                        |      |                         |                       | ı                                             | Phone no         | (612)            | 876-4      | 1500 |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, (d) hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation MR CHARLES ZELLE ۵ Director, Chair ۵ 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 Mr Philip Bither 0 0 Director, Co-Vice Chair 0 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 Mr Calogero Salvo Director, Co-Vice Chair 0 0 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 MS BARBARA MCLANAHAN 0 ٥ Director, Secretary 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 Dr Gary Nan Tie O O Director, Treasurer 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 0 MR CARLYLE BROWN Director 0 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 MS LINDA EARLE 0 0 Director 0 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 Ms Patricia Hampl ٥ Director ۵ 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 Ms Elizabeth Streb 0 0 Director 2 00 400 Sibley Street Suite 125 St Paul, MN 55101 ۵ Ms Kate Barr ٥ Director 2 00 400 Sibley Street Suite 125 St Paul, MN 55101

President

45 00

25,889

3,439

260,000

Ben Cameron

400 Sibley Street Suite 125 St Paul, MN 55101

Recipient If recipient is an individual, show any relationship to status of contribution Status of Recipient If recipient is an individual, show any relationship to status of contribution Amount

| Name and address (home or business)                                                            | any foundation manager<br>or substantial contributor | recipient |                                     |        |
|------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------|-------------------------------------|--------|
| a Paid during the year                                                                         |                                                      |           |                                     |        |
| Akre John 1516 4th St NE<br>Minneapolis, MN 55413                                              | NONE                                                 | I         | Minnesota Media Arts Program        | 2,000  |
| Almazan Fabian 514 W 142 Street Apt3<br>New York, NY 10031                                     | NONE                                                 | I         | Composer/Sound Artist<br>Fellowship | 20,000 |
| Alwan for the Arts 16 Beaver Street<br>New York, NY 10004                                      | NONE                                                 | PC        | General Program Grant               | 10,270 |
| Anderson Center for Interdisciplinary<br>Studies<br>163 Tower View Drive<br>Red Wing, MN 55066 | NONE                                                 | PC        | General Program Grant               | 21,250 |
| Art ın General 20 Jay Street<br>Brooklyn, NY 11201                                             | NONE                                                 | PC        | General Program Grant               | 20,000 |

3,283,145

Total.

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Art Matters PO Box 311 NONE PC. Jerome@Camargo Program 1,350 New York, NY 10012 NONE Travel and Study 1,921 Artley Scott 4100 Pleasant Ave Apt 1 Minneapolis, MN 55408 Asian American Writers' Workshop NONE PC General Program Grant 24.000 00

| New York, NY 10001                                                                |      |    |                       |        |
|-----------------------------------------------------------------------------------|------|----|-----------------------|--------|
| BAADBronx Academy of Arts and Dance<br>2474 Westchester Avenue<br>Bronx, NY 10461 | NONE | PC | General Program Grant | 18,500 |

| BAADBronx Academy of Arts and Dance<br>2474 Westchester Avenue<br>Bronx, NY 10461 | NONE | PC | General Program Grant           |  |
|-----------------------------------------------------------------------------------|------|----|---------------------------------|--|
| Rearden Keith 23-12 31st Ave 4R                                                   | NONE | T  | New York City Media Art Program |  |

За

| 2474 Westchester Avenue<br>Bronx, NY 10461 |      |     |                                 |  |
|--------------------------------------------|------|-----|---------------------------------|--|
| Bearden Keith 23-12 31st Ave 4R            | NONE | l T | New York City Media Art Program |  |

| 2474 Westchester Avenue<br>Bronx, NY 10461 | NONE | PC | General Program Grant | 18 |
|--------------------------------------------|------|----|-----------------------|----|
|                                            |      |    |                       |    |

| Bronx, NY 10461                 |      |   |                                 |    |
|---------------------------------|------|---|---------------------------------|----|
| Bearden Keith 23-12 31st Ave 4R | NONE | I | New York City Media Art Program | 50 |

| Bearden Keith 23-12 31st Ave 4R<br>Astoria, NY 11106 | NONE | I | New York City Media Art Program | 500 |
|------------------------------------------------------|------|---|---------------------------------|-----|
|                                                      |      |   |                                 |     |

| Astoria, NY 11106 | NONE | New York City Media Art Program | ı         |
|-------------------|------|---------------------------------|-----------|
| Total             |      | <br>                            | 3,283,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Beebe Aaron 277 Eastern Parkway 5A NONE Travel and Study 4,420 Brooklyn, NY 11238 Brandt Kim 3530 81st Street 6P NONE Travel and Study 5,000 000 .000 Brooklyn, NY 11215

PC

Jerome@Camargo Program

10,000

3,283,145

| Jackson Heights, NY 11372                                              |      |    | ,                     | ,    |
|------------------------------------------------------------------------|------|----|-----------------------|------|
| Bronx Museum of the Arts<br>1040 Grand Concourse<br>New York, NY 10456 | NONE | PC | General Program Grant | 20,0 |
| Brooklyn Arts Exchange<br>421 Fifth Avenue                             | NONE | PC | General Program Grant | 22,0 |

NONE

Brooklyn Arts Exchange

421 Fifth Avenue Brooklyn, NY 11215

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Brooklyn Arts Exchange NONE PC General Program Grant 35,000 421 Fifth Avenue Brooklyn, NY 11215 Brooklyn Arts ExchangeNi'ja Whitson NONE PC General Program Grant 12,000 421 Fifth Avenue Brooklyn, NY 11215 NONE Byars David Garrett New York City Media Art Program 25,000 407 Broome Street 7B New York, NY 10013 Cave Canem 20 Jay Street Suite 310-A NONE PC General Program Grant 33,000 Brooklyn, NY 11201 Chen Jessica PO Box 1682 NONE Travel and Study 4,550 New York, NY 10101

Total . . . . . . .

3a

3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Clausen Joshua 2813 29th Ave S NONE Composer/Sound Artist 20,000 Minneapolis, MN 55406 Fellowship Clubb Anji Sauve 25506 Ipava Ave NONE 25,000 Minnesota Media Arts Program Lakeville, MN 55044 PC. General Program Grant Coffee House Press NONE 23,000 79 13th Avenue NE Suite 110 Minneapolis, MN 55413 3,805 .000

| Cooper Wendell<br>312 11th Avenue Apt 12B<br>New York, NY 10001 | NONE | I | Travel and Study             |   |
|-----------------------------------------------------------------|------|---|------------------------------|---|
| Cornejo Cecilia Maria<br>1000 Forest Avenue                     | NONE | I | Mınnesota Media Arts Program | 1 |

| 312 11th Avenue Apt 12B<br>New York, NY 10001 |      |   | ·                            |      |
|-----------------------------------------------|------|---|------------------------------|------|
| Cornejo Cecilia Maria<br>1000 Forest Avenue   | NONE | I | Mınnesota Media Arts Program | 10,0 |

| Cornejo Cecilia Maria NONE I Minnesota Media Arts Program 10 | New York, NY 10001 |      |   |                              | i . |
|--------------------------------------------------------------|--------------------|------|---|------------------------------|-----|
|                                                              |                    | NONE | I | Mınnesota Media Arts Program | 10, |

|                      | 110112 | - | Thinnesota Fredia 7 iles Fregram | 10 |
|----------------------|--------|---|----------------------------------|----|
| 1000 Forest Avenue   |        |   |                                  | l  |
| Northfield, MN 55057 |        |   |                                  | 1  |
| <u>'</u>             |        |   |                                  |    |

|                                                                               | İ                                                       | <u> </u>             | 1                                |           |
|-------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------|-----------|
| Recipient                                                                     | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                           | any foundation manager<br>or substantial contributor    | recipient            |                                  |           |
| a Paid during the year                                                        |                                                         |                      |                                  |           |
| Council on Foundations<br>2121 Crystal Drive Suite 700<br>Arlington, VA 22202 | NONE                                                    | PC                   | General Program Grant            | 29,200    |
| Danspace Project 131 East 10th Street<br>New York, NY 10003                   | NONE                                                    | PC                   | General Program Grant            | 34,500    |
| DataArts 400 Market Street Suite 600<br>Philadelphia, PA 19106                | NONE                                                    | PC                   | General Program Grant            | 14,000    |
| de Galbert Camılle 12 Clark Street 5A<br>Brooklyn, NY 11201                   | NONE                                                    | I                    | New York City Media Art Program  | 20,000    |
| Devineni Ram 330 3rd Avenue Apt 14D<br>New York, NY 10010                     | NONE                                                    | I                    | Travel and Study                 | 4,000     |
| Total                                                                         |                                                         |                      |                                  | 3,283,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Dressner Juliane 121 Garfield Place NONE New York City Media Art Program 25,000 Brooklyn, NY 11215 NONE PC General Program Grant 20,000 Ensemble Studio Theatre 549 W 52nd Street Name Vante NV 10010

| New York, NY 10019                                                     |      |    |                       |        |
|------------------------------------------------------------------------|------|----|-----------------------|--------|
| Epping Mackenzie<br>127 5th Street NE Apt G07<br>Minneapolis, MN 55413 | NONE | I  | Travel and Study      | 5,000  |
| Eyebeam Inc 34 35th Street Unit 26<br>Brooklyn, NY 11232               | NONE | PC | General Program Grant | 15,000 |

| Minneapolis, MN 55413                                    |      |    |                       |  |
|----------------------------------------------------------|------|----|-----------------------|--|
| Eyebeam Inc 34 35th Street Unit 26<br>Brooklyn, NY 11232 | NONE | PC | General Program Grant |  |
|                                                          |      |    |                       |  |

| Eyebeam Inc 34 35th Street Unit 26<br>Brooklyn, NY 11232 | NONE | PC | General Program Grant           |  |
|----------------------------------------------------------|------|----|---------------------------------|--|
| Finn Jim 501 13th Street 2                               | NONE | I  | New York City Media Art Program |  |

| Brooklyn, NY 11232         | None |   | General Program Grame           | 13,000 |
|----------------------------|------|---|---------------------------------|--------|
| Finn Jim 501 13th Street 2 | NONE | I | New York City Media Art Program | 25,000 |

| DIOGRITI, III III II                             |      |   |                                 |  |
|--------------------------------------------------|------|---|---------------------------------|--|
| Finn Jim 501 13th Street 2<br>Brooklyn, NY 11215 | NONE | I | New York City Media Art Program |  |

| Finn Jim 501 13th Street 2<br>Brooklyn, NY 11215 | NONE | I | New York City Media Art Program  <br> | 25,       |
|--------------------------------------------------|------|---|---------------------------------------|-----------|
| Total                                            |      |   |                                       | 3,283,145 |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Ford T'ai Freedom NONE Travel and Study 5,000 566 MacDonough Street Brooklyn, NY 11233 FORECAST Public Art Works NONE PC General Program Grant 40,000 2300 Myrtle Avenue Suite 160 St Paul, MN 55114 PC Four Way Books 11 Jay Street 4th Fl NONE General Program Grant 23,000 New York, NY 10013 Franconia Sculpture Park NONE PC General Program Grant 39,000 29836 St Croix Trail Shafer, MN 55074 2,500

NONE Travel and Study

Gabriel Aaron 3045 Dupont Ave S Minneapolis, MN 55408

Total . . . . . . . 3,283,145 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Grantmakers in the Arts NONE PC General Program Grant 11,000 4055 21st Ave W Ste 100 Seattle, WA 98199 **Graywolf Press** NONE PC General Program Grant 23,000 250 Third Avenue North Stute 600 500 20,000 New York, NY 10031 Fellowship Harlem Stage 150 Convent Avenue NONE PC General Program Grant 25,000

3,283,145

| Minneapolis, MN 55401                                              |      |   |                       |      |
|--------------------------------------------------------------------|------|---|-----------------------|------|
| Ham Christina<br>2505 W 21st Street Apt 2<br>Minneapolis, MN 55405 | NONE | I | Travel and Study      | 4,5  |
| Han Oh Linda May 522 W 134th St                                    | NONE | I | Composer/Sound Artist | 20.0 |

New York, NY 10031

Total . . . .

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                      |                                      |                                  |           |  |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------|--|--|
| Recipient  Name and address (home or business)                                                           | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount    |  |  |
|                                                                                                          | or substantial contributor                                                           |                                      |                                  |           |  |  |
| a Paid during the year                                                                                   |                                                                                      |                                      |                                  |           |  |  |
| Harvestworks 596 Broadway Suite 602<br>New York, NY 10012                                                | NONE                                                                                 | PC                                   | General Program Grant            | 17,000    |  |  |
| Heart of the Beast Puppet & Mask<br>Theatre<br>1500 East Lake Street<br>Minneapolis, MN 55407            | NONE                                                                                 | PC                                   | General Program Grant            | 24,000    |  |  |
| Henderson Lily Frances<br>298 Lefferts Ave Apt 3<br>Brooklyn, NY 11225                                   | NONE                                                                                 | I                                    | New York City Media Art Program  | 25,000    |  |  |
| HERE multi-arts center<br>145 Sixth Avenue<br>New York, NY 10013                                         | NONE                                                                                 | PC                                   | General Program Grant            | 22,000    |  |  |
| Hernandez-Topete Oscar<br>451 E 14th St Apt 3H<br>New York, NY 10009                                     | NONE                                                                                 | I                                    | New York City Media Art Program  | 10,000    |  |  |
| Total                                                                                                    |                                                                                      |                                      |                                  | 3,283,145 |  |  |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Hoolihan Sam 1515 W 25th St NONE Minnesota Media Arts Program 5,000 Minneapolis, MN 55405 NONE Travel and Study 5,000 Hu Nung-Hsin 4705 Center Blvd Apt1106 Long Island City, NY 11109 IFP MinneapolisSt Paul NONE PC General Program Grant 22,000 35,000

| Saint Paul, MN 55114                                                              |      |    |                       |   |
|-----------------------------------------------------------------------------------|------|----|-----------------------|---|
| IFP MinneapolisSt PaulMNTV<br>550 Vandalia Street Ste 120<br>Saint Paul, MN 55114 | NONE | PC | General Program Grant | 3 |
| Imady Essma 4164 Shirlee Ln S                                                     | NONE | I  | Travel and Study      |   |

4,483

Shoreview, MN 55126

Total . . . . . 3,283,145 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Ivv Baldwin Dance NONE PC General Program Grant 13,000 191 Willoughby Street Apt 16D Brooklyn, NY 11201 Keagy Rını 1479 Portland Ave Apt 2 NONE 20,000 Minnesota Media Arts Program

| Saint Paul, MN 55104                                                          |      |    |                       |        |
|-------------------------------------------------------------------------------|------|----|-----------------------|--------|
| Kempson SibylNew York Live Arts<br>219 West 19th Street<br>New York, NY 10011 | NONE | PC | General Program Grant | 10,000 |
| Khazem Taous<br>2517 Emerson Ave S Apt 1                                      | NONE | I  | Travel and Study      | 2,500  |

| ·                                                                 |      |    |                       |  |
|-------------------------------------------------------------------|------|----|-----------------------|--|
| Khazem Taous<br>2517 Emerson Ave S Apt 1<br>Mınneapolis, MN 55405 | NONE | I  | Travel and Study      |  |
| Kotze JoannaNew York Live Arts                                    | NONE | PC | General Program Grant |  |

| 2517 Emerson Ave S Apt 1<br>Minneapolis, MN 55405      |      |    |                       |  |
|--------------------------------------------------------|------|----|-----------------------|--|
| Kotze JoannaNew York Live Arts<br>219 West 19th Street | NONE | PC | General Program Grant |  |

| Minneapolis, MN 55405                                  |      |    |                       |  |
|--------------------------------------------------------|------|----|-----------------------|--|
| Kotze JoannaNew York Live Arts<br>219 West 19th Street | NONE | PC | General Program Grant |  |

| 2517 Emerson Ave S Apt 1<br>Minneapolis, MN 55405 |      |    |                       |     |
|---------------------------------------------------|------|----|-----------------------|-----|
| Cotze JoannaNew York Live Arts                    | NONE | PC | General Program Grant | 12, |

| NONE | PC   | General Program Grant | 12,000                        |
|------|------|-----------------------|-------------------------------|
|      |      |                       |                               |
|      | NONE | NONE PC               | NONE PC General Program Grant |

| 219 West 19th Street<br>New York, NY 10011 | INC.NE | General Program Grant | 12,       |
|--------------------------------------------|--------|-----------------------|-----------|
| Total                                      |        | <br>                  | 3,283,145 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Kramer Jennifer 310 Queen Av N 303 NONE Travel and Study 4,360 Minneapolis, MN 55405 Lachugar inc 41 Withers St 3R NONE PC 16,000 General Program Grant Brooklyn, NY 11211 PC Lark Play Development Center NONE General Program Grant 22,000 311 West 43rd Street Suite 406 New York, NY 10036 Lower Manhattan Cultural Council NONE PC General Program Grant 28,000 125 Maiden Lane 2nd Floor New York, NY 10038

Jerome@Camargo Program

5.300

3,283,145

NONE

Lynnee Bonner

3a

1146 Queen Anne Place 1 Los Angeles, CA 90019

Total . . . . . . . . .

| 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 | Foundation<br>status of | Purpose of grant or contribution    | Amount    |  |
| Name and address (home or business)                                                                      | any foundation manager<br>or substantial contributor    | recipient               |                                     |           |  |
| a Paid during the year                                                                                   |                                                         |                         |                                     |           |  |
| Mabou Mines PO Box 777<br>New York, NY 10009                                                             | NONE                                                    | PC                      | General Program Grant               | 30,000    |  |
| Maestro Shai 349 E 19th St 1A<br>Brooklyn, NY 11226                                                      | NONE                                                    | I                       | Composer/Sound Artist<br>Fellowship | 20,000    |  |
| Matana Roberts 1441A 5th Avenue<br>New York, NY 10035                                                    | NONE                                                    | I                       | Jerome@Camargo Program              | 4,500     |  |
| Mayfair Ash 17 Pomander Walk Suite 1<br>New York, NY 10025                                               | NONE                                                    | I                       | New York City Media Art Program     | 25,000    |  |
| Ma-Yı Theater Company<br>520 8th Ave Ste 309<br>New York, NY 10018                                       | NONE                                                    | PC                      | General Program Grant               | 22,000    |  |
| Total                                                                                                    |                                                         |                         |                                     | 3,283,145 |  |

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      | any foundation manager<br>or substantial contributor    | recipient               |                                  |           |
| a Paid during the year                                                                                   |                                                         |                         |                                  |           |
| Media Impact Funders<br>200 West Washington Square Suite<br>220<br>Philadelphia, PA 19106                | NONE                                                    | PC                      | General Program Grant            | 2,000     |
| Milkweed Editions<br>1011 Washington Avenue South<br>Minneapolis, MN 55415                               | NONE                                                    | PC                      | General Program Grant            | 23,000    |
| Minnesota Center for Book Arts<br>1011 Washington Avenue South<br>Minneapolis, MN 55415                  | NONE                                                    | PC                      | General Program Grant            | 24,000    |
| Minnesota Center for Book Arts<br>1011 Washington Avenue South<br>Minneapolis, MN 55415                  | NONE                                                    | PC                      | General Program Grant            | 24,000    |
| Minnesota Council on Foundations<br>800 Washington Avenue N Suite 703<br>Minneapolis, MN 55491           | NONE                                                    | PC                      | General Program Grant            | 15,200    |
| Total                                                                                                    |                                                         |                         |                                  | 3,283,145 |

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount |  |
| Name and address (home or business)                                                                      | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |  |
| a Paid during the year                                                                                   |                                                         |                         |                                  |        |  |
| Mixed Blood Theatre Company<br>1501 South 4th Street<br>Minneapolis, MN 55454                            | NONE                                                    | PC                      | General Program Grant            | 8,000  |  |
| Mohler Virginia<br>22 Monitor Street Apt 4B<br>Brooklyn, NY 11222                                        | NONE                                                    | I                       | New York City Media Art Program  | 30,000 |  |
| Morris-Van Tassel Alanna<br>876 7th St W 128<br>Saint Paul, MN 55201                                     | NONE                                                    | I                       | Travel and Study                 | 3,700  |  |
| Movement Research 55 Avenue C<br>New York, NY 10009                                                      | NONE                                                    | PC                      | Jerome@Camargo Program           | 21,750 |  |
| Mozman Rachelle 259 A Clifton Place<br>Brooklyn, NY 11216                                                | NONE                                                    | I                       | New York City Media Art Program  | 9,645  |  |

Total . . 3a 3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Mu Performing Arts 275 East Fourth St NONE PC General Program Grant 25,000 St Paul, MN 55101 Mugo Karı 1600 Englewood Ave 310 NONE Travel and Study 4,263 St Paul, MN 55104

| National Performance Network<br>1024 Elysian Fields Ave<br>New Orleans, LA 70117 | NONE | PC | General Program Grant | 5,000  |
|----------------------------------------------------------------------------------|------|----|-----------------------|--------|
| Nautilus Music Theater<br>308 Prince St 190                                      | NONE | PC | General Program Grant | 20,000 |

| N B 1 1 424 W 1 441 C1 1                                         | NONE | D.C. | 6 15 6 1              |  |
|------------------------------------------------------------------|------|------|-----------------------|--|
| Nautilus Music Theater<br>308 Prince St 190<br>St Paul, MN 55101 | NONE | PC   | General Program Grant |  |

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| 308 Prince St 190<br>St Paul, MN 55101 |      |    |                       | _ |
|----------------------------------------|------|----|-----------------------|---|
| New Dramatists 424 West 44th Street    | NONE | PC | General Program Grant | 4 |

| St Paul, MN 55101                   |      |    |                       |        |
|-------------------------------------|------|----|-----------------------|--------|
| New Dramatists 424 West 44th Street | NONE | PC | General Program Grant | 42,000 |

| St Paul, MN 55101                                         |      |    |                       |    |
|-----------------------------------------------------------|------|----|-----------------------|----|
| New Dramatists 424 West 44th Street<br>New York, NY 10036 | NONE | PC | General Program Grant | 42 |

| New Dramatists 424 West 44th Street<br>New York, NY 10036 | NONE | PC | General Program Grant | 42,       |
|-----------------------------------------------------------|------|----|-----------------------|-----------|
| Total                                                     |      |    |                       | 3,283,145 |

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year New York Theatre Workshop NONE PC General Program Grant 20,000 79 East 4th Street New York, NY 10003

4,500

27,100

3,283,145

| Nicholas Boggs 221 North 11st Street 3<br>Brooklyn, NY 11211 | NONE | I  | Jerome@Camargo Program |  |
|--------------------------------------------------------------|------|----|------------------------|--|
| Northern Clay Center<br>2424 Franklin Avenue East            | NONE | PC | General Program Grant  |  |

| Northern Clay Center<br>2424 Franklin Avenue East<br>Minneapolis, MN 55406 | NONE | PC | General Program Grant |
|----------------------------------------------------------------------------|------|----|-----------------------|
| Northern Lightsmn<br>2751 Hennepin Ave S 231                               | NONE | PC | General Program Grant |

Total . 3a

| Minneapolis, MN 55406                                                 |      |    |                       |        |
|-----------------------------------------------------------------------|------|----|-----------------------|--------|
| Northern Lightsmn<br>2751 Hennepin Ave S 231<br>Minneapolis, MN 55408 | NONE | PC | General Program Grant | 65,000 |
| Northern Lightsmn                                                     | NONE | PC | General Program Grant | 13,000 |

| Northern Lightsmn<br>2751 Hennepin Ave S 231<br>Minneapolis, MN 55408 | NONE | PC | General Program Grant |  |
|-----------------------------------------------------------------------|------|----|-----------------------|--|
| Northern Lightsmn                                                     | NONE | PC | General Program Grant |  |

| Minneapolis, MN 55408                        |      |    |                       |  |
|----------------------------------------------|------|----|-----------------------|--|
| Northern Lightsmn<br>2751 Hennepin Ave S 231 | NONE | PC | General Program Grant |  |

| • •                  |      |    |                       |   |
|----------------------|------|----|-----------------------|---|
| hern Lightsmn        | NONE | PC | General Program Grant |   |
| L Hennepin Ave S 231 |      |    | _                     | l |
| eapolis, MN 55408    |      |    |                       | ı |

| Northern Lightsmn                                | NONE | PC | General Program Grant |  |
|--------------------------------------------------|------|----|-----------------------|--|
| 2751 Hennepin Ave S 231<br>Minneapolis, MN 55408 |      |    | -                     |  |
|                                                  |      |    |                       |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Open ChannelsDixon Place NONE PC General Program Grant 30,000 161A Chrystie Street Ground Floor New York, NY 10002 NONE Palileo Maia Cruz 231 Ocean Ave Travel and Study 3,157 Brooklyn, NY 11225 Pangea World Theater NONE PC General Program Grant 20,000 711 West Lake Street Minneapolis, MN 55408 Park Patricia 132 Montague Street Apt 1 NONE Travel and Study 5,000 Brooklyn, NY 11201 Pastrana Raul O Paz NONE General Program Grant 4,275

333 E 108th St Apt 3B New York, NY 10029

Total . . . . . .

3,283,145 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Patrick Jehra 1750 Hennepin Avenue S NONE Travel and Study 1.500 Minneapolis, MN 55403 Penumbra TheatreImani Uzuri and NONE PC General Program Grant 10,000 Zakıyyah 270 North Kent St St Paul, MN 55405 Performance Space 122 NONE PC General Program Grant 50,000 10,000 Philanthropy New York NONE PC General Program Grant 2,400

| 67 West Street Unit 315<br>Brookyn, NY 11222                                          |      |   | -                            |  |
|---------------------------------------------------------------------------------------|------|---|------------------------------|--|
| Petrus Junauda and Fisher Mychal<br>3241 Columbus Avenue S 1<br>Minneapolis, MN 55407 | NONE | I | Minnesota Media Arts Program |  |

1500 Broadway 7th Floor

New York, NY 10036

Total . 3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Pillchury House Theatre NONE DC General Program Grant 15 000

| 3501 Chicago Avenue South<br>Minneapolis, MN 55407                            | NONE | FC | General Program Grant | 15,000 |
|-------------------------------------------------------------------------------|------|----|-----------------------|--------|
| Pillsbury House Theatre<br>3501 Chicago Avenue South<br>Minneapolis, MN 55407 | NONE | PC | General Program Grant | 36,500 |
|                                                                               |      |    |                       |        |

| Minneapolis, MN 55407                                                                     |      |    |                       |        |
|-------------------------------------------------------------------------------------------|------|----|-----------------------|--------|
| Pillsbury House TheatreNaked Stages<br>3501 Chicago Avenue South<br>Minneapolis, MN 55407 | NONE | PC | General Program Grant | 37,500 |
| Playwrights Horizons                                                                      | NONE | PC | General Program Grant | 25,000 |

| D 1 11 40 D T                                                      |      |    |                       | 2.1.000 |
|--------------------------------------------------------------------|------|----|-----------------------|---------|
| Playwrights Horizons<br>416 West 42nd Street<br>New York, NY 10036 | NONE | PC | General Program Grant | 25,000  |
| Minneapolis, MN 55407                                              |      |    |                       |         |

| Playwrights Horizons<br>416 West 42nd Street<br>New York, NY 10036 | NONE | PC | General Program Grant | 25,0 |
|--------------------------------------------------------------------|------|----|-----------------------|------|
| Poets House 10 River Terrace                                       | NONE | PC | General Program Grant | 34.0 |

| 416 West 42nd Street<br>New York, NY 10036 | NONE |    | Scheral Frogram Grant | 23,0 |
|--------------------------------------------|------|----|-----------------------|------|
| Poets House 10 River Terrace               | NONE | PC | General Program Grant | 34,0 |

| 416 West 42nd Street<br>New York, NY 10036 |      |    | _                     | ,   |
|--------------------------------------------|------|----|-----------------------|-----|
| Poets House 10 River Terrace               | NONE | PC | General Program Grant | 34, |

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| •                                                  |      |    |                       |       |
|----------------------------------------------------|------|----|-----------------------|-------|
| Poets House 10 River Terrace<br>New York, NY 10282 | NONE | PC | General Program Grant | 34,00 |

3,283,145

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                                    |                                      |                                     |        |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                                    |                                      |                                     |        |
| a Paid during the year                                                                                   |                                                                                                                    |                                      |                                     |        |
| Printed Matter Inc 231 11th Ave<br>New York, NY 10001                                                    | NONE                                                                                                               | PC                                   | General Program Grant               | 24,000 |
| Rasmussen Elise 100 Lexington Ave 1R<br>Brooklyn, NY 11238                                               | NONE                                                                                                               | I                                    | Travel and Study                    | 5,000  |
| Raul O Paz Pastrana<br>333 E 108th St Apt 3B<br>New York, NY 10029                                       | NONE                                                                                                               | PC                                   | Jerome@Camargo Program              | 1,025  |
| Red Eye Collaboration 15 W 14th St<br>Minneapolis, MN 55403                                              | NONE                                                                                                               | PC                                   | General Program Grant               | 33,000 |
| Rhizomeorg 235 Bowery<br>New York, NY 10002                                                              | NONE                                                                                                               | PC                                   | General Program Grant               | 20,000 |
|                                                                                                          | •                                                                                                                  |                                      | •                                   |        |

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3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Rice Dempsey 572A 17th St NONE New York City Media Art Program 4,576 Brooklyn, NY 11218 Rochester Art Center NONE PC 23,000 General Program Grant 40 Civic Center Drive SE Rochester, MN 55904 Roulette Intermedium NONE PC General Program Grant 70,000 30 Third Avenue Suite 208 Brooklyn, NY 11217 Rynearson Anne 1143 Goodrich Avenue NONE Travel and Study 1,300 Saint Paul, MN 55105 25,750

NONE PC. General Program Grant

Saint John's University

2810 Abbey Plaza PO Box 6377

Collegeville, MN 56321 Total . . . . . . .

3,283,145

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Schauder Till 1163 Prospect Avenue 2F NONE New York City Media Art Program 15,000 Brooklyn, NY 11218 NONE PC General Program Grant 5,600 Sewell Ballet James

| 528 Hennepin Avenue Suite 215<br>Minneapolis, MN 55403     |      |   |                              |        |
|------------------------------------------------------------|------|---|------------------------------|--------|
| Shapiro Norah 1912 Humboldt Ave S<br>Minneapolis, MN 55403 | NONE | I | Travel and Study             | 4,994  |
| Shapiro Norah 1912 Humboldt Ave S                          | NONE | I | Mınnesota Media Arts Program | 30,000 |

| Shapıro Norah 1912 Humboldt Ave S<br>Mınneapolıs, MN 55403 | NONE | I | Mınnesota Media Arts Program |  |
|------------------------------------------------------------|------|---|------------------------------|--|
| Sharma Anurag                                              | NONE | I | Travel and Study             |  |

| Shapiro Norah 1912 Humboldt Ave S<br>Minneapolis, MN 55403 | NONE | I | Minnesota Media Arts Program |  |
|------------------------------------------------------------|------|---|------------------------------|--|
| Sharma Anurag                                              | NONE | I | Travel and Study             |  |

Total .

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| Minneapolis, MN 55403                    |      |   |                  |  |
|------------------------------------------|------|---|------------------|--|
| Sharma Anurag<br>15495 57th Avenue North | NONE | I | Travel and Study |  |

| Minneapolis, MN 55403                    |      |   |                  |  |
|------------------------------------------|------|---|------------------|--|
| Sharma Anurag<br>15495 57th Avenue North | NONE | I | Travel and Study |  |

| Sharma Anurag           | NONE | I | Travel and Study | 5 |
|-------------------------|------|---|------------------|---|
| 15495 57th Avenue North |      |   | ·                |   |
| Plymouth, MN 55446      |      |   |                  |   |

5,000

3,283,145

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount |  |
| Name and address (home or business)                                                                      | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |  |
| a Paid during the year                                                                                   |                                                         |                         |                                  |        |  |
| Silva Fern 228 Manhattan Ave 3<br>Brooklyn, NY 11206                                                     | NONE                                                    | I                       | New York City Media Art Program  | 25,000 |  |
| Silveira Miguel 79 Clifton Place Apt 4E<br>Brooklyn, NY 11238                                            | NONE                                                    | I                       | New York City Media Art Program  | 20,000 |  |
| Smack Mellon Studios<br>92 Plymouth Street<br>Brooklyn, NY 11201                                         | NONE                                                    | PC                      | General Program Grant            | 33,000 |  |
| Socrates Sculpture Park<br>32-01 Vernon Boulevard<br>Long Island City, NY 11106                          | NONE                                                    | PC                      | General Program Grant            | 25,000 |  |
| Soho Repertory Theatre<br>401 Broadway Suite 300<br>New York, NY 10013                                   | NONE                                                    | PC                      | General Program Grant            | 20,000 |  |

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Sok Monica 418 86th Street Apt 1 NONE Travel and Study 2,000 Brooklyn, NY 11209 PC Springboard for the Arts NONE General Program Grant 34.000

| 308 Prince Street Suite 270<br>St Paul, MN 55101                                          |      |    | Contract regram eram  | 3 1,7000 |
|-------------------------------------------------------------------------------------------|------|----|-----------------------|----------|
| Springboard for the ArtsKatie Ka Vang<br>308 Prince Street Suite 270<br>St Paul, MN 55101 | NONE | PC | General Program Grant | 12,000   |
| a                                                                                         |      | _  |                       | 10.100   |

| 308 Prince Street Suite 270<br>St Paul, MN 55101                |      |   |                                 |        |
|-----------------------------------------------------------------|------|---|---------------------------------|--------|
| Stark Rose 427 E Kossuth Street<br>Columbus, OH 43206           | NONE | I | New York City Media Art Program | 10,130 |
| Strasser Emily 3447 Colfax Ave S Apt 4<br>Minneapolis, MN 55408 | NONE | I | Travel and Study                | 2,000  |

| Ser adi, mile 33101                                             |      |   |                                 |    |
|-----------------------------------------------------------------|------|---|---------------------------------|----|
| Stark Rose 427 E Kossuth Street<br>Columbus, OH 43206           | NONE | I | New York City Media Art Program | 10 |
| Strasser Emily 3447 Colfax Ave S Apt 4<br>Minneapolis, MN 55408 | NONE | I | Travel and Study                | ;  |

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| Columbus, OH 43206                                              | No.  | • | Ten Ten City Fledia / Te Fregram | 10,130 |
|-----------------------------------------------------------------|------|---|----------------------------------|--------|
| Strasser Emily 3447 Colfax Ave S Apt 4<br>Minneapolis, MN 55408 | NONE | I | Travel and Study                 | 2,000  |

| Strasser Emily 3447 Colfax Ave S Apt 4<br>Minneapolis, MN 55408 | NONE | I | Travel and Study | 2,0       |
|-----------------------------------------------------------------|------|---|------------------|-----------|
| Total                                                           |      |   |                  | 3,283,145 |

| Form 990PF Part XV Line 3 - Gran                                               | ts and Contributions Paid                               | During the              | Year or Approved for Future      | Payment |
|--------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|----------------------------------|---------|
| Recipient                                                                      | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                            | any foundation manager<br>or substantial contributor    | recipient               |                                  |         |
| a Paid during the year                                                         |                                                         |                         |                                  |         |
| STREBSLAM 51 North 1st Street<br>Brooklyn, NY 11249                            | NONE                                                    | PC                      | General Program Grant            | 23,000  |
| Tan Kırsten 97 Devoe Street Apt 2<br>Brooklyn, NY 11211                        | NONE                                                    | I                       | New York City Media Art Program  | 25,000  |
| TEAM (The)<br>138 South Oxford St Suite 1C<br>Brooklyn, NY 11217               | NONE                                                    | PC                      | General Program Grant            | 12,000  |
| Textile Center of Minnesota<br>3000 University Ave SE<br>Minneapolis, MN 55414 | NONE                                                    | PC                      | General Program Grant            | 37,000  |
| The Camargo Foundation                                                         | NONE                                                    | EOF                     | Jerome@Camargo Program           | 12,000  |

| TEAM (The)<br>138 South Oxford St Suite 1C<br>Brooklyn, NY 11217 | NONE | PC | General Program Grant | 12,00 |
|------------------------------------------------------------------|------|----|-----------------------|-------|
| Textile Center of Minnesota                                      | NONE | PC | General Program Grant | 37,0  |

400 Sibley Street Suite 125 St Paul, MN 55101 Total . .

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year The Camargo Foundation NONE **EOF** General Program Grant 115,000 400 Sibley Street Suite 125 St Paul, MN 55101 NONE PC General Program Grant The Camera Club of New York 18,000 126 Baxter St. New York, NY 10013 The Cedar Cultural Center NONE PC 38,000 General Program Grant 416 Cedar Ave S Minneapolis, MN 55454 The Center for Fiction NONE PC General Program Grant 42,500 17 East 47th Street New York, NY 10017 The Field Juliana F May NONE PC 10,000 General Program Grant 75 Maiden In Suite 906 New York, NY 10038

Total . .

3a

| 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 | Foundation<br>status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                                                      | any foundation manager<br>or substantial contributor    | recipient               |                                  |        |
| a Paid during the year                                                                                   |                                                         |                         |                                  |        |
| The Field Landsman Aaron<br>75 Maiden Ln Suite 906<br>New York, NY 10038                                 | NONE                                                    | PC                      | General Program Grant            | 12,500 |
| The Foundation Center<br>32 Old Slip 34th Floor<br>New York, NY 10005                                    | NONE                                                    | PC                      | General Program Grant            | 2,500  |
| The Jazz Gallery<br>PO Box 153 Lenox Hill Station<br>New York, NY 10021                                  | NONE                                                    | PC                      | General Program Grant            | 25,000 |
| The KitchenHaleakala<br>512 West 19 Street<br>New York, NY 10011                                         | NONE                                                    | PC                      | General Program Grant            | 38,000 |
| The Laundromat Project<br>127 West 127th Street Suite 434<br>New York, NY 10027                          | NONE                                                    | PC                      | General Program Grant            | 17,250 |

Total . . . 3a 3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year The Loft NONE PC General Program Grant 62,000 1011 Washington Avenue South Minneapolis, MN 55415 NONE PC 61,000 The Loft General Program Grant 1011 Washington Avenue South Minneapolis, MN 55415

| The Masciotti ChristinaField<br>75 Maiden Ln Suite 906<br>New York, NY 10038  | NONE | PC | General Program Grant | 10,000  |
|-------------------------------------------------------------------------------|------|----|-----------------------|---------|
| The Playwrights' Center<br>2301 East Franklin Avenue<br>Minneapolis, MN 55406 | NONE | PC | General Program Grant | 192,000 |

| 75 Maiden Ln Suite 906<br>New York, NY 10038                            | NONE |    | General Program Grant | 10,  |
|-------------------------------------------------------------------------|------|----|-----------------------|------|
| The Playwrights' Center 2301 East Franklin Avenue Minneapolis, MN 55406 | NONE | PC | General Program Grant | 192, |

| The Playwrights' Center<br>2301 East Franklin Avenue<br>Minneapolis, MN 55406 | NONE | PC | General Program Grant |  |
|-------------------------------------------------------------------------------|------|----|-----------------------|--|
| The Poetry Project 131 F 10th St                                              | NONE | PC | General Program Grant |  |

| The Playwrights' Center<br>2301 East Franklin Avenue | NONE | PC | General Program Grant | 19 |
|------------------------------------------------------|------|----|-----------------------|----|
| Minneapolis, MN 55406                                |      |    |                       |    |

| The Playwrights' Center<br>2301 East Franklin Avenue<br>Minneapolis, MN 55406 | NONE | PC | General Program Grant | 192,000 |
|-------------------------------------------------------------------------------|------|----|-----------------------|---------|
| The Poetry Project 131 E 10th St                                              | NONE | PC | General Program Grant | 22,000  |

| The Boetry Project 131 E 10th St                   | NONE | DC. | General Program Grant | 7. |
|----------------------------------------------------|------|-----|-----------------------|----|
| 2301 East Franklin Avenue<br>Minneapolis, MN 55406 |      |     |                       |    |

| Minneapolis, Min 55406                                 |      |    |                       |  |
|--------------------------------------------------------|------|----|-----------------------|--|
| The Poetry Project 131 E 10th St<br>New York, NY 10003 | NONE | PC | General Program Grant |  |

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Thomas Mad King 2308 E 36 1/2 St NONE Travel and Study 5,000

|   | Minneapolis, MN 55406                                                                 |      |    |                       |        |
|---|---------------------------------------------------------------------------------------|------|----|-----------------------|--------|
| 1 | Threads Dance Project Karen L Charles<br>1740 Bridgewater Rd<br>Minneapolis, MN 55422 | NONE | PC | General Program Grant | 10,000 |
|   | Tillman Reilly                                                                        | NONE | I  | Travel and Study      | 4.476  |

| ī·llman Reilly<br>1128 Saint Anthony Ave Apt 2<br>Saint Paul, MN 55104 | NONE | I  | Travel and Study      | 4  |
|------------------------------------------------------------------------|------|----|-----------------------|----|
| Forte Lake Center 2209 Fernberg Road                                   | NONE | PC | General Program Grant | 22 |

| ·                                                     |      |    |                       | 1 |
|-------------------------------------------------------|------|----|-----------------------|---|
| Tofte Lake Center 2209 Fernberg Road<br>Ely, MN 55731 | NONE | PC | General Program Grant |   |
| Torres Michael 830 N 5th Street Ant 2                 | NONE | Т  | Travel and Study      |   |

Total .

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|   | Sumer daily filt SSIST                                |      |    |                       |    |
|---|-------------------------------------------------------|------|----|-----------------------|----|
|   | Tofte Lake Center 2209 Fernberg Road<br>Ely, MN 55731 | NONE | PC | General Program Grant | 22 |
| 1 |                                                       |      |    |                       |    |

| Tofte Lake Center 2209 Fernberg Road<br>Ely, MN 55731 | NONE | PC | General Program Grant | 22,800 |
|-------------------------------------------------------|------|----|-----------------------|--------|
| Torres Michael 830 N 5th Street Apt 2                 | NONE | I  | Travel and Study      | 4.860  |

| IY, MIN 55751                                             |      |   |                  |       |
|-----------------------------------------------------------|------|---|------------------|-------|
| orres Michael 830 N 5th Street Apt 2<br>Jankato, MN 56001 | NONE | I | Travel and Study | 4,860 |

3,283,145

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Ungur Livia Huang Sherng-Lee NONE Travel and Study 5,000 54 Orange St Spt 4B Brooklyn, NY 11201 Uzuri Imani 111 E 14th Street 392 NONE Composer/Sound Artist 20,000 New York, NY 10003 Fellowship VSA arts of Minnesota NONE PC General Program Grant 21,000 528 Hennepin Avenue Suite 305 Minneapolis, MN 55403 Wang Xuan 24 Mott Street Apt 1 NONE Travel and Study 3,500 New York, NY 10013 Weinstein Joshua NONE New York City Media Art Program 30.000 201 Eastern Parkway 5R

Brooklyn, NY 11238

Total . . . . . . . 3,283,145 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Westfall Kim, 435 Grand Ave 4A NONE Travel and Study 1,575 Brooklyn, NY 11238 Whitfield Tony 277 Eastern Parkway 6K NONE 4,910 Travel and Study Brooklyn, NY 11238 Will Taia 3528 10th Ave S 2 NONE Travel and Study 5.000 Minneapolis, MN 55407 Yogi Christopher Makoto NONE New York City Media Art Program 20,000 146 7th Ave Apt 1 Brooklyn, NY 11215 Yu Sen-I 61 Hancock Street Apt 3 NONE 5,000 Travel and Study Brooklyn, NY 11216 Total . . 3,283,145

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Zeitgeist NONE PC General Program Grant 33,000 275 East Fourth Street Ste 200

| Saint Paul, MN 55101                                            |      |    |                       |        |
|-----------------------------------------------------------------|------|----|-----------------------|--------|
| Zenon Dance Company and School<br>528 Hennepin Avenue Suite 400 | NONE | PC | General Program Grant | 28,000 |
| Minneapolis, MN 55403                                           |      |    |                       |        |

Total .

За

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|----------------------------------|---------------------------------------------|--------------------------|------------------------|---------------------------------------------|--|--|--|
| TY 2016 Accounting Fees Schedule |                                             |                          |                        |                                             |  |  |  |
|                                  |                                             |                          |                        |                                             |  |  |  |
|                                  | Name: Jerome Foundation Inc EIN: 41-6035163 |                          |                        |                                             |  |  |  |
| Category                         | Amount                                      | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| AUDIT FEES                       | 18,435                                      | 7,374                    |                        | 11,061                                      |  |  |  |

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|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |
|                                      |                 |                     |

## TY 2016 General Explanation Attachment

Name: Jerome Foundation Inc

**EIN:** 41-6035163

## General Explanation Attachment

| <del></del> | erar Explanation Attachment             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|-------------|-----------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Identifier  | Return<br>Reference                     | Explanation                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| 1           | GRANT TO A<br>CONROLLED<br>ORGANIZATION | FORM 990-PF,<br>PART I, LINE<br>25 | DURING THE TAX YEAR, JEROME FOUNDATION MADE A GRANT IN THE AMOUNT OF \$127,000 TO A CONTROLLED ORGANIZATION THE CAMARGO FOUNDATION400 SIBLEY STREET, SUITE 125SAINT PAUL, MN 55101THE PURPOSE OF THIS GRANT WAS TO SUPPORT THE GENERAL OPERATING COSTS AT THE CAMARGO FOUNDATION THE CAMARGO FOUNDATION EXPENDED THE ENTIRE AMOUNT OF THE GRANT WITHIN THE FOLLOWING YEAR OF RECEIPT THE ENTIRE AMOUNT WAS USED IN THE FURTHERANCE OF CAMARGO FOUNDATION'S EXEMPT PURPOSE, WHICH IS TO BENEFIT SCHOLARS WHO WISH TO PURSUE PROJECTS IN THE HUMANITIES AND SOCIAL SCIENCES RELATED TO FRENCH AND FRANCOPHONE CULTURES AND TO BENEFIT ARTISTS OF ALL DISCIPLINES THE CAMARGO FOUNDATION HAS ISSUED A REPORT TO THE JEROME FOUNDATION TO THIS EFFECT |  |  |  |

| ΓΥ | 2016 | <b>Investments</b> | Corporate | Bonds 3 | Schedule |  |
|----|------|--------------------|-----------|---------|----------|--|

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Name: Jerome Foundation Inc.

**FIN:** 41-6035163

| <b>LIV.</b> 41-0033103                                             |                           |                                  |
|--------------------------------------------------------------------|---------------------------|----------------------------------|
| Name of Bond                                                       | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| Vanguard Total Bond Market Index Fund Inst - NON-USGO Portion      | 8,619,453                 | 8,619,453                        |
| Vanguard Intermediate-Term Inv Grade Admıral - NON-USGO<br>Portion | 5,756,293                 | 5,756,293                        |
| Vanguard Short-Term Inv Grade Admıral - NON-USGO Portion           | 3,139,094                 | 3,139,094                        |

DLN: 93491242003117

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491242003117 |
|--------------------------------------|-----------------|---------------------|
| TY 2016 Investments Corporat         | e Stock Sche    | dule                |

Name: Jerome Foundation Inc

| <b>EIN:</b> 41-6035163                       |                           |                                  |  |  |
|----------------------------------------------|---------------------------|----------------------------------|--|--|
| Name of Stock                                | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| VANGUARD Value Index Fund                    | 7,617,492                 | 7,617,492                        |  |  |
| Vanguard Total Stock Market Index Fund Inst  | 25,081,172                | 25,081,172                       |  |  |
| Vanguard REIT Index Fund Inst                | 5,092,471                 | 5,092,471                        |  |  |
| Vanguard Mid-Cap Growth Fund                 | 3,317,496                 | 3,317,496                        |  |  |
| Vanguard International Value Fund            | 4,315,918                 | 4,315,918                        |  |  |
| Vanguard International Growth Fund Admiral   | 4,685,074                 | 4,685,074                        |  |  |
| Vanguard FTSE All-World ex-US Index Fnd Inst | 10,183,303                | 10,183,303                       |  |  |
| Vanguard Growth Index Fund Inst              | 7,794,016                 | 7,794,016                        |  |  |
| Vanguard Mıd-Cap Value Fund                  | 3,288,937                 | 3,288,937                        |  |  |

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|----------------------------------------------------------------------------|-----------------------------------------------------|------------|---------------------|--|--|--|--|
| TY 2016 Investments Governr                                                | TY 2016 Investments Government Obligations Schedule |            |                     |  |  |  |  |
|                                                                            |                                                     |            |                     |  |  |  |  |
| Name:                                                                      | Jerome Found                                        | lation Inc |                     |  |  |  |  |
| EIN:                                                                       | 41-6035163                                          |            |                     |  |  |  |  |
| US Government Securities - End of Year Book Value:                         |                                                     | 3,323,444  |                     |  |  |  |  |
| US Government Securities - End of Year Fair Market Value:                  |                                                     | 3,323,444  |                     |  |  |  |  |
| State & Local Government<br>Securities - End of Year Book<br>Value:        |                                                     | 0          |                     |  |  |  |  |
| State & Local Government<br>Securities - End of Year Fair<br>Market Value: |                                                     | 0          |                     |  |  |  |  |

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|--------------------------------------|------------------|---------------------|--|--|--|
| TY 2016 Investments - Other Schedule |                  |                     |  |  |  |
| Name: 1                              | Jerome Foundatio | on Inc              |  |  |  |

| <b>EIN:</b> 41-60                     |                       |            |                                  |
|---------------------------------------|-----------------------|------------|----------------------------------|
| Category/ Item                        | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| Timber and Timberland                 | FMV                   | 2,362,000  | 2,362,000                        |
| Cash equivalents - Securities Lending | FMV                   | 11,170     | 11,170                           |
| Vanguard Special Fund - Annuity       | FMV                   | 760,326    | 760,326                          |

DLN: 93491242003117

Name: Jerome Foundation Inc.

66,524

**FIN:** 41-6035163

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Leasehold Improvements

| Category / Item | Cost / Other<br>Basis | Accumulated Depreciation | Book Value | End of Year Fair<br>Market Value |
|-----------------|-----------------------|--------------------------|------------|----------------------------------|
| AUTOMOBILE      | 28,821                | 8,406                    | 20,415     | 20,415                           |
| Equipment       | 63,725                | 62,181                   | 1,544      | 1,544                            |

66,524

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data        | -                        | DLI                    | N: 93491242003117                           |
|-------------------------------------|------------------------|--------------------------|------------------------|---------------------------------------------|
| TY 2016 Legal Fees Schedu           | le                     |                          |                        | _                                           |
|                                     |                        |                          |                        |                                             |
| Nam                                 | <b>ie:</b> Jerome Four | ndation Inc              |                        |                                             |
| EI                                  | <b>N:</b> 41-6035163   |                          |                        |                                             |
| Category                            | Amount                 | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| Legal fees                          | 19,650                 | 0                        |                        | 20,719                                      |

Beneficial interest in charitable remainder trust

As Filed Data -

Name: Jerome Foundation Inc.

**EIN:** 41-6035163

Other Assets Schedule

Description

Beginning of Year -

Book Value

3.287.072

End of Year - Book

3,788,131

Value

End of Year - Fair Market Value

3,788,131

DLN: 93491242003117

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -       | DLN: 93491242003117 |
|--------------------------------------|-----------------------|---------------------|
| TY 2016 Other Decreases Sch          | edule                 |                     |
| Name:                                | Jerome Foundation Inc |                     |
| EIN:                                 | 41-6035163            |                     |
| Do                                   | escription            | Amount              |
| CHANGE IN FEDERAL EXCISE TAX BENE    | FIT (PROVISION)       | 455,842             |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN                    | 93491242003117                              |  |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|--|--|--|
| TY 2016 Other Expenses Schedule      |                                      |                          |                        |                                             |  |  |  |
|                                      | Jerome Foundat<br>41-6035163         | tion Inc                 |                        |                                             |  |  |  |
| Other Expenses Schedule              |                                      | ,                        |                        |                                             |  |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |  |
| postage                              | 1,561                                | 0                        |                        | 1,561                                       |  |  |  |

7,393

8,973

17,507

1,995

983

Insurance

Telephone

BANK FEES

Office operations

Education program

449

875

983

0

8,524 9,060 1,995

16,606

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                      | DLN: 93491242003117 |  |  |  |  |
|--------------------------------------|-----------------|----------------------|---------------------|--|--|--|--|
| TY 2016 Other Increases Schedule     |                 |                      |                     |  |  |  |  |
|                                      |                 |                      |                     |  |  |  |  |
| Name:                                | Jerome Found    | lation Inc           |                     |  |  |  |  |
| EIN:                                 | 41-6035163      |                      |                     |  |  |  |  |
| De                                   | escription      |                      | Amount              |  |  |  |  |
| CHANGE IN VALUE OF BENEFICIAL INTE   | REST IN CHARIT  | ABLE REMAINDER TRUST | 501,059             |  |  |  |  |

UNREALIZED loss ON INVESTMENTS

4,558,881

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |           | D                                 | LN: 93491242003117          |  |  |  |
|--------------------------------------|-----------------|-----------|-----------------------------------|-----------------------------|--|--|--|
| TY 2016 Other Liabilities Schedule   |                 |           |                                   |                             |  |  |  |
|                                      |                 |           |                                   |                             |  |  |  |
| Name:                                | Jerome Found    | ation Inc |                                   |                             |  |  |  |
| EIN:                                 | 41-6035163      |           |                                   |                             |  |  |  |
| Description                          | n               |           | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |  |  |  |
| Deferred Excise Tax Payable          |                 |           | 0                                 | 535,628                     |  |  |  |

| efile GRAPHIC print - DO NOT PROCE       | ESS As Filed Data                       | -              | DLN          | N: 93491242003117 |  |  |
|------------------------------------------|-----------------------------------------|----------------|--------------|-------------------|--|--|
| TY 2016 Other Professional Fees Schedule |                                         |                |              |                   |  |  |
|                                          |                                         |                |              |                   |  |  |
| Na                                       | Name: Jerome Foundation Inc             |                |              |                   |  |  |
|                                          | <b>EIN:</b> 41-6035163                  |                |              |                   |  |  |
| <del>-</del>                             |                                         |                |              |                   |  |  |
| Category                                 | Amount                                  | Net Investment | Adjusted Net | Disbursements     |  |  |
|                                          | 1                                       | Income         | Income       | for Charitable    |  |  |
|                                          | , , , , , , , , , , , , , , , , , , , , | 1              | !            | Purposes          |  |  |

| Category                       | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| INVESTMENT AND MANAGEMENT FEES | 96,110 | 96,110                   |                        | 0                                           |
| honorariums                    | 18,000 | 0                        |                        | 18,000                                      |

4,001

21,386

54,335

21,386

58,336

consulting fees

other professional fees

| efile GRAPHIC print - DO NOT PROCESS        | As Filed Data | -                        | DL                     | N: 93491242003117                           |
|---------------------------------------------|---------------|--------------------------|------------------------|---------------------------------------------|
| TY 2016 Taxes Schedule                      |               |                          |                        |                                             |
| Name: Jerome Foundation Inc EIN: 41-6035163 |               |                          |                        |                                             |
| Category                                    | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| Payroll Taxes                               | 40,476        | 2,870                    |                        | 37,606                                      |

126,029

Federal Excise Tax

| efile GRAPHIC print -                                          | DO NOT PROCESS As Filed Data -                                                                                                                                                                                                                                                                                                                                                                                             | DLN: 93491242003117                                                                                       |  |  |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|
| Schedule B<br>(Form 990, 990-EZ,                               | Schedule of Contributors                                                                                                                                                                                                                                                                                                                                                                                                   | OMB No 1545-0047                                                                                          |  |  |
| or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions <u>www irs gov/form990</u>                                                                                                                                                                                                                                                                       |                                                                                                           |  |  |
| Name of the organizate Jerome Foundation Inc                   | ion                                                                                                                                                                                                                                                                                                                                                                                                                        | mployer identification number                                                                             |  |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                            | 1-6035163                                                                                                 |  |  |
| Organization type (ch                                          | eck one)                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |  |  |
| Filers of:                                                     | Section:                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |  |  |
| Form 990 or 990-EZ                                             | ☐ 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |  |  |
|                                                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                           | n                                                                                                         |  |  |
|                                                                | ☐ 527 political organization                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |  |  |
| Form 990-PF                                                    | 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |  |  |
|                                                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |  |  |
|                                                                | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |  |  |
|                                                                | ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution r property) from any one contributor. Complete Parts I and II. See instructions for de                                                                                                                                                                                                                                              |                                                                                                           |  |  |
| Special Rules                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |  |  |
| under sections received from a                                 | tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ su $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form 990 or 990-EZ), Part ny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II                                                                              | II, line 13, 16a, or 16b, and that                                                                        |  |  |
| during the year                                                | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv total contributions of more than \$1,000 exclusively for religious, charitable, scientific the prevention of cruelty to children or animals. Complete Parts I, II, and III                                                                                                                                                         |                                                                                                           |  |  |
| during the year<br>If this box is che<br>purpose Do no         | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions exclusively for religious, charitable, etc., purposes, but no such contributions, exhaustic exhaustions that were received during the year for an exist complete any of the parts unless the <b>General Rule</b> applies to this organization becable, etc., contributions totaling \$5,000 or more during the year | outions totaled more than \$1,000 clusively religious, charitable, etc., tause it received nonexclusively |  |  |
| 990-EZ, or 990-PF), bu                                         | on that is not covered by the General Rule and/or the Special Rules does not file Sci<br>t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of<br>Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of S                                                                                                                                      | of its                                                                                                    |  |  |
| For Paperwork Reduction for Form 990, 990-EZ, or 9             |                                                                                                                                                                                                                                                                                                                                                                                                                            | B (Form 990, 990-EZ, or 990-PF) (2016)                                                                    |  |  |

|                                      | 11 930, 930-L2, 01 930-1 1 ) (2010)                                  |                                       | 1 age 2                                       |
|--------------------------------------|----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| Name of organiz<br>Jerome Foundation | ration<br>n Inc                                                      | Employer identification<br>41-6035163 | number                                        |
| Part I                               | Contributors (see instructions) Use duplicate copies of Part I if ad | iditional space is needed             |                                               |
| (a)<br>No.                           | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution                   |
| 1                                    | HRK Foundation  1200 Landmark Tower 345 St Peter St                  |                                       | Person   Payroll                              |
|                                      |                                                                      | \$ 15,000                             | Noncash                                       |
|                                      | St Paul, MN55102                                                     |                                       | (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                                        |
| -                                    |                                                                      |                                       | Payroll                                       |
|                                      |                                                                      | <u>\$</u>                             | Noncash                                       |
|                                      |                                                                      |                                       | (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                                        |
| •                                    |                                                                      |                                       | Payroll                                       |
|                                      |                                                                      | \$                                    | Noncash                                       |
|                                      |                                                                      |                                       | (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                                        |
| -                                    |                                                                      |                                       | Payroll                                       |
|                                      |                                                                      | \$                                    | Noncash                                       |
|                                      |                                                                      |                                       | (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                                        |
| -                                    |                                                                      |                                       | Payroll                                       |
|                                      |                                                                      | <u>\$</u>                             | Noncash                                       |
|                                      |                                                                      |                                       | (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                                        |
| •                                    |                                                                      |                                       | Payroll                                       |
|                                      |                                                                      | <u>\$</u>                             | Noncash                                       |
|                                      |                                                                      |                                       | (Complete Part II for noncash contributions ) |

| Schedule B (Form 99                           | 0, 990-EZ, or 990-PF) (2016)                                                                                                     |                                          | Page <b>3</b>                  |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|
| Name of organization<br>Jerome Foundation Inc |                                                                                                                                  | Employer ident                           | ification number               |
|                                               |                                                                                                                                  | 41-60                                    | 35163                          |
| Part II                                       | Noncash Property                                                                                                                 |                                          |                                |
| (a)<br>No.from Part I                         | (see instructions) Use duplicate copies of Part II if additional space is needed<br>(b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|                                               |                                                                                                                                  |                                          |                                |
| (a)<br>No.from Part I                         | (b)<br>Description of noncash property given                                                                                     | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|                                               |                                                                                                                                  |                                          |                                |
| (a)<br>No.from Part I                         | (b)<br>Description of noncash property given                                                                                     | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =                                             |                                                                                                                                  |                                          |                                |
| (a)<br>No.from Part I                         | (b)<br>Description of noncash property given                                                                                     | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|                                               |                                                                                                                                  |                                          |                                |
| (a)<br>No.from Part I                         | (b)<br>Description of noncash property given                                                                                     | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =                                             |                                                                                                                                  |                                          |                                |
| (a)<br>No.from Part I                         | (b)<br>Description of noncash property given                                                                                     | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|                                               |                                                                                                                                  |                                          |                                |
| <u> </u>                                      | <del>-</del>                                                                                                                     | Schedule B (Form                         | 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form 9                       | 990, 990-EZ, or 990-PF) (2016)           |                                                                                    | Page 4                                                                                                                                           |
|------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of organizat<br>Jerome Foundation I |                                          |                                                                                    | Employer identification number 41-6035163                                                                                                        |
| than \$1,<br>organiza<br>the year        | 000 for the year from any one contributo | r. Complete columns (a) throu<br>of exclusively religious, chari-<br>ctions.) ► \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a)<br>No.from Part I                    | (b) Purpose of gift                      | (c) Use of gift                                                                    | (d) Description of how gift is held                                                                                                              |
|                                          | Transferee's name, address, and          | (e) Transfer of gift                                                               | Relationship of transferor to transferee                                                                                                         |
| (a)                                      |                                          |                                                                                    |                                                                                                                                                  |
| No.from Part I                           | (b) Purpose of gift                      | (c) Use of gift                                                                    | (d) Description of how gift is held                                                                                                              |
|                                          | Transferee's name, address, and          | (e) Transfer of gift                                                               | 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                                                                                                              |
|                                          | Transferee's name, address, and          | (e) Transfer of gift                                                               | 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                                                                                                              |
|                                          | Transferee's name, address, and          | (e) Transfer of gift                                                               | Relationship of transferor to transferee                                                                                                         |
|                                          |                                          |                                                                                    |                                                                                                                                                  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)