Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
of enter social security numbers on this form as it may be made public.

	rtment of the Treasury all Revenue Service Go to	www.irs.gov/Form990PF for instructions	and the latest infe	ormation.	Open to Public Inspection
For c	calendar year 2017 or tax year beginning		ind ending		
Nan	ne of foundation			A Employer identification	number
.GE	ORGE FAMILY FOUNDATION			41-1730855	
_	nber and street (or PO box number if mail is not delivered to	o street address)	Room/suite	B Telephone number	
18	318 OLIVER AVENUE SOUTH		b	612-377-3356	
-	or town, state or province, country, and ZIP or fo	reign postal code		C If exemption application is po	ending, check here
	Check all that apply: Initial return	Initial return of a former pi	iblic charity	D 1. Foreign organizations	s. check here
• •	Final return	Amended return		J	,
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H C		c)(3) exempt private foundation Other taxable private foundation	O.7/	E If private foundation sta under section 507(b)(1)	tus was terminated
Fa		ccounting method: X Cash	Accrual	F If the foundation is in a	. ,,
	rom Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	
•		I, column (d) must be on cash basis.)			(10), 6110011 11010
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	(a) Revenue and expenses per books (b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	805,436.	7,2,8	N/A	
ļ	2 Check If the foundation is not required to attach S	ch B	Ai		71
	Interest on savings and temporary cash investments	540,592.	522,592.		STATEMENT 1
	4 Dividends and interest from securities	737,624.	737,624.		STATEMENT 2
	5a Gross rents				· 16.
	b Net rental income or (loss)				444
ļ	68 Net gain or (loss) from sale of assets not on line 10	1,203,570.	***	■ RECEIV	
Jue .	Gross sales price for all 10,777,0	70.			8
evenue	7 Capital gain net income (from Part IV, line 2)		1,203,570.	6 111 B	bnis Q
뼥	8 Net short-term capital gain			ISI WAT I	(\$)
	9 Income modifications	· ** ***	7/8/	· L	**************************************
	Gross sales less returns 10a and allowances	a 114- <u>91</u> 1 .	A	OGDEN	Ultai ii.
		79 State 1			E Begins are a commercial

Form 990-PF (2017) GEORGE FAMILY FOUNDATION

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

(a) Book Value (b) Book Value (c) Fair Market Value

	FAMILY FOUNDATION				41-17308	Page 3
<u> </u>	nd Losses for Tax on Inv		1/6\ H	ON SCOULED		
2-story brick ware	e kind(s) of property sold (for exame chouse; or common stock, 200 shs.		Т <mark>Р</mark> .	ow acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
PUBLICLY TRADED SECURI	TIES			P	VARIOUS	VARIOUS
			+			
<u> </u>			+-		 	
d e			+			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis	-		(h) Gain or (loss) ((e) plus (f) minus (
10,777,070.	(0. 4	9,573	500.		((0) 100 (1) 100 (1)	1,203,570.
<u> </u>						
Complete only for assets showing	gain in column (h) and owned by the			,	(I) Gains (Col. (h) gain col. (k), but not less than	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			Losses (from col. (l	h))
1	<u> </u>					1,203,570.
b						
<u>c </u>			-+			
<u> </u>			-+			
<u> </u>	f 12	in Dort I had 2	\dashv	$\overline{}$		
Capital gain net income or (net capi	tal loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $		<u>}</u>	2		1,203,570.
Net short-term capital gain or (loss		d (6):				
If gain, also enter in Part I, line 8, countries, enter -0- in Part I, line 8	olumn (c).		1		N/A	
Part V Qualification Un	der Section 4940(e) for	Reduced Tax on Ne	t Inves	stment Inc		
or optional use by domestic private f						
	ŕ	()	,			
section 4940(d)(2) applies, leave this	s part biank.					
as the foundation liable for the section		• • • • • • • • • • • • • • • • • • • •	eriod?			Yes X No
"Yes," the foundation doesn't qualify			antrian			
Enter the appropriate amount in ea		structions before making any				<u>(d)</u>
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dist	ributions Net value of	(c) noncharr	table-use asse	ts Distrib	(d) oution ratio ided_by col, (c))
Adièlina Aeal (Alitax Aeal Decilium)?) III)	1			1 (col. (b) qlv	IUGU_DV COI. (C1)
t						
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<u> </u>						

Form 990-PF (2017) GEORGE FAMILY FOUNDATION 41-1730855 Page 4

Part VI | Fycica Tax Racad on Investment Income (Section 4040/a) 4040/a) or 4048 - see instructions)

SOURCE	GROSS AMOUNT	GAINS DIVIDENDS	REVENUE PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME
GOLDMAN SACHS	737,624.	0.	737,624.	737,624.	
TO PART I, LINE 4	737,624.	0.	737,624.	737,624.	

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٤٣٠	Irt VII-A Statements Regarding Activities (continued)	
		Yes No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1 1
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11 X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	
	If "Yes," attach statement. See instructions	12 X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X
	Website address N/A	
14	The books are in care of ► GAYLE M. OBER Telephone no. ► 612-377-	-3665
	Located at ► 1818 OLIVER AVENUE S, MINNEAPOLIS, MN ZIP+4 ►5	5405
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	
	and enter the amount of tax-exempt interest received or accrued during the year	N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	Yes No
	securities, or other financial account in a foreign country?	16 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	
	foreign country 🕨	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes No
18	During the year, did the foundation (either directly or indirectly):	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	- L 32 138 (T 47)
	a disqualified person?	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	
	for the benefit or use of a disqualified person)?	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	
	If the foundation agreed to make a grant to or to employ the official for a period after	
	termination of government service, if terminating within 90 days.)	
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b X
	Organizations relying on a current notice regarding disaster assistance, check here	
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	
_	before the first day of the tax year beginning in 2017?	1c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
	defined in section 4942(j)(3) or 4942(j)(5)):	
8	t At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	
	before 2017? Yes X No	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	
I	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	
_	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b
•	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years liefe.	
9.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
31	during the year? Wes X No	
	to the year? If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b
A.	i. Did the foundation invest during the year any amount in a manner that would legnardize its charitable nurnoses?	An X
	The manner was the sea on some or consider the manner of the season of t	

Form 990-PF (2017) GEORGE FAMILY FOUNDATION			41-1730855	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(contin}	ued)	
5a During the year, did the foundation pay or incur any amount to:			31	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗓 No 🧗	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Y	es X No 🌡	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Y	es 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		
the prevention of cruelty to children or animals?		Y	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions	Ū	-	56 X
Organizations relying on a current notice regarding disaster assistance, check h			▶□ ⅓	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_	
expenditure responsibility for the grant?		. —	es 🗔 No 🎚	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oav premiums on		li.	
a personal benefit contract?		☐ Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			r	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Truste		agers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, and foundation managers and the				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
]
]	
SEE STATEMENT 10		189,040.	14,149.	0.
- 				
		L		L
			1	
			l	<u>L</u>
2 Compensation of five highest-paid employees (other than those incl		nter "NONE."	CANA S. S.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(O) Componisation	and deterred compensation	allowances
SUZANNE KOEPPLINGER - 1818 OLIVER	CATALYST INITIATIVE	PROGRAM DIREC	TOR	_
AVE. S, MINNEAPOLIS, MN 55405	40.00	109,024.	10,579.	0.
ROBIN M. BARKER - 1818 OLIVER AVE.	GRANTS AND ADMINIST	ATIVE MANAGER		
S, MINNEAPOLIS, MN 55405	40.00	79,167.	7,312.	0.
				1

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

Page 7

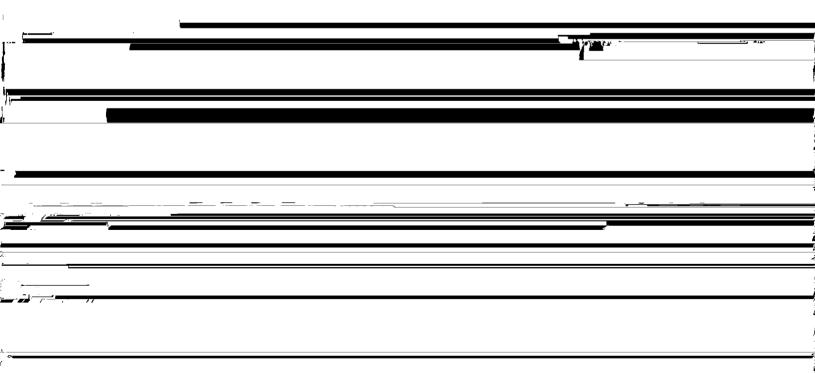
Form 990-PF (2017) Part VIII 1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

(continued)		
3 Five highest-paid independent contractors for professional services. If none	e, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MARNITA'S TABLE		
2136 PENN AVENUE, MINNEAPOLIS, MN 55405	CHARITABLE CONSULTING	190,000.
GOLDMAN SACHS & CO.		
71 S. WACKER DR, SUITE 500, CHICAGO, IL 60606	INVESTMENT CONSULTING	169,306.
COLLECTIVE ACTION LAB,LLC		
5208 JUANITA AVENUE, MINNEAPOLIS, MN 55424	CHARITABLE CONSULTING	134,200.
ERNST & YOUNG - PNC BANK C/O ERNST & YOUNG US		
LLP, 3712 SOLUTIONS, CHICAGO,	CHARITABLE CONSULTING	110,000.
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevanumber of organizations and other beneficiaries served, conferences convened, research pap		Expenses
1		
· · · · · · · · · · · · · · · · · · ·		
SEE STATEMENT 11		21,760.
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 NONE		
		0.
2		
		
All other program-related investments. See instructions.		
3 NONE		
		_
		0.
Total. Add lines 1 through 3	▶↓	0.

Form 990-PF (2017) GEORGE FAMILY FOUNDATION	41-1730855 Page 8
Part X Minimum Investment Return (All domestic foundations must complete this pa	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities b Average of monthly cash balances c Fair market value of all other assets d Total (add lines 1a, b, and c) Reflictions claimed for blockage or other factors reported on lines 1a and	1a 57,582,243. 1b 5,815,262. 1c 63,397,505.
A-A-A-M-To-dr. (summar in a rate in a summar in a rate in a summar in a rate in a summar i	
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	<u> </u>

Part XIII* Undistributed Income (see instructions)

	see matructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d)
1 Distributable amount for 2017 from Part XI, line 7	Conpus	reas prior to 2010	2010	3,076,313.
2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017: a From 2012 2,234,844.				
b From 2013 2,740,762.				
c From 2014 2,568,060. d From 2015 3,509,923.				
e From 2016 2,930,297. f Total of lines 3a through e	13,983,886.			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 5,207,092. a Applied to 2016, but not more than line 2a			0.	
 Applied to undistributed income of prior years (Election required - see instructions) 		0.		
 Treated as distributions out of corpus (Election required - see instructions) 	0.			
Annhed to 2017 distributable amount		4	***	2 076 212



Form 990-PF (2017) GEORGE FAMILY FOUNDATION Parti XIV Private Operation Foundations (see instructions and Part VIII.4 guestion 9)	41-1730855 Page 10
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Page 11

[Fartaxy] Supplementary informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT B				
				3,862,222.
	-			
			•	
Total			▶ 3a	3,862,222.
b Approved for future payment		,, <u>,,</u>	, Ju	, , ,
, pprovou to ratare paymon				
SEE STATEMENT C				
SEE STATEMENT C				2,978,450.
				
Total			L	2,978,450,
lair			₽ 7k l	4 3 10 43U.

	Form 990-PF (2017) GEORGE FAMILY FOUNDATION	41-1730855	Page 12
	Part XVI-A Analysis of Income-Producing Activities		
	Enter cross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 5	13, or 514 (e	<u> </u>
1			
1.			
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Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Excilipt Organi	124110110			_	
1	Did tl	ne organization directly or indir	rectly engage in any of the following	ng with any other organization	described in section 501(c)	Y	es No
	(othe	r than section 501(c)(3) organ	ızatıons) or ın section 527, relating	g to political organizations?		1. 3/	
a	Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganızatıon of:			
	(1)	Cash				1a(1)	x
	(2)	Other assets				1a(2)	Х
b	Other	transactions:					18 T
	(1) 5	Sales of assets to a noncharital	ble exempt organization			1b(1)	Х
	(2) F	Purchases of assets from a nor	ncharitable exempt organization			1b(2)	Х
	(3) F		1b(3)	Х			
	(4) F	Reimbursement arrangements				1b(4)	Х
	(5) I	oans or loan guarantees				1b(5)	х
	(6) F	Performance of services or mei	mbership or fundraising solicitation	ons		1b(6)	Х
C	Sharı	ng of facilities, equipment, mai	ılıng lists, other assets, or paid em	ployees		1c	х
đ	If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alw	ays show the fair market value of the goods,	other assets	3,
	or se	rvices given by the reporting fo	oundation. If the foundation receive	ed less than fair market value	in any transaction or sharing arrangement,	show in	
	colur	nn (d) the value of the goods, o	other assets, or services received.				
(a)∟	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing arrang	jements
			N/A				
	-						
2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described		
			n 501(c)(3)) or in section 527?			Yes	X No
b	If "Ye	s," complete the following sche	edule.				
		(a) Name of org	anization	(b) Type of organization	(c) Description of relation	ship	
		N/A					
						-	
C :	١,		hat I have examined this return, including		tements, and to the best of my knowledge gn of which preparer has any knowledge	ay the IRS disc	cuss this
Sig	411	1 /se L	7			nown below? S	ee instr

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

Name of the organization		Employer identification number
GEO	DRGE FAMILY FOUNDATION	41-1730855
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· •
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled materiethe total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is a, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its For filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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

Name of organization

Employer identification number

41-1730855

GEORGE F	AMILY FOUNDATION		41-1730855
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM W. GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	\$500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM W. GEORGE CHARITABLE LEAD UNITRUST 18312 MINNETONKA BLVD, STE 200 WAYZATA, MN 55391	\$152,718	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANN PILGRAM GEORGE CHARITABLE LEAD UNITRUST 18312 MINNETONKA BLVD, STE 200 WAYZATA, MN 55391	\$152,718	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GEORGE FAMILY FOUNDATION 41-1730855

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

vame of orga			Employer identification number
Part III	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the folion of \$1,000 or charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year (Enter this info once) \$
(a) No.	Use duplicate copies of Part III if additiona	I space is needed	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
- - -	Transferee's name, address, an	d ZIP + 4	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, an	(e) Transfer of gif	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ift
	Transferee's name, address, and	d ZIP + 4	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, an	(e) Transfer of gif	Relationship of transferor to transferee
-			

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE				_	(A) REVENUE ER BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ACCRUED INTE			-		18,000. 522,592.		0. 522,592.	
TOTAL TO PAR	T I, LINE	3	-	_	540,592.		522,592.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

FORM 990-PF OTHER	INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME GOLDMAN SACHS	0. 5,8 4 5.	217,908	
TOTAL TO FORM 990-PF, PART I, LINE 11	5,845.	223,753	·

FORM 990-PF	LEGAL	FEES	STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,219.	0,		1,219.
TO FM 990-PF, PG 1, LN 16A	1,219.	0.		1,219.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	28,318.	0.		28,318.
TO FORM 990-PF, PG 1, LN 16B	28,318.	0.		28,318.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNT MANAGEMENT FEES - GOLDMAN SACHS CONSULTING FEES	169,306. 316,815.	•		0. 316,815.
TO FORM 990-PF, PG 1, LN 160	486,121.	169,306.		316,815.

FORM 990-PF	TAX	ES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAX PROVISION FOR TAXES	29,332. 8,400.			29,332.	
MN FILING FEE	25.	0.		25.	
TO FORM 990-PF, PG 1, LN 18	37,757.	0.		29,357.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TECHNOLOGY EXPENSE	28,994.	0.		28,994.	
INSURANCE	3,102.	0.		3,102.	
UTILITIES	626.	0.		626.	
TELEPHONE & FAX EXPENSE	5,573.	0.		5,573.	
OFFICE SUPPLIES	3,300.	0.		3,300.	
POSTAGE & DELIVERY	490.	0.		490.	
PUBLIC RELATIONS	61,052.	0.		61,052.	
DUES & SUBSCRIPTIONS	9,522.	0.		9,522.	
DISCOUNT ON BONDS	217,520.	217,520.		0.	
MEALS & ENTERTAINMENT	7,502.	0.		7,502.	
BANK FEES	459.	0.		459.	
MISCELLANEOUS EXPENSES	12,208.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	350,348.	217,520.		120,620.	

FORM 990-PF CORPO	RATE STOCK STAT	гемент 9
DESCRIPTION		R MARKET VALUE
GOLDMAN SACHS -STATEMENT A 3	9,218,981.	13,353,861.
GOLDMAN SACHS -STATEMENT A 4	4,064,648.	4,148,197.
GOLDMAN SACHS -STATEMENT A 5	1,400,000.	4,748,158.
GOLDMAN SACHS -STATEMENT A 6	2,032,898.	6,114,406.
GOLDMAN SACHS -STATEMENT A 7	600,000.	1,649,598.
GOLDMAN SACHS -STATEMENT A 8	1,289,687.	2,043,851.
GOLDMAN SACHS -STATEMENT A 12	17,020,517.	16,957,476.
GOLDMAN SACHS -STATEMENT A 16	2,037,453.	2,820,971.
GOLDMAN SACHS -STATEMENT A 32	7,542,531.	9,764,915.
GOLDMAN SACHS -STATEMENT A 33	1,386,511.	1,528,799.
TOTAL TO FORM 990-PF, PART II, LINE 1	OB 46,593,226.	63,130,232.

	ST OF OFFICERS, DIRECTORS O FOUNDATION MANAGERS		STATEMENT 10	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WILLIAM W. GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	VICE CHAIR AND	TREASURER 0.	0.	0.
ANN P. GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	BOARD CHAIR 15.00	0.	0.	0.
JEFFREY P. GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR	0.	0.	0.
JONATHAN R. GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
GAYLE M. OBER 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PRESIDENT 40.00	189,040.	14,149.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	189,040.	14,149.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 11

ACTIVITY ONE

INTEGRATIVE MEDICINE THINK TANK:

TO LEARN ABOUT POTENTIAL OPPORTUNITIES FOR THE EXPANSION OF OUR FOUNDATION'S SUPPORT FOR INTEGRATIVE

MEDICINE/INTEGRATIVE HEALTH AND HEALING PROGRAMS IN HEALTH CARE SETTINGS. THE GATHERING ALSO DISCUSSED PROMISING COMMUNITY-BASED PROGRAMS CONNECTED TO HEALTHCARE ENTITIES THAT COULD BE INITIATED/INCUBATED BY MODEST PHILANTHROPIC "START-UP" FUNDS WITH THE HIGH PROBABILITY OF SELF-SUFFICIENCY IN THE FUTURE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

21,760.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 12

NAME OF MANAGER

WILLIAM W. GEORGE ANN P. GEORGE