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2018

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

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.

Open to Public

|                                       |          |   |   |       |                                    |  | Inspection                                      |
|---------------------------------------|----------|---|---|-------|------------------------------------|--|---|
| For                                   | caler    | ndar year 2018, or tax year beginning 01-01-20  | )18 , aı                                | nd er | nding 12-31-                       | 2018   |   |
|                                       |          | indation<br>H FOUNDATION  |   |       | <b>A Employer Id</b><br>41-1873951 | entification numbe                             | r   |
|                                       |          | d street (or P O box number if mail is not delivered to street address)<br>O AVE NE NO 317  | Room/suite                              |       | <b>B</b> Telephone nu              | mber (see instruction                          | ns)   |
|                                       | 00 1211  | 3.772.112.110.32.7  |   |       | (612) 781-7677                     | 7  |   |
|                                       |          | n, state or province, country, and ZIP or foreign postal code<br>HEIGHTS, MN 55421  |   |       | <b>C</b> If exemption              | application is pendin                          | g, check here                                   |
| G CI                                  | neck al  | l that apply 🔲 Initial return 🔲 Initial return of a   | former public charity                   |       | <b>D 1.</b> Foreign or             | ganızatıons, check he                          | ere 🔲   |
|                                       |          | Final return Amended return   |   |       |                                    | ganizations meeting<br>k here and attach co    |   |
|                                       |          | Address change Name change  |   |       | ·                                  | undation status was t                          | · -   |
| _                                     | •        | rpe of organization Section 501(c)(3) exempt private  |   |       |                                    | n 507(b)(1)(A), chec                           |   |
|                                       |          |   | e private foundation  Cash  Accru       |       | F 76+b - 6                         | -t   |   |
| of                                    | year (f  | xet value of all assets at end from Part II, col (c),  ▶\$ 9,772,631  J Accounting method  □ Other (specify) (Part I, column (d) must |   | ıaı   |                                    | ation is in a 60-montl<br>n 507(b)(1)(B), chec |   |
| Pa                                    | rt I     | Analysis of Revenue and Expenses (The total   | (a) Revenue and                         |       |                                    |  | (d) Disbursements                               |
|                                       |          | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)                        | expenses per<br>books                   | (b)   | Net investment income              | (c) Adjusted net income                        | for charitable<br>purposes<br>(cash basis only) |
|                                       | 1        | Contributions, gifts, grants, etc , received (attach schedule)  |   |       |                                    |  |   |
|                                       | 2        | Check ► ✓ If the foundation is <b>not</b> required to attach  |   |       |                                    |  |   |
|                                       | 3        | Interest on savings and temporary cash investments  | 1,623                                   |       | 1,623                              |  |   |
|                                       | 4        | Dividends and interest from securities  | 200,960                                 |       | 200,960                            |  |   |
|                                       | 5a       | Gross rents   |   |       |                                    |  |   |
| e                                     | b        | Net rental income or (loss)   | 99,930                                  |       |                                    |  |   |
| Revenue                               | 6a       | Net gain or (loss) from sale of assets not on line 10   | ,                                       |       |                                    |  |   |
| čev                                   | b<br>  7 | Gross sales price for all assets on line 6a 553,645 Capital gain net income (from Part IV, line 2)                                    |   |       | 99,930                             |  |   |
| ш                                     | 8        | Net short-term capital gain   |   |       | <u> </u>                           |  |   |
|                                       | 9        | Income modifications  |   |       |                                    |  |   |
|                                       | 10a<br>b | Gross sales less returns and allowances Less Cost of goods sold   |   |       |                                    |  |   |
|                                       | c        | Gross profit or (loss) (attach schedule)  |   |       |                                    |  |   |
|                                       | 11       | Other income (attach schedule)  |   |       |                                    |  |   |
|                                       | 12       | Total. Add lines 1 through 11   | 302,513                                 |       | 302,513                            |  |   |
|                                       | 13       | Compensation of officers, directors, trustees, etc  | 0                                       |       | 0                                  |  | 0   |
|                                       | 14<br>15 | Other employee salaries and wages   |   |       |                                    |  |   |
| Ses                                   | 16a      | Legal fees (attach schedule)  |   |       |                                    |  |   |
| <u> </u>                              | ь        | Accounting fees (attach schedule)   | 1,890                                   |       | 1,418                              |  | 472   |
| Operating and Administrative Expenses | c        | Other professional fees (attach schedule)   | <u>-</u>                                |       | •                                  |  |   |
| tive                                  | 17       | Interest  |   |       |                                    |  |   |
| stra                                  | 18       | Taxes (attach schedule) (see instructions)  | 2,644                                   |       | 0                                  |  | 0   |
| <u>=</u>                              | 19       | Depreciation (attach schedule) and depletion  |   |       |                                    |  |   |
| /dm                                   | 20       | Occupancy   |   |       |                                    |  |   |
| <del>/</del> թւ                       | 21       | Travel, conferences, and meetings   |   |       |                                    |  |   |
| a t                                   | 22       | Printing and publications   | <b>9</b> 25                             |       | 0                                  |  | 25  |
| Ę,                                    | 23       | Total operating and administrative expenses.  | 23                                      |       |                                    |  | 23  |
| era                                   | 24       | Add lines 13 through 23   | 4,559                                   |       | 1,418                              |  | 497   |
| O                                     | 25       | Contributions, gifts, grants paid   | 1,150,900                               | -     | •                                  |  | 1,150,900                                       |
|                                       | 26       | <b>Total expenses and disbursements.</b> Add lines 24 and 25  | 1,155,459                               |       | 1,418                              |  | 1,151,397                                       |
|                                       | 27       | Subtract line 26 from line 12   | , |       | ,                                  |  | ,         |
|                                       | a        | Excess of revenue over expenses and disbursements   | -852,946                                |       |                                    |  |   |
|                                       | ь        | Net investment income (If negative, enter -0-)  | -032,340                                |       | 301,095                            |  |   |
|                                       | c        | Adjusted net income (If negative, enter -0-)  |   |       | ,                                  |  |   |
| For                                   | Paper    | work Reduction Act Notice, see instructions.  |   | . (   | Cat No 11289>                      | C For  | m <b>990-PF</b> (2018)                          |

7,725,924

9,109,965

9,109,965

9,109,965

9,109,965

7,272,208

8,257,019

8,257,019

8,257,019

8,257,019

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9,109,965

-852,946

8,257,019

8.257.019 Form **990-PF** (2018)

0

0

8,767,820

9,772,631

Other notes and loans receivable (attach schedule) ▶

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

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

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

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

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

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

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Deferred revenue .

Other liabilities (describe -\_

Unrestricted . . .

Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Less allowance for doubtful accounts ▶

|        | 5   |
|--------|-----|
|        | 6   |
|        | 7   |
| S      | 8   |
| Assets | 9   |
| As     | 10a |
|        | b   |
|        | С   |

11

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14

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17

18

19

20

21 22

23

24

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28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

|                                    | be the kınd(s) of property sold (e g ,<br>varehouse, or common stock, 200 shs | How acquired P—Purchase D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | Date sold (mo , day, yr ) |                            |
|------------------------------------|---|------------------------------------|---|---------------------------|----------------------------|
| 1 a MEDTRONIC PLC                  |   |                                    |   |                           |                            |
| b                                  |   |                                    |   |                           |                            |
| С                                  |   |                                    |   |                           |                            |
| d                                  |   |                                    |   |                           |                            |
| e                                  |   |                                    |   |                           |                            |
| -                                  | (f)   |                                    | (a)                                     | ,                         | h)                         |
| (e)                                | Depreciation allowed  |                                    | ( <b>g)</b><br>other basıs              |                           | r (loss)                   |
| Gross sales price                  | (or allowable)  | I                                  | ense of sale                            |                           | ) minus (g)                |
| a 5                                | 53,645  |                                    | 453,715                                 |                           | 99,930                     |
| b                                  |   |                                    |   |                           |                            |
| С                                  |   |                                    |   |                           |                            |
| d                                  |   |                                    |   |                           |                            |
| e                                  |   |                                    |   |                           |                            |
|                                    | ts showing gain in column (h) and ow  | road by the foundation             | on 12/31/60                             | ,                         | 1\                         |
| complete only for asset            | (i)   |                                    | (k)                                     |                           | <b>l)</b><br>h) gain minus |
| (i)                                | Adjusted basis  |                                    | of col (ı)                              |                           | less than -0-) <b>or</b>   |
| F M V as of 12/31/6                | as of 12/31/69  |                                    | (j), if any                             | Losses (fr                | om col (h))                |
| a                                  |   |                                    |   |                           | 99,930                     |
| b                                  |   |                                    |   |                           |                            |
| С                                  |   |                                    |   |                           |                            |
| d                                  |   |                                    |   |                           |                            |
| e                                  |   |                                    |   |                           |                            |
|                                    |   | If gain, also enter in P           | art I line 7                            |                           |                            |
| 2 Capital gain net incom           | e or (net capital loss)   | If (loss), enter -0- in F          |   |                           |                            |
| · -                                |   |                                    | Į į                                     | 2                         | 99,930                     |
| 3 Net short-term capital           | gain or (loss) as defined in sections :                                       | 1222(5) and (6)                    |   |                           |                            |
|                                    | art I, line 8, column (c) (see instructi                                      | ons) If (loss), enter -0           | - [ ]                                   | _                         |                            |
| ın Part I, lıne 8                  |   |                                    | }                                       | 3                         |                            |
| Dort V Qualification               | Under Section 4040(a) for Bo  | duced Tay on Net                   | Toursetment Tou                         |                           |                            |
|                                    | Under Section 4940(e) for Re  |                                    |   |                           |                            |
| (For optional use by domestic      | private foundations subject to the sec  | ction 4940(a) tax on ne            | t investment incom                      | e )                       |                            |
| If section 4940(d)(2) applies,     | leave this part blank   |                                    |   |                           |                            |
|                                    | ·   |                                    |   |                           | es 🗹 No                    |
|                                    | he section 4942 tax on the distributa   |                                    | in the base period?                     | , L Y                     | es 🗹 No                    |
|                                    | not qualify under section 4940(e) Do  |                                    |   | -                         |                            |
| (a)                                | mount in each column for each year,   | see instructions before            | making any entries                      | (d)                       |                            |
| Base period years Calendar         | (b)   | (c)                                | la usa sasats                           | Distribution rat          | 0                          |
| year (or tax year beginning in)    | Adjusted qualifying distributions   | Net value of noncharitable         | ie-use assets                           | (col (b) divided by c     | -                          |
| 2017                               | 1,171,793   |                                    | 9,662,738                               |                           | 0 121269                   |
| 2016                               | 1,096,420   |                                    | 10,516,420                              |                           | 0 104258                   |
| 2015                               | 852,325   |                                    | 10,497,691                              |                           | 0 081192                   |
| 2014                               | 675,925   |                                    | 8,768,762                               |                           | 0 077083                   |
| 2013                               | 622,900   |                                    | 7,300,472                               |                           | 0 085323                   |
| 2 Total of line 1, column          | (d)   |                                    | 2                                       |                           | 0 469125                   |
| 3 Average distribution rat         | o for the 5-year base period—divide   | the total on line 2 by 5           |   |                           |                            |
|                                    | indation has been in existence if less  |                                    | 3                                       |                           | 0 093825                   |
|                                    | oncharitable-use assets for 2018 fron   | ,                                  | 4                                       |                           | 9,414,525                  |
| <b>5</b> Multiply line 4 by line 3 |   |                                    | 5                                       |                           | 883,318                    |
|                                    | nent income (1% of Part I, line 27b)  |                                    | 6                                       |                           | 3,011                      |
| <b>7</b> Add lines 5 and 6         |   |                                    | 7                                       |                           | 886,329                    |
|                                    | tions from Part XII, line 4 ,   |                                    |   |                           | 1,151,397                  |
|                                    | reater than line 7, check the box in Pa                                       | art VI, line 1b, and com           | plete that part usin                    | g a 1% tax rate Se        | e the Part VI              |
| instructions                       |   |                                    |   |                           | 000 PE (2212)              |

Page **6** 

| 5a         | During the year did the foundation   | pay o        | rincur any amount to                                       |                                      |                             |           |          |       |          | Yes     | No     |
|------------|--|--------------|--|--------------------------------------|-----------------------------|-----------|----------|-------|----------|---------|--------|
|            | (1) Carry on propaganda, or other  |              | · -  |                                      |                             | Yes       | <b>✓</b> | No    |          |         |        |
|            | (2) Influence the outcome of any s   |              |  |                                      |                             |           |          |       |          |         |        |
|            | on, directly or indirectly, any vo   |              | -  |                                      | • • [                       | Yes       | <b>✓</b> | No    |          |         |        |
|            | (3) Provide a grant to an individual   |              | •                    |                                      | _ [                         | Yes       | ✓        | No    |          |         |        |
|            | (4) Provide a grant to an organizat<br>in section 4945(d)(4)(A)? See i           |              |  |                                      |                             | ٦.,       | <b>✓</b> |       |          |         |        |
|            | (5) Provide for any purpose other t  | han r        | eligious, charitable, scien                                | tific, literary, or                  | L                           | _ Yes     | •        | No    |          |         |        |
|            | educational purposes, or for the   |              | ·  |                                      | L                           | Yes       | ✓        | No    |          |         |        |
| Ь          | If any answer is "Yes" to 5a(1)-(5),   |              | =  |                                      |                             | bed in    |          |       |          |         |        |
|            | Regulations section 53 4945 or in a  |              |  |                                      |                             |           | ٠        |       | 5b       |         |        |
|            | Organizations relying on a current r   |              | -  |                                      |                             |           |          |       |          |         |        |
| С          | If the answer is "Yes" to question 5   | ٠, ,,        |  | •                                    | -                           | _         | _        |       |          |         |        |
|            | tax because it maintained expendition of the statement requirement requirements. |              | -  |                                      | ٠ . ا                       | _ Yes     | Ш        | No    |          |         |        |
| e-         |  |              | -  |                                      |                             |           |          |       |          |         |        |
| <b>6</b> a | Did the foundation, during the year  |              |  |                                      | ıms on                      | _         | _        |       |          |         |        |
| h          | a personal benefit contract?   |              |  |                                      | · [                         | _ Yes     | ✓        | No    | 6b       |         | No.    |
| b          | Did the foundation, during the year If "Yes" to 6b, file Form 8870               | , pay        | premiums, directly or inc                                  | irrectly, on a personal be           | nent contract?              |           | •        |       | 90       |         | No     |
| 7a         | At any time during the tax year, wa  | c the        | foundation a party to a r                                  | prohibited tay chalter tran          | reaction? F                 | _         |          |       |          |         |        |
| b          | If yes, did the foundation receive a   |              |  |                                      | L                           | _ Yes     | ✓        | No    | 7b       |         |        |
| 8          | Is the foundation subject to the sec   |              | •  |                                      |                             | n or      |          |       | 70       |         |        |
| •          | excess parachute payment during t  |              |  |                                      | r                           | _         |          |       |          |         |        |
|            |  |              |  |                                      | · · ·                       | Yes       |          |       |          |         | l      |
| Pai        | t VIII and Contractors   | Jine         | ers, Directors, Trus                                       | ices, Foundation Ma                  | magers, mg                  | illy Pai  | iu Ei    | пріо  | yees,    |         |        |
| 1          | List all officers, directors, truste   |              |  | •                                    |                             |           |          |       |          |         |        |
|            | (a) Name and address   | (            | <ul><li>b) Title, and average<br/>hours per week</li></ul> | (c) Compensation (If not paid, enter | (d) Contril<br>employee ben | efit plan | s and    |       |          | se acc  |        |
|            |  |              | devoted to position  | -0-)                                 | deferred cor                | npensat   |          | _     | ciici ai | TOWATT  |        |
|            | LYN SAMPLE   | PRES<br>2 00 | IDENT  | 0                                    |                             |           | 0        | )     |          |         | C      |
|            | RANKIN RD<br>EAPOLIS, MN 55418   |              |  |                                      |                             |           |          |       |          |         |        |
| WILLI      | AM C PETERSON  | DIRE         | CTOR   | 0                                    |                             |           | 0        |       |          |         | 0      |
|            | 99TH AVE NORTH   | 0 50         |  |                                      |                             |           |          |       |          |         |        |
|            | KLYN PARK, MN 55445  | DIRE         | CTOR   |                                      |                             |           |          |       |          |         |        |
|            | ST LINDSTROM-LINDSTROM LAW OFFI PARKLAWN AVE STE 444                             | 0 50         | CTOR   | 0                                    |                             |           | 0        | ]     |          |         | U      |
|            | A, MN 55435  |              |  |                                      |                             |           |          |       |          |         |        |
| 2          | Compensation of five highest-pa  | id en        | ployees (other than t                                      | hose included on line 1              | —see instruc                | tions).   | If no    | ne, e | nter "   | NONE.   | ."     |
| (a)        | Name and address of each employee  | paıd         | <b>(b)</b> Title, and average hours per week               | (c) Compensation                     | (d) Contri<br>employee      | e benefit | :        |       |          | se acco |        |
|            | more than \$50,000   |              | devoted to position  |                                      | plans and<br>comper         |           | ٠        | υι    | iici ail | Owalic  | CO .   |
| NON        |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
|            |  |              |  |                                      |                             |           |          |       |          |         |        |
| Tota       | I number of other employees paid ov  | er \$5       | 0,000  |                                      |                             | <b>•</b>  |          |       |          |         | C      |
|            |  |              |  |                                      |                             |           |          |       | 001      | O DE    | (2018) |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| Form 990-PF (2018)   |                                       | Page <b>7</b>             |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)   | Foundation Managers, Highly Pa        | id Employees,             |
| 3 Five highest-paid independent contractors for professional service   | es (see instructions). If none, enter | "NONE".                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                   | (c) Compensation          |
| NONE   |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
| 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 relev<br>organizations and other beneficiaries served, conferences convened, research papers produc |                                       | Expenses                  |
| 1  |                                       |                           |
| 2  |                                       |                           |
|  |                                       |                           |
| 3  |                                       |                           |
|  |                                       |                           |
| 4  |                                       |                           |
| Part IX-B Summary of Program-Related Investments (see in   | astructions)                          |                           |
| Describe the two largest program-related investments made by the foundation during the   | <u>'</u>                              | Amount                    |
| 1  |                                       |                           |
|  |                                       |                           |
| 2  |                                       |                           |
| All other program-related investments See instructions   |                                       |                           |
| 3  |                                       |                           |
| Total. Add lines 1 through 3   |                                       | <b>P</b> 0                |
|  |                                       | Form <b>990-PF</b> (2018) |

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

3a 3h

4

5

1.151.397

Form 990-PF (2018)

3.011 1,148,386

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

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Page 9

467,715

467,715

Form **990-PF** (2018)

0

| orm 990-PF (20 | 018)                               |       |
|----------------|------------------------------------|-------|
| Part XIII      | Undistributed Income (see instruct | ions) |
|                |                                    |       |

**b** Total for prior years

d From 2016. . . .

a From 2013. . . . .

e From 2017. . . . .

**b** From 2014. . . . c From 2015. .

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

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

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

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

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

**b** Excess from 2015. .

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

6 Enter the net total of each column as

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,151,397 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

260.938 251,714

442 236

577,445 694,784

251.714 442,236

577,445

694.784

683.682

(a)

Corpus

2.227.117

683.682

2,910,799

260.938

2,649,861

0

(b)

Years prior to 2017

(c)

2017

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 IN AWARDING GRANTS, THE FOUNDATION GIVES PREFERENCE TO MINNESOTA CHARITABLE ORGANIZATIONS MEDICAL FOUNDATIONS,

IN AWARDING GRANTS, THE FOUNDATION GIVES PREFERENCE TO MINNESOTA CHARITABLE ORGANIZATIONS MEDICAL FOUNDATIONS, EDUCATION AND THE ARTS RECEIVE PRIME CONSIDERATION GRANTS ARE NORMALLY RESTRICTED TO \$1,000 OR LESS APPLICANTS ARE USUALLY NOTIFIED WITHIN TWO MONTHS THAT THEIR APPLICATION HAS BEEN APPROVED OR REJECTED, OR THAT ADDITIONAL INFORMATION IS NEEDED FOUNDATION DOES NOT PROVIDE APPLICATION FORMS



| Enter gross amounts unless otherwise indicated |  | Unrelated business income                 |                                    | Excluded by section             | (e)<br>Related or exemp |  |
|--|--|---|------------------------------------|---------------------------------|-------------------------|--|
| _  | n service revenue  | (a)<br>Business code                      | (b)<br>Amount                      | (c)<br>Exclusion code           | (d)<br>Amount           | function income<br>(See instructions ) |
|  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
| f  |  |   |                                    |                                 |                         |  |
| <b>g</b> Fees                                  | and contracts from government agencies   |   |                                    |                                 |                         |  |
|  | ership dues and assessments  |   |                                    |                                 |                         |  |
| 3 Interes                                      | st on savings and temporary cash<br>nents  |   |                                    | 14                              | 1,623                   |  |
|  | nds and interest from securities   |   |                                    | 14                              | 200,960                 |  |
|  | ntal income or (loss) from real estate   |   |                                    |                                 |                         |  |
|  | financed property.   |   |                                    |                                 |                         |  |
|  | lebt-financed property   |   |                                    |                                 |                         |  |
|  | ntal income or (loss) from personal property nvestment income.   |   |                                    |                                 |                         |  |
|  | r (loss) from sales of assets other than   |   |                                    |                                 |                         |  |
| invento  | ` '  |   |                                    | 18                              | 99,930                  |  |
| 9 Netino                                       | ome or (loss) from special events  |   |                                    | 10                              | 33,330                  |  |
|  | profit or (loss) from sales of inventory   |   |                                    |                                 |                         |  |
|  | revenue a  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
| с  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
|  |  |   |                                    |                                 |                         |  |
| <b>e</b><br><b>.2</b> Subtot                   | al Add columns (b), (d), and (e).  |   | 0                                  |                                 | 302,513                 |  |
| e<br>.2 Subtot<br>3 Total.                     | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)  |   |                                    |                                 | 302,513<br><b>3</b>     |  |
| e<br>.2 Subtot<br>3 Total.<br>(See w           | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations )                                 |                                    | 13                              | <u>'</u>                |  |
| e 2 Subtot 3 Total. (See w Part XV             | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
| e 2 Subtot 3 Total. (See w Part XV Line No.    | al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  FB Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions. | lations )  ne Accomplish Income is report | nment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to      | 302,513                                |
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| . , | ,  |
|-----|--|
| П   | Information Regarding Transfers To and Transactions and Relationships With Noncharitable<br>Exempt Organizations |

| FCI          | r vatt              | Exempt Organia   | zations                         |                                |                        |                               |                       |                                  |                              |           |      |
|--------------|---------------------|--|---------------------------------|--------------------------------|------------------------|-------------------------------|-----------------------|----------------------------------|------------------------------|-----------|------|
|              |                     | ganization directly or in-<br>than section 501(c)(3)                           | directly engag                  |                                |                        |                               |                       | l in section 501                 |                              | Yes       | No   |
| a Tra        | ansfers t           | from the reporting foun  | dation to a no                  | ncharitable exe                | empt organization      | of                            |                       |                                  |                              |           |      |
| (1           | ) Cash.             | . <b></b> .  |                                 |                                |                        |                               |                       |                                  |                              |           | No   |
| (2           | ) Other             | assets   | assets                          |                                |                        |                               |                       |                                  |                              |           | No   |
| <b>b</b> Ot  | her tran            | sactions   | ctions                          |                                |                        |                               |                       |                                  |                              |           |      |
|              | -                   | of assets to a nonchari  |                                 | 1b(1)                          |                        | No                            |                       |                                  |                              |           |      |
| -            | -                   | ases of assets from a n  |                                 |                                |                        |                               |                       |                                  | 1b(2)                        |           | No   |
| •            | -                   | al of facilities, equipmen   | •                               |                                |                        |                               |                       |                                  | 1b(3)                        |           | No   |
|              |                     | bursement arrangemen   |                                 |                                |                        |                               |                       |                                  | 1b(4)                        |           | No   |
| •            | -                   | s or loan guarantees.  |                                 |                                |                        |                               |                       |                                  | 1b(5)                        |           | No   |
|              |                     | mance of services or m   |                                 |                                |                        |                               |                       |                                  | 1b(6)                        |           | No   |
|              | -                   | facilities, equipment, mover to any of the above                               | -                               | •                              |                        |                               |                       |                                  | 1c                           |           | No   |
| of           | the goo<br>any trar | ds, other assets, or services or services of saction or sharing arra           | vices given by<br>ngement, show | the reporting two in column (d | foundation If the      | foundation re<br>goods, other | ceived less than      | fair market valu<br>ces received | ie                           | naemen    | ts   |
| (-,          | - 110               | (2) runioune involved  | (c) Hame of the                 | ononantable exe                | pc organization        | ( <b>1</b> ) 5 6 6 6 1 pc.    | ion or cransfers, cre | modelens, and end                | ing arrai                    | igeilleil |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
| <b>2a</b> Is | the four            | ndation directly or indire   | ectly affiliated                | with, or related               | d to, one or more      | tax-exempt o                  | rganizations          |                                  |                              |           |      |
| de           | scribed             | ın section 501(c) (other   | than section                    | 501(c)(3)) or ı                | in section 527? .      |                               |                       | . ∐Yes Ŀ                         | <b>∠</b> l No                |           |      |
| <b>b</b> If  | "Yes," co           | omplete the following so   | chedule                         |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     | (a) Name of organization   | n                               | (E                             | ) Type of organization | on                            | (c) [                 | Description of relati            | onship                       |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        | -                             |                       |                                  |                              |           |      |
|              |                     |  |                                 |                                |                        |                               |                       |                                  |                              |           |      |
|              | of m                | er penalties of perjury,<br>ly knowledge and belief<br>lh preparer has any kno | , it is true, cor               |                                |                        |                               |                       |                                  |                              |           |      |
| Sigr<br>Here |                     | *****  |                                 |                                | 2019-05-11             | ****                          | :**                   | returr                           | he IRS dı:<br>1<br>he prepar |           |      |
|              | <b> </b>            | Signature of officer or ti   | rustee                          |                                | Date                   | Title                         |                       | below<br>(see ı                  | nstr )? 🖸                    | Yes [     | □ No |
|              |                     | Print/Type preparer's  | name                            | Preparer's Sigr                | nature                 | Date                          | Check if s            | elf- PTIN                        |                              |           |      |
| Paid         | I                   | TODD JACKSON   |                                 |                                |                        |                               | employed              | • 🗆                              | P00092                       | 0/2       |      |
| _            | oarer<br>Only       |  | US LLP                          |                                |                        |                               |                       | Firm's E                         | IN ▶42-                      | 07143     | 25   |
|              | •                   | Firm's address ► 80  | 00                              | 1ALL WEST TOV<br>4N 554022526  |                        |                               |                       | Phone r                          | io (612)                     | 332-4     | 4300 |

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)

| a Paid during the year                        |      |    |             |       |
|---|------|----|-------------|-------|
| ALASKA CHRISTIAN COLLEGE<br>35109 ROYAL PLACE | NONE | PC | EDUCATIONAL | 5,000 |

| SOLDNOTNA, AK 99669                                  |      |    |                 |
|--|------|----|-----------------|
| ARC GREATER TWIN CITIES<br>2446 UNIVERSITY AVE W 110 | NONE | PC | PROGRAM SUPPORT |

Total .

or substantial contributor

| GREATER TWIN CITIES<br>5 UNIVERSITY AVE W 110<br>AUL, MN 55114 | NONE | PC | PROGRAM SUPPORT |  |
|--|------|----|-----------------|--|
|  |      |    |                 |  |

| 2446 UNIVERSITY AVE W 110<br>ST PAUL, MN 55114               |      |    |             |       |
|--|------|----|-------------|-------|
| BANYAN COMMUNITY<br>2529 13TH AVE SO<br>MINNEAPOLIS MN 55404 | NONE | PC | EDUCATIONAL | 5,000 |

10,000

| 31 PAOL, MIN 33114  |      |    |             |      |
|---|------|----|-------------|------|
| BANYAN COMMUNITY<br>2529 13TH AVE SO<br>MINNEAPOLIS, MN 55404 | NONE | PC | EDUCATIONAL | 5,00 |

Recipient Foundation Purpose of grant or 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                               |      |    |             |       |
|--|------|----|-------------|-------|
| BETHEL UNIVERSITY3900 BETHEL DR<br>ST PAUL, MN 55112 | NONE | PC | EDUCATIONAL | 5,000 |

| ST FACE, MIN SSTIZ  |      |    |           |       |
|---|------|----|-----------|-------|
| CAMP KNUTSON<br>11169 WHITEFISH AVENUE<br>CROSSLAKE, MN 56442 | NONE | PC | RELIGIOUS | 5,000 |

| CROSSLAKE, MN 56442 |      |    |                 |        |
|---------------------|------|----|-----------------|--------|
| CAREPO BOX 1870     | NONE | PC | PROGRAM SUPPORT | 10,000 |

| CAREPO BOX 1870<br>MERRIFIELD, VA 22116 | NONE | PC | PROGRAM SUPPORT | 10,000 |
|---|------|----|-----------------|--------|

| CAREPO BOX 1870      | NONE | PC | PROGRAM SUPPORT | 10,00 |
|----------------------|------|----|-----------------|-------|
| MERRIFIELD, VA 22116 |      |    |                 |       |
|                      |      |    |                 |       |

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 CATHOLIC CHARITIES NONE PC RELIGIOUS 5,000 1200 SECOND AVENUE SO MINNEAPOLIS, MN 55403

| COURAGE KENNY REHABILITATION<br>INSTITUTE<br>3915 GOLDEN VALLEY RD<br>MINNEAPOLIS, MN 55422 | NONE | PC | HEALTH    | 20,000 |
|---|------|----|-----------|--------|
| COVENANT KIDS CONGO   | NONE | PC | RELIGIOUS | 75,000 |

| 8303 W HIGGINS ROAD<br>CHICAGO, IL 60631 |      |    |           | 75,000 |
|--|------|----|-----------|--------|
| COVENANT KIDS CONGO                      | NONE | PC | RELIGIOUS | 75,000 |
| MINNEAPOLIS, MN 55422                    |      |    |           |        |

Recipient Foundation Purpose of grant or 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 COVENANT RETIREMENT COMMUNITIES NONE PC RELIGIOUS 10,000 OF MN 5800 ST CROIX AVENUE N GOLDEN VALLEY, MN 55422

|   | 1    |    |             |         |
|---|------|----|-------------|---------|
| COVENANT WORLD RELIEF<br>8303 W HIGGINS ROAD<br>CHICAGO, IL 60631               | NONE | PC | RELIGIOUS   | 150,000 |
| CRISTO REY JESUIT HIGH SCHOOL<br>2924 4TH AVENUE SOUTH<br>MINNEAPOLIS, MN 55408 | NONE | PC | EDUCATIONAL | 7,000   |

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, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or cubetantial contributor

Name and address (home or business)

Total .

|  | or substantial contributor |    |                 | <u>ı</u> |
|--|----------------------------|----|-----------------|----------|
| a Paid during the year                                     |                            |    |                 |          |
| CROSS SERVICES<br>12915 WEINAND CIRCLE<br>ROGERS, MN 55374 | NONE                       | PC | PROGRAM SUPPORT | 3,000    |

| ı | DUNWOODY COLLEGE OF TECHNOLOGY<br>818 DUNWOODY BLVD<br>MINNEAPOLIS, MN 55403 | NONE | PC   | EDUCATIONAL     | 15,000 |
|---|--|------|------|-----------------|--------|
| ı | EAST SIDE NEIGHBORHOOD SERVICES  | NONE | DC . | DROCRAM SUDDORT | 3 000  |

| MINNEAPOLIS, MN 55403   |      |    |                 |       |
|---|------|----|-----------------|-------|
| EAST SIDE NEIGHBORHOOD SERVICES<br>1700 SECOND STREET NE<br>MINNEAPOLIS. MN 55413 | NONE | PC | PROGRAM SUPPORT | 3,000 |

| MINNEAPOLIS, MN 55403   |      |    |                 |     |
|---|------|----|-----------------|-----|
| EAST SIDE NEIGHBORHOOD SERVICES<br>1700 SECOND STREET NE<br>MINNEAPOLIS, MN 55413 | NONE | PC | PROGRAM SUPPORT | 3,0 |

Recipient Foundation Purpose of grant or 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 EVANGELICAL COVENANT CHURCH NONE PC. RELIGIOUS 180,900 8303 W HIGGINS ROAD CHICAGO, IL 60631

EVODUC LENDING CO HOLV TRINITY

Total .

NICHIE

| CHURCH<br>2730 E 31ST ST<br>MINNEAPOLIS, MN 55406             | NONE | PC | PROGRAM SUPPORT | 5,000 |
|---|------|----|-----------------|-------|
| FAMILY VALUES FOR LIFE<br>1280 ARCADE ST<br>ST PAUL, MN 55106 | NONE | PC | PROGRAM SUPPORT | 7,000 |

D.C.

DROCKAM CURRORT

E 000

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 FEED MY STARVING CHILDREN NONE PC RELIGIOUS 30,000 401 93RD AVE NW COON RAPIDS, MN 55433

| GREATER MINNEAPOLIS CRISIS<br>NURSERY<br>4544 4TH AVE SOUTH<br>MINNEAPOLIS, MN 55419 | NONE | PC | PROGRAM SUPPORT | 5,000  |
|--|------|----|-----------------|--------|
| HABITAT FOR HUMANITY   | NONE | PC | PROGRAM SUPPORT | 15,000 |

| MINNEAPOLIS, MN 55419   |      |    |                 |        |
|---|------|----|-----------------|--------|
| HABITAT FOR HUMANITY<br>3001 4TH ST SE<br>MINNEAPOLIS, MN 55414 | NONE | PC | PROGRAM SUPPORT | 15,000 |

Total .

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 (nome or business) | or substantial contributor | ·  |             |       |
|-------------------------------------|----------------------------|----|-------------|-------|
| a Paid during the year              |                            |    |             |       |
| HENNEPIN TECHNICAL COLLEGE          | NONE                       | PC | EDUCATIONAL | 5.000 |

| 9000 BROOKLYN BLVD<br>BROOKLYN PARK, MN 55445 |      |    |        | ,      |
|---|------|----|--------|--------|
| HOMEWARD BOUND<br>12805 HIGHWAY 55 STE 400    | NONE | PC | HEALTH | 10,000 |

| HOMEWARD BOUND<br>12805 HIGHWAY 55 STE 400<br>PLYMOUTH, MN 55441 | NONE | PC | HEALTH          | 10,000 |
|--|------|----|-----------------|--------|
| HOPE DENTAL CLINIC<br>800 MINNEHAHA AVENUE EAST 465              | NONE | PC | PROGRAM SUPPORT | 2,000  |

| Total  |      |    | ▶ 3a            | 1,150,900 |
|--|------|----|-----------------|-----------|
| HOPE DENTAL CLINIC<br>800 MINNEHAHA AVENUE EAST 465<br>ST PAUL, MN 55106 | NONE | PC | PROGRAM SUPPORT | 2,000     |
| PLYMOUTH, MN 55441   |      |    |                 |           |

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   |      |    |                 |        |
|--|------|----|-----------------|--------|
| HOUSE OF CHARITY<br>510 SOUTH EIGHTH STREET<br>MINNEAPOLIS, MN 55404 | NONE | PC | PROGRAM SUPPORT | 15,000 |
|  |      |    |                 |        |

| KIWANIS CLUB OF NE MINNEAPOLIS<br>1612 SECOND ST NE<br>MINNEAPOLIS, MN 554131138 | NONE | PC | PROGRAM SUPPORT | 1,000  |
|--|------|----|-----------------|--------|
| LOAVES AND FISHES  | NONE | PC | RELIGIOUS       | 25,000 |

| MINNEAPOLIS, MN 554131138  |      |    |                |           |
|--|------|----|----------------|-----------|
| LOAVES AND FISHES<br>1121 JACKSON STREET NE STE 143<br>MINNEAPOLIS, MN 55413 | NONE | PC | RELIGIOUS      | 25,000    |
| Total  |      |    | <b>&gt;</b> 3a | 1,150,900 |

Recipient If recipient is an individual, Purpose of grant or Foundation 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 METRO HOPE MINISTRIES NONE PC. PROGRAM SUPPORT 30,000 2739 CEDAR AVENUE SOUTH MINNEAPOLIS, MN 55407 D.C. NICKIE LICALTI 5 000

| FOUNDATION 920 EAST 28TH STREET 100 MINNEAPOLIS, MN 55407           | NONE | PC | HEALIH          | 5,000  |
|---|------|----|-----------------|--------|
| MINNESOTA ADULT AND TEEN<br>CHALLENGE<br>1619 PORTLANT AVENUE SOUTH | NONE | PC | PROGRAM SUPPORT | 25,000 |

| MINNEAPOLIS, MN 33407  |      |    |                 |        |
|--|------|----|-----------------|--------|
| MINNESOTA ADULT AND TEEN<br>CHALLENGE<br>1619 PORTLANT AVENUE SOUTH<br>MINNEAPOLIS, MN 55404 | NONE | PC | PROGRAM SUPPORT | 25,000 |
|  |      |    |                 |        |

Total .

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)

| Tham's and dadress (nome or pasiness) | or substantial contributor |    |           |       |
|---------------------------------------|----------------------------|----|-----------|-------|
| a Paid during the year                |                            |    |           |       |
| NEW LIFE IN CHRIST MINISTRY           | NONE                       | PC | RELIGIOUS | 3,000 |

| PO BOX 456<br>CLEARWATER, MN 55320   |      |    |                 | ,     |
|--|------|----|-----------------|-------|
| NORTHEAST SENIOR SERVICES<br>900 42ND AVE NE 317<br>COLUMBIA HEIGHTS, MN 55421 | NONE | PC | PROGRAM SUPPORT | 3,000 |

| NORTHEAST SENIOR SERVICES<br>900 42ND AVE NE 317<br>COLUMBIA HEIGHTS, MN 55421 | NONE | PC | PROGRAM SUPPORT | 3,000  |
|--|------|----|-----------------|--------|
| PEOPLE SERVING PEOPLE<br>614 SOUTH THIRD STREET                                | NONE | PC | PROGRAM SUPPORT | 25,000 |

| COLUMBIA HEIGHTS, MN 55421   |      |    |                 |        |
|--|------|----|-----------------|--------|
| PEOPLE SERVING PEOPLE<br>614 SOUTH THIRD STREET<br>MINNEAPOLIS, MN 55415 | NONE | PC | PROGRAM SUPPORT | 25,000 |

| PEOPLE SERVING PEOPLE<br>614 SOUTH THIRD STREET<br>MINNEAPOLIS, MN 55415 | NONE | PC | PROGRAM SUPPORT | 25,00     |
|--|------|----|-----------------|-----------|
| Total  |      |    | ▶ 3a            | 1,150,900 |

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 | recipient |  |
|-------------------------------------|----------------------------|-----------|--|
| a Paid during the year              |                            |           |  |
|                                     |                            |           |  |

| RICHFIELD SPARTAN FOUNDATION INC       | NONE | PC | EDUCATIONAL | 5,000 |
|--|------|----|-------------|-------|
| 6638 KNOX AVE S<br>RICHFIELD, MN 55423 |      |    |             |       |
|  |      |    |             |       |

| SALEM COVENANT CHURCH<br>2655 FIFTH STREET NW<br>NEW BRIGHTON, MN 55112 | NONE | PC | RELIGIOUS | 150,000 |
|---|------|----|-----------|---------|
|   |      |    |           |         |

| 2655 FIFTH STREET NW<br>NEW BRIGHTON, MN 55112                  |      |    |                 |       |
|---|------|----|-----------------|-------|
| SCIENCE WITH A MISSION<br>602 MASSAPOAG AVE<br>SHARON, MA 02067 | NONE | PC | PROGRAM SUPPORT | 7,000 |

| NEW BRIGHTON, PH 33112  |      |    |                 |           |
|---|------|----|-----------------|-----------|
| SCIENCE WITH A MISSION<br>602 MASSAPOAG AVE<br>SHARON, MA 02067 | NONE | PC | PROGRAM SUPPORT | 7,000     |
| Total   |      |    | ▶ 3a            | 1,150,900 |

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   |      |    |                 |        |
|--|------|----|-----------------|--------|
| SECOND HARVEST HEARTLAND<br>1140 GERVAIS AVENUE<br>ST PAUL, MN 55109 | NONE | PC | PROGRAM SUPPORT | 40,000 |
| SHARING & CARING HANDS<br>425 NORTH SEVENTH ST                       | NONE | PC | PROGRAM SUPPORT | 7,000  |

| SHARING & CARING HANDS<br>425 NORTH SEVENTH ST<br>MINNEAPOLIS, MN 55405 | NONE | PC | PROGRAM SUPPORT | 7,00  |
|---|------|----|-----------------|-------|
| SIMPSON HOUSING SERVICES<br>2100 PILSBURY AVE SO                        | NONE | PC | PROGRAM SUPPORT | 20,00 |
| NATION EAROUTE NAME EE 404  |      |    |                 |       |

| MINNEAPOLIS, MN 55405   |      |    |                 |       |
|---|------|----|-----------------|-------|
| SIMPSON HOUSING SERVICES<br>2100 PILSBURY AVE SO<br>MINNEAPOLIS, MN 55404 | NONE | PC | PROGRAM SUPPORT | 20,00 |
|   |      |    |                 | 1     |

| SIMPSON HOUSING SERVICES<br>2100 PILSBURY AVE SO<br>MINNEAPOLIS, MN 55404 | NONE | PC | PROGRAM SUPPORT | 20,000    |
|---|------|----|-----------------|-----------|
| Total   |      |    | ▶ 3a            | 1,150,900 |

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 (nome or business) | or substantial contributor | ·  |                 |       |
|-------------------------------------|----------------------------|----|-----------------|-------|
| a Paid during the year              |                            |    |                 |       |
| ST STEPHEN'S HUMAN SERVICES         | NONE                       | PC | PROGRAM SUPPORT | 5,000 |

| SUNSHINE ACRES CHILDREN'S HOME 3405 NORTH HIGLEY ROAD MESA, AZ 85215  NONE PC PROGRAM SUPPORT 7,000 | MINNEAPOLIS, MN 55404  |      |    |                 |       |
|---|------------------------|------|----|-----------------|-------|
|   | 3405 NORTH HIGLEY ROAD | NONE | PC | PROGRAM SUPPORT | 7,000 |

| 3405 NORTH HIGLEY ROAD<br>MESA, AZ 85215   |      |    |           | ·     |
|--|------|----|-----------|-------|
| THE GIDEONS INTERNATIONAL<br>PO BOX 403810 | NONE | PC | RELIGIOUS | 5,000 |

1,150,900

| MESA, AZ 85215  |      |    |           |       |
|---|------|----|-----------|-------|
| THE GIDEONS INTERNATIONAL<br>PO BOX 403810<br>ATLANTA, GA 30384 | NONE | PC | RELIGIOUS | 5,000 |
|   |      |    |           |       |

Total.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation 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 NONE PC **RELIGIOUS** 100,000 THE SALVATION ARMY 2445 PRIOR AVENUE NORTH ROSEVILLE MN 55113

| ,  |      |    |                 |        |
|--|------|----|-----------------|--------|
| TRINITY FIRST LUTHERAN SCHOOL<br>1115 19TH AVE SO<br>MINNEAPOLIS, MN 55404 | NONE | PC | EDUCATIONAL     | 10,000 |
| TRUE FRIENDS10509 108TH ST NW  | NONE | PC | PROGRAM SUPPORT | 10.000 |

1,150,900

▶ 3a

| 1115 19TH AVE SO<br>MINNEAPOLIS, MN 55404 |      |    |                 |       |
|---|------|----|-----------------|-------|
| TRUE FRIENDS10509 108TH ST NW             | NONE | PC | PROGRAM SUPPORT | 10,00 |

| MINNEAPOLIS, MN 55404                                |      |    |                 | 1    |
|--|------|----|-----------------|------|
| TRUE FRIENDS10509 108TH ST NW<br>ANNANDALE, MN 55302 | NONE | PC | PROGRAM SUPPORT | 10,0 |

Total . .

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

NONE

LINION COSPEL MISSION

| 77 NINTH STREET E<br>ST PAUL, MN 55101                         | INONE | r C | PROGRAM SOFFORT | 10,000 |
|--|-------|-----|-----------------|--------|
| UNIVERSITY OF MINNESOTA<br>FOUNDATION<br>200 OAK STREET SE 500 | NONE  | PC  | EDUCATIONAL     | 50,000 |

DC

DDOCDAM SLIDDODT

10.000

| FOUNDATION<br>200 OAK STREET SE 500<br>MINNEAPOLIS, MN 55455   |      |    |           |       |
|--|------|----|-----------|-------|
| URBAN HOMEWORKS<br>2015 EMERSON AVE N<br>MINNEAPOLIS, MN 55411 | NONE | PC | RELIGIOUS | 5,000 |

| 1111112111 021071111 00100                                     |      |    |           |           |
|--|------|----|-----------|-----------|
| URBAN HOMEWORKS<br>2015 EMERSON AVE N<br>MINNEAPOLIS, MN 55411 | NONE | PC | RELIGIOUS | 5,000     |
| Total  |      |    | ▶ 3a      | 1,150,900 |

| efile GRAPHIC print - DO NOT P   | ROCESS As Filed D | ata -                    | DLN: 93491134034029    |   |  |
|----------------------------------|-------------------|--------------------------|------------------------|---|--|
| TY 2018 Accounting Fees Schedule |                   |                          |                        |   |  |
|                                  |                   |                          |                        |   |  |
| Name: THE PATCH FOUNDATION       |                   |                          |                        |   |  |
| <b>EIN:</b> 41-1873951           |                   |                          |                        |   |  |
| EIN: 41-10/3931                  |                   |                          |                        |   |  |
| Category                         | Amount            | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| ACCOUNTING FEES                  | 1,890             | 1,418                    |                        | 472   |  |

| effie GRAPHIC print - DO NOT PROCESS   AS Filed Data - | DLN: 93491134034029 |
|--|---------------------|
| TY 2018 Investments Corporate Stock Schedule           |                     |
| Name: THE PATCH FOUNDATION                             |                     |
| <b>EIN:</b> 41-1873951                                 |                     |

**End of Year Book** 

Value

7,108,208

164,000

**End of Year Fair** 

Market Value

8,550,240

217,580

**Investments Corporation Stock Schedule** 

MEDTRONIC STOCK

CHEVRON

Name of Stock

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491134034029                              |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule      |                                      |                          |                        |   |  |  |
| Nama                                 | THE DATCH FOL                        | INIDATION                |                        |   |  |  |
| name:                                | : THE PATCH FOUNDATION               |                          |                        |   |  |  |
| EIN:                                 | 41-1873951                           |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        | ·1  |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| STATE OF MN FILING FEE               | 25                                   | 0                        |                        | 25  |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | DLN: 93491134034029      |                        |   |  |
|--------------------------------------|---------------|--------------------------|------------------------|---|--|
| TY 2018 Taxes Schedule               |               |                          |                        |   |  |
|                                      |               |                          |                        |   |  |
| Name: THE PATCH FOUNDATION           |               |                          |                        |   |  |
| <b>EIN:</b> 41-1873951               |               |                          |                        |   |  |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| ESTIMATED EXCISE TAX PAID            | 2,644         | 0                        |                        | 0   |  |