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2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

or	caler	ndar year 2018, or tax year beginning 01-01-20	018 , a	nd ending 12-31	-2018	
		indation AMILY FOUNDATION		A Employer id	lentification numbe	r
31	nons i	AMILITOGRAFION		41-1957458		
		street (or P O box number if mail is not delivered to street address) Room/suite	B Telephone nu	ımber (see ınstructio	ns)
3:	150 CAI	LHOUN PARKWAY W 703	(952) 484-674	·	,	
		, state or province, country, and ZIP or foreign postal code		, ,		
MINI	NEAPOL	IS, MN 55416		C If exemption	application is pendin	ig, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganizations, check h	ere . \square
		☐ Final return ☐ Amended return			rganizations meeting	
		Address change Name change		test, ched	ck here and attach co	mputation 🕨 🔲
I Ch	neck ty	pe of organization Section 501(c)(3) exempt private	foundation		undation status was on 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl	le private foundation		· // // //	
		xet value of all assets at end J Accounting method	☑ Cash ☐ Accru		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 407,648 ☐ Other (specify)		under section	on 507(b)(1)(B), chec	ck here
	,	(Part I, column (d) must	t be on cash basis)			
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	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	Dooks			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ► ✓ If the foundation is not required to attach				
	-	Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	17,368	17,368		
	5a	Gross rents				
a)	Ь	Net rental income or (loss)	-			
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	6,630			
Revenue	b	Gross sales price for all assets on line 6a 36,089	9			
ž	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances	<u> </u>			
	b	Less Cost of goods sold	<u> </u>			
	C		200			
	11	Other income (attach schedule)		ļ		
	12	Total. Add lines 1 through 11	24,198	17,368		
	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
Ses	15 16a	Legal fees (attach schedule)				
<u>=</u>	l .		1,315	1,315		
X	Ь	Accounting fees (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
Operating and Administrative Expenses	c c	Other professional fees (attach schedule)	3,471	3,471		
ia t	17	Interest	₩ 150	150		
<u>~</u>	18	Taxes (attach schedule) (see instructions)	150	150		
Ē	19	Depreciation (attach schedule) and depletion				
₽	20	Occupancy				
ב ב	21	Travel, conferences, and meetings				
ਰ	22	Printing and publications	4 60	60		
Ē	23		20 00			
era	24	Total operating and administrative expenses.	4,996	4.000		_
ă	25	Add lines 13 through 23	22,200	· · · · · · · · · · · · · · · · · · ·		22,200
			22,200			22,200
	26	Total expenses and disbursements. Add lines 24 and 25	27,196	4,996		22,200
	27	Subtract line 26 from line 12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	a	Excess of revenue over expenses and				
	ь	disbursements Net investment income (if negative, enter -0-)	-2,998			
	C	Adjusted net income (if negative, enter -0-)		12,372	1	1
	Danas			C-1 N- 11222		000 PE (2010)

203,365

246,221

246.221

246,221

246,221

211,965

243,223

243,223

243,223

243,223

2

3

4

5

6

246,221

243,223

243,223 Form 990-PF (2018)

-2,998

376,390

407,648

	5
	6
	7
2	8
Assets	9
As	10a
	b
	c

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28 29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30 Less allowance for doubtful accounts ▶

```
Land, buildings, and equipment basis ▶
Less accumulated depreciation (attach schedule)
Other assets (describe > _
Total assets (to be completed by all filers—see the
instructions Also, see page 1, item I)
Grants payable
Loans from officers, directors, trustees, and other disqualified persons
Mortgages and other notes payable (attach schedule). . . . . .
Other liabilities (describe -
Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .
Foundations that follow SFAS 117, check here ▶
and complete lines 24 through 26 and lines 30 and 31.
Unrestricted . . .
Temporarily restricted
Permanently restricted . . . .
Foundations that do not follow SFAS 117, check here ▶
and complete lines 27 through 31.
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

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) -

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

Investments—corporate bonds (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
а						
b						
с						
d						
е						
	Complete only for assets show	ving gain in column (h) and owned b	y the foundation on 12/31/69		(1)	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col(ı) over col(յ), ıf any		Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
а						
ь						
С						
d						
e						
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7						
3	Net short-term capital gain o	r (loss) as defined in sections 1222(5) and (6)			
	If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) (see instructions)	If (loss), enter -0-	} L	3	
Dav	Ouglification Unda	u Cootion 4040/o) fou Doding	d Tour on Not Turrent	, Tm ===		
Par	-	r Section 4940(e) for Reduce				
(For o	ptional use by domestic private	e foundations subject to the section 4	1940(a) tax on net investment inc	ome)	

Net value of noncharitable-use assets

431,042

403,383

407,527

401,489

359,086

2

3

4

5

6

7

8

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

.

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

23,005

33,826

22,435

22,500

17,290

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

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4 ,

Adjusted qualifying distributions

If section 4940(d)(2) applies, leave this part blank

(a)

Base period years Calendar

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Page 3

(d)

Date sold

(mo, day, yr)

0 053371

0 083856

0 055052

0 056041

0 048150

0 296470

0 059294

444,704

26,368

26,492

22,200

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124

Yes V No

(d)

Distribution ratio

(col (b) divided by col (c))

	rt VII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (continued)		P	age o
5a	During the year did the foundation p	_		rtequirea (continuea)		Yes	No
Ju	(1) Carry on propaganda, or otherw	•		103	-110		
	(2) Influence the outcome of any sp	•		∐ Yes 🗸	No		
	on, directly or indirectly, any vot	· · ·	•	🗆 🗖			
	(3) Provide a grant to an individual	-		☐ Yes 🛂	No		
	(4) Provide a grant to an organization	• • • • • • • • • • • • • • • • • • • •			No		
	in section 4945(d)(4)(A)? See in		•				
	(5) Provide for any purpose other th			· · L Yes 🗹	No		
	educational purposes, or for the	prevention of cruelty to child	ren or animals?	· · Yes 🗸	No		
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	ail to qualify under the ex		NO		
	Regulations section 53 4945 or in a	current notice regarding disas	ster assistance? See instr	uctions	5b		
	Organizations relying on a current ne	otice regarding disaster assist	tance check here	▶ □			
C	If the answer is "Yes" to question 5a	(4), does the foundation clair	m exemption from the	Ц			
	tax because it maintained expenditu	re responsibility for the grant	?	· · □ Yes □	No		
	If "Yes," attach the statement requir	red by Regulations section 53	4945-5(d)	1es	""		
6a	Did the foundation, during the year,	receive any funds, directly or	r indirectly, to pay premit	ıms on			
	a personal benefit contract?			· 🗌 Yes 🗸	No		
b	Did the foundation, during the year,	pay premiums, directly or inc	directly, on a personal be		6b		No
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was	s the foundation a party to a p	prohibited tax shelter trai	nsaction? Yes	No.		
b	If yes, did the foundation receive an	y proceeds or have any net ir	ncome attributable to the	transaction?	7b		
8	Is the foundation subject to the sect	ion 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during th	ne year ⁹		· · 🗌 Yes 🗸	No L		
Dat	Information About C	Officers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid Em	ployees,		
Ра	and Contractors						
1	List all officers, directors, trustee	es, foundation managers a	nd their compensation	See instructions			
		(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Exper	se acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other al		
NICH	DLAS G SIMONS	PRESIDENT	0	0			
	GULF SHORE BLVD UNIT 6D	000 00		آ ا			•
	ES, FL 34103						
	NE L SIMONS	SECRETARY 000 00	0	0			0
	ALLEGHENY RD SLAKE, IL 60030						
	HN N SIMONS	DIRECTOR	0	0			0
738 N	ALLEGHENY RD	000 00					
	SLAKE, IL 60030						
	PH P SIMONS	DIRECTOR 000 00	0	0			0
	HILLSIDE COURT A, MN 55439						
2	Compensation of five highest-pai	d employees (other than t	hose included on line 1	_see instructions). If non	e, enter "	NONE.	71
		(b) Title, and average		(d) Contributions to			
(a)	Name and address of each employee	paid hours per week	(c) Compensation	employee benefit	(e) Expens		
	more than \$50,000	devoted to position		plans and deferred compensation	other all	owance	es
NON	<u> </u>						
Tota	I number of other employees paid over	er \$50,000					
	. , , , , , , , , , , , , , , , , , , ,				Form 99 0	D-PF	2018)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly I	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	er "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.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	af
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation du 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		. •
		Form 990-PF (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

22,200

22,200

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

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

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

4

5

2018

Page 9

21,988

21,988

Form **990-PF** (2018)

Form 9 Part XII

0-PF (201	8)_
YTTT		ī	ī

990-PF (20	018)	
t XIII	Undistributed Income	(see instructions)

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. (a)

Corpus

20.485

212

20,697

20,697

2.949 2,203

13.755

1,578

212

2,949

(b)

Years prior to 2017

(c)

2017

b Total for prior years Excess distributions carryover, if any, to 2018

Distributable amount for 2018 from Part XI, line 7

- a From 2013. **b** From 2014. . . .
- c From 2015. .
- d From 2016. . . .
- e From 2017.

- 2 203 f Total of lines 3a through e.
 - 13.755 1,578
- 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$

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

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

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

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. .

b Excess from 2015. .

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

c Excess from 2016. . . .

Subtract lines 7 and 8 from line 6a

indicated below:

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 required—see instructions).



	FA Analysis of Income-Producing	Activities				rage II
			usiness income	Excluded by section	n 512, 513, or 514	(e)
	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt function income (See instructions)
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See mistractions)
	and contracts from government agencies					
	rship dues and assessments					
3 Interes	t on savings and temporary cash nents			14		
4 Dividen	ds and interest from securities			14	17,368	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
8 Gain or invento	(loss) from sales of assets other than ry					6,630
9 Net inc	ome or (loss) from special events					0,030
	profit or (loss) from sales of inventory					
11 Other n	evenue RREVENUE					200
	KKEVENOE					200
	al Add columns (b), (d), and (e).				17,368	6,830
13 Total.	Add line 12, columns (b), (d), and (e)			1	3	24,198
(See wo	orksheet in line 13 instructions to verify calcu B Relationship of Activities to the		hment of Even			
	Explain below how each activity for which			<u> </u>	uted importantly to	
Line No. ▼	the accomplishment of the foundation's ex					
	instructions)					
	l					

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations									
	XVII								

Part	XVI	Information F Exempt Organ		ransfers To a	and Transactio	ns and Relatio	nships With Nonchar	table		
			indirectly enga				on described in section 501		Yes	No
a Tra	nsfers	from the reporting for	ındatıon to a r	oncharitable ex	empt organization	of				
(1)	Cash	1						1a(1)		No
(2)	Othe	er assets						1a(2)		No
		nsactions								
		s of assets to a nonch		_				1b(1)		No
		hases of assets from a						1b(2)		No
		al of facilities, equipm	•					1b(3)		No
(4) Reimbursement arrangements										No No
		rmance of services or						1b(5)		No
		of facilities, equipment,	•	_				1c		No
d If t	ne ans	wer to any of the abov	e is "Yes," cor	mplete the follow	wing schedule Coli	umn (b) should al	ways show the fair market			
							ed less than fair market val ets, or services received	ue		
(a) Line	No No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(d) Description of	transfers, transactions, and sh	arıng arra	ngemer	nts
			+							
-										
		ındatıon dırectly or ınd	•	•	•					
		I in section 501(c) (oth		n 501(c)(3)) or	ın section 527? .		∐Yes	✓ No		
b If "	Yes," (complete the following (a) Name of organiza		1 4	b) Type of organization	on I	(c) Description of relat	ionchin		
		(a) Name or organiza	uon	(1	b) Type of organization	on	(C) Description of Telac	юнынр		
	of r	ny knowledge and beli	ef, it is true, c				ing schedules and statemei than taxpayer) is based or			
Sign	whi	ch preparer has any k	nowledge		1		Mav	he IRS d	scuss th	his
Here		*****			2019-11-15	*****	retur			
	7	Signature of officer or	ignature of officer or trustee		Date		below			
		Print/Type prepare	's name	Preparer's Sigi	nature	Date	Chack of solf-			
						Check if self-		P0124	0328	
Paid		TRACY STEVENS	TRACY STEVENS			2019-08-26 employed ▶ ☐				
Prep	arei	r Firm's name ▶ BC	YUM BARENSO	 CHEER						205
Use		/					Firm's	EIN ▶41	-67920	J96
			3050 METRO D				Phone	no (952) 854-	4744
			MINNEAPOLIS,	MN 55425154	7		Trione	.5 (552	, 554-	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 AMERICAN CANCER SOCIETY NONE PUBLIC. MEDICAL RESEARCH & 200 AMERICAN CANCER SOCIETY **EDUCATION** 3316 W 66TH ST

MINNEAPOLIS, MN 55435				
AMIGOS FOR CHRIST AMIGOS FOR CHRIST75 MADDOX ROAD BUFORD, GA 30518	NONE	RELIGIOUS	MINISTRY	400
APOSTLESHIP OF PRAYER APOSTLESHIP OF PRAYER 1501 S LAYTON BLVD	NONE	RELIGIOUS	MINISTRY	200

▶ 3a

22,200

AMIGOS FOR CHRIST75 MADDOX ROAD BUFORD, GA 30518				
APOSTLESHIP OF PRAYER APOSTLESHIP OF PRAYER 1501 S LAYTON BLVD MILWAUKEE, WI 53215	NONE	RELIGIOUS	MINISTRY	2

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 BUILDON NONE PUBLIC. **EDUCATION** 500 **BUILDONPO BOX 16741**

STAMFORD, CT 06905				
CARING BRIDGE CARING BRIDGE 1715 YANKEE DOODLE RD EAGAN, MN 55121	NONE	PUBLIC	HUMAN SERVICES	200
CARMELITE MONISTARY CARMELITE MONISTARY 8251 DEMONTREVILLE TRAIL	NONE	RELIGIOUS	GENERAL OPERATIONS	1,000

▶ 3a

22,200

LAKE ELMO, MN 55042

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				
CATHOLIC CHARITIES CATHOLIC CHARITIES 1200 SECOND AVE S MINNEAPOLIS, MN 55403	NONE	MINISTRY	GENERAL OPERATIONS	200

MINNEAPOLIS, MN 55403				
CATHOLIC FAITH APPEAL CATHOLIC FAITH APPEAL 1000 PINEBROOK ROAD VENICE, FL 34285	NONE	RELIGIOUS	MINISTRY	200
CHILDREN'S ADVOCACY CENTER	NONE	PUBLIC	HUMAN SERVICES	200

CATHOLIC FAITH APPEAL 1000 PINEBROOK ROAD VENICE, FL 34285				
CHILDREN'S ADVOCACY CENTER CHILDREN'S ADVOCACY CENTER 1036 SIXTH AVE N NAPLES, FL 34102	NONE	PUBLIC	HUMAN SERVICES	200

Total			▶ 3a	22,200
CHILDREN'S ADVOCACY CENTER CHILDREN'S ADVOCACY CENTER 1036 SIXTH AVE N NAPLES, FL 34102	NONE	PUBLIC	HUMAN SERVICES	200
1000 PINEBROOK ROAD VENICE, FL 34285				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient 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 CORNER HOUSE NONE PUBLIC: **HUMAN SERVICES** 200 CORNER HOUSEONE MONUMENT DRIVE

PRINCETON, NJ 08540				
EVANS SCHOLARS FOUNDATION EVANS SCHOLARS FOUNDATION ONE BRIAR RD GOLF, IL 60029	NONE	PUBLIC	EDUCATION	200
FOOD FOR THE POOR INC FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK FL 33073	NONE	PUBLIC	HUMAN SERVICES	200

Total .

▶ 3a

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 GRACE PLACE NONE RELIGIOUS **MINISTRIES** 200 **GRACE PLACE1545 DIETER ST** ST PAUL, MN 55106

GUADALUPE CENTERS GUADALUPE CENTERS 1015 AVE CESAR E CHAVEZ KANSAS CITY, MO 64108	NONE	PUBLIC	EDUCATION	500
HABITAT FOR HUMANITY HABITAT FOR HUMANITY 121 HABITAT ST AMERICUS, GA 31709	NONE	PUBLIC	HUMAN SERVICES	200

▶ 3a

22,200

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 HARRY CHAPIN FOOD BANK NONE PUBLIC **HUMAN SERVICES** 200 HARRY CHAPIN FOOD BANK

3760 FOWLER ST FORT MYERS, FL 33901				
HEIFER INTERNATIONAL HEIFER INTERNATIONAL1 WORLD AVE LITTLE ROCK, AR 72202	NONE	PUBLIC	HUMAN SERVICES	200
HODAN COMMUNITY SERVICES HODAN COMMUNITY SERVICES 941 FOUNTAIN ST MINERAL POINT, WI 53565	NONE	PUBLIC	HUMAN SERVICES	1,000

Total .

▶ 3a

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 INCARNATION NONE RELIGIOUS **GENERAL OPERATIONS** 2,000 INCARNATION2929 BEE RIDGE ROAD SARASOTA, FL 34239

CHICAGO, IL 60640				
JESUIT PARTNERS JESUIT PARTNERS 3400 W WISCONSIN AVE MILWAUKEE, WI 53208	NONE	RELIGIOUS	GENERAL OPERATIONS	1,000

Total .

▶ 3a

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 JESUIT RETREAT HOUSE NONE RELIGIOUS **GENERAL OPERATIONS** 900 JESUIT RETREAT HOUSE 8243 DEMONTREVILLE TRL N LAKE FIMO MN 55042

LAKE ELMO, MIN 33042				
LITTLE BY LITTLE LITTLE BY LITTLEPO BOX 934 GLENVIEW, IL 600250934	NONE	PUBLIC	HUMAN SERVICES	800
LOAVES AND FISHES LOAVES AND FISHES 1121 JACKSON ST NE	NONE	PUBLIC	HUMAN SERVICES	200

LOAVES AND FISHES LOAVES AND FISHES 1121 JACKSON ST NE MINNEAPOLIS, MN 55413	NONE	PUBLIC	HUMAN SERVICES	200
Total			▶ 3a	22,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
MARQUETTE UNIVERSITY MARQUETTE UNIVERSITY 1414 W CLYBOURN ST MILWAUKEE, WI 53233	NONE	PRIVATE	EDUCATION	1,000

MILWAUKEE, WI 53233				
MARYKNOLL FATHERS & BROTHERS MARYKNOLL FATHERS & BRIDES PO BOX 301 MARYKNOLL, NY 10545	NONE	RELIGIOUS	MINISTRY	200
MAYO CLINIC FOUNDATION	NONE	PUBLIC	MEDICAL RESEARCH	200

MAYO CLINIC FOUNDATION 13400 E SHEA BLVD	MARYKNOLL FATHERS & BRIDES PO BOX 301 MARYKNOLL, NY 10545				
3601135/162/1/2 03233	MAYO CLINIC FOUNDATION	NONE	PUBLIC	MEDICAL RESEARCH	200

Total			▶ 3a	22,200
MAYO CLINIC FOUNDATION MAYO CLINIC FOUNDATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	NONE	PUBLIC	MEDICAL RESEARCH	200
MARYKNOLL, NY 10545				

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 MISSION HAITI INC NONE **PUBLIC HUMAN SERVICES** 200 MISSION HAITI INCPO BOX 19401 MINNEADOLIC MN FE410

MINNEAPOLIS, MN 53419				
MUSCULAR DYSTROPHY ASSOCIATION MUSCULAR DYSTROPHY ASSOCIATION 3300 E SUNRISE DR TUCSON, AZ 85718	NONE	MEDICAL	MEDICAL RESEARCH	200
MUTTVILLE	NONE	PUBLIC	ANIMAL SERVICES	200

3300 E SUNRISE DR TUCSON, AZ 85718				
MUTTVILLE MUTTVILLE255 ALABAMA ST SAN FRANCISCO, CA 94103	NONE	PUBLIC	ANIMAL SERVICES	200
Total			▶ 3a	22,200

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 NCH HEALTHCARE FOUNDATION NONE MEDCIAL MEDICAL RESEARCH 200 NCH HEALTHCARE FOUNDATION

PO BOX 234 NAPLES, FL 34106				
NET MINISTRIES NET MINISTRIES110 CRUSADER AVE W WEST ST PAUL, MN 55118	NONE	RELIGIOUS	GENERAL OPERATIONS	1,100
OUR LARY OF CRACE	NONE	DELICIOUS	CENERAL OPERATIONS	F00

NET MINISTRIES NET MINISTRIES110 CRUSADER AVE W WEST ST PAUL, MN 55118	NONE	RELIGIOUS	GENERAL OPERATIONS	1,100
OUR LADY OF GRACE OUR LADY OF GRACE5071 EDEN AVE EDINA, MN 55436	NONE	RELIGIOUS	GENERAL OPERATIONS	500

WEST ST PAUL, MN 55118				
OUR LADY OF GRACE OUR LADY OF GRACE5071 EDEN AVE EDINA, MN 55436	NONE	RELIGIOUS	GENERAL OPERATIONS	500

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

OUR LADY OF TEPEYAC HIGH SCHOOL OUR LADY OF TEPEYAC HIGH SCHOOL 2228 S WHIPPLE ST CHICAGO, IL 60623	NONE	PRIVATE	EDUCATION	1,000
PROGRESS VALLEY PROGRESS VALLEY	NONE	PUBLIC	HUMAN SERVICES	200

CHICAGO, IL 60623				
PROGRESS VALLEY PROGRESS VALLEY 8030 OLD CEDAR AVE S 22 BLOOMINGTON, MN 55425	NONE	PUBLIC	HUMAN SERVICES	200
SALVATION ARMY	NONE	PUBLIC	HUMAN SERVICES	200

8030 OLD CEDAR AVE S 22 BLOOMINGTON, MN 55425				
SALVATION ARMY SALVATION ARMY3180 ESTEY AVE NAPLES, FL 34103	NONE	PUBLIC	HUMAN SERVICES	200

SALVATION ARMY SALVATION ARMY3180 ESTEY AVE NAPLES, FL 34103	NONE	PUBLIC	HUMAN SERVICES	200
Total			▶ 3a	22,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount status of show any relationship to contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SAN FRANCISCO UNIVERSITY HS SAN FRANCISCO UNIVERSITY HS 3065 JACKSON ST SAN FRANCISCO, CA 94115	NONE	PRIVATE	EDUCATION	200
SHARING AND CARING HANDS	NONE	PUBLIC	HUMAN SERVICES	200

SAN FRANCISCO, CA 94115				
SHARING AND CARING HANDS SHARING AND CARING HANDS 525 NORTH 7TH ST MINNEAPOLIS, MN 55405	NONE	PUBLIC	HUMAN SERVICES	200
SISTERS OF ST FRANCIS OF ASSIISI SISTERS OF ST FRANCIS OF ASSIISI 1001 14TH ST NW 100	NONE	RELIGIOUS	MINISTRIES	300

SHARING AND CARING HANDS 525 NORTH 7TH ST MINNEAPOLIS, MN 55405				
SISTERS OF ST FRANCIS OF ASSIISI SISTERS OF ST FRANCIS OF ASSIISI 1001 14TH ST NW 100 ROCHESTER, MN 55901	NONE	RELIGIOUS	MINISTRIES	300
Total			▶ 3a	22,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SOMERSET SCHOLARSHIP SOMERSET SCHOLARSHIP 1416 DODD RD	NONE	PUBLIC	EDUCATION	200

1416 DODD RD MENDOTA HEIGHTS, MN 55118				
ST MATTHEW'S HOUSE ST MATTEW'S HOUSE 2001 AIRPORT RD S NAPLES, FL 34112	NONE	PUBLIC	HUMAN SERVICES	400

ST MATTEW'S HOUSE ST MATTEW'S HOUSE 2001 AIRPORT RD S NAPLES, FL 34112	NONE	POBLIC	HUMAN SERVICES	400
ST PATRICK'S CHURCH ST PATRICK'S CHURCH 6925 WASHINGTON AVE S	NONE	RELIGIOUS	GENERAL OPERATIONS	500

22,200

NAPLES, FL 34112				
ST PATRICK'S CHURCH ST PATRICK'S CHURCH 6925 WASHINGTON AVE S EDINA, MN 55439	NONE	RELIGIOUS	GENERAL OPERATIONS	50

ST PATRICK'S CHURCH ST PATRICK'S CHURCH 6925 WASHINGTON AVE S EDINA, MN 55439	NONE	RELIGIOUS	GENERAL OPERATIONS	5

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 ST PAUL SEMINARY NONE RELIGIOUS **EDUCATION** 200 ST PAUL SEMINARY2260 SUMMIT AVE ST PAUL, MN 55105

ST STEPHEN'S HUMAN SERVICES ST STEPHEN'S HUMAN SERVICES 2211 CLINTON AVE S MINNEAPOLIS, MN 55404	NONE	PUBLIC	HUMAN SERVICES	200
ST WILLIAMS CHURCH ST WILLIAMS CHURCH 750 SEAGATE DRIVE NAPLES FL 34103	NONE	PUBLIC	MINISTRY	2,000

Total .

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SAINT ANTHONY FOUNDATION NONE PUBLIC **HUMAN SERVICES** 200 THE SAINT ANTHONY FOUNDATION

SAN FRANCISCO, CA 94102				
TRIANGLE EDUCATION FOUNDATION TRIANGLE EDUCATION FOUNDATION 120 S CENTER ST PLAINFIELD, IN 46168	NONE	PUBLIC	EDUCATION	100

PLAINFIELD, IN 46168			
WEST SUBURBAN SPECIAL RECREATION WEST SUBURBAN SPECIAL RECREATION 2915 MAPLE ST FRANKLIN DARK IL 60131	PUBLIC	HUMAN SERVICES	1,000

2915 MAPLE ST FRANKLIN PARK, IL 60131		▶ 3a	22,200
WEST SUBURBAN SPECIAL RECREATION WEST SUBURBAN SPECIAL RECREATION	PUBLIC	HUMAN SERVICES	1,00

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

Name and address (home or business)

recipient

, , ,	or substantial contributor			
a Paid during the year				
YOUTH FRONTIERS YOUTH FRONTIERS 6009 EXCELSION BLVD	NONE	PUBLIC	HUMAN SERVICES	200

Total		▶ 3a	22,200
6009 EXCELSIOR BLVD MINNEAPOLIS, MN 55416			
YOUTH FRONTIERS			

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -	Γ	DLN: 93491256002039		
TY 2018 Accounting Fees Schedule							
	Name:	SIMONS	FAMILY FOUNDATI	ON			
	EIN:	41-19574	458				
C -1				A 41 - 1 - 4 B1 - 1	B'-l-		
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INDIRECT ACCOUNTING FEES		1,315	1,315				

DLN: 93491256002039

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
US BANK ACCOUNT		PURCHASE			15,000	15,015			-15	
US BANK ACCOUNT		PURCHASE			21,089	14,444			6,645	

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	

DLN: 93491256002039

TY 2018 Investments Corporate Stock Schedule

Name: SIMONS FAMILY FOUNDATION

ETN: 41 1057450

EIN: 41-1957458 Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
AMAZON	16,674	25,533			
APPLE INC	9,740	25,238			
APPLIED MATLS INC	8,130	19,644			
AT&T INC	11,204	11,416			
IPATH GSCI TOTAL RETURN	6,764	6,809			
CARDINAL HEALTH INC	10,805	13,380			
CHEVRON TEXACO CORP	5,576	18,494			
CIGNA CORP	9,151	7,489			
COMCAST CORP	3,863	15,323			
CONAGRA FOODS					
COSTCO WHSL CORP	7,277	31,575			
EVERGY INC	7,588	10,162			
EXPRESS SCRIPTS HOLDINGS					
GENERAL ELECTRIC					
GREAT PLAINS ENERGY					
HONEYWELL INTERNATIONAL	6,743	27,745			
MICROSOFT CORP	11,366	30,471			
NUVEEN SHORT TERM BOND FUND	47,921	47,453			
TARGET CORP	10,908	19,827			
XCEL ENERGY	13,338	27,099			
VANGUARD	16,435	14,914			
3M CORPORATION	8,482	23,818			

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TY 2018 Other Expenses Sche	dule					
Name:	SIMONS FAMILY	/ FOUNDATION				
EIN:	EIN: 41-1957458					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
BANK FEES	60	60				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491256002039						
TY 2018 Other Income Schedule								
Name:	SIMONS FAMILY I	FOUNDATION						
EIN:	41-1957458							
Other Income Schedule								

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
OTHER REVENUE	200					

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data -	•	DLN	N: 93491256002039			
TY 2018 Other Professional Fees Schedule							
Name: SIMONS FAMILY FOUNDATION							
EII	EIN: 41-1957458						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

3,471

3,471

INVESTMENT FEES

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TY 2018 Taxes Schedule							
Name: SIMONS FAMILY FOUNDATION EIN: 41-1957458							
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
MN FILING FEE		25	25				
TAXES	,	125	125				