

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE JAMF NATION GLOBAL FOUNDATION		A Employer identification number 46-1591030	
Number and street (or P.O. box number if mail is not delivered to street address) 100 WASHINGTON AVE S NO 1100		Room/suite	B Telephone number (see instructions) (612) 605-6625
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 384,373	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	250,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	250,000	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,778	0		3,778
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,378	0		2,718
	24 Total operating and administrative expenses. Add lines 13 through 23	7,156	0		6,496
	25 Contributions, gifts, grants paid	244,249			344,113
	26 Total expenses and disbursements. Add lines 24 and 25	251,405	0		350,609
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-1,405			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	40,164	34,373	34,373		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ 350,000 Less allowance for doubtful accounts ▶ _____	444,817	350,000	350,000		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	660	0	0		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	485,641	384,373	384,373			
Liabilities	17	Accounts payable and accrued expenses	0	137			
	18	Grants payable	200,000	100,000			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	200,000	100,137			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	285,641	284,236			
30	Total net assets or fund balances (see instructions)	285,641	284,236				
31	Total liabilities and net assets/fund balances (see instructions) .	485,641	384,373				

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 285,641
2	Enter amount from Part I, line 27a	2 -1,405
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 284,236
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 284,236

Part IV Capital Gains and Losses for Tax on Investment Income

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

(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)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	335,478	1,548	216 717054
2016	161,912	92,569	1 749095
2015	221,553	129,141	1 715590
2014	76,586	140,557	0 544875
2013	24,655	56,263	0 438210

2 Total of line 1, column (d)	2	221 164824
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	44 232965
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	161,310
5 Multiply line 4 by line 3	5	7,135,220
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	7,135,220
8 Enter qualifying distributions from Part XII, line 4	8	350,609

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► LIBBY SIMONETTE Telephone no ► (612) 605-6625			

Located at **►** 100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS MN ZIP+4 **►** 55401

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>	15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years ► 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	163,767
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	163,767
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	163,767
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,457
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	161,310
6	Minimum investment return. Enter 5% of line 5.	6	8,066

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

1	Minimum investment return from Part X, line 6.	1	8,066
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	8,066
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	8,066
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	8,066

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	350,609
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	350,609
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	350,609

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				8,066
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	21,842			
b From 2014.	69,558			
c From 2015.	215,096			
d From 2016.	157,284			
e From 2017.	335,401			
f Total of lines 3a through e.	799,181			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 350,609				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				8,066
e Remaining amount distributed out of corpus	342,543			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,141,724			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	21,842			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,119,882			
10 Analysis of line 9				
a Excess from 2014.	69,558			
b Excess from 2015.	215,096			
c Excess from 2016.	157,284			
d Excess from 2017.	335,401			
e Excess from 2018.	342,543			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-11-11	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KACIE MCEWEN				P01599614
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526				Phone no (612) 332-4300

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DEAN HAGER	CHAIR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
JILL PUTMAN	TREASURER (1/1/18 - 5/31/18) 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
LIBBY SIMONETTE	TREASURER (STARTING 6/1/18) 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
ANN MARIE CHRUDIMSKY	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
OLA CHRUSCIEL	DIRECTOR (STARTING 6/1/18) 0 00	0	0	0
6/7 UL ZABLOCKIEGO SOSNOWIEC 41-219 PL				
TODD EBERSVILLER	DIRECTOR (STARTING 6/1/18) 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
ZACH HALMSTAD	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
TIM HARTZEL	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
MEGHAN HUTCHINS	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
JOHN MILLER	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
CHIP PEARSON	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
NICK TENBRINK	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
CARLY WIRKUS	DIRECTOR 0 50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADAMS SPANISH IMMERSION SCHOOL 615 CHATSWORTH ST S SAINT PAUL, MN 55102	NONE	PC	EDUCATION & RESEARCH	2,775
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH STREET CHICAGO, IL 60601	NONE	PC	EDUCATION & RESEARCH	35
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	NONE	PC	HEALTH	100
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD SUITE 100 EAGAN, MN 55121	NONE	PC	HEALTH	1,072
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	PC	EDUCATION & RESEARCH/HUMAN SERVICES	50
AMERICAN DIABETES ASSOCIATION INC 2421 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	PC	HEALTH	440
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PC	HEALTH	300
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES PO BOX 37839 BOONE, IA 500370839	NONE	PC	HEALTH	300
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE 500 MINNEAPOLIS, MN 55413	NONE	PC	HUMAN SERVICES	800
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMYOTROPHIC LATERAL SCLEROSIS ASSN MASSACHUSETTS CHAPTER INC 685 CANTON ST SUITE 103 NORWOOD, MA 02062	NONE	PC	HEALTH	225
ANIMAL HUMANE SOCIETY 845 MEADOW LANE N GOLDEN VALLEY, MN 55422	NONE	PC	ANIMALS	875
APP CAMP FOR GIRLS PMB 236 4110 SE HAWTHORNE BLVD PORTLAND, OR 97214	NONE	PC	HUMAN SERVICES	4,800
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
APPLE PREGNANCY CARE CENTER INC 2600 STEIN BLVD EAU CLAIRE, WI 54701	NONE	PC	HEALTH	500
ASIAN WOMEN UNITED OF MINNESOTA PO BOX 6223 MINNEAPOLIS, MN 55406	NONE	PC	HUMAN SERVICES	50
ASPCAPO BOX 96929 WASHINGTON, DC 20090	NONE	PC	ANIMALS	50
Total ▶ 3a				344,113


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSOCIATION OF SAINT PHILIP NERI UL ST FILIPA NERI 1 BYTOW 77-100 PL	NONE	PC	INTERNATIONAL	2,000
AVALON FOUNDATION UL DOMANIEWSKA 50A WARSAW PL	NONE	PC	INTERNATIONAL	297
BACKCOUNTRY HUNTERS AND ANGLARS 725 W ALDER SUITE 11 MISSOULA, MT 59802	NONE	PC	HUMAN SERVICES	25
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BECAUSE INTERNATIONAL 120 9TH AVE SOUTH SUITE 110 NAMPA, ID 83651	NONE	PC	HUMAN SERVICES	841
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PC	ANIMALS	40
BICYCLE ALLIANCE OF MINNESOTA 3745 MINNEHAHA AVE MINNEAPOLIS, MN 55406	NONE	PC	EDUCATION & RESEARCH	200
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF NORTHWESTERN WISCONSIN 424 GALLOWAY STREET EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	1,380
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES 2550 UNIVERSITY AVE W STE 410 N ST PAUL, MN 55114	NONE	PC	HUMAN SERVICES	25
BOYS & GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY INC 1005 OXFORD AVENUE EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	3,750
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRIGHTSTAR WISCONSIN FOUNDATION INC 710 N PLANKINTON AVE 340 MILWAUKEE, WI 53203	NONE	PC	HUMAN SERVICES	1,000
CABLE NATURAL HISTORY MUSEUM INC 13470 COUNTY HWY M CABLE, WI 54821	NONE	PC	ARTS & CULTURE	200
CAN DO CANINES 9440 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	NONE	PC	ANIMALS	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES3710 EAST AVE S LA CROSSE, WI 546017215	NONE	PC	HUMAN SERVICES	100
CEREBRAL PALSY FOUNDATION 3 COLUMBUS CIRCLE NEW YORK, NY 10019	NONE	PC	HEALTH	50
CHARITY NAVIGATOR 139 HARRISTOWN RD SUITE 101 GLEN ROCK, NJ 07452	NONE	PC	EDUCATION & RESEARCH	100
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN FIRST6425 W 33RD STREET ST LOUIS PARK, MN 55426	NONE	PC	HUMAN SERVICES	75
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 460 MINNEAPOLIS, MN 55439	NONE	PC	HEALTH	50
CHILDREN'S MINNESOTA 5901 LINCOLN DRIVE EDINA, MN 55436	NONE	PC	HUMAN SERVICES	50
Total  3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS MUSEUM OF EAU CLAIRE INC 220 S BARSTOW ST EAU CLAIRE, WI 54701	NONE	PC	ARTS & CULTURE	3,106
CHIPPEWA FALLS HIGH SCHOOL 1130 MILES STREET CHIPPEWA FALLS, WI 54729	NONE	PC	EDUCATION & RESEARCH -FIRST ROBOTICS	2,500
CHIPPEWA VALLEY HABITAT FOR HUMANITY INC 923 S HASTINGS WAY 343 EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES - RESTORE	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHIPPEWA VALLEY WILDLIFE REHABILITATION LTD 8135 BURNELL DRIVE EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	3,945
CIVIL AIR PATROL - EAU CLAIRE COMPOSITE SQUADRON 3800 STARR AVENUE EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	352
CODE SAVVYPO BOX 16628 ST LOUIS PARK, MN 55416	NONE	PC	HUMAN SERVICES	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLLECTIVE CHOIR2409 5TH ST EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	750
COLON CANCER COALITION 5666 LINCOLN DRIVE SUITE 270 EDINA, MN 55436	NONE	PC	HEALTH	203
COMMUNITY PARKS ASSOCIATION PO BOX 741 EAU CLAIRE, WI 547020741	NONE	PC	HUMAN SERVICES	1,850
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMO FRIENDS1225 ESTABROOK DR ST PAUL, MN 55103	NONE	PC	HUMAN SERVICES	59
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80997	NONE	PC	INTERNATIONAL	500
COOL EFFECT 919 SIR FRANCIS DRAKE BLVD SUITE 201 KENTFIELD, CA 94904	NONE	PC	ENVIRONMENTAL	500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HIGHWAY SUITE 600 BETHESDA, MD 20814	NONE	PC	HEALTH	1,500
DANA FARBER CANCER INSTITUTE 77 4TH AVENUE NEEDHAM, MA 02494	NONE	PC	HEALTH	250
DODGE NATURE CENTER 365 MARIE AVE W WEST ST PAUL, MN 55118	NONE	PC	ENVIRONMENTAL	1,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DONORS CHOOSE 134 WEST 37TH ST 11TH FLOOR NEW YORK, NY 10018	NONE	PC	EDUCATION & RESEARCH	605
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PC	ANIMALS	70
EAGLE HEIGHTS SPANISH IMMERSION SCHOOL 13400 STARING LAKE PARKWAY EDEN PRAIRIE, MN 55347	NONE	PC	EDUCATION & RESEARCH	3,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EASTSIDE MEALS ON WHEELS 1510 33RD AVE NE MPLS, MN 55418	NONE	PC	HUMAN SERVICES	100
EAU CLAIRE AREA DEVELOPMENT CORPORATION 7 S DEWEY ST SUITE 101 EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	3,000
EAU CLAIRE BABE RUTH BASEBALL PO BOX 1261 EAU CLAIRE, WI 54702	NONE	PC	HUMAN SERVICES	1,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAU CLAIRE COMMUNITY FOUNDATION 306 S BARSTOW ST SUITE 104 EAU CLAIRE, WI 54701	NONE	PC	ARTS & CULTURE	100
EAU CLAIRE COUNTY HUMANE ASSOCIATION 3900 OLD TOWN HALL ROAD EAU CLAIRE, WI 54701	NONE	PC	ANIMALS	440
EAU CLAIRE JAZZ INCPO BOX 1401 EAU CLAIRE, WI 547021401	NONE	PC	HUMAN SERVICES	520
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
EAU CLAIRE PUBLIC SCHOOLS FOUNDATION INC 500 MAIN ST PO BOX 511 EAU CLAIRE, WI 547013770	NONE	PC	EDUCATION & RESEARCH	14,725
ELECTRONIC FRONTIER FOUNDATION 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	PC	EDUCATION & RESEARCH	310
FACE TO FACE HEALTH & COUNSELING SERVICE INC 1165 ARCADE STREET ST PAUL, MN 55106	NONE	PC	HEALTH	250
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FALL CREEK BOOSTER CLUB 336 E HOOVER AVE FALL CREEK, WI 54742	NONE	PC	EDUCATION & RESEARCH	675
FEED MY PEOPLE INC2610 ALPINE RD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	11,109
FEED MY STARVING CHILDREN 401 93RD AVENUE NW MINNEAPOLIS, MN 55433	NONE	PC	HUMAN SERVICES	1,045
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	NONE	PC	HUMAN SERVICES	50
FISHING HAS NO BOUNDARIES HAYWARD WISCONSIN PO BOX 375 HAYWARD, WI 54843	NONE	PC	HUMAN SERVICES	2,500
FISTULA FOUNDATION 1922 THE ALAMEDA SUITE 302 SAN JOSE, CA 95126	NONE	PC	HEALTH	103
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLAMBOYAN FOUNDATION INC 1730 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	PC	EDUCATION & RESEARCH	43
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	PC	HUMAN SERVICES - FOOD PANTRY	60
FRASER3333 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	NONE	PC	HUMAN SERVICES	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FRIENDS OF COONLEY 4046 N LEAVITT ST CHICAGO, IL 60618	NONE	PC	HUMAN SERVICES	50
FRIENDS OF SCOUTING - PINE TREE COUNCIL BSA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	PC	HUMAN SERVICES	250
FRIENDS OF SCOUTING 710 S HASTINGS WAY EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	25
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GENESYS WORKS 445 MINNESOTA ST SUITE 720 ST PAUL, MN 55101	NONE	PC	HUMAN SERVICES	50
GIVE TO THE MAX410 93RD AVE NW MINNEAPOLIS, MN 55433	NONE	PC	HUMAN SERVICES	781
GOLDEN GATE NATIONAL PARKS CONSERVANCY BUILDING 201 FORT MASON SAN FRANCISCO, CA 94123	NONE	PC	ENVIRONMENTAL	60
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	NONE	PC	HUMAN SERVICES	214
GUADALUPE MONTESSORI SCHOOL 1731 NORTH ALABAMA STREET SILVER CITY, NM 88061	NONE	PC	EDUCATION & RESEARCH	500
HABITAT FOR HUMANITY 1100 W CERMAK RD STE 404 CHICAGO, IL 60608	NONE	PC	HUMAN SERVICES	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 317093498	NONE	PC	HUMAN SERVICES	100
HANDS IN OUTREACH 1504 SILVER STREET SHEFFIELD, MA 01257	NONE	PC	HUMAN SERVICES	890
HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVE S MINNEAPOLIS, MN 55407	NONE	PC	HUMAN SERVICES	500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE	PC	ANIMALS	50
HENNEPIN COUNTY SPECIAL GIFT FUND 300 SOUTH 6TH ST MINNEAPOLIS, MN 55487	NONE	PC	HUMAN SERVICES	1,000
HOOVED ANIMAL HUMANE SOCIETY 10714 MCCONNELL RD WOODSTOCK, IL 60098	NONE	PC	ANIMALS	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE VILLAGE - TINY HOUSING ALTERNATIVES INC 4140 126TH ST CHIPPEWA FALLS, WI 54729	NONE	PC	HUMAN SERVICES	5,950
HORIZONS FOR YOUTH 703 W MONROE ST CHICAGO, IL 60661	NONE	PC	HUMAN SERVICES	5,000
HOUSE OF CHARITY510 SOUTH 8TH ST MINNEAPOLIS, MN 55401	NONE	PC	HUMAN SERVICES	500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	PC	HEALTH	50
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PC	HEALTH	2,940
JEREMIAH PROGRAM 1510 LAUREL AVENUE MINNEAPOLIS, MN 55403	NONE	PC	HUMAN SERVICES	125
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOSEPHS COAT INC1107 W 7TH ST ST PAUL, MN 55102	NONE	PC	HUMAN SERVICES	2,500
JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST 1800 WHITE BEAR AVENUE NORTH WHITE BEAR LAKE, MN 55109	NONE	PC	EDUCATION & RESEARCH	50
JUSTUS HEALTH2577 TERRITORIAL RD ST PAUL, MN 55114	NONE	PC	HEALTH	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS FROM WISCONSIN 640 S 84TH STREET MILWAUKEE, WI 53214	NONE	PC	HUMAN SERVICES	200
KIDSAVE INTERNATIONAL INC 4326 QUEENS WAY MINNETONKA, MN 55345	NONE	PC	HUMAN SERVICES	6,000
KUT RADIO300 W DEAN KEETON A0704 AUSTIN, TX 787121061	NONE	PC	ARTS & CULTURE	60
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEAGUE FOR ANIMAL WELFARE 4193 TAYLOR RD BATAVIA, OH 45103	NONE	PC	ANIMALS	1,000
LIL' RASCALS RESCUEPO BOX 234 THORP, WI 54771	NONE	PC	ANIMALS	50
LITERACY CHIPPEWA VALLEY 510 S FARWELL ST EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	2,500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LUGINBILL CHILDRENS FOUNDATION INC PO BOX 996 EAU CLAIRE, WI 54702	NONE	PC	HUMAN SERVICES	100
LUTHERAN SOCIAL SERVICE OF MN 11148 MANHATTAN POINT BLVD CROSSLAKE, MN 56443	NONE	PC	HUMAN SERVICES	250
MALAYAKA HOUSE INCPO BOX 9352 BURLINGTON, VT 054079352	NONE	PC	HUMAN SERVICES	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MATTER7005 OXFORD STREET ST LOUIS PARK, MN 55426	NONE	PC	HUMAN SERVICES	6,000
MEHARA SHRINE CLUBPO BOX 662 EAU CLAIRE, WI 54720	NONE	PC	HUMAN SERVICES	1,500
MESSIAH LUTHERAN SCHOOL 2015 N HASTINGS WAY EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE 184 ANNAPOLIS, MD 21401	NONE	PC	EDUCATION & RESEARCH	500
MIDTOWN GREENWAY COALITION 2834 10TH AVE S MINNEAPOLIS, MN 55407	NONE	PC	EDUCATION & RESEARCH	200
MILL CITY FARMERS MARKET CHARITABLE FUND 704 S 2ND ST MINNEAPOLIS, MN 55401	NONE	PC	EDUCATION & RESEARCH	2,500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINNEAPOLIS RECREATION DEVELOPMENT INC 7220 YORK AVE S 610 EDINA, MN 55435	NONE	PC	HUMAN SERVICES	2,550
MINNESOTA COLORECTAL CANCER RESEARCH FOUNDATION 2294 STANFORD COURT ST PAUL, MN 55105	NONE	PC	HEALTH	500
MINNESOTA FIGHTING AIDS ON BIKES PO BOX 8909 MINNEAPOLIS, MN 55408	NONE	PC	HEALTH	250
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 15TH AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	1,574
MINNESOTA LAND TRUST 2356 UNIVERSITY AVENUE WEST SUITE 240 MINNEAPOLIS, MN 55114	NONE	PC	HUMAN SERVICES	28
MINNESOTA MILK BANK FOR BABIES 2525 NEVADA AVE N SUITE 304 GOLDEN VALLEY, MN 55427	NONE	PC	HUMAN SERVICES	53
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 55101	NONE	PC	ARTS & CULTURE	1,165
MINNESOTA SPAY NEUTER ASSISTANCE PROGRAM PROFESSIONAL CORPORATION 2822 WASHINGTON AVENUE N MINNEAPOLIS, MN 55411	NONE	PC	ANIMALS	5,500
MOTHER BEAR PROJECTPO BOX 62188 MINNEAPOLIS, MN 55426	NONE	PC	HUMAN SERVICES	75
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	PC	HEALTH	4,534
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) PO BOX 0984 EAU CLAIRE, WI 54701	NONE	PC	HEALTH	1,056
NATIONAL BEEP BASEBALL ASSOCIATION 4319 JEFFERS ROAD SUITE 201 EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	2,500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
NATIONAL BRAIN TUMOR FOUNDATION 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458	NONE	PC	HEALTH	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	PC	HEALTH	1,360
NORTHERN VOICES 1660 COUNTY RD B WEST ROSEVILLE, MN 55113	NONE	PC	HUMAN SERVICES	50
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPEN ARMS 2500 BLOOMINGTON AVE SOUTH MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	750
OPEN EYE FIGURE THEATRE 506 E 24TH STREET MINNEAPOLIS, MN 55404	NONE	PC	ARTS & CULTURE	350
ORCHARD LAKE ELEMENTARY PTO 16531 KLAMATH TRL LAKEVILLE, MN 55044	NONE	PC	EDUCATION & RESEARCH	80
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEACE LUTHERAN CHURCH 501 E FILLMORE AVE EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	1,000
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	PC	HEALTH	100
PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA 671 VANDALIA ST ST PAUL, MN 55114	NONE	PC	HEALTH	1,107
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVENUE DALLAS, TX 752314552	NONE	PC	HEALTH	50
PLANNED PARENTHOOD OF METROPOLITAN WASHINGTON DC INC PO BOX 97166 WASHINGTON DC, DC 200907166	NONE	PC	HEALTH	50
POLSKIE STOWARZYSZENIE UL PULAWSKA2 WARSAW 02-566 PL	NONE	PC	INTERNATIONAL	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRATT PARENT TEACHER ORGANIZATION 66 MALCOLM AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	NONE	PC	EDUCATION & RESEARCH	250
PROJECT PROM USA 4549 FRANCE AVE N ROBBINSDALE, MN 55422	NONE	PC	HUMAN SERVICES	1,500
PROLIFE ACROSS AMERICA PO BOX 18669 MINNEAPOLIS, MN 55418	NONE	PC	HEALTH	1,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PTA WISCONSIN CONGRESS 1000 E FILLMORE AVE EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	150
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER ROAD STE 1000 SILVER SPRING, MD 20910	NONE	PC	HEALTH	100
RAGOM - RETRIEVE A GOLDEN OF THE MIDWEST 5800 BAKER RD 120 MINNETONKA, MN 55345	NONE	PC	ANIMALS	303
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RECLAIM771 RAYMOND AVE ST PAUL, MN 55119	NONE	PC	HUMAN SERVICES	5,000
ROBBINSDALE WOMEN'S CENTER 3826 W BROADWAY AVE ROBBINSDALE, MN 55422	NONE	PC	HEALTH	1,000
RONALD MCDONALD HOUSE CHARITIES UPPER MIDWEST 818 FULTON STREET SE MINNEAPOLIS, MN 55414	NONE	PC	HUMAN SERVICES	1,500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SAINT PAUL ACADEMY 1712 RANDOLPH AVE SAINT PAUL, MN 55105	NONE	PC	EDUCATION & RESEARCH	500
SAINT PAUL CHAMBER ORCHESTRA 408 SAINT PETER STREET 3RD FLOOR ST PAUL, MN 55102	NONE	PC	ARTS & CULTURE	300
SALVATION ARMY 11315 W WATERTON PLANK RD WAUWATOSA, WI 53226	NONE	PC	HUMAN SERVICES	100
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCLERODERMA FOUNDATION 300 ROSEWOOD DRIVE SUITE 105 DANVERS, MA 01923	NONE	PC	HEALTH	120
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 55109	NONE	PC	HUMAN SERVICES	502
SECONDHAND HOUNDS 5959 BAKER RD SUITE 390 MINNETONKA, MN 55345	NONE	PC	ANIMALS	321
Total ► 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SHARE OUR STRENGTH INC 1030 15TH STREET NW SUITE 1100 W WASHINGTON, DC 20005	NONE	PC	HUMAN SERVICES - NO KID HUNGRY	5,000
SHARING AND CARING HANDS INC 525 N 7TH ST MINNEAPOLIS, MN 55405	NONE	PC	HUMAN SERVICES	50
SILICON NORTH STARS 3723 GLENDALE TERRACE MINNEAPOLIS, MN 55410	NONE	PC	EDUCATION & RESEARCH	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SIMPSON HOUSING SERVICES 2100 PILLSBURY AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	37
SITSTAYREAD INC2849 N CLARK ST CHICAGO, IL 60657	NONE	PC	EDUCATION & RESEARCH	2,600
SOUTHVIEW ELEMENTARY 1025 WHITNEY DR APPLE VALLEY, MN 55124	NONE	PC	EDUCATION & RESEARCH	72
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPAM FC SCHOLARSHIP FOUNDATION 2804 HAMPSHIRE AVE S ST LOUIS PARK, MN 55426	NONE	PC	EDUCATION & RESEARCH	330
SPECIAL OLYMPICS - MINNESOTA 900 2ND AVE S SUITE 300 MINNEAPOLIS, MN 55402	NONE	PC	HUMAN SERVICES	150
SPECIAL OLYMPICS IOWA INC PO BOX 620 GRIMES, IA 50111	NONE	PC	HUMAN SERVICES	25
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DRIVE SUITE 1000 MADISON, WI 53718	NONE	PC	HUMAN SERVICES	709
ST FRANCIS FOOD PANTRY 1221 TRUAX BLVD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES - FOOD PANTRY	100
ST JOHN THE BAPTIST CATHOLIC SCHOOL 12508 LYNN AVENUE SAVAGE, MN 55378	NONE	PC	EDUCATION & RESEARCH	500
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST STEPHEN'S HUMAN SERVICES INC 2309 NICOLET AVE MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	106
STITCHING NEDERLAND CARES BARBARA STROZZILAAN 101 1083 HN AMSTERDAM NL	NONE	PC	HUMAN SERVICES	28
STOUT UNIVERSITY FOUNDATION INC 320 S BROADWAY MENOMONIE, WI 54751	NONE	PC	EDUCATION & RESEARCH	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUCCESS BEYOND THE CLASSROOM INC 2 PINE TREE DR SUITE 101 ARDEN HILLS, MN 55112	NONE	PC	EDUCATION & RESEARCH - STEMLINK	7,800
SURFRIDER FOUNDATIONPO BOX 6010 SAN CLEMENTE, CA 926746010	NONE	PC	HUMAN SERVICES	250
SUSAN G KOMEN AUSTIN PO BOX 161927 AUSTIN, TX 78716	NONE	PC	HEALTH	50
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TAMARISK15531 CENTRAL AVE N HAM LAKE, MN 55304	NONE	PC	HUMAN SERVICES	1,000
TEAM WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98603	NONE	PC	HEALTH	250
TEN THOUSAND THINGS THEATRE 3153 36TH AVE SOUTH MPLS, MN 55406	NONE	PC	ARTS & CULTURE	3,600
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE ALS ASSOCIATION MINNESOTANORTH DAKOTASOUTH DAKOTA 333 N WASHINGTON AVE SUITE 105 MINNEAPOLIS, MN 55401	NONE	PC	HEALTH	50
THE ALS ASSOCIATION ORANGE COUNTY CHAPTER 3002 DOW AVENUE SUITE 524 TUSTIN, CA 92780	NONE	PC	HEALTH	50
THE COMMUNITY TABLE320 PUTNAM ST EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	1,000
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE REACH FOUNDATION INC 2205 HEIMSTEAD ROAD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	3,625
THE SHERIDAN STORY2723 PATTON RD ROSEVILLE, MN 55113	NONE	PC	HUMAN SERVICES	116
THE WILDCAT SANCTUARYPO BOX 314 SANDSTONE, MN 55072	NONE	PC	ANIMALS - GIVE TO THE MAX DAY DONATION	500
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THREE LITTLE PITTIES RESCUE 7910 STRATFORD HALL DR ROSHARON, TX 77583	NONE	PC	ANIMALS	35
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	PC	EDUCATION & RESEARCH	25
TWIN CITIES HABITAT FOR HUMANITY INC 1954 UNIVERSITY AVE W ST PAUL, MN 55104	NONE	PC	HUMAN SERVICES	5,000
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TWIN CITIES MAKERS - THE HACK FACTORY 3119 E 26TH ST MINNEAPOLIS, MN 55406	NONE	PC	HUMAN SERVICES	100
TWIN CITIES PUBLIC TELEVISION INC 172 EAST 4TH STREET SAINT PAUL, MN 55101	NONE	PC	ARTS & CULTURE	60
UNICEF USA125 MAIDEN LANE NEW YORK, NY 10038	NONE	PC	HUMAN SERVICES	500
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	NONE	PC	EDUCATION & RESEARCH	1,500
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 598077159	NONE	PC	EDUCATION & RESEARCH	50
UNIVERSITY OF WISCONSIN EAU CLAIRE FOUNDATION 105 GARFIELD AVEUNE PO BOX 4004 EAU CLAIRE, WI 54702	NONE	PC	EDUCATION & RESEARCH	108,725
Total ▶ 3a				344,113


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
URBAN BOATBUILDERS INC 2288 UNIVERSITY AVENUE WEST ST PAUL, MN 55114	NONE	PC	HUMAN SERVICES	200
UW CARBONE CANCER CENTER 600 HIGHLAND AVE MADISON, WI 53792	NONE	PC	HEALTH	100
VISION LOSS RESOURCES 1936 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55403	NONE	PC	HEALTH	500
Total ▶ 3a				344,113

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOYAGEURS NATIONAL PARK ASSOCIATION 126 N THIRD ST 400 MINNEAPOLIS, MN 55401	NONE	PC	HUMAN SERVICES	64
WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL INC 23122 WHITEHALL RD PO BOX 125 INDEPENDENCE, WI 54747	NONE	PC	EDUCATION & RESEARCH	3,000
WHITE BEAR AREA EMERGENCY FOOD SHELF 1884 WHITAKER ST WHITE BEAR LAKE, MN 55112	NONE	PC	HUMAN SERVICES - GIVE TO THE MAX	88
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHITE BEAR MONTESSORI SCHOOL 1201 EAST COUNTY ROAD E WHITE BEAR LAKE, MN 55110	NONE	PC	EDUCATION & RESEARCH	700
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON DC, CA 200908204	NONE	PC	EDUCATION & RESEARCH	100
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVE MADISON, WI 53706	NONE	PC	ARTS & CULTURE	100
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WISDOM INC 2821 N PHILLIPS AVE STE 217 MILWAUKEE, WI 53212	NONE	PC	HUMAN SERVICES	270
WOMEN'S GIVING CIRCLE (EAU CLAIRE COMMUNITY FOUNDATION) 306 S BARSTOW ST SUITE 104 EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	150
YMCA EAU CLAIRE700 GRAHAM AVE EAU CLAIRE, WI 54701	NONE	PC	HEALTH	400
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA OF THE TWIN CITIES 550 OPPERMAN DR EAGAN, MN 55123	NONE	PC	HEALTH	50
YOUNG LIFE420 N CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	PC	RELIGIOUS	200
ZERO - THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	PC	HEALTH	5,150
Total ▶ 3a				344,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ZILKER THEATER PRODUCTIONS PO BOX 202588 AUSTIN, TX 78720	NONE	PC	ARTS & CULTURE	150
Total  3a				344,113

TY 2018 Accounting Fees Schedule**Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	3,778	0		3,778

TY 2018 Other Expenses Schedule**Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	151	0		151
MN REGISTRATION FEES	25	0		25
SOFTWARE	660	0		0
APPAREL	2,336	0		2,336
OFFICE SUPPLIES	206	0		206

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491317019319							
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Go to www.irs.gov/Form990 for the latest information</div>			<div>OMB No 1545-0047</div> <div>2018</div>						
<div>Name of the organization</div> <div>THE JAMF NATION GLOBAL FOUNDATION</div>				<div>Employer identification number</div> <div>46-1591030</div>							
<div>Organization type (check one)</div>											
<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>						<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>					
<div>Check if your organization is covered by the General Rule or a Special Rule.</div> <div>Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions</div>											
<div>General Rule</div> <div><input checked="" type="checkbox"/> For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions</div>											
<div>Special Rules</div> <div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc , purpose Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$</div>											
<div>Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)</div>											
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF</div> <div>Cat No 30613X</div> <div>Schedule B (Form 990, 990-EZ, or 990-PF) (2018)</div>											

Name of organization THE JAMF NATION GLOBAL FOUNDATION	Employer identification number 46-1591030
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMF SOFTWARE LLC 100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

46-1591030

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE JAMF NATION GLOBAL FOUNDATION	Employer identification number 46-1591030
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	