

For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                              |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br>THE HEAD FAMILY FOUNDATION                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     | A Employer identification number<br>20-2032551                                                                                                                               |                                                                                                                  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>11100 WAYZATA BLVD STE 230                                                                                                                                                                                                |                                                                                                                                                                                                     | Room/suite                                                                                                                                                                   | B Telephone number (see instructions)<br>(952) 681-2891                                                          |
| City or town, state or province, country, and ZIP or foreign postal code<br>MINNETONKA, MN 55305                                                                                                                                                                                                               |                                                                                                                                                                                                     | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |                                                                                                                  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                     | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |                                                                                                                  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><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) ▶ \$ 8,396,263                                                                                                                                                                                                              | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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)                                                | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input checked="" type="checkbox"/> If the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                                  | 3,260                              | 3,260                     |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                              | 129,809                            | 129,809                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10 _____                                                  | 309,509                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____<br>1,344,719                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                                      |                                    | 309,272                   |                         |                                                             |
|                                                                                                                                                                     | 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) . . . . .                                                                     | 15                                 | 15                        |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                                      | 442,593                            | 442,356                   |                         |                                                             |
|                                                                                                                                                                     | 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) . . . . .                                                                   | 3,775                              | 1,888                     |                         | 1,887                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                           | 22,931                             | 22,931                    |                         | 0                                                           |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                                         | 25                                 | 0                         |                         | 25                                                          |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                               | 26,731                             | 24,819                    |                         | 1,912                                                       |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                  | 386,104                            |                           |                         | 386,104                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                        | 412,835                            | 24,819                    |                         | 388,016                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                             | 29,758                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                                |                                    | 417,537                   |                         |                                                             |
| 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                                                                                                       | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                 | 9,457                                                                                                               | 50,873         | 50,873                |  |
|                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                    | 459,465                                                                                                             | 1,399,654      | 1,399,654             |  |
|                                                                                                              | <b>3</b> Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                         |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>4</b> Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                          |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                         |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .   |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                          |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                               |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                     |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                                |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                             | 2,819,491                                                                                                           | 2,945,260      | 2,945,260             |  |
|                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                             |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>12</b> Investments—mortgage loans . . . . .                                                                                               |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>13</b> Investments—other (attach schedule) . . . . .                                                                                      | 4,837,672                                                                                                           | 4,000,476      | 4,000,476             |  |
|                                                                                                              | <b>14</b> Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                            |                                                                                                                     |                |                       |  |
| <b>15</b> Other assets (describe ▶ _____)                                                                    |                                                                                                                                              |                                                                                                                     |                |                       |  |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 8,126,085                                                                                                                                    | 8,396,263                                                                                                           | 8,396,263      |                       |  |
| Liabilities                                                                                                  | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                    |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                           |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                         |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                           |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                      |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                               | 1,534                                                                                                               | 8,351          |                       |  |
| <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                       | 1,534                                                                                                                                        | 8,351                                                                                                               |                |                       |  |
| Net Assets or Fund Balances                                                                                  | <b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>24</b> Unrestricted . . . . .                                                                                                             |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>25</b> Temporarily restricted . . . . .                                                                                                   |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>26</b> Permanently restricted . . . . .                                                                                                   |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                                                                                                                     |                |                       |  |
|                                                                                                              | <b>27</b> Capital stock, trust principal, or current funds . . . . .                                                                         | 0                                                                                                                   | 0              |                       |  |
|                                                                                                              | <b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund                                                                      | 0                                                                                                                   | 0              |                       |  |
|                                                                                                              | <b>29</b> Retained earnings, accumulated income, endowment, or other funds                                                                   | 8,124,551                                                                                                           | 8,387,912      |                       |  |
|                                                                                                              | <b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                              | 8,124,551                                                                                                           | 8,387,912      |                       |  |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 8,126,085                                                                                                                                    | 8,396,263                                                                                                           |                |                       |  |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                             |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> 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) . . . . . | <b>1</b> | 8,124,551 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 29,758    |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> | 241,954   |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 8,396,263 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 8,351     |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | <b>6</b> | 8,387,912 |

**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,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a PUBLICLY TRADED SECURITIES</b>                                                                                                |                                                 |                                         |                                     |
| <b>b PUBLICLY TRADED SECURITIES</b>                                                                                                  |                                                 |                                         |                                     |
| <b>c CAPITAL GAIN DISTRIBUTIONS</b>                                                                                                  |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                             |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                             |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 1,315,580       |                                               | 1,034,120                                          | 281,460                                         |
| <b>b</b> 22,715          |                                               | 1,327                                              | 21,388                                          |
| <b>c</b> 6,424           |                                               |                                                    | 6,424                                           |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | 281,460                                                                                         |
| <b>b</b>                                                                                    |                                         |                                                  | 21,388                                                                                          |
| <b>c</b>                                                                                    |                                         |                                                  | 6,424                                                                                           |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                                              |          |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|
| <b>2</b> Capital gain net income or (net capital loss) <div style="float: right; text-align: right;">           { If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div> | <b>2</b> | 309,272 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8                      | <b>3</b> |         |

**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)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                 | 439,691                                  | 7,833,515                                    | 0 056129                                                  |
| 2016                                                                 | 376,128                                  | 6,423,408                                    | 0 058556                                                  |
| 2015                                                                 | 294,015                                  | 5,659,230                                    | 0 051953                                                  |
| 2014                                                                 | 274,566                                  | 6,039,533                                    | 0 045461                                                  |
| 2013                                                                 | 197,750                                  | 5,730,208                                    | 0 034510                                                  |

|                                                                                                                                                                                          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                     | <b>2</b> | 0 246609  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0 049322  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                    | <b>4</b> | 8,092,291 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                       | <b>5</b> | 399,128   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                      | <b>6</b> | 4,175     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                               | <b>7</b> | 403,303   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                            | <b>8</b> | 388,016   |

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)**

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</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 . . . . .                                                                         | <b>1</b>  | 8,351 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0     |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 8,351 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 8,351 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 0     |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> | 0     |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 0     |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                               | <b>8</b>  | 153   |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                                                                             | <b>9</b>  | 8,504 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                                                                                 | <b>10</b> |       |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                                         | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                 | Yes       | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                        | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>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</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                  | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br><b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____                                                                                                                                                |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____                                                                                                                                                                                                 |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                            | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                 | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                      | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> MN _____                                                                                                                                                                                                                               |           |     |
| <b>b</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? <i>If "No," attach explanation</i> .                                                                                                                                   | <b>8b</b> | Yes |
| <b>9</b> 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. <i>If "Yes," complete Part XIV</i> . . . . .                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                   | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A                                                 | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>►</b> CEANN COMPANY LLC Telephone no <b>►</b> (952) 681-2891                                                                                                         |           |            |           |

Located at **►** 11100 WAYZATA BOULEVARD SUITE 230 MINNETONKA MN ZIP+4 **►** 55305

|           |                                                                                                                                                                                                                                                                                                                                               |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>                                                                                                                                                                                         | <b>15</b> |            |           |
| <b>16</b> | 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 <b>►</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. <b>►</b> <input type="checkbox"/>                                                                                                                                                | <b>1b</b> |            | <b>No</b> |
| <b>c</b>  | 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? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | 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 <b>►</b> 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                        |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b> | 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>b</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). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</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?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

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

|           |                                                                                                                                                                                                                                            |                                                                     |            |            |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|------------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                              |                                                                     | <b>Yes</b> | <b>No</b>  |
| (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 checked="" type="checkbox"/> Yes <input 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>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.              |                                                                     | <b>5b</b>  | <b>Yes</b> |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                        | <input type="checkbox"/>                                            |            |            |
| <b>c</b>  | 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?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |            |
| <b>6a</b> | 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>6b</b>  | <b>No</b>  |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                               |                                                                     |            |            |
| <b>7a</b> | 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>7b</b>  |            |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                    |                                                                     |            |            |
| <b>8</b>  | 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**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (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 |
| MARTHA M HEAD<br>11100 WAYZATA BOULEVARD STE 230<br>MINNETONKA, MN 55305                                                            | PRESIDENT<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
| MARTHA E H KIRWIN<br>11100 WAYZATA BOULEVARD STE 230<br>MINNETONKA, MN 55305                                                        | SECRETARY<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
| VIRGINIA R HEAD<br>11100 WAYZATA BOULEVARD STE 230<br>MINNETONKA, MN 55305                                                          | TREASURER<br>0 25                                         | 0                                         | 0                                                                     | 0                                     |
| CHRISTOPHER KIRWAN<br>11100 WAYZATA BOULEVARD STE 230<br>MINNETONKA, MN 55305                                                       | DIRECTOR<br>0 25                                          | 0                                         | 0                                                                     | 0                                     |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (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                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       | 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                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> 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 |
|----------|----------|
| <b>1</b> |          |
|          |          |
|          |          |
| <b>2</b> |          |
|          |          |
|          |          |
| <b>3</b> |          |
|          |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**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 |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                  | 0      |

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

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 6,833,534 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 1,381,990 |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 8,215,524 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 8,215,524 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 123,233   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 8,092,291 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 404,615   |

**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.)

|           |                                                                                                            |           |         |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 404,615 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 8,351   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 8,351   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 396,264 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0       |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 396,264 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0       |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 396,264 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 388,016 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 388,016 |
| <b>5</b> | 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. | <b>5</b>  | 0       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 388,016 |

**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)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 396,264     |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2017. . . . .                                                                                                                                                                |               |                            |             | 49,350      |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 49,350        |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 388,016                                                                                                              |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 388,016     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 8,248         |                            |             | 8,248       |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 41,102        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 0             |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 41,102        |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             | 41,102      |
| <b>e</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |

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

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> 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>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> 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>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .                                   |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .                                                                         |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |          |               |          |          |           |
| <b>(4)</b> 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.)**

|                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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) )<br>MARTHA M HEAD                                                                       |  |
| <b>b</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                                                                                                        |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                |  |
| Check here <input checked="" type="checkbox"/> 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. |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed                                                                                                                                                                                                                    |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include                                                                                                                                                                                                                               |  |
| <b>c</b> Any submission deadlines                                                                                                                                                                                                                                                                                                           |  |
| <b>d</b> 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,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                                                                      | Unrelated business income |               | Excluded by section 512, 513, or 514 |                | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|----------------|--------------------------------------------------------------------|
|                                                                                                                                     | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount  |                                                                    |
| <b>1</b> Program service revenue                                                                                                    |                           |               |                                      |                |                                                                    |
| <b>a</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>b</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>c</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>d</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>e</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>f</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>g</b> Fees and contracts from government agencies                                                                                |                           |               |                                      |                |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                                                                     |                           |               |                                      |                |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .                                                            |                           |               | 14                                   | 3,260          |                                                                    |
| <b>4</b> Dividends and interest from securities. . . .                                                                              |                           |               | 14                                   | 129,809        |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                                                                               |                           |               |                                      |                |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                                                                            |                           |               |                                      |                |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                                                                        |                           |               |                                      |                |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                                                                         |                           |               |                                      |                |                                                                    |
| <b>7</b> Other investment income. . . . .                                                                                           |                           |               | 14                                   | 15             |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . .                                                      |                           |               | 18                                   | 309,509        |                                                                    |
| <b>9</b> Net income or (loss) from special events                                                                                   |                           |               |                                      |                |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                                                                            |                           |               |                                      |                |                                                                    |
| <b>11</b> Other revenue <b>a</b> _____                                                                                              |                           |               |                                      |                |                                                                    |
| <b>b</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>c</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>d</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>e</b> _____                                                                                                                      |                           |               |                                      |                |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). . .                                                                               |                           | 0             |                                      | 442,593        | 0                                                                  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .<br>(See worksheet in line 13 instructions to verify calculations ) |                           |               | <b>13</b>                            | <b>442,593</b> | <b>442,593</b>                                                     |

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

|  |  | Yes | No |
|--|--|-----|----|
|--|--|-----|----|

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

|              |           |
|--------------|-----------|
| <b>1a(1)</b> | <b>No</b> |
|--------------|-----------|

|       |    |
|-------|----|
| 1a(2) | No |
|-------|----|

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

|              |           |
|--------------|-----------|
| <b>1b(1)</b> | <b>No</b> |
|--------------|-----------|

|              |           |
|--------------|-----------|
| <b>1b(2)</b> | <b>No</b> |
|--------------|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(3)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(4)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(5)</b> |  | <b>No</b> |
|--------------|--|-----------|

|              |  |           |
|--------------|--|-----------|
| <b>1b(6)</b> |  | <b>No</b> |
|--------------|--|-----------|

|           |  |           |
|-----------|--|-----------|
| <b>1c</b> |  | <b>No</b> |
|-----------|--|-----------|

value  
ue

[illegible]

**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.

\*\*\*\*\* 2019-11-11 \*\*\*\*\* May the IRS discuss this return with the preparer shown below: \_\_\_\_\_

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

(see instr )? ☒ Yes ☐ No

|                            |                      |      |      |
|----------------------------|----------------------|------|------|
| Print/Type preparer's name | Preparer's Signature | Date | PTIN |
|----------------------------|----------------------|------|------|

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Print Name           | Print Name           | Print Name           | Print Name           | Print Name           |
| Print Type           | Print Type           | Print Type           | Print Type           | Print Type           |
| Preparer's Signature | Preparer's Signature | Preparer's Signature | Preparer's Signature | Preparer's Signature |
| Date                 | Date                 | Date                 | Date                 | Date                 |
| Check if self-       | Check if self-       | Check if self-       | Check if self-       | Check if self-       |
| Print                | Print                | Print                | Print                | Print                |

Page 1 of 1

|  |              |  |                                     |  |
|--|--------------|--|-------------------------------------|--|
|  | MARA PROFILE |  | employed ▶ <input type="checkbox"/> |  |
|--|--------------|--|-------------------------------------|--|

|             |             |  |  |  |  |
|-------------|-------------|--|--|--|--|
| <b>Paid</b> | MARA PROELL |  |  |  |  |
|-------------|-------------|--|--|--|--|

| Paid |  |  |  |  |  |
|------|--|--|--|--|--|
|      |  |  |  |  |  |

|          |                                |
|----------|--------------------------------|
| Preparer | Firm's name ▶ DELOITTE TAX LLP |
|----------|--------------------------------|

Firm's EIN ▶ 86-1065772

|                 |  |  |
|-----------------|--|--|
| <b>Use Only</b> |  |  |
|                 |  |  |

Firm's address ► 50 SOUTH SIXTH STREET

MINNEAPOLIS, MN 55402 Phone no (612) 397-4000

RENTAL: \$125,000/ANNUAL

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| AAA FOUNDATION<br>5400 AUTO CLUB WAY<br>MINNEAPOLIS, MN 55416                                            | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| ACES1115 E HENNEPIN AVE<br>MINNEAPOLIS, MN 55414                                                         | N/A                                                                                                       | PC                             | EDUCATION                        | 2,500   |
| ACHIEVE MPLS<br>111 3RD AVE SOUTH SUITE 5<br>MINNEAPOLIS, MN 554012510                                   | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| ADVENTURE UNLIMITED<br>5201 SOUTH QUEBEC STREET<br>GREENWOOD VILLAGE, CO 80110                           | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 2,000   |
| ALZHEIMER'S ASSOCIATION<br>PO BOX 96011<br>WASHINGTON, DC 200906011                                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| AMERICAN RED CROSS<br>1201 WEST RIVER PARKWAY<br>MINNEAPOLIS, MN 55454                                   | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| AMICUS3041 4TH AVE S<br>MINNEAPOLIS, MN 55408                                                            | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| ANIMAL HUMANE SOCIETY<br>845 MEADOW LANE N<br>GOLDEN VALLEY, MN 55422                                    | N/A                                                                                                       | PC                             | ASSIST DOGS IN NEED              | 2,000   |
| ANTI-CRUELTY SOCIETY<br>169 W GRAND AVE<br>CHICAGO, IL 60654                                             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ARC OF MINNESOTA-TWIN CITIES<br>2446 UNIVERSITY AVE W STE 110<br>ST PAUL, MN 55114                       | N/A                                                                                                       | PC                             | ASSIST LOW INCOME PEOPLE         | 1,000   |
| ART INSTITUTE OF CHICAGO<br>111 S MICHGAN AVE<br>CHICAGO, IL 60603                                       | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 2,125   |
| ARTHRITIS FOUNDATION<br>1876 MINNEHAHA AVENUE WEST<br>ST PAUL, MN 55104                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ARTS ALLIANCE ILLINOIS<br>70 E LAKE STREET<br>CHICAGO, IL 60601                                          | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 2,000   |
| ASCENSION PLACE INC<br>1803 BRYANT AVENUE N<br>MINNEAPOLIS, MN 55411                                     | N/A                                                                                                       | PC                             | ASSIST PEOPLE IN NEED            | 1,000   |
| BRECK SCHOOL<br>123 OTTAWA AVENUE NORTH<br>MINNEAPOLIS, MN 55422                                         | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CARINGBRIDGEPO BOX 6032<br>ALBERT LEA, MN 560076632                                                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| CATHOLIC CHARITIESPO BOX 86<br>MINNEAPOLIS, MN 55486                                                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 15,000  |
| CATO INSTITUTE<br>1000 MASSACHUSETTS AVE NW<br>WASHINGTON, DC 200015403                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CEDAR CAMPS1314 PARKVIEW VALLEY<br>MANCHESTER, MO 63011                                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| CENTER OF THE AMERICAN<br>EXPERIMENT<br>8441 WAYZATA BLVD STE 350<br>GOLDEN VALLEY, MN 55426             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 5,000   |
| CHARITIES REVIEW COUNCIL<br>700 RAYMOND AVE STE 160<br>ST PAUL, MN 55114                                 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CHICAGO ARCHITECTURE FOUNDATION<br>224 S MICHGAN AVE<br>CHICAGO, IL 60604                                | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 1,500   |
| CHILDREN'S HOSPITALS & CLINICS OF MN<br>5901 LINCOLN DRIVE<br>EDINA, MN 55436                            | N/A                                                                                                       | PC                             | ASSIST CHILDREN                  | 5,000   |
| CHILDREN'S THEATRE COMPANY<br>2400 3RD AVE S<br>MINNEAPOLIS, MN 55404                                    | N/A                                                                                                       | PC                             | SUPPORT THEATRE                  | 2,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CITIZENS LEAGUE<br>400 ROBERT STREET NORTH STE 1820<br>ST PAUL, MN 55101                                 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| COMO FRIENDS1225 ESTABROOK DR<br>ST PAUL, MN 55103                                                       | N/A                                                                                                       | PC                             | SUPPORT ZOOLOGICAL SOCIETY       | 2,000   |
| COURAGE KENNY FOUNDATION<br>3915 GOLDEN VALLEY ROAD<br>MINNEAPOLIS, MN 55422                             | N/A                                                                                                       | PC                             | ASSIST LOW INCOME PEOPLE         | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| COWLES CENTER FOR DANCE<br>528 HENNEPIN AVE 200<br>MINNEAPOLIS, MN 55403                                 | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 1,000   |
| DESERT BOTANICAL GARDEN<br>1201 N GALVIN PARKWAY<br>PHOENIX, AZ 85008                                    | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| DIAPER BANK<br>709 UNIVERSITY AVE WEST<br>ST PAUL, MN 55104                                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 15,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| DOCTORS WITHOUT BORDERS<br>40 RECTOR STREET<br>NEW YORK, NY 100061705                                    | N/A                                                                                                       | PC                             | ASSIST CHILDREN                  | 5,000   |
| THE RICHARD H DRIEHAUS MUSEUM<br>40 E ERIE STREET<br>CHICAGO, IL 60611                                   | N/A                                                                                                       | POF                            | ARTS APPRECIATION                | 2,000   |
| FAMILY PARTNERSHIP<br>414 SOUTH EIGHTH STREET<br>MINNEAPOLIS, MN 55404                                   | N/A                                                                                                       | PC                             | ASSIST CHILDREN                  | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| FRIENDS OF THE BASILICA OF ST MARY<br>PO BOX 50070<br>MINNEAPOLIS, MN 55405                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| FRIENDS OF THE HENNEPIN CO<br>LIBRARY<br>300 NICOLLET MALL N-290<br>MINNEAPOLIS, MN 55401                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,000   |
| GIRL SCOUT COUNCIL OF GREATER<br>MPLS<br>400 ROBERT STREET NORTH<br>ST PAUL, MN 55107                    | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GRACE NEIGHBORHOOD NURSERY SCHOOL<br>1430 W 28TH ST<br>MINNEAPOLIS, MN 55408                             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 3,000   |
| GRAYWOLF PRESS<br>250 3RD AVE N STE 600<br>MINNEAPOLIS, MN 55401                                         | N/A                                                                                                       | PC                             | LITERARY APPRECIATION            | 27,000  |
| GREATER TWIN CITIES UNITED WAY<br>404 SOUTH EIGHTH STREET<br>MINNEAPOLIS, MN 55405                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 15,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GREATER TWIN CITIES YOUTH SYMPHONY<br>408 ST PETER STREET SUITE 300<br>ST PAUL, MN 55102                 | N/A                                                                                                       | PC                             | MUSIC APPRECIATION               | 500     |
| GROVELAND EMERGENCY FOOD SHELF<br>1900 NICOLLET AVE<br>MINNEAPOLIS, MN 55403                             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| GUILD INC<br>130 SOUTH WABASHA STREET 90<br>ST PAUL, MN 55107                                            | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 4,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| GUTHRIE THEATER FOUNDATION<br>818 SOUTH 2ND STREET<br>MINNEAPOLIS, MN 55415                              | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 5,000   |
| HENNEPIN HISTORY MUSEUM<br>2303 3RD AVE S<br>MINNEAPOLIS, MN 55404                                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| JUNIOR LEAGUE OF MINNEAPOLIS<br>4500 PARK GLEN ROAD 180<br>MINNEAPOLIS, MN 55403                         | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| KENYON COLLEGE1 KENYON COLLEGE<br>GAMBIER, OH 43022                                                      | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 21,179  |
| KENYON REVIEW102 W WIGGIN ST<br>GAMBIER, OH 43022                                                        | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 1,000   |
| LAKE MINNETONKA ASSOCIATION<br>PO BOX 248<br>EXCELSIOR, MN 55331                                         | N/A                                                                                                       | PC                             | SUPPORT THE LAKE COMMUNITY       | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LEAGUE OF WOMEN VOTERS OF MPLS<br>2801 21ST AVENUE SOUTH STE 250<br>MINNEAPOLIS, MN 554070509            | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| LEUKEMIA & LYMPHOMA SOCIETY<br>1711 BROADWAY STREET NE<br>MINNEAPOLIS, MN 55413                          | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| LONGYEAR MUSEUM1125 BOYLSTON ST<br>CHESTNUT HILL, MA 02467                                               | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MACPHAIL CENTER FOR MUSIC<br>501 S 2ND ST<br>MINNEAPOLIS, MN 55401                                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,000   |
| MARY BAKER EDDY LIBRARY<br>210 MASSACHUSETTS AVE<br>BOSTON, MA 02115                                     | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 1,500   |
| MAYO FOUNDATION200 1ST ST SW<br>ROCHESTER, MN 55905                                                      | N/A                                                                                                       | PC                             | MEDICAL EDUCATION AND RESEARCH   | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MICRO GRANTS<br>1035 EAST FRANKLIN AVE<br>MINNEAPOLIS, MN 55404                                          | N/A                                                                                                       | PC                             | ASSIST LOW INCOME PEOPLE         | 5,000   |
| MINNEAPOLIS CHESS<br>1121 JACKSON STREET NE 134<br>MINNEAPOLIS, MN 55413                                 | N/A                                                                                                       | PC                             | EDUCATION                        | 800     |
| MINNEAPOLIS COLLEGE OF ART AND DESIGN<br>2501 STEVENS AVE<br>MINNEAPOLIS, MN 55404                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MINNEAPOLIS COMMUNITY AND TECHNICAL COLLEGE<br>1501 HENNEPIN AVE<br>MINNEAPOLIS, MN 55403                | N/A                                                                                                       | PC                             | SUPPORT STUDENTS                 | 4,000   |
| MINNEAPOLIS INSTITUTE OF ARTS<br>2400 3RD AVE S<br>MINNEAPOLIS, MN 55405                                 | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 35,000  |
| MINNESOTA FOOD SHARE<br>1001 EAST LAKE ST<br>MINNEAPOLIS, MN 554070509                                   | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MINNESOTA HISTORICAL SOCIETY<br>345 W KELLOGG BLVD<br>ST PAUL, MN 551021906                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 4,000   |
| MINNESOTA LANDSCAPE ARBORETUM<br>3675 ARBORETUM DRIVE<br>CHASKA, MN 55318                                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 7,500   |
| MINNESOTA ORCHESTRA<br>1111 NICOLLET MALL<br>MINNEAPOLIS, MN 55403                                       | N/A                                                                                                       | PC                             | MUSIC APPRECIATION               | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MINNESOTA PUBLIC RADIO<br>480 CEDAR ST<br>ST PAUL, MN 55101                                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 5,000   |
| MINNESOTA STATE HORTICULTURAL SOCIETY<br>2705 LINCOLN DRIVE<br>ROSEVILLE, MN 55113                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| MINNESOTA STREETCAR MUSEUM<br>PO BOX 16509<br>MINNEAPOLIS, MN 55416                                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 400     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                   |         |
| MINNESOTA TRANSPORTATION MUSEUM<br>193 PENNSYLVANIA AVE E<br>ST PAUL, MN 55130                           | N/A                                                                                                       | PC                             | GENERAL SUPPORT                   | 300     |
| MINNETONKA CENTER FOR THE ARTS<br>2240 NORTH SHORE DRIVE<br>WAYZATA, MN 55391                            | N/A                                                                                                       | PC                             | SUPPORT THE ARTS                  | 2,000   |
| MN ZOO FOUNDATION<br>13000 ZOO BOULEVARD<br>APPLE VALLEY, MN 55124                                       | N/A                                                                                                       | PC                             | WILDLIFE CONSERVATION AND SUPPORT | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                   | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| MUSEUM OF LAKE MINNETONKA<br>PO BOX 178<br>MINNETONKA, MN 55331                                          | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| ERNEST C OBERHOLTZER FOUNDATION<br>818 3RD AVE 305<br>EXCELSIOR, MN 55331                                | N/A                                                                                                       | POF                            | PROTECTION OF WOODLANDS          | 500     |
| PAGE EDUCATION FUNDPO BOX 581254<br>MINNEAPOLIS, MN 55458                                                | N/A                                                                                                       | PC                             | EDUCATION                        | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PHOENIX ART MUSEUM<br>1625 N CENTRAL AVE<br>PHOENIX, AZ 850041685                                        | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,500   |
| PLANNED PARENTHOOD<br>671 VANDALIA STREET STE 323<br>ST PAUL, MN 55114                                   | N/A                                                                                                       | PC                             | SUPPORT REPRODUCTIVE HEALTH      | 3,500   |
| PLAYWRIGHTS' CENTER<br>2301 E FRANKLIN AVE<br>MINNEAPOLIS, MN 55406                                      | N/A                                                                                                       | PC                             | ARTS APPRECIATION                | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| PRINCIPIA13201 CLAYTON ROAD<br>ST LOUIS, MO 63131                                                        | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 10,000  |
| PROJECT FOR PRIDE IN LIVING<br>1035 EAST FRANKLIN AVE<br>MINNEAPOLIS, MN 55404                           | N/A                                                                                                       | PC                             | SUPPORT PEOPLE IN NEED           | 3,000   |
| SALVATION ARMY<br>2445 PRIOR AVENUE NORTH<br>ROSEVILLE, MN 55113                                         | N/A                                                                                                       | PC                             | ASSIST PEOPLE IN NEED            | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SCIENCE MUSEUM OF MINNESOTA<br>120 WEST KELLOGG BLVD<br>ST PAUL, MN 55102                                | N/A                                                                                                       | PC                             | SUPPORT SCIENCE EDUCATION        | 1,500   |
| SIMPSON HOUSING SERVICES<br>2100 PILLSBURY AVE S<br>MINNEAPOLIS, MN 55404                                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,500   |
| ST MARK'S EPISCOPAL CHURCH<br>519 OAK GROVE STREET<br>MINNEAPOLIS, MN 55403                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 7,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| ST PAUL'S SCHOOL FOR BOYS<br>11152 FALLS ROAD<br>BROOKLANDVILLE, MD 21022                                | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 5,000   |
| ST THOMAS FAMILY BUSINESS CENTER<br>1000 LASALLE AVENUE SUITE 435<br>MINNEAPOLIS, MN 554032005           | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| TEACH FOR AMERICA TWIN CITIES<br>401 2ND AVE N STE 200<br>MINNEAPOLIS, MN 55401                          | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE BRIDGE FOR YOUTH<br>1111 WEST 22ND STREET<br>MINNEAPOLIS, MN 55405                                   | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,000   |
| THE LOPPET FOUNDATION<br>1301 THEODORE WIRTH PKWY<br>MINNEAPOLIS, MN 55422                               | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| THINK SMALL10 YORKTON COURT<br>ST PAUL, MN 551171065                                                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| TREE TRUST2231 EDGWOOD AVE S<br>ST LOUIS PARK, MN 55426                                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,500   |
| TUBMAN FAMILY ALLIANCE<br>3111 FIRST AVE S<br>MINNEAPOLIS, MN 55408                                      | N/A                                                                                                       | PC                             | ASSIST FAMILIES IN DISTRESS      | 1,500   |
| TWIN CITIES HABITAT FOR HUMANITY<br>PO BOX 860297<br>MINNEAPOLIS, MN 55486                               | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
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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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| TWIN CITIES PUBLIC TELEVISION<br>172 EAST 4TH STREET<br>ST PAUL, MN 55101                                | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 7,500   |
| UJAMAA PLACE<br>1821 UNVIERSITY AVE W N257<br>ST PAUL, MN 55104                                          | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,000   |
| UNITED NEGRO COLLEGE FUND<br>1805 7TH ST NW<br>WASHINGTON, DC 20001                                      | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| UNITED SERVICE ORGANIZATION<br>PO BOX 96860<br>WASHINGTON, DC 200777677                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| UNIVERSITY OF MINNESOTA WALTER H JUDD FUND<br>200 OAK STREET SE SUITE 500<br>MINNEAPOLIS, MN 554552010   | N/A                                                                                                       | PC                             | ASSIST STUDENTS                  | 5,000   |
| VIRGINA HARRIS ASSOCIATION<br>40 GROVE ST STE 150<br>WELLESLEY, MA 02482                                 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| WALKER ART CENTER<br>1750 HENNEPIN AVE<br>MINNEAPOLIS, MN 55403                                          | N/A                                                                                                       | PC                             | ART APPRECIATION                 | 6,500   |
| WASHBURN CHILD GUIDE CENTER<br>1100 GLENWOOD AVENUE<br>MINNEAPOLIS, MN 55405                             | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| WAYZATA HISTORICAL SOCIETY<br>402 EAST LAKE STREET<br>WAYZATA, MN 55391                                  | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 300     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| YALE ALUMNI FUNDPO BOX 2038<br>NEW HAVEN, CT 06503                                                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| YWCA OF MINNEAPOLIS<br>1130 NICOLLET MALL<br>MINNEAPOLIS, MN 55403                                       | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 500     |
| ZENON DANCE<br>528 HENNEPIN AVE STE 400<br>MINNEAPOLIS, MN 55403                                         | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LA CASA NORTE2845 W MCLEAN AVE<br>CHICAGO, IL 60647                                                      | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,500   |
| PLANNED PARENTHOOD<br>1200 N LASALLE STREET<br>CHICAGO, IL 60610                                         | N/A                                                                                                       | PC                             | SUPPORT REPRODUCTIVE HEALTH      | 1,500   |
| THE LIFT GARAGE2402 E LAKE STREET<br>MINNEAPOLIS, MN 55406                                               | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| FROGTOWN PARK AND FARM<br>941 LAFOND AVE BUILDING D<br>ST PAUL, MN 55104                                 | N/A                                                                                                       | PC                             | CONSTRUCTION OF PARK             | 1,000   |
| MINNESOTA CHILDREN'S MUSEUM<br>10 W 77TH STREET<br>ST PAUL, MN 55102                                     | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 2,500   |
| FRIENDS OF THOMAS LOWRY PARK<br>900 DOUGLAS AVENUE<br>MINNEAPOLIS, MN 55403                              | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 386,104 |

| 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)                                                                                  |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                                 |                                                                                                           |                                |                                  |         |
| SAVE THE LAKE FUND<br>5341 MAYWOOD ROAD SUITE 200<br>MOUND, MN 55364                                                 | N/A                                                                                                       | PC                             | GENERAL SUPPORT                  | 1,000   |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 386,104 |

**TY 2018 Accounting Fees Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551

| <b>Category</b>                              | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES & FORM 990-PF<br>PREPARATION | 3,775         | 1,888                            |                                | 1,887                                                |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Expenditure Responsibility Statement

**Name:** THE HEAD FAMILY FOUNDATION

**EIN:** 20-2032551

| Grantee's Name                  | Grantee's Address                         | Grant Date | Grant Amount | Grant Purpose                                                                                                                          | Amount Expended By Grantee | Any Diversion By Grantee?                                                    | Dates of Reports By Grantee | Date of Verification | Results of Verification                                                                                                                                      |
|---------------------------------|-------------------------------------------|------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|-----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE RICHARD H DRIEHAUS MUSEUM   | 40 E ERIE STREET<br>CHICAGO, IL 60611     | 2018-12-17 | 2,000        | FOR DEVELOPING AND EXECUTING ART EXHIBITIONS AND ART EDUCATIONAL PROGRAMS DEDICATED TO ART, ARCHITECTURE, AND DESIGN OF THE GILDED AGE | 2,000                      | TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED TO ANY ACTIVITY |                             | 2019-11-07           | THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE, THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE |
| ERNEST C OBERHOLTZER FOUNDATION | 818 3RD AVE<br>305 EXCELSIOR,<br>MN 55331 | 2018-12-17 | 500          | FOR THE SUPPORT OF A STUDY AND RETREAT CENTER WHICH CREATES STEWARDSHIP OPPORTUNITIES FOR ITS YOUTH                                    | 500                        | TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED TO ANY ACTIVITY |                             | 2019-11-06           | THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE, THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE |

**TY 2018 Investments Corporate Stock Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551**Investments Corporation Stock Schedule**

| <b>Name of Stock</b>                       | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------------------|-------------------------------|--------------------------------------|
| 1100 SHS OF REPUBLIC SERVICES INC          | 95,304                        | 95,304                               |
| 1320 SHS OF NIKE INC                       | 110,814                       | 110,814                              |
| 300 SHS OF DIAGEO PLC                      | 51,696                        | 51,696                               |
| 3 SHS OF BERKSHIRE HATHAWAY INC-CLASS A    | 955,050                       | 955,050                              |
| 4270 SHS OF BERKSHIRE HATHAWAY INC-CLASS B | 910,236                       | 910,236                              |
| 405 SHS OF UNITED TECHNOLOGIES CORP        | 52,731                        | 52,731                               |
| 470 SHS OF ACCENTURE PLC-CL A              | 86,842                        | 86,842                               |
| 445 SHS OF THERMO FISCHER SCIENTIFIC INC   | 130,688                       | 130,688                              |
| 560 SHS OF APPLE INC                       | 110,835                       | 110,835                              |
| 570 SHS OF AMERICAN EXPRESS CO             | 70,361                        | 70,361                               |
| 600 SHS OF AUTOMATIC DATA PROCESSING INC   | 99,198                        | 99,198                               |
| 600 SHS OF UNITED HEALTH GROUP INC         | 146,406                       | 146,406                              |
| 700 SHS OF EDISON INTL COM                 | 47,187                        | 47,187                               |
| 800 SHS OF MEDTRONIC PLC                   | 77,912                        | 77,912                               |

## TY 2018 Investments - Other Schedule

**Name:** THE HEAD FAMILY FOUNDATION

**EIN:** 20-2032551

### Investments Other Schedule 2

| Category/ Item                    | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|-----------------------------------|-----------------------|------------|-------------------------------|
| FIDELITY 500 INDEX FD-AI          | FMV                   | 107,283    | 107,283                       |
| ISHARES CORE MSCI EAFE ETF        | FMV                   | 230,557    | 230,557                       |
| ISHARES MSCI ACWI INDEX FUND      | FMV                   | 409,975    | 409,975                       |
| ISHARES MSCI EAFE INDEX FUND      | FMV                   | 383,928    | 383,928                       |
| ISHARES RUSSELL 1000 GROWTH       | FMV                   | 369,120    | 369,120                       |
| ISHARES SELECT DIVIDEND ETF       | FMV                   | 108,620    | 108,620                       |
| MFS INTL INTRINSIC VALUE-R6       | FMV                   | 197,432    | 197,432                       |
| SPDR S&P 500 EFT TRUST            | FMV                   | 1,418,999  | 1,418,999                     |
| SIX CIRCLES U.S. UNCONSTRAINED    | FMV                   | 356,074    | 356,074                       |
| JPMORGAN BETABUILDERS CANADA ETF  | FMV                   | 156,744    | 156,744                       |
| SIX CIRCLES INTERNATIONAL         | FMV                   | 177,347    | 177,347                       |
| JPMORGAN BETABUILDERS JAPAN - ETF | FMV                   | 84,397     | 84,397                        |

**TY 2018 Other Decreases Schedule**

**Name:** THE HEAD FAMILY FOUNDATION  
**EIN:** 20-2032551

| Description        | Amount |
|--------------------|--------|
| EXCISE TAX PAYABLE | 8,351  |

## TY 2018 Other Income Schedule

**Name:** THE HEAD FAMILY FOUNDATION

**EIN:** 20-2032551

### Other Income Schedule

| Description  | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------|-----------------------------------|--------------------------|---------------------|
| OTHER INCOME | 15                                | 15                       | 15                  |

**TY 2018 Other Increases Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551

| Description                    | Amount  |
|--------------------------------|---------|
| UNREALIZED GAINS ON SECURITIES | 241,953 |
| ROUNDING                       | 1       |

**TY 2018 Other Liabilities Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551

| Description        | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
|--------------------|-----------------------------------|-----------------------------|
| EXCISE TAX PAYABLE | 1,534                             | 8,351                       |

**TY 2018 Other Professional Fees Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551

| <b>Category</b>               | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| JPMORGAN CHASE BANK, N A FEES | 14,756        | 14,756                           |                                | 0                                                    |
| BANK FEES                     | 89            | 89                               |                                | 0                                                    |
| INVESTMENT MANAGEMENT FEES    | 8,086         | 8,086                            |                                | 0                                                    |

**TY 2018 Taxes Schedule****Name:** THE HEAD FAMILY FOUNDATION**EIN:** 20-2032551

| <b>Category</b>               | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| STATE OF MINNESOTA FILING FEE | 25            | 0                                |                                | 25                                                   |