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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491136011000

2019

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	019 , aı	nd en	ding 12-31-	2019		
		undation INDATION			A Employer ide	entification numbe	r	
%	TONKA	WA INC			20-4850609			
		d street (or P O box number if mail is not delivered to street address) KAWA ROAD		B Telephone number (see instructions)				
					(952) 404-5636	•		
		n, state or province, country, and ZIP or foreign postal code , MN 55356			C If exemption	application is pendin	g, check here	
G Cł	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign org	ganızatıons, check he	ere 📘	
		\square Final return \square Amended return				ganizations meeting k here and attach co		
		Address change Name change			·	indation status was t	· —	
_	,					n 507(b)(1)(A), chec		
		n 4947(a)(1) nonexempt charitable trust U Other taxabl						
of	year (f	ket value of all assets at end from Part II, col (c), ▶\$ 886,066 J Accounting method ✓ Other (specify) (Part I, column (d) must		ıal		ition is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	499,946	5				
	2	Check ▶ ☐ If the foundation is not required to attach	,					
	_	Sch B						
	3	Interest on savings and temporary cash investments Dividends and interest from securities	16,813	2	16,207			
	5a	Gross rents	10,013	1	10,207			
	ь	Net rental income or (loss)	_					
e	6a	Net gain or (loss) from sale of assets not on line 10	374,749)				
Revenue	ь	Gross sales price for all assets on line 6a						
ĕev	_	492,700	2		274 740			
ш.	7 8	Capital gain net income (from Part IV, line 2)			374,749			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold	<u></u>					
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	891,508	3	390,956			
	13	Compensation of officers, directors, trustees, etc	0)				
	14	Other employee salaries and wages						
68	15	Pension plans, employee benefits						
ens	16a	Legal fees (attach schedule)						
ξxb	b	Accounting fees (attach schedule)	m.1					
Ve l	_ c	Other professional fees (attach schedule)	527	<u> </u>	527			
atı	17	Interest	96-1 6 422	7	202			
and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	6,477	<u> </u>	292			
Ē	19							
Ad	20 21	Occupancy		+				
pu	22	Printing and publications						
	23	Other expenses (attach schedule)	61	ı	36		25	
Operating	24	Total operating and administrative expenses.	-	1				
Ser.		Add lines 13 through 23	7,065	5	855		25	
ō	25	Contributions, gifts, grants paid	332,684	1			332,684	
	26	Total expenses and disbursements. Add lines 24 and 25	339,749	9	855		332,709	
	27	Subtract line 26 from line 12	333,. 13				132,.33	
	a	Excess of revenue over expenses and	FE4 350					
	ь	disbursements Net investment income (if negative, enter -0-)	551,759	7	390,101			
	c	Adjusted net income (if negative, enter -0-)		†	550,101			
For		work Reduction Act Notice, see instructions.	I	ı C	at No 11289X	For	m 990-PF (2019)	

C	1,4.4.	balance Sneets	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	-bearing			
	2	Savings and tempo	rary cash investments	10,340	139,277	139,277
	3	Accounts receivable	≥ ►			
		Less allowance for	doubtful accounts ▶		•	
	4	Pledges receivable	>			
		Less allowance for	doubtful accounts ▶		•	
	5	Grants receivable .				
	6	Receivables due fro	m officers, directors, trustees, and other			
		disqualified persons	s (attach schedule) (see instructions)			
	7	Other notes and loa	ans receivable (attach schedule) ▶			
		Less allowance for	doubtful accounts ▶			
2	8	Inventories for sale	or use			
5	9	Prepaid expenses a	nd deferred charges			
ç	10a	Investments—U S	and state government obligations (attach schedule)			
	ь	Investments—corpo	orate stock (attach schedule)	567,327	746,789	746,789
	С	Investments—corpo	orate bonds (attach schedule)			
	11	Investments—land,	buildings, and equipment basis ▶			
		Less accumulated	depreciation (attach schedule) ▶		•	
	12	Investments-mort	gage loans			
	13	Investments—other	(attach schedule)			
	14	Land, buildings, and	d equipment basis ▶			
		Less accumulated	depreciation (attach schedule) ▶			
	15	Other assets (descr	ribe ▶)			
	i					

Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 577,667 886,066 17 Accounts payable and accrued expenses . 18 Grants payable Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). .

886,066

551,759

114,502

357,862

886,066 Form **990-PF** (2019)

1,243,928

Liabilities 19 20 21 22 Other liabilities (describe . 23 Total liabilities(add lines 17 through 22) . Net Assets or Fund Balances Foundations that follow FASB ASC 958, check here ▶ and complete lines 24, 25, 29 and 30. 24 Net assets without donor restrictions . 577,667 886,066 25 Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds . Paid-in or capital surplus, or land, bldg, and equipment fund 27

28 Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 577,667 29 886,066

30 Total liabilities and net assets/fund balances (see instructions) 577,667 886,066 Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Part III of-year figure reported on prior year's return) 1 577,667

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

2

3

4

5

6

2

3

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	RITIES		D	2011-01-01	2019-06-17
b CAPITAL GAIN DIVIDEND	Р				
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
a 48	8,166		117,951		370,215
b					4,534
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(1)
(1)	(j)		(k)		h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) or
	as of 12/31/69	over col	l (j), if any	Losses (fr	om col (h))
a					370,215
b					
c					
d					
e					
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	1	3	374,749
Part V Qualification (Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
If section 4940(d)(2) applies, le		` ,		•	
	e section 4942 tax on the distributant qualify under section 4940(e) Do			·	es 🗹 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rati (col (b) divided by c	
2018	301,108		647,639	•	0 464932
2017	325,421		566,580		0 57436
2016	276,762		655,067		0 422494
2015	295,391		786,690		0 375486
2014	136,246		545,751		0 249649
2 Total of line 1, column (d)		2		2 086921
number of years the four 4 Enter the net value of no	o for the 5-year base period—divide indation has been in existence if less ncharitable-use assets for 2019 from	than 5 years n Part X, line 5			0 417384 853,747 356,340
	ent income (1% of Part I, line 27b)		6		3,901
	ent income (170 of Part 1, line 27b)				360,241
	ons from Part XII, line 4 ,				332,709
· · · · · · · · · · · · · · · · · · ·	eater than line 7, check the box in Pa				e the Part VI
				Fr	orm 990-PF (2019)

Page **6**

5a	During the year did the foundation	pay o	ncur any amount to						Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
	(2) Influence the outcome of any specific public election (see section 4955), or to carry							•		
	on, directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organization other than a charitable, etc., organization described									
	In section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or									
	educational purposes, or for the prevention of cruelty to children or animals? Yes V No									
Ь	If any answer is "Yes" to 5a(1)–(5		=			oed in				
	Regulations section 53 4945 or in						•	5	<u> </u>	
	Organizations relying on a current		-			. ▶				
С	If the answer is "Yes" to question			·						
	tax because it maintained expendi		-		• • [Yes		No		
_	If "Yes," attach the statement requ		-							
6a	Did the foundation, during the year	-			ıms on _	_				
	a personal benefit contract?					ا∟ Yes	✓ 1			 .
ь	Did the foundation, during the yea	r, pay	premiums, directly or inc	ilrectly, on a personal be	nerit contract?.		•	6	<u> </u>	No
7-	If "Yes" to 6b, file Form 8870		£			_	_			
7а ь	At any time during the tax year, w				L	」 Yes	✓ 1	No 7		
ь 8	If "Yes", did the foundation received Is the foundation subject to the se		•				•		' 	+
	excess parachute payment during					_				
					L		<u> </u>			
Pai	and Contractors	Office	ers, Directors, Trust	ees, Foundation Ma	inagers, Higi	niy Pai	a Em	pioye	:5,	
_		6-			Cas imaturati					
1	List all officers, directors, trust		unuation managers ar	ia their compensation	See instruction	ons				
		1 1	h) Title, and average	(c) Compensation (If	(d) Contrib	utions t	ا م			
	(a) Name and address	(b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene deferred con	fit plans	and		ense ac allowar	
DIAN	(a) Name and address	TRUS	hours per week	not paid, enter	employee bene deferred cor	fit plans	and			
550 T	A NELSON ONKAWA ROAD		hours per week devoted to position	not paid, enter -0-)	employee bene deferred cor	fit plans	and on			
550 T LONG	A NELSON ONKAWA ROAD LAKE, MN 55356	TRUS	hours per week devoted to position TEE, TREASURER	not paid, enter -0-)	employee bene deferred cor	fit plans	and on 0			
550 T LONG WEND	A NELSON ONKAWA ROAD LAKE, MN 55356 DY M NELSON	TRUS	hours per week devoted to position	not paid, enter -0-)	employee bene deferred cor	fit plans	and on			
550 T LONG WEND	A NELSON ONKAWA ROAD LAKE, MN 55356	TRUS	hours per week devoted to position TEE, TREASURER	not paid, enter -0-)	employee bene deferred cor	fit plans	and on 0			
550 T LONG WEND 550 T LONG	A NELSON ONKAWA ROAD LAKE, MN 55356 DY M NELSON ONKAWA ROAD	TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER	not paid, enter -0-)	employee bene deferred con	fit plans	and on 0			
550 T LONG WEND 550 T LONG C DAV	A NELSON ONKAWA ROAD LAKE, MN 55356 DY M NELSON ONKAWA ROAD LAKE, MN 55356 VID NELSON ONKAWA ROAD	TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT	not paid, enter -0-) 0	employee bene deferred con	fit plans	and on 0			
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550 T LONG WEND 550 T LONG C DAV 550 T LONG 2	A NELSON ONKAWA ROAD LAKE, MN 55356 OY M NELSON ONKAWA ROAD LAKE, MN 55356 //ID NELSON ONKAWA ROAD LAKE, MN 55356 Compensation of five highest-p	TRUS 1 0 TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT TEE, SECRETARY hoployees (other than the control of the cont	not paid, enter -0-) 0 nose included on line in	employee bene deferred con defe	ions). I butions t benefit deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	· "NONI	C C C C C C C C C C C C C C C C C C C
550 T LONG WEND 550 T LONG C DAV 550 T LONG 2	A NELSON ONKAWA ROAD LAKE, MN 55356 OY M NELSON ONKAWA ROAD LAKE, MN 55356 //ID NELSON ONKAWA ROAD LAKE, MN 55356 Compensation of five highest-p	TRUS 1 0 TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT TEE, SECRETARY hoployees (other than the control of the cont	not paid, enter -0-) 0 nose included on line in	employee bene deferred con defe	ions). I butions t benefit deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	· "NONI	C C C C C C C C C C C C C C C C C C C
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550 T LONG WEND 550 T LONG C DAV 550 T LONG 2	A NELSON ONKAWA ROAD LAKE, MN 55356 OY M NELSON ONKAWA ROAD LAKE, MN 55356 //ID NELSON ONKAWA ROAD LAKE, MN 55356 Compensation of five highest-p	TRUS 1 0 TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT TEE, SECRETARY hoployees (other than the control of the cont	not paid, enter -0-) 0 nose included on line in	employee bene deferred con defe	ions). I butions t benefit deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	· "NONI	C C C C C C C C C C C C C C C C C C C
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550 T LONG WEND 550 T LONG C DAV 550 T LONG 2	A NELSON ONKAWA ROAD LAKE, MN 55356 OY M NELSON ONKAWA ROAD LAKE, MN 55356 //ID NELSON ONKAWA ROAD LAKE, MN 55356 Compensation of five highest-p	TRUS 1 0 TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT TEE, SECRETARY hoployees (other than the control of the cont	not paid, enter -0-) 0 nose included on line in	employee bene deferred con defe	ions). I butions t benefit deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	· "NONI	C C C C C C C C C C C C C C C C C C C
550 T LONG WENL 550 T LONG C DAV 550 T LONG 2 (a)	A NELSON ONKAWA ROAD LAKE, MN 55356 OY M NELSON ONKAWA ROAD LAKE, MN 55356 //ID NELSON ONKAWA ROAD LAKE, MN 55356 Compensation of five highest-p	TRUS 1 0 TRUS 1 0 TRUS 1 0	hours per week devoted to position TEE, TREASURER TEE, PRESIDENT TEE, SECRETARY Inployees (other than ti (b) Title, and average hours per week devoted to position	not paid, enter -0-) 0 0 cose included on line in the included on line in t	L—see instruct (d) Contril employee plans and compen	ions). I butions t benefit deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, enter	· "NONI	C C C C C C C C C C C C C C C C C C C

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

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include rele organizations and other beneficiaries served, conferences convened, research papers produce.		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		Form 990-PF (2019)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

34.885

34.885

34.885

332,709

332,709

332.709

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4

5

6

1a

1b

2

3a 3h

4

5

3

4 5

6

1

2

3

4

5

Part XII

2019

Page 9

34,885

34,885

Form **990-PF** (2019)

art	XIII	

D-PF (2	019)		
XIII	Undistributed Income	(see instructions)	

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. .

c Excess from 2017. . . .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

2017, 2016, 2015

110.938 263,790

244 297

297.816 270,296

263.790 244,297

297.816

270,296

297.824

(a)

Corpus

1.187.137

297.824

1,484,961

110.938

1,374,023

(b)

Years prior to 2018

(c)

2018

Form 990-PF (20	019)
Part XIII	Undist

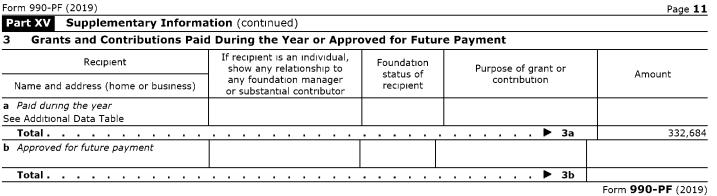
b Total for prior years

d From 2017. . . .

a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . .



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	512, 513, or 514	(e) Related or exemp
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
2 Member 3 Interes	and contracts from government agencies ership dues and assessments it on savings and temporary cash					
4 Divider	nents			14	16,813	
	ntal income or (loss) from real estate					
	financed property lebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than					
invento	<i>'</i>			18	374,749	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory revenue a			+		
	evenue a					
		H				
d		1				
e 2 Subtot	al Add columns (b), (d), and (e).				391,562	
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	391,562	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			<u> </u>	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	391,562

Form 990-PF (2019)		Pa	ge 13
Part XVII Information Regarding Transfers To and Transactions and Relationships With No Exempt Organizations	ncharitable		
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	on 501	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	. 1a(1)		No
(2) Other assets	. 1a(2)		No
b Other transactions			1
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	. 1b(4)		No
(5) Loans or loan guarantees	. 1b(5)		No
(6) Performance of services or membership or fundraising solicitations	. 1b(6)		No
${f c}$ Sharing of facilities, equipment, mailing lists, other assets, or paid employees	. 1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair is of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair main any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	rket value		
(a) Line No (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions	, and sharing arra	ngemen	ts

of the go	ods, other assets, or ser	vices given by the	reporting foundation If th	ne foundatioi	should always show the fair market value n received less than fair market value ther assets, or services received
(a) Line No	(b) Amount involved	(c) Name of noncha	arıtable exempt organization	(d) Desc	cription of transfers, transactions, and sharing arrangements
	• •		· •		· · · · · · · · · · · · · · · · · · ·
	,	•	, or related to, one or mo (c)(3)) or in section 527?		
	complete the following s		(-)(-), 0 500 527		
D II Tes,	(a) Name of organization		(b) Type of organization	ation	(c) Description of relationship
	(2) Hame of organization	o	(S) Type of organiza	4.011	(a) bescription of relationship

(a) Line	NO	(B) Amount involved	(c) Name or	noncharitable exe	inpt organization	(a) D	escription of	transiers, transaction	s, and sharing arrangements
		n section 501(c) (other implete the following singlete the following singleter) Name of organization	chedule		>) Type of organization				n of relationship
	of m		, it is true, c						statements, and to the best pased on all information of
Sign Here	-	****			2020-05-15	—)	*****		May the IRS discuss this return with the preparer shown below
	' 9	ignature of officer or t	rustee		Date	,	Title		(see instr) 🗹 Yes 🗆 No
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self	PTIN

employed ▶ □ P01253775 ANDREW BUCKNEBERG 2020-05-15 Paid **Preparer** Firm's name ▶ CARLSON HOLDINGS INC Fırm's EIN ▶ **Use Only** Firm's address ► 701 CARLSON PARKWAY SUITE 1500

Phone no (763) 762-2214 MINNETONKA, MN 55305

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S THEATRE COMPANY NONE PC GENERAL OPERATING SUPPORT 2,000 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55404

GRAND TETON NATIONAL PARK FOUNDATION PO BOX 249 MOOSE, WY 83012	NONE	PC	GENERAL OPERATING SUPPORT	1,000
INNER CITY TENNIS	NONE	PC	GENERAL OPERATING SUPPORT	2,500

MOOSE, WY 83012				
INNER CITY TENNIS 4005 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55409	NONE	PC	GENERAL OPERATING SUPPORT	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MILKWEED EDITIONS INC NONE PC GENERAL OPERATING SUPPORT 1,000 1011 WASHINGTON AVENUE SOUTH SUITE MINNEAPOLIS, MN 55415

NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	NONE	PC	KELLOGG ANNUAL FUND	10,005
WOMEN'S SPORTS FOUNDATION 1899 HEMPSTEAD TURNPIKE SUITE 400 EAST MEADOW, NY 11554	NONE	PC	GENERAL OPERATING SUPPORT	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HIGHPOINT CENTER FOR PRINTMAKING NONE PC GENERAL OPERATING SUPPORT 1,000 912 W LAKE STREET MINNEAPOLIS, MN 55408

120 WEST KELLOGG BOULEVARD ST PAUL, MN 55102	NONE	PC	GENERAL OPERATING SUPPORT	1,000
THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE SOUTH SUITE 800 MINNEAPOLIS, MN 55401	NONE	PC	GENERAL OPERATING SUPPORT	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S HEALTH CARE NONE PC URGENT NEEDS PROGRAM 1,000 FOUNDATION

5901 LINCOLN DRIVE MAILSTOP CBC-3-FOUN EDINA, MN 55436				
GUTHRIE THEATER818 S 2ND STREET MINNEAPOLIS, MN 55415	NONE	PC	GENERAL OPERATING SUPPORT	24,769
FAIRVOTE MINNESOTA FOUNDATION	NONE	PC	GENERAL OPERATING SUPPORT	15,172

25117,7111 55150				
GUTHRIE THEATER818 S 2ND STREET MINNEAPOLIS, MN 55415	NONE	PC	GENERAL OPERATING SUPPORT	24,7
FAIRVOTE MINNESOTA FOUNDATION	NONE	PC	GENERAL OPERATING SUPPORT	15,1

GUTHRIE THEATER818 S 2ND STREET MINNEAPOLIS, MN 55415	NONE	PC	GENERAL OPERATING SUPPORT	24,
FAIRVOTE MINNESOTA FOUNDATION 550 VANDALIA ST STE 210	NONE	PC	GENERAL OPERATING SUPPORT	15,

Total .

MINNEAPOLIS, MN 55415				,
FAIRVOTE MINNESOTA FOUNDATION 550 VANDALIA ST STE 210 ST PAUL, MN 55114	NONE	PC	GENERAL OPERATING SUPPORT	15,172

FAIRVOTE MINNESOTA FOUNDATION NONE PC 550 VANDALIA ST STE 210 ST PAUL, MN 55114	GENERAL OPERATING SUPPORT	15,172

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

a Paid during the year				
PLANNED PARENTHOOD OF MNSD 671 VANDALIA STREET ST PAUL, MN 55114	NONE	PC	GENERAL OPERATING SUPPORT	3,000

ST PAUL, MN 55114				
PROJECT SUCCESS ONE GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 554031173	NONE	PC	GENERAL OPERATING SUPPORT	1,000
NORTHWESTERN UNIVERSITY	NONE	DC.	CTUDENT ENDICHMENT	1 000

ONE GROVELAND TERRACE SUITE 300 MINNEAPOLIS, MN 554031173	NONE	۲۵	GENERAL OPERATING SUPPORT	1,000
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	NONE	PC	STUDENT ENRICHMENT SERVICES GIFT FUND	1,000
Total			▶ 3a	332,684

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year

Total .

a raid during the year				
POSITIVE COACHING ALLIANCE - MN 7900 INTERNATIONAL DRIVE SUITE 300 BLOOMINGTON, MN 55425	NONE	PC	GENERAL OPERATING SUPPORT	1,000
POSITIVE COACHING ALLIANCE -	NONE	PC	GENERAL OPERATING SUPPORT	5,000

OSITIVE COACHING ALLIANCE - ATIONAL 001 N RENGSTORFF SUITE 100 OUNTAIN VIEW, CA 940431766	NONE	PC	GENERAL OPERATING SUPPORT	

1001 N RENGSTORFF SUITE 100 MOUNTAIN VIEW, CA 940431766				
THE LINK1210 GLENWOOD AVE	NONE	PC	GENERAL OPERATING SUPPORT	1,00

MOUNTAIN VIEW, CA 940431766				
THE LINK1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	NONE	PC	GENERAL OPERATING SUPPORT	1,000

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

MINNEAPOLIS, MN 55406

Total .

a Paid during the year				
WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVENUE SOUTH STE 300 MINNEAPOLIS, MN 554016050	NONE	PC	YOUNG WOMEN'S INITIATIVE	100,000
ALIA 1000 UNIVERSITY AVENUE WEST SUITE ST PAUL, MN 55104	NONE	PC	KNOWLEDGE TOOLKIT	50,000

,000

Ш	······		1		
	ALIA 1000 UNIVERSITY AVENUE WEST SUITE ST PAUL, MN 55104	NONE	PC	KNOWLEDGE TOOLKIT	50,0
ш	PLAYWRIGHTS' CENTER 2301 EAST FRANKLIN AVENUE	NONE	PC	GENERAL OPERATING SUPPORT	1,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GROVES ACADEMY NONE PC GENERAL OPERATING SUPPORT 5.000 3200 HIGHWAY 100 S ST LOUIS PARK, MN 55416

NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	NONE	PC	WOMEN'S BOARD SCHOLARSHIPS	100
BRECK SCHOOL123 OTTAWA AVE N	NONE	PC	GENERAL OPERATING SUPPORT	14,911

332,684

▶ 3a

1201 DAVIS STREET EVANSTON, IL 60208	THO NE		SCHOLARSHIPS	10
BRECK SCHOOL123 OTTAWA AVE N MINNEAPOLIS, MN 55422	NONE	PC	GENERAL OPERATING SUPPORT	14,91

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTHWESTERN UNIVERSITY NONE PC WOMEN'S VARSITY TENNIS 1,000 1201 DAVIS STREET

EVANSTON, IL 60208				
WOMEN'S FOUNDATION OF MINNESOTA 105 FIFTH AVENUE SOUTH SUITE 300 MINNEAPOLIS, MN 55401	NONE	PC	YOUNG WOMEN'S INITIATIVE	29,333
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	PC	GENERAL OPERATING SUPPORT	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF MINNESOTA NONE PC CARLSON SCHOOL OF 8,017 **FOUNDATION** MANAGEMENT DEAN'S MCNAMARA ALUMNI CENTER **EXCELLENCE FUND**

MINNEAPOLIS, MN 554552010				
GREENLIGHT FUND 120 SAINT JAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	PC	GREENLIGHT TWIN CITIES LAUNCH	24,829
HARVARD UNIVERSITY	NONE	PC	RALPH AND EDNA NELSON	15,048

	BOSTON, MA 02116			DAUNCH	
	HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PC	RALPH AND EDNA NELSON SCHOLARSHIP FUND	15,048
1					

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

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MONROVIA FOOTBALL ACADEMY	NONE	DC.	GENERAL OBERATING SUBBORT	5 000

MONROVIA FOOTBALL ACADEMY 39 SAXON WOODS AVON, CT 06001	NONE	PC	GENERAL OPERATING SUPPORT	
·	l .		l .	1

AVON, CT 06001	
39 SAXON WOODS	3,00

AVON, CT 06001		
39 SAXON WOODS	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491136011000 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule Name: WMN FOUNDATION

EIN: 20-4850609

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136011000

TY 2019 Investments Corporate Stock Schedule

Name: WMN FOUNDATION

EIN: 20-4850609						
Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
ISHARES MSCI EAFE INDEX	39,442	39,442				
VANGUARD FTSE ALL WORLD INDEX	71,488	71,488				
SIT US GOVT SECURITIES FUND	20,457	20,457				
VANGUARD TOTAL STOCK MKT ETF	198,962	198,962				
ISHARES CORE TOTAL US BOND MKT	35,621	35,621				
ISHARES S&P MIDCAP 400 GROWTH	77,862	77,862				
CALAMOS MARKET NEUTRAL INCOME	30,820	30,820				
DIAMOND HILL LONG SHORT I	81,081	81,081				
DFA COMMODITY STRATEGY	12,302	12,302				
S&P DEPOSITORY RECEIPTS	56,969	56,969				
SPDR S&P MIDCAP 400	17,267	17,267				
VANGUARD ST INFLATION PROTECT	14,673	14,673				
ISHARES IBOXX INV GR CORP BOND	17,914	17,914				
WCM FOCUSED INTL GROWTH FUND	24,341	24,341				
FRANKLIN K2 ALT STRATEGIES	47,590	47,590				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491136011000				
TY 2019 Other Decreases Schedule						
Name:	WMN FOUNDATION					
EIN:	20-4850609					
D	escription	Amount				
DECREASE IN UNREALIZED APPRECIATI	ON OF	357,862				
PORTFOLIO ASSETS		0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491136011000
TY 2019 Other Expenses Sche	dule			_
Name:	WMN FOUNDAT	ION		
EIN:	20-4850609			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MN ATTORNEY GENERAL FEE	25			25

MISC BANK FEES

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TY 2019 Other Increases Schedule								
Name:	WMN FOUNDATION							
EIN:	20-4850609							
De	escription	Amount						
REALIZED GAIN ON GIFTED ASSETS		114,502						

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TY 2019 Other Professional Fees Schedule						
	ne: WMN FOUND N: 20-4850609					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
CITIBANK FEES	527	527				

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TY 2019 Taxes Schedule					
Name	: WMN FOUND	DATION			
EIN: 20-4850609					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL EXCISE TAX	6,185				
FOREIGN TAX WITHHOLDING	292	292			

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491136011000
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990- o <u>v/Form990</u> for the latest i			2019
Name of the organization WMN FOUNDATION					Employer id	entification number
					20-4850609	
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	rganızatıon			
	☐ 4947(a)(1) nonexempt char	itable trust not treated a	s a private foundat	ion	
	☐ 527 politi	ical organization				
Form 990-PF	5 01(c)(3)	exempt private fou	undation			
	☐ 4947(a)(1) nonexempt char	ıtable trust treated as a p	orivate foundation		
	501(c)(3)	taxable private fou	undation			
			PF that received, during to property PF that received, during to property I and II Section 11 Section 11 Section 12 Secti			
Special Rules						
under sections 5 received from ai	509(a)(1) and 170(b)	(1)(A)(vı), that checuring the year, tota	g Form 990 or 990-EZ the cked Schedule A (Form to all contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 of exclusively for religious animals. Complete Parts	, charitable, scient		
during the year, If this box is che purpose Don't o	contributions exclusecked, enter here the complete any of the p	ervely for religious, of total contributions parts unless the Ge	or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an e is organization be	ributions tota exclusively rel cause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively
990-EZ, or 990-PF), but	t it must answer "No	o" on Part IV, line 2,	le and/or the Special Ru , of its Form 990, or chec et the filing requirements	k the box on line I	of its Form 9	n 990, 990-EZ
For Paperwork Reduction of for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2019)

Employer identification number 20-4850609

WIN FOUNDATION		20-4830009	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WENDY NELSON 2 CARLSON PARKWAY SUITE 110 PLYMOUTH, MN 55447	\$ 499,946	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(Form 990, 990-EZ, or 990-PF) (2019)		Page
nization ATION		Employer identification number
han \$1,000 for the year from any one cont rganizations completing Part III, enter the he year. (Enter this information once. See	ributor. Complete columns (a) to total of exclusively religious, characteristics.) > \$	hrough (e) and the following line entry. For
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee
	_	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (b) Purpose of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (f) Use of gift (h) Purpose of gift