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### DLN: 93491196005180

OMB No. 1545-0052

2019

### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

| A Employer including  B I identified from number (100 inpost close)  (1077 659 3200 1)  B I identified including a proportion containing in set do word to airose address?  B I identified including a proportion containing and an address of the set of the | For              | caler   | ndar year 2019, or tax year         | r beginning 01-01-20            | )19 , aı              | nd er        | nding 12-31-            | 2019                  |                   |
|--|------------------|---------|-------------------------------------|---------------------------------|-----------------------|--------------|-------------------------|-----------------------|-------------------|
| Supplies and specific (2.7 An ibus number if mail is not convened to size address)   Supplies  |                  |         |                                     |                                 |                       |              | ' '                     | entification numbe    | r                 |
| Company   Comp   |                  |         |                                     |                                 |                       |              | 41-1737411              |                       |                   |
| Corrections, state or recovers, centrally, and ZZP or freeign posso core    Correct all that apply:   Initial return   Amended return   Amende |                  |         |                                     | ot delivered to street address) | Room/suite            |              | <b>B</b> Telephone nu   | mber (see instruction | ns)               |
| C   Family   Section   S   |                  |         |                                     |                                 |                       |              |                         |                       |                   |
| Final eturn  |                  |         |                                     | foreign postal code             |                       |              | <b>C</b> If exemption   | application is pendin | g, check here     |
| Moneck type of organization:   Section 5927(a)(1) necessarily transfer to the section 5927(a)(1), necessarily transfer to the section of the section 5927(a)(1), necessarily transfer to the section of the section 5927(a)(1), necessarily transfer to the section of the section 5927(a)(1), necessarily transfer to the section of   | G Cl             | neck al | l that apply: 🔲 Initial return      | ☐ Initial return of a           | former public charity |              | <b>D 1.</b> Foreign org | ganizations, check he | ere               |
| M Check type of organization:   Section 501(x)(2) exempt private foundation  |                  |         | Final return                        | Amended return                  |                       |              |                         |                       |                   |
| ## Check type of organization: **Describe 1907(1) nonexement character to the control of the con |                  |         |                                     | <del>-</del>                    |                       |              | <u>'</u>                |                       | · -               |
| Fair market value of all assets at and order types (from part L), col. (c).   Inc. 16   No. 18   S. 3,550,655   Col.   Other (specify)   Part L, col. (c).   Other (specify)   Other (specify)   Part L, col. (c).   Other (specify)   Oth   | _                | ,       |                                     | _                               |                       |              |                         |                       |                   |
| of years (from Part II, col. (c),   Other (specify)  |                  |         |                                     |                                 |                       |              |                         |                       |                   |
| Part 1   | of               | year (f | rom Part II, col. (c),              |                                 | ☑ Cash ☐ Accru        | ıaı          |                         |                       |                   |
| or amounts in columns (b), (c), and (g) may not necessarily equal to amounts in columns (b), (c), and (g) may not necessarily expenses per books of the month of  | line             | e 16)   | >\$ <u>3,560,665</u>                |                                 | be on cash basis.)    |              |                         |                       |                   |
| or amounts in columns (b), (c), and (g) may not necessarily equal to amounts in columns (b), (c), and (g) may not necessarily expenses per books of the month of  | Pa               | rt I    | Analysis of Revenue and             | Expenses (The total             | (-) D                 | Ι            |                         |                       | (d) Disbursements |
| 1000   2   Check   |                  |         | of amounts in columns (b), (c), and | (d) may not necessarily         | expenses per          | (b)          |                         | • •                   | purposes          |
| 2   Check  |                  | 1       |                                     | received (attach                | 7 250                 |              |                         |                       |                   |
| Sch. B   |                  | ,       | ´—                                  | not required to attach          | 7,230                 |              |                         |                       |                   |
| 10   10   10   10   10   10   10   10  |                  |         |                                     |                                 |                       |              |                         |                       |                   |
| Sa   Gross rents   |                  | _       |                                     | •                               |                       | -            |                         |                       |                   |
| December 2007   December 200   |                  | -       |                                     | urities                         | 91,780                | 1            | 89,302                  |                       |                   |
| 1  |                  |         |                                     |                                 |                       |              |                         |                       |                   |
| Description   Part      | æ                |         | ,                                   | ssets not on line 10            | 163,690               | )            |                         |                       |                   |
| Net short-term capital gain  | Ĕ                | ١.      | . ,                                 |                                 | ,                     |              |                         |                       |                   |
| Net short-term capital gain  | eve              | _       | ·                                   | 2,452,112                       |                       |              |                         |                       |                   |
| 9   Income modifications   | ~                |         | , ,                                 | ,                               |                       |              | 163,690                 |                       |                   |
| 10a   Gross sales less returns and allowances  |                  | _       |                                     |                                 |                       |              |                         |                       |                   |
| B   Less: Cost of goods sold   |                  | -       |                                     | wances                          |                       |              |                         |                       |                   |
| 11   Other income (attach schedule)   12   Total. Add lines 1 through 11   275,180   253,023   |                  | ь       |                                     |                                 |                       |              |                         |                       |                   |
| 12   Total. Add lines 1 through 11   275,180   253,023   |                  | c       | Gross profit or (loss) (attach sch  | edule)                          |                       |              |                         |                       |                   |
| 13   Compensation of officers, directors, trustees, etc.   0   0   0   0   |                  | 11      | Other income (attach schedule)      |                                 |                       |              |                         |                       |                   |
| 14 Other employee salaries and wages   15 Pension plans, employee benefits   16 Legal fees (attach schedule)   17   18   17   18   18   19   19   19   19   19   19  |                  | 12      | Total. Add lines 1 through 11       |                                 | 275,180               |              | 253,023                 |                       |                   |
| 15   |                  | 13      | ·                                   | ,                               | 0                     |              | 0                       |                       | 0                 |
| 16a   Legal fees (attach schedule)   |                  |         | ' '                                 | -                               |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | ses              |         |                                     |                                 |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | ĕ                |         |                                     |                                 | <b>96</b> 1 1.450     | -            | 0                       |                       | 1 450             |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | Exi              |         | • ,                                 | •                               | 1,430                 | -            |                         |                       | 1,430             |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | ive              |         |                                     | ŕ                               | 87                    | ,            | 87                      |                       | 0                 |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | trat             |         |                                     |                                 |                       | 1            |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | inis             |         | ` , ,                               | •                               |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | <del>d</del> m   | 20      | Occupancy                           |                                 |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | ΨP               | 21      | Travel, conferences, and meeting    | gs                              |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | an               | 22      | Printing and publications           |                                 |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | ing              | 23      |                                     |                                 | 7,766                 | <u> </u>     | 7,690                   |                       | 76                |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | rat              | 24      | · -                                 | -                               |                       |              |                         |                       |                   |
| 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | o<br>D<br>D<br>E |         | -                                   |                                 |                       | <u> </u>     | 8,601                   |                       |                   |
| 25 632,782 8,601 604,917  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)   | _                |         |                                     | nents Add lines 24 and          | 603,391               | <del> </del> |                         |                       | 003,391           |
| a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  |                  |         | 25                                  | nents. Add lines 24 and         | 632,782               | <u>.</u>     | 8,601                   |                       | 604,917           |
| disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  |                  |         |                                     | sees and                        |                       |              |                         |                       |                   |
| c Adjusted net income (if negative, enter -0-)   |                  | **      | disbursements                       |                                 | -357,602              | <u> </u>     |                         |                       |                   |
|  |                  |         |                                     | •                               |                       | <u> </u>     | 244,422                 |                       |                   |
| The Concression Religions And Indian Res Malling House (1984) 11 Tool 1  | Fo               |         |                                     | •                               |                       |              | 0_4 Ni- 44000           | ·                     | 000 PE (2215)     |

Beginning of year

Page 2

3,354,988

1,389

3,560,665

End of year

3,196,920

3,402,597

3,402,597

1

2

3

4

5

6

3,760,199

-357,602

3,402,597

3,402,597 Form **990-PF** (2019)

0

1,389

|   | 4 | Pledges receivable ▶  |   |   |   |  |
|---|---|---|---|---|---|--|
|   |   | Less: allowance for doubtful accounts ▶                       |   | ' | ' |  |
|   | 5 | Grants receivable   | [ |   |   |  |
|   | 6 | Receivables due from officers, directors, trustees, and other |   |   |   |  |
|   |   | disqualified persons (attach schedule) (see instructions)     |   |   |   |  |
|   | 7 | Other notes and loans receivable (attach schedule)            |   |   |   |  |
|   |   | Less: allowance for doubtful accounts ▶                       |   | ' | ' |  |
| _ | 8 | Inventories for sale or use                                   |   |   |   |  |

Investments—U.S. and state government obligations (attach schedule) 85,664 Investments—corporate bonds (attach schedule) . . . . . . . Investments—land, buildings, and equipment: basis ▶ \_\_ Less: accumulated depreciation (attach schedule) Investments—mortgage loans . . . . Investments—other (attach schedule) . . . . 3,674,456

Attached schedules and amounts in the description column

Form 990-PF (2019)

**Balance Sheets** 

Less: allowance for doubtful accounts ▶

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Other assets (describe > .

Less: accumulated depreciation (attach schedule)

Accounts payable and accrued expenses . . . . . .

Total liabilities and net assets/fund balances (see instructions) .

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Part II

9 10a

> h C

11

12

13

14

15

16

17

30

Part III

2

3

Grants payable 18 Liabilities 19 Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule). . . . . . Other liabilities (describe ▶\_ 22 Total liabilities(add lines 17 through 22) . . . . . . . . . . . . . 23 4,152 Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. 24 Net assets without donor restrictions . . . 25 Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here 🕨 🗹 and complete lines 26 through 30. Capital stock, trust principal, or current funds . . . . . . . . . 26

\*

1,593

3,764,351

3,764,351

4,152

**Fund Balances** ŏ Assets 27 Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds 3,402,597 28 3,760,199 Net 29 Total net assets or fund balances (see instructions) . . . . . 3,760,199 3,402,597 (a) List and describe the kind(s) of property sold (e.g., real estate,

Page **3** 

| 2-Story brick waren  | buse, or common stock, 200 sns.  | D—Dona  |         | (mo., day, yr.)  | (mo., day, yr.)  |
|--|--|---|---------|--|--|
| 1aSee Additional Data Table  |  | 2 20114   |         |  |  |
| b  |  |   |         |  |  |
| С  |  |   |         |  |  |
| d  |  |   |         |  |  |
| e  |  |   |         |  |  |
| <b>(e)</b><br>Gross sales price  | <b>(f)</b><br>Depreciation allowed<br>(or allowable)                     | (g) Cost or other basis plus expense of sale        |         |  | r (loss)<br>minus (g)                                    |
| a See Additional Data Table  |  |   |         |  |  |
| b  |  |   |         |  |  |
| c  |  |   |         |  |  |
| d  |  |   |         |  |  |
| e  |  |   |         |  |  |
| Complete only for assets sho   | wing gain in column (h) and own  | ed by the foundation on 12/31/69                    |         | (  | l)   |
| (i)<br>F.M.V. as of 12/31/69   | (j)<br>Adjusted basis<br>as of 12/31/69                                  | <b>(k)</b> Excess of col. (i) over col. (j), if any |         | col. (k), but not  | n) gain minus<br>less than -0-) <b>or</b><br>om col.(h)) |
| a See Additional Data Table  |  |   |         |  |  |
| b  |  |   |         |  |  |
| С  |  |   |         |  |  |
| d  |  |   |         |  |  |
| e  |  |   |         |  |  |
| · •  | or (loss) as defined in sections 12 line 8, column (c) (see instruction  |   | . }     | 3  | 163,690  |
| Part V Qualification Und   | er Section 4940(e) for Rec   | luced Tax on Net Investme                           | nt In   | come   |  |
| For optional use by domestic prival  | te foundations subject to the sect                                       | ion 4940(a) tax on net investmen                    | t incom | ne.)   |  |
| if section 4940(d)(2) applies, leave   | •  |   |         |  |  |
| Was the foundation liable for the se<br>if "Yes," the foundation does not qu |  |   | period  | ?  | es 🗹 No  |
| · · · · · · · · · · · · · · · · · · ·  | t in each column for each year; s  | ee instructions before making any                   | entrie  |  |  |
| (a) Base period years Calendar year (or tax year beginning in)               | (b)<br>Adjusted qualifying distributions                                 | (c)<br>Net value of noncharitable-use assets        |         | <b>(d)</b><br>Distribution rati<br>(col. (b) divided by co |  |
| 2018   | 276,487  | 2,561,286   | _       |  | 0.107949   |
| 2017   | 180,265  | 1,639,208   |         |  | 0.109971   |
| 2016   | 255,225  | 1,147,940   | +       |  | 0.222333   |
| 2015   | 255,535  | 836,036   | +       |  | 0.305651   |
| 2014   | 640,010  | 875,861   | 1       | T  | 0.730721   |
|  | the 5-year base period—divide th   | , , ,   | 3       |  | 0.295325   |
|  | on has been in existence if less th<br>aritable-use assets for 2019 from |   | 4       |  | 3,610,653  |
|  |  | ·   | 5       |  | 1,066,316  |
| . , ,  | ncome (1% of Part I, line 27b)   |   | 6       |  | 2,444  |
|  |  |   | 7       |  | 1,068,760  |
|  | from Part XII, line 4 ,  |   | 8       | 1  | 604,917  |
|  | than line 7, check the box in Par  |   | _       | ng a 1% tax rate. Se                                       |  |
| instructions.  |  |   |         |  | rm <b>990-PF</b> (2019                                   |

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| 5a            | t VII-B               | Statements Regard                     | ling /  | Activities for Which   | Form 4720 May Be  | : Required (coi  | ntinue   | d)        |       |         |                   |       |
|---------------|-----------------------|---------------------------------------|---------|--|---|--|--|-----------|-------|---------|-------------------|-------|
|               | During the            | e year did the foundation p           | oay or  | incur any amount to:   |   |  |  |           |       |         | Yes               | No    |
|               | (1) Carry             | on propaganda, or otherw              | ise at  | tempt to influence legisl  | ation (section 4945(e))?  |  | Yes  |           | NI.   |         |                   |       |
|               | (2) Influe            | nce the outcome of any sp             | ecific  | public election (see sect  | tion 4955); or to carry   |  | res  | •         | NO    |         |                   |       |
|               | on, dir               | rectly or indirectly, any vol         | ter red | gistration drive?  |   |  | ۱  |           |       |         |                   |       |
|               |                       | de a grant to an individual           |         |  |   |  | Yes  |           | No    |         |                   |       |
|               |                       | le a grant to an organization         |         |  |   |  | Yes  | <b>V</b>  | No    |         |                   |       |
|               |                       | tion 4945(d)(4)(A)? See in            |         |  | · -   |  | ı  | $\Box$    |       |         |                   |       |
|               |                       | le for any purpose other th           |         |  |   | • •  | Yes  | Ш         | No    |         |                   |       |
|               |                       | tional purposes, or for the           |         | -  |   | _  | ı  |           |       |         |                   |       |
| b             |                       | wer is "Yes" to $5a(1)-(5)$ ,         | •       | •  |   |  | Yes  | ✓         | No    |         |                   |       |
|               | •                     | ns section 53.4945 or in a            |         | •  | ' '   |  | u III  |           |       | 5b      | Yes               |       |
|               | •                     | ions relying on a current n           |         |  |   | uccions:   |  | _         |       | -55     | 163               |       |
| _             | _                     | · -                                   |         | -  |   |  |  | Ш         |       |         |                   |       |
| С             |                       | wer is "Yes" to question 5a           |         |  | •   | -  |  | _         |       |         |                   |       |
|               |                       | se it maintained expenditu            |         |  | _ •   | · · ·  | Yes  | Ш         | No    |         |                   |       |
| _             |                       | ttach the statement requir            |         | -  |   |  |  |           |       |         |                   |       |
| 6a            |                       | undation, during the year,            |         |  | indirectly, to pay premit   | ums on   |  |           |       |         |                   |       |
|               |                       |                                       |         |  |   | •  | Yes  | <b>✓</b>  | No    |         |                   |       |
| b             |                       | undation, during the year,            | pay p   | remiums, directly or ind   | lirectly, on a personal be  | nefit contract? .  |  | •         |       | 6b      |                   | No    |
|               |                       | 6b, file Form 8870.                   |         |  |   |  |  |           |       |         |                   |       |
| 7a            | At any tim            | ne during the tax year, was           | s the f | oundation a party to a p   | prohibited tax shelter tra  | nsaction?  | Yes  | <b>✓</b>  | No    |         |                   |       |
| b             | If "Yes", d           | lid the foundation receive a          | any pr  | oceeds or have any net   | income attributable to the  | ne transaction? .  |  | •         |       | 7b      |                   |       |
| 8             | Is the four           | ndation subject to the sect           | tion 49 | 960 tax on payment(s) o  | of more than \$1,000,000  | in remuneration  | or   |           |       |         |                   |       |
|               | excess par            | rachute payment during th             | ne yea  | r?   |   |  | Yes  | <b>✓</b>  | No    |         |                   |       |
|               | L \/TTT               | Information About C                   | Office  | rs, Directors, Trust   | tees, Foundation Ma   | anagers, High  |  |           |       | yees,   |                   |       |
| Par           | t VIII                | and Contractors                       |         |  |   |  |  |           |       |         |                   |       |
| 1             | List all of           | ficers, directors, trustee            | es, fo  | undation managers ar   | nd their compensation   | . See instruction  | าร   |           |       |         |                   |       |
|               |                       |                                       |         |  |   |  |  |           |       |         |                   |       |
|               |                       |                                       | (E      | ) Title, and average   | (c) Compensation (If  | (d) Contribu   | tions to   |           | (e)   | Expen   | se acc            | ount, |
|               | <b>(a)</b> Na         | ame and address                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         | se acc<br>Ilowano |       |
| See A         |                       |                                       |         | ) Title, and average   | (c) Compensation (If  | (d) Contribu   | tions to<br>t plans  | and       |       |         |                   |       |
| See A         | (a) Na                |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
| See A         |                       |                                       |         | ) Title, and average<br>hours per week   | (c) Compensation (If not paid, enter  | (d) Contribu<br>employee benefi  | tions to<br>t plans  | and       |       |         |                   |       |
|               | dditional D           | Data Table                            | -       | Title, and average hours per week devoted to position  | (c) Compensation (If not paid, enter -0-)   | (d) Contribu<br>employee benefi<br>deferred comp   | tions to   | and<br>on | 0     | ther al | llowand           | ces   |
|               | dditional D           |                                       | -       | Title, and average hours per week devoted to position  | (c) Compensation (If not paid, enter -0-)   | (d) Contribu employee benefi deferred comp   | tions to   | and<br>on | 0     | ther al | llowand           | ces   |
| 2             | dditional D           | oata Table  ation of five highest-pai | id em   | ployees (other than to b) Title, and average hours per week devoted to position  | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred comparts of the compart | tions to<br>t plans<br>pensation<br>ons). If   | and<br>on | ne, e | nter "  | NONE.             | res   |
| 2             | dditional D  Compensa | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred comparts of the compart | tions to<br>t plans<br>pensation<br>ons). In<br>tions to<br>penefit  | f noi     | ne, e | nter "  | llowand           | ount, |
| 2             | dditional D  Compensa | oata Table  ation of five highest-pai | id em   | ployees (other than to b) Title, and average hours per week devoted to position  | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred comparts of the compart | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2             | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) N    | Compensational D      | ation of five highest-pai             | id em   | ployees (other than to be hours per week)  ployees (other than to be hours per week)                                   | (c) Compensation (If not paid, enter -0-)   | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |
| 2<br>(a) NONE | Compensation and a mo | ation of five highest-pai             | id em   | ployees (other than the hours per week devoted to position  ployees (other than the hours per week devoted to position | (c) Compensation (If not paid, enter -0-)  hose included on line:  (c) Compensation | (d) Contributemployee benefit deferred composition of the composition  | ons). Interest to the second s | f noi     | ne, e | nter "  | NONE.             | ount, |

| Form 990-PF (2019)   |                                       | Page <b>7</b>             |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)   | Foundation Managers, Highly Pa        | aid Employees,            |
| 3 Five highest-paid independent contractors for professional servic  | es (see instructions). If none, enter | "NONE".                   |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                   | (c) Compensation          |
| NONE   |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
| <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 rele<br>organizations and other beneficiaries served, conferences convened, research papers produ |                                       | r of Expenses             |
| 1  |                                       |                           |
| 2  |                                       |                           |
|  |                                       |                           |
| 3  |                                       |                           |
|  |                                       |                           |
| 4  |                                       |                           |
| Part IX-B Summary of Program-Related Investments (see i  | nstructions)                          |                           |
| Describe the two largest program-related investments made by the foundation during the   | <u> </u>                              | Amount                    |
| 1  | ,                                     |                           |
|  |                                       |                           |
| 2  |                                       |                           |
| All other program-related investments. See instructions.   |                                       |                           |
| 3  |                                       |                           |
| Total. Add lines 1 through 3   |                                       | • o                       |
| Total Add Mico Landagn 5   |                                       | Form <b>990-PF</b> (2019) |

5

6

7

1a

1b

2

3a 3b

4

5

175.645

175.645

604,917

604.917

604.917

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

5

6

1

2

3

4

5

b

Part XII

2019

Page 9

175,645

175,645

Form **990-PF** (2019)

| Part XIII | U |
|-----------|---|
|           |   |

| 90-PF | (2 | 01 | 9) | ) |
|-------|----|----|----|---|
| ХПП   |    |    | u  | i |

| 0-PF | (2 | 019) |  |
|------|----|------|--|
|      |    |      |  |

| Form 990-PF (2019) |                                   |        |  |  |  |  |  |
|--------------------|-----------------------------------|--------|--|--|--|--|--|
| Part XIII          | Undistributed Income (see instruc | tions) |  |  |  |  |  |
|                    |                                   |        |  |  |  |  |  |

- 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. . . . . .

(a)

Corpus

1,274,161

429,272

1,703,433

596,336

1,107,097

596.336 214,004

198 232

104.462 161,127

214.004 198,232

104.462

161.127

429,272

(b)

Years prior to 2018

(c)

2018

- Excess distributions carryover, if any, to 2019:
- a From 2014. . . . .

- **b** From 2015. . . . . c From 2016. . . d From 2017. . . . . e From 2018. . . . .

- f Total of lines 3a through e. . . . . . . . XII, line 4: ▶ \$
- 4 Qualifying distributions for 2019 from Part
- 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). . . . . . . . . .

same amount must be shown in column (a).)

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

**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

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. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract 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 —see instructions . . . . . . . . . . . . . . . . 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

indicated below:

- **b** "Endowment" alternative test—enter 2/3 dividends, rents, payments on securities loans (section 512(a)(5), or royalties).
  - section 4942(j)(3)(B)(iii). (3) Largest amount of support from an exempt organization (4) Gross investment income

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

## Information Regarding Foundation Managers:

other conditions, complete items 2a, b, c, and d. See instructions

(2) Support from general public and 5 or more exempt organizations as provided in

2

**GLEN TAYLOR** 

(507) 625-2828

factors:

1725 ROE CREST DRIVE NORTH MANKATO, MN 56003

c Any submission deadlines:

LOCAL REQUESTS

**GLEN TAYLOR** 

- 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).)

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

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**b** The form in which applications should be submitted and information and materials they should include: NO FORMAL APPLICATION IS REQUIRED. REQUESTS SHOULD BE SUBMITTED IN WRITING.

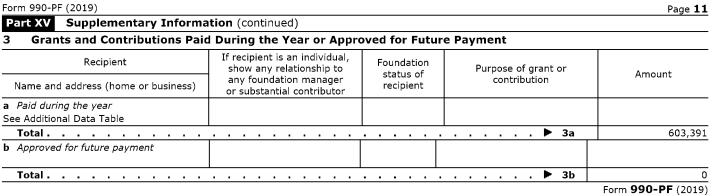
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

| Form | 990- | PF ( | 201 | 9) |
|------|------|------|-----|----|



| nter gross amounts unless otherwise indicated.   | Unrelated b                                     | usiness income                     | Excluded by section            | n 512, 513, or 514                    | (e)<br>Related or exempt               |
|--|---|------------------------------------|--------------------------------|---------------------------------------|--|
| 1 Program service revenue:   | (a)<br>Business code                            | <b>(b)</b><br>Amount               | (c)<br>Exclusion code          | <b>(d)</b><br>Amount                  | function income<br>(See instructions.) |
| a<br>b   |   |                                    |                                |                                       |  |
| c  |   |                                    |                                |                                       |  |
| d  |   |                                    |                                |                                       |  |
| e  |   |                                    |                                |                                       |  |
| g Fees and contracts from government agencies  |   |                                    |                                |                                       |  |
| Membership dues and assessments  |   |                                    |                                |                                       |  |
| Interest on savings and temporary cash investments   |   |                                    | 4.4                            | 42.460                                |  |
| Dividends and interest from securities   |   |                                    | 14<br>14                       | 12,460<br>91,780                      |  |
| Net rental income or (loss) from real estate:  |   |                                    |                                | ·                                     |  |
| a Debt-financed property   |   |                                    |                                |                                       |  |
| <b>b</b> Not debt-financed property Net rental income or (loss) from personal property   |   |                                    |                                |                                       |  |
| Other investment income  |   |                                    |                                |                                       |  |
| Gain or (loss) from sales of assets other than   |   |                                    |                                |                                       |  |
| inventory  |   |                                    | 18                             | 163,690                               |  |
| Gross profit or (loss) from sales of inventory   |   |                                    |                                |                                       |  |
| Other revenue: a   |   |                                    |                                |                                       |  |
| b  |   |                                    |                                |                                       |  |
| c  |   |                                    |                                |                                       |  |
| u  |   |                                    |                                |                                       |  |
| e  |   |                                    |                                |                                       |  |
| e  |   | 0                                  |                                | 267,930                               |  |
| e  |   | _                                  |                                | 267,930<br><b>3</b>                   |  |
| e  | ılations.)                                      |                                    | 1                              | · · · · · · · · · · · · · · · · · · · |  |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second line No.  Explain below how each activity for which the accomplishment of the foundation's axis.  | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
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| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
| Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s | llations.)<br>ne Accomplisi<br>income is report | hment of Exemple din column (e) of | pt Purposes Fart XVI-A contrib | 3uted importantly to                  | 267,930                                |
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| 01111      | 1330 11 (20   | <b>1</b> 3)   |      |  |
|------------|---------------|---|------|--|
|            |               | Information Regarding Transfers To and Transactions and Relationships With Noncharit                                | abla |  |
| Pa         | rt XVII       | Exempt Organizations  | abic |  |
| <b>1</b> D | oid the organ | nization directly or indirectly engage in any of the following with any other organization described in section 501 |      |  |

|              |                | rganization directly or in<br>r than section 501(c)(3) |                 |         |               |                      |                 |                             | ction 501         |              | Yes      | No    |
|--------------|----------------|--|-----------------|---------|---------------|----------------------|-----------------|-----------------------------|-------------------|--------------|----------|-------|
| а٦           | ransfers       | from the reporting foun                                | dation to a n   | oncha   | ritable exe   | empt organization    | of:             |                             |                   | $\neg$       |          |       |
|              |                | h  |                 |         |               |                      |                 |                             | 1                 | a(1)         |          | No    |
| (            | 2) Oth         | er assets  |                 |         |               |                      |                 |                             | 1                 | a(2)         |          | No    |
|              |                | insactions:  |                 |         |               |                      |                 |                             |                   |              |          |       |
| (            | <b>1)</b> Sale | es of assets to a nonchar                              | itable exemp    | t orga  | nization.     |                      |                 |                             | 1                 | b(1)         |          | No    |
|              |                | chases of assets from a r                              |                 |         |               |                      |                 |                             | <del>-</del>      | b(2)         |          | No    |
|              |                | tal of facilities, equipmer                            |                 |         |               |                      |                 |                             | <del>-</del>      | b(3)         |          | No    |
|              |                | nbursement arrangemen                                  | *               |         |               |                      |                 |                             | _                 | b(4)         |          | No    |
|              |                | ns or loan guarantees.                                 |                 |         |               |                      |                 |                             | _                 | b(5)         |          | No    |
|              |                | ormance of services or m                               |                 |         |               |                      |                 |                             | _                 | b(6)         |          | No    |
|              |                | of facilities, equipment, r                            |                 |         |               |                      |                 |                             | _                 | 1c           |          | No    |
|              | _              | swer to any of the above                               |                 |         | •             |                      |                 |                             |                   |              |          |       |
| c            | of the go      | ods, other assets, or ser<br>ansaction or sharing arra | vices given b   | y the   | reporting t   | foundation. If the   | foundation rece | eived less than fair m      | arket value       |              |          |       |
| (a) l        | ine No.        | (b) Amount involved                                    | (c) Name of     | noncha  | aritable exer | mpt organization     | (d) Descriptio  | n of transfers, transaction | ns, and sharin    | g arrar      | ngemen   | ts    |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              | -              |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
| <b>2</b> a I | s the fo       | undation directly or indire                            | ectly affiliate | d with  | , or related  | d to, one or more    | tax-exempt or   | ganizations                 |                   |              |          |       |
| c            | described      | d in section 501(c) (other                             | r than sectior  | n 501(  | c)(3)) or i   | n section 527? .     |                 | 🗆                           | Yes 🔽 i           | ٧o           |          |       |
| b I          | f "Yes,"       | complete the following s                               | chedule.        |         |               |                      |                 |                             |                   |              |          |       |
|              |                | (a) Name of organization                               | on              |         | ( t           | ) Type of organizati | on              | (c) Descripti               | ion of relations  | hip          |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                |  |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                | der penalties of perjury,                              |                 |         |               |                      |                 |                             |                   |              |          |       |
|              |                | my knowledge and belief<br>ich preparer has any kno    |                 | orrect, | , and comp    | olete. Declaration   | of preparer (ot | her than taxpayer) is       | based on all      | infor        | mation   | ı of  |
| Sig          |                | ich preparer has any kho                               | wiedge.         |         |               | 1                    |                 |                             | May the           | IDC dia      | scuce th | nic.  |
| Не           |                | *****  |                 |         |               | 2020-07-09           | ****            | *                           | return            | INS UIS      | scuss ti | 115   |
|              |                |  |                 |         |               |                      | — <b>)</b> —    |                             | with the<br>below | prepar       | er shov  | vn    |
|              | '              | Signature of officer or t                              | rustee          |         |               | Date                 | Title           |                             | (see inst         | <b>.</b>     | voc F    | l No  |
|              |                |  |                 |         |               |                      |                 |                             | (see msc          | .) 🔻         | 1 165 -  | - 140 |
|              |                | Print/Type preparer's                                  | name            | Prep.   | arer's Sign   | nature               | Date            |                             | PTIN              |              |          |       |
|              |                |  |                 |         | _             |                      |                 | Check if self-              |                   | 0035         | 277      |       |
|              |                | DUANE THOMPSON   | N               |         |               |                      | 2020-07-0       | employed ▶ ☐                |                   |              | _//      |       |
| Pai          | id             | 25,112 1115111 501                                     | •               |         |               |                      | 2020-07-0       | <i>-</i>                    |                   |              |          |       |
| •r€          | epare          | r Firm's name ► EIDE                                   | BAILLY LLP      |         |               |                      | 1               |                             | <del> </del>      |              |          |       |
|              | e Onl          | THE PERSON   |                 |         |               |                      |                 |                             | Firm's EIN        | <b>►</b> 45- | -02509   | ·58   |
| -            |                | •  | 310 17TH AVE    | S PC    | BOX 254       | 5                    |                 |                             |                   |              |          |       |
|              |                |  | DCO ND 50       | 1000    | F45           |                      |                 |                             | Phone no.         | (701)        | 239-8    | 3500  |
|              |                |  | RGO, ND 58      | 1082    | 045           |                      |                 |                             |                   | . ,          |          |       |
|              |                |  |                 |         |               |                      |                 |                             | Form              | . 000        | )_DE /   | 2010  |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation **BLACKROCK STRAT INCM** 2018-11-19 2019-04-09 CLEARBRIDGE MLP AND MIDS 2018-11-19 2019-06-20 COLUMBIA LIMITED DUR 2019-10-31 2019-12-18 GLENMEDE SECURED OPTIONS INST 2018-09-28 2019-08-01 GOLDMAN SACHS DYNAMIC MUNI INCM 2019-06-11 2019-08-06 GOLDMAN SACHS INTL SMALL CAP 2018-01-30 2019-01-30 INVESCO BULLETSHARES 2018-08-07 2019-06-13 2019-07-15 ISHARES RUSSELL MID CAP GROWTH ETF 2018-11-19 ISHARES RUSSELL MID CAP VALUE ETF 2018-11-19 2019-07-09 ISHARES RUSSELL 1000 VALUE ETF 2018-11-19 2019-07-02 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 123,106 121,379 1,727 28,248 28,897 -649 509 509 0 30,000 30,299 -299 70,000 69,523 477 5,000 5,527 -527 203,498 202,955 543 24,220 20,083 4,137 21,063 20,009 1,054 46,654 44,758 1,896 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 1,727 -649 0 -299 477 -527 543 4,137 1,054 1,896

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2018-11-19 2019-07-16 ISHARES S&P SMALL CAP 600 ETF ISHARES S&P SMLL CAP 600 GRTH 2018-11-19 2019-07-17 MATTHEWS ASIA SMALL CO FD INST 2018-12-12 2019-10-15 MERGER FUND INST 2019-04-10 2019-08-06 PRINCIPAL SPECTRUM PREFERRED & CAP SEC INCM 2019-02-25 2019-12-18 PUTNAM ULTRA SHORT DURATION INCM 2019-06-14 2019-12-05 SPDR S&P 400 MID CAP GROWTH ETF 2019-07-16 2019-10-15 2019-08-06 SPDR S&P 400 MID CAP VALUE ETF 2019-07-10 SPDR S&P 500 GROWTH ETF 2019-07-09 2019-10-15 SPDR S&P 500 VALUE ETF 2019-07-03 2019-10-15 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 14,796 15,159 -363 15,413 15,361 52 5,000 5,682 -682 22,000 21.781 219 99,150 93,277 5,873 75,000 75,000 0 -79 4,019 4,098 6,886 7,154 -268 22,098 22,008 90 22,755 22,521 234 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -363 52 -682 219 5,873 0 -79 -268 90 234

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation SPDR S&P 600 SMALL CAP GROWTH ETF 2019-07-18 2019-08-06 THORNBURG LTD TERM MUNI FD CL 2018-06-10 2019-06-10 CAUSEWAY INTERNATIONAL VALUE FUND INST 2015-05-12 2019-08-06 CLEARBRIDGE MLP AND MIDS 2016-01-07 2019-06-20 COLUMBIA LIMITED DUR 2016-03-01 2019-12-18 FIDELITY ADV FLOATING RATE HIGH INCM FD 2016-12-23 2019-08-06 2019-07-09 GOLDMAN SACHS INTL SMALL CAP INSIGHTS 2018-01-30 2014-09-19 2019-08-06 INVESCO GBL REAL ESTATE INCM 2016-12-23 INVESCO OPPENHEIMER DEV MKTS 2019-10-15 INVESCO OPPENHEIMER INTL GROWTH 2016-12-23 2019-08-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 7,401 7,559 -158 290,970 287,972 2,998 15,000 15,618 -618 47,087 49.086 -1.99968,491 66,886 1,605 172,000 173,099 -1,099 5,000 5,383 -383 40,500 38,612 1,888 13,000 11,399 1,601 37,000 34,913 2,087 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -158 2,998 -618 -1,999 1,605 -1,099 -383 1,888 1,601 2,087

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation ISHARES RUSSELL MID CAP GROWTH ETF 2017-11-07 2019-07-15 ISHARES RUSSELL MID CAP VALUE ETF 2017-11-07 2019-07-09 ISHARES RUSSELL 1000 GROWTH ETF 2014-10-13 2019-07-08 ISHARES RUSSELL 1000 VALUE ETF 2017-11-07 2019-07-02 ISHARES S&P SMALL CAP 600 ETF 2015-05-21 2019-07-16 ISHARES S&P SMLL CAP 600 GRTH 2015-05-21 2019-07-17 JPMORGAN MORTGAGE BACKED SEC 2016-03-01 2019-08-01 2017-11-07 2019-10-15 SPDR S&P 500 ETF T ROWE PRICE INST EMRG MKTS BD 2016-03-01 2019-08-01 THORNBURG LTD TERM MUNI FD CL 2016-02-02 2019-06-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 47,672 33.830 13,842 42,515 37,303 5,212 160,798 88,624 72,174 101,550 86.252 15,298 32,551 29,015 3,536 35,359 6,921 28,438 60,500 59,391 1,109 66,177 58,148 8,029 21,000 20,855 145 332,909 330,059 2,850 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 13,842 5,212 72,174 15,298 3,536 6,921 1,109 8,029 145 2,850

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D—Donation CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Barrier de Maria de Harrier d Color and the second C-!-- --- (1---)

| (e) Gross sales price  | (f) (or allowable) Cost or other basis (g) plus expense of sale   |  | (h) (e) plus (f) minus (g)   |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| 15,217   |   |  | 15,217   |  |  |  |  |  |
| Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I |   |  |  |  |  |  |  |  |
| Complete only for assets show  | Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  Gains (Col. (h) gain minus |  |  |  |  |  |  |  |
| (i) F.M.V. as of 12/31/69  | Adjusted basis<br>(j) as of 12/31/69  | Excess of col. (i) (k) over col. (j), if any | col. (k), but not less than -0-) <b>or</b> (I) Losses (from col.(h)) |  |  |  |  |  |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position employee benefit plans -0-)

|                      |         |   | and deferred<br>compensation |   |
|----------------------|---------|---|------------------------------|---|
| GLEN TAYLOR          | TRUSTEE | 0 | 0                            | 0 |
| 1725 ROE CREST DRIVE | 0.50    |   |                              |   |

| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.30    |   |   |   |
|---|---------|---|---|---|
| LARRY TAYLOR                                    | TRUSTEE | 0 | 0 | 0 |
| 1725 ROE CREST DRIVE                            | 0.50    |   |   |   |

| LARRY TAYLOR                                    | TRUSTEE | 0 | 0 | 0 |
|---|---------|---|---|---|
| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 1 0.50  |   |   |   |
| WILLIAM KOZITZA                                 | TRUSTEE | 0 | 0 | 0 |
| 1725 DOE CREST DRIVE                            | 0.50    |   |   |   |

| NORTH MANKATO, MN 56003                         |         |   |   |   |
|---|---------|---|---|---|
| WILLIAM KOZITZA                                 | TRUSTEE | 0 | 0 | 0 |
| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.50    |   |   |   |
| JEAN M TAYLOR                                   | TRUSTEE | 0 | 0 | n |

| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.50    | 0 | 0 | 0 |
|---|---------|---|---|---|
| JEAN M TAYLOR                                   | TRUSTEE | 0 | 0 | 0 |
| 1725 ROE CREST DRIVE                            | 0.50    |   |   |   |

| JEAN M TAYLOR  TRUSTEE 0.50  1725 ROE CREST DRIVE NORTH MANKATO, MN 56003 | NORTH MANKATO, MN 56003 |      |   |   |   |
|---|-------------------------|------|---|---|---|
| 1725 ROE CREST DRIVE  | JEAN M TAYLOR           |      | 0 | 0 | 0 |
|   |                         | 0.50 |   |   |   |

| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.50    |   |   |   |
|---|---------|---|---|---|
| DEBRA TAYLOR                                    | TRUSTEE | 0 | 0 | 0 |

| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.00    |   |   |  |
|---|---------|---|---|--|
| DEBRA TAYLOR                                    | TRUSTEE | 0 | 0 |  |

| NORTH MANKATO, MIN 30003                        |         |   |   |   |
|---|---------|---|---|---|
| DEBRA TAYLOR                                    | TRUSTEE | 0 | 0 | 0 |
| 1725 ROE CREST DRIVE<br>NORTH MANKATO, MN 56003 | 0.50    |   |   |   |

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

|                             | or substantial contributor |    |            |        |
|-----------------------------|----------------------------|----|------------|--------|
| a Paid during the year      |                            |    |            |        |
| MANKATO AREA PUBLIC SCHOOLS | N/A                        | PC | OPERATIONS | 23,574 |

| MANKATO, MN 56002  |     |    |            |       |
|--|-----|----|------------|-------|
| JOHN IRELAND SCHOOL<br>1801 BROADWAY AVE<br>SAINT PETER, MN, 56082 | N/A | PC | OPERATIONS | 1,000 |

| JOHN IRELAND SCHOOL<br>1801 BROADWAY AVE<br>SAINT PETER, MN 56082            | N/A | PC  | OPERATIONS | 1,000 |
|--|-----|-----|------------|-------|
| NORTH MANKATO TAYLOR LIBRARY<br>1001 BELGRADE AVE<br>NORTH MANKATO, MN 56003 | N/A | GOV | OPERATIONS | 5,000 |

| Total  |     |     | ▶ 3a       | 603,391 |
|--|-----|-----|------------|---------|
| NORTH MANKATO TAYLOR LIBRARY<br>1001 BELGRADE AVE<br>NORTH MANKATO, MN 56003 | N/A | GOV | OPERATIONS | 5,000   |
| SAINT PETER, MN 56082  |     |     |            |         |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager

recipient

▶ 3a

603,391

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

Name and address (home or business)

Total .

| ,                       | or substantial contributor |    |            |     |
|-------------------------|----------------------------|----|------------|-----|
| a Paid during the year  |                            |    |            |     |
| MANKATO AREA 77 LANCERS | N/A                        | PC | OPERATIONS | 500 |

| MANKATO, MN 56001   |     |    |            |   |
|---|-----|----|------------|---|
| PARTNERS FOR AFFORDABLE HOUSING<br>151 GOOD COUNSEL DR<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 1 |

| PARTNERS FOR AFFORDABLE HOUSING<br>151 GOOD COUNSEL DR<br>MANKATO, MN 56001 | N/A | PC  | OPERATIONS | 1,000  |
|---|-----|-----|------------|--------|
| SOUTH CENTRAL COLLEGE<br>1920 LEE BLVD                                      | N/A | GOV | OPERATIONS | 39,000 |

| MANKATO, MN 56001   |     |     |            |        |
|---|-----|-----|------------|--------|
| SOUTH CENTRAL COLLEGE<br>1920 LEE BLVD<br>NORTH MANKATO, MN 56003 | N/A | GOV | OPERATIONS | 39,000 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business) | or substantial contributor | recipient |            |       |
|-------------------------------------|----------------------------|-----------|------------|-------|
| a Paid during the year              |                            |           |            |       |
| REINBOWS INC OF WINDOM MN           | N/A                        | PC        | OPERATIONS | 1,500 |

| WINDOM, MN 56101  |     |    |            |       |
|---|-----|----|------------|-------|
| BOYS & GIRLS CLUB OF MANKATO<br>709 S BROAD STREET<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 2,500 |
|   |     |    |            |       |

| BOYS & GIRLS CLUB OF MANKATO<br>709 S BROAD STREET<br>MANKATO, MN 56001                | N/A | PC | OPERATIONS | 2,500 |
|--|-----|----|------------|-------|
| GREATER DAYTON SPECIAL OLYMPICS<br>3085 WOODMAN DRIVE SUITE 212<br>KETTERING, OH 45420 | N/A | PC | OPERATIONS | 1,000 |

| 709 S BROAD STREET<br>MANKATO, MN 56001  |     |    |            | ·     |
|--|-----|----|------------|-------|
| GREATER DAYTON SPECIAL OLYMPICS<br>3085 WOODMAN DRIVE SUITE 212<br>KETTERING, OH 45420 | N/A | PC | OPERATIONS | 1,000 |

| 11/11/10/11/07/11/11 00002   |     |    |            |         |
|--|-----|----|------------|---------|
| GREATER DAYTON SPECIAL OLYMPICS<br>3085 WOODMAN DRIVE SUITE 212<br>KETTERING, OH 45420 | N/A | PC | OPERATIONS | 1,000   |
| Total  |     |    | ▶ 3a       | 603,391 |

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

|   | or substantial contributor |    |            |       |
|---|----------------------------|----|------------|-------|
| a Paid during the year  |                            |    |            |       |
| NORTH MANKATO FIREFIGHTERS RELIEF ASSOCIATION 1001 BELGRADE AVE | N/A                        | PC | OPERATIONS | 5,500 |

| NORTH MANKATO, MN 56003  |     |    |            |         |
|--|-----|----|------------|---------|
| GREATER MANKATO AREA UNITED WAY<br>127 S 2ND ST SUITE 190<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 128,424 |

| GREATER MANKATO AREA UNITED WAY<br>127 S 2ND ST SUITE 190<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 128,424 |
|--|-----|----|------------|---------|
| ECHO FOOD SHELF1014 S FRONT ST<br>MANKATO, MN 56001                            | N/A | PC | OPERATIONS | 2,000   |

▶ 3a

603,391

| MANKATO, MN 56001                                   |     |    |            |     |
|---|-----|----|------------|-----|
| ECHO FOOD SHELF1014 S FRONT ST<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 2,0 |

Total .

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

|                                    | or substantial contributor |    |            |        |
|------------------------------------|----------------------------|----|------------|--------|
| a Paid during the year             |                            |    |            |        |
| MRCI15 MAP DR<br>MANKATO, MN 56001 | N/A                        | PC | OPERATIONS | 10,000 |

| MANKATO, MN 56001                        |     |    |            |       |
|--|-----|----|------------|-------|
| 877 SCHOLARSHIP FOUNDATION<br>PO BOX 274 | N/A | PC | OPERATIONS | 5,000 |
| BUFFALO MN 55313                         |     |    |            |       |

| CADA MANKATOPO BOX 466  | N/Δ | PC | OPERATIONS | 2 750 |
|---|-----|----|------------|-------|
| 877 SCHOLARSHIP FOUNDATION<br>PO BOX 274<br>BUFFALO, MN 55313 | N/A | PC | OPERATIONS | 5,000 |

| PO BOX 274<br>BUFFALO, MN 55313 |     |    |            |       |
|---------------------------------|-----|----|------------|-------|
| CADA MANKATOPO BOX 466          | N/A | PC | OPERATIONS | 2,750 |

| BUFFALO, MIN 55515                          |     |    |            |       |
|---|-----|----|------------|-------|
| CADA MANKATOPO BOX 466<br>MANKATO, MN 56002 | N/A | PC | OPERATIONS | 2,750 |
|   |     |    |            |       |

Total .

603.391

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

or substantial contributor

| a Paid during the year                              |     |    |            |       |
|---|-----|----|------------|-------|
| CALVARY CHURCH OF NEW PRAGUE<br>101 LEXINGTON AVE S | N/A | PC | OPERATIONS | 5,000 |

| NEW PRAGUE, MIN 560/1   |     |    |            |    |
|---|-----|----|------------|----|
| COMMON HOPE<br>1400 ENERGY PARK DRIVE 23<br>ST PAUL, MN 55108 | N/A | PC | OPERATIONS | 50 |
|   |     |    |            |    |

| COMMON HOPE<br>1400 ENERGY PARK DRIVE 23<br>ST PAUL, MN 55108 | N/A | PC | OPERATIONS | 50,000 |
|---|-----|----|------------|--------|
| GIFT OF LIFE TRANSPLANT HOUSE<br>705 2ND ST SW                | N/A | PC | OPERATIONS | 5,000  |

| ST PAUL, MN 55108   |     |    |            |       |
|---|-----|----|------------|-------|
| GIFT OF LIFE TRANSPLANT HOUSE<br>705 2ND ST SW<br>ROCHESTER, MN 55902 | N/A | PC | OPERATIONS | 5,000 |

| ,   |     |    |            |         |
|---|-----|----|------------|---------|
| GIFT OF LIFE TRANSPLANT HOUSE<br>705 2ND ST SW<br>ROCHESTER, MN 55902 | N/A | PC | OPERATIONS | 5,000   |
| Total   |     |    | ▶ 3a       | 603,391 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year  |     |    |            |        |
|---|-----|----|------------|--------|
| HOT SPRINGS VILLAGE ANIMAL RESCUE<br>PO BOX 8032<br>HOT SPRINGS, AR 71910 | N/A | PC | OPERATIONS | 10,000 |
| KANSAS FOOD BANK  | N/A | PC | OPERATIONS | 10,000 |

| 1919 E DOUGLAS AVE<br>WICHITA, KS 67211                         | IN/A | PC | OPERATIONS |  |
|---|------|----|------------|--|
| MINNEHAHA ACADEMY<br>3100 W RIVER PKWY<br>MINNEAPOLIS, MN 55406 | N/A  | PC | OPERATIONS |  |

| KANSAS FOOD BANK<br>1919 E DOUGLAS AVE<br>WICHITA, KS 67211 | N/A | PC | OPERATIONS | 10,000 |
|---|-----|----|------------|--------|
| MINNEHAHA ACADEMY<br>3100 W RIVER PKWY                      | N/A | PC | OPERATIONS | 10,000 |

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MINNESOTA ZOO FOUNDATION N/A PC **OPERATIONS** 5,000

12000 700 BLVD

| APPLE VALLEY, MN 55124   |     |    |            |       |
|--|-----|----|------------|-------|
| NATIONAL ALLIANCE ON MENTAL<br>ILLNESS SE MN<br>1700 BROADWAY AVE N SUITE 104<br>ROCHESTER, MN 55906 | N/A | PC | OPERATIONS | 5,000 |
|  |     |    |            |       |

| Total   |     |    | ▶ 3a       | 603,391 |
|---|-----|----|------------|---------|
| PIM ARTS HIGH SCHOOL<br>7255 FLYING CLOUD DR<br>EDEN PRARIE, MN 55344 | N/A | PC | OPERATIONS | 5,000   |
| 1700 BROADWAY AVE N SUITE 104<br>ROCHESTER, MN 55906                  |     |    |            |         |

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

| CHAPTER<br>PO BOX 1921<br>MAPLE GROVE, MN 55311 |     |    |            |       |
|---|-----|----|------------|-------|
| WINGS OF MERCY MINNESOTA                        | N/A | PC | OPERATIONS | 5,000 |
|   |     |    |            |       |

| MAPLE GROVE, MN 55311   |     |     |            |        |
|---|-----|-----|------------|--------|
| MINNESOTA STATE UNIVERSITY<br>224 ALUMNI FOUNDATION CENTER<br>MANKATO, MN 56001 | N/A | GOV | OPERATIONS | 70,293 |
| AMERICAN DIABETES ASSOCIATION   | N/A | PC  | OPERATIONS | 5,000  |

| 224 ALUMNI FOUNDATION CENTER<br>MANKATO, MN 56001                                    |     |    |            | ,     |
|--|-----|----|------------|-------|
| AMERICAN DIABETES ASSOCIATION<br>2451 CRYSTAL DRIVE SUITE 900<br>ARLINGTON, VA 22202 | N/A | PC | OPERATIONS | 5,000 |

603,391

| AMERICAN DIABETES ASSOCIATION<br>2451 CRYSTAL DRIVE SUITE 900<br>ARLINGTON, VA 22202 | N/A | PC | OPERATIONS | 5,00 |
|--|-----|----|------------|------|

Total .

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

| a Paid during the year  |     |     |            |       |
|---|-----|-----|------------|-------|
| HAZELDEN BETTY FORD FOUNDATION<br>PO BOX 11 OS 3<br>CENTER CITY, MN 55012 | N/A | PC  | OPERATIONS | 5,000 |
| THE FOOD CROUPSEOL SATH AVENUE  | N/A | DC. | OPERATIONS | 5,000 |

| ENTER CITT, MIN 55012                              |     |     |            |  |
|--|-----|-----|------------|--|
| HE FOOD GROUP8501 54TH AVENUE<br>EW HOPE, MN 55428 | N/A | PC  | OPERATIONS |  |
| UIDE DOGS FOR THE BLIND                            | N/A | PC. | OPERATIONS |  |

Total .

| THE FOOD GROUP8501 54TH AVENUE<br>NEW HOPE, MN 55428 | N/A | PC | OPERATIONS | 5,000  |
|--|-----|----|------------|--------|
| GUIDE DOGS FOR THE BLIND<br>PO BOX 151200            | N/A | PC | OPERATIONS | 10,000 |

| NEW HOPE, MN 55428  | 1,4,7, | , 0 | OT ENVIRONS | 3,000  |
|---|--------|-----|-------------|--------|
| GUIDE DOGS FOR THE BLIND<br>PO BOX 151200<br>SAN RAFAEL, CA 94915 | N/A    | PC  | OPERATIONS  | 10,000 |

▶ 3a

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

| a Paid during the year   |     |    |            |       |
|--|-----|----|------------|-------|
| FOUNTAIN VALLEY SCHOOL OF<br>COLORADO<br>6155 FOUNTAIN VALLEY SCHOOL ROAD<br>COLORADO SPRINGS, CO. 80911 | N/A | PC | OPERATIONS | 5,000 |

| COLORADO SPRINGS, CO 80911   |     |    |            |       |
|--|-----|----|------------|-------|
| COMMUNITY OF RECOVERING PEOPLE<br>1221 WAYZATA BLVD E<br>WAYZATA, MN 55391 | N/A | PC | OPERATIONS | 2,000 |

| COMMUNITY OF RECOVERING PEOPLE<br>1221 WAYZATA BLVD E<br>WAYZATA, MN 55391 | N/A | PC | OPERATIONS | 2,000 |
|--|-----|----|------------|-------|
| BRIDGES ADVISORY COMMITTEE 320 GARFIELD AVE                                | N/A | PC | OPERATIONS | 250   |

Total .

| WAYZATA, MN 55391   |     |    |            |     |
|---|-----|----|------------|-----|
| BRIDGES ADVISORY COMMITTEE<br>320 GARFIELD AVE<br>NORTH MANKATO, MN 56003 | N/A | PC | OPERATIONS | 250 |

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

| THE SALVATION ARMY<br>2445 PRIOR AVENUE NORTH<br>ROSEVILLE, MN 55113 | N/A | PC | OPERATIONS | 2,500 |
|--|-----|----|------------|-------|
| RETRIEVE A GOLDEN OF THE MIDWEST                                     | N/A | PC | OPERATIONS | 5,000 |

| 2445 PRIOR AVENUE NORTH<br>ROSEVILLE, MN 55113  |     |    |            |       |
|---|-----|----|------------|-------|
| RETRIEVE A GOLDEN OF THE MIDWEST<br>5800 BAKER ROAD SUITE 120<br>MINNETONKA, MN 55345 | N/A | PC | OPERATIONS | 5,000 |
| MANKATO AREA YOUTH BASEBALL<br>ASSOCIATION  | N/A | PC | OPERATIONS | 500   |

| 5800 BAKER ROAD SUITE 120<br>MINNETONKA, MN 55345   |     |    |            |     |
|---|-----|----|------------|-----|
| MANKATO AREA YOUTH BASEBALL<br>ASSOCIATION<br>1925 HAUGHTON AVENUE<br>NORTH MANKATO, MN 56003 | N/A | PC | OPERATIONS | 500 |
|   |     |    |            |     |

| MINNETONKA, MN 55345  |     |    |            |         |
|---|-----|----|------------|---------|
| MANKATO AREA YOUTH BASEBALL<br>ASSOCIATION<br>1925 HAUGHTON AVENUE<br>NORTH MANKATO, MN 56003 | N/A | PC | OPERATIONS | 500     |
| Total   |     |    | ▶ 3a       | 603,391 |

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

| a Paid during the year   |     |    |            |       |
|--|-----|----|------------|-------|
| OPEN DOOR HEALTH CLINIC<br>309 HOLLY LANE<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 1,000 |
| FRIENDS OF THE PEACE PARKS INC                                 | N/A | PC | OPERATIONS | 5,000 |

| MANKATO, MN 56001   |     |    |            |       |
|---|-----|----|------------|-------|
| FRIENDS OF THE PEACE PARKS INC<br>717 POPLAR AVE<br>BOULDER, CO 80304 | N/A | PC | OPERATIONS | 5,000 |
| CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA                               | N/A | PC | OPERATIONS | 2,500 |

| CHILDREN'S MUSEUM OF SOUTHERN<br>MINNESOTA<br>224 LAMM ST<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 2,500 |
|--|-----|----|------------|-------|
| 717 POPLAR AVE<br>BOULDER, CO 80304  |     |    |            | ·     |

| CHILDREN'S MUSEUM OF SOUTHERN<br>MINNESOTA<br>224 LAMM ST<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS       | 2,500   |
|--|-----|----|------------------|---------|
| Total  |     |    | <u> </u><br>▶ 3a | 603,391 |

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

| MANKATO NORTH MANKATO YOUTH<br>FOOTBALL<br>PO BOX 311<br>MANKATO, MN 56002 | N/A | PC | OPERATIONS | 1,000 |
|--|-----|----|------------|-------|
| MINNEAPOLIS HEART INSTITUTE  | N/A | PC | OPERATIONS | 100   |

| MANKATO, MN 30002  |     |    |            |       |
|--|-----|----|------------|-------|
| MINNEAPOLIS HEART INSTITUTE<br>FOUNDATION<br>920 EAST 28TH STREET SUITE 100<br>MINNEAPOLIS, MN 55407 | N/A | PC | OPERATIONS | 100   |
| MANKATO FAMILY YMCA<br>1401 S RIVERFRONT DRIVE   | N/A | PC | OPERATIONS | 4,000 |

За

603,391

| FOUNDATION 920 EAST 28TH STREET SUITE 100 MINNEAPOLIS, MN 55407     | N/A | PC | OPERATIONS | 10   |
|---|-----|----|------------|------|
| MANKATO FAMILY YMCA<br>1401 S RIVERFRONT DRIVE<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 4,00 |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BLUE EARTH COUNTY LIBRARY N/A GOV **OPERATIONS** 10,000

| 100 E MAIN STREET<br>MANKATO, MN 56001  |     |    |            |        |
|---|-----|----|------------|--------|
| MINNESOTA CONFERENCE UNITED<br>CHURCH OF CHRIST<br>122 W FRANKLIN AVE SUITE 32<br>MINNEAPOLIS, MN 55404 | N/A | PC | OPERATIONS | 50,000 |

| CHURCH OF CHRIST<br>122 W FRANKLIN AVE SUITE 32<br>MINNEAPOLIS, MN 55404 |     |    |            |     |
|--|-----|----|------------|-----|
| SOUTH CENTRAL SERVICE COOP<br>2075 LOOKOUT DR<br>NORTH MANKATO, MN 56003 | N/A | PC | OPERATIONS | 100 |

Total .

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

| a Paid during the year                             |     |     |            |        |
|--|-----|-----|------------|--------|
| JUNIOR ACHIEVEMENT210 LIME ST<br>MANKATO, MN 56001 | N/A | PC  | OPERATIONS | 10,000 |
| CITY OF MINNESOTA LAKE FREEDOM                     | N/A | GOV | OPERATIONS | 200    |

| 11/11/10/11/07/11/10 30001   |     |     |            |        |
|--|-----|-----|------------|--------|
| CITY OF MINNESOTA LAKE FREEDOM<br>RUN<br>103 MAIN ST N<br>MINNESOTA LAKE, MN 56068 | N/A | GOV | OPERATIONS | 200    |
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL  | N/A | PC  | OPERATIONS | 50,000 |

| RUN<br>103 MAIN ST N<br>MINNESOTA LAKE, MN 56068  |     |    |            |        |
|---|-----|----|------------|--------|
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>262 DANNY THOMAS PLACE<br>MEMPHIS, TN, 38105 | N/A | PC | OPERATIONS | 50,000 |

| MINNESOTA LAKE, MN 56068   |     |    |            |         |
|--|-----|----|------------|---------|
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>262 DANNY THOMAS PLACE<br>MEMPHIS, TN 38105 | N/A | PC | OPERATIONS | 50,000  |
| Total  |     |    | ▶ 3a       | 603,391 |

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

| a raid during the year                          |     |    |            |        |
|---|-----|----|------------|--------|
| KEY CITY BIKE204 E VINE ST<br>MANKATO, MN 56001 | N/A | PC | OPERATIONS | 5,000  |
| THALIA LOPEZ AND LARRY D TAYLOR                 | N/A | PF | OPERATIONS | 10,000 |

| CT CLAIR RECARD WEST MAIN   | N1/A | 20 | ODEDATIONS | F 000  |
|---|------|----|------------|--------|
| THALIA LOPEZ AND LARRY D TAYLOR<br>EDUCATIONAL SCHOLARSHIP<br>100 N MINNESOTA STREET<br>NEW ULM, MN 56073 | N/A  | PF | OPERATIONS | 10,000 |

| 100 N MINNESOTA STREET<br>NEW ULM, MN 56073     |     |    |            |       |
|---|-----|----|------------|-------|
| ST CLAIR PTO121 WEST MAIN<br>ST CLAIR, MN 56080 | N/A | PC | OPERATIONS | 5,000 |

603,391

■ 3a

| 100 N MINNESOTA STREET<br>NEW ULM, MN 56073 |     |    |            |     |
|---|-----|----|------------|-----|
| ST CLAIR PTO121 WEST MAIN                   | N/A | PC | OPERATIONS | 5,0 |

Total .

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

recipient

| Name and address (home or business) | or substantial contributor | recipient |            |     |
|-------------------------------------|----------------------------|-----------|------------|-----|
| a Paid during the year              |                            |           |            |     |
| SPECIAL OLYMPICS MINNESOTA          | N/A                        | PC        | OPERATIONS | 200 |

| SPECIAL OLYMPICS MINNESOTA | N/A | PC | OPERATIONS |  |
|----------------------------|-----|----|------------|--|
| 902 2ND AVE S 300          |     |    |            |  |
| MINNEAPOLIS, MN 55402      |     |    |            |  |
|                            |     |    |            |  |

any foundation manager

| Total                                      |       |      | ▶ 3a       | 603,391 |
|--|-------|------|------------|---------|
| 902 2ND AVE S 300<br>MINNEAPOLIS, MN 55402 | ,     |      |            |         |
| SPECIAL OLYMPICS MINNESOTA                 | I N/A | l PC | OPERATIONS | 20      |

| efile GRAPHIC print - DO NOT P   | ROCESS  | As Filed Data | -                       |                        | DLN: 93491196005180                         |  |  |
|----------------------------------|---------|---------------|-------------------------|------------------------|---|--|--|
| TY 2019 Accounting Fees Schedule |         |               |                         |                        |   |  |  |
|                                  |         |               |                         |                        |   |  |  |
|                                  | Name: ( | GLEN A TAY    | LOR FOUNDATION          | ON                     |   |  |  |
|                                  |         |               |                         | <b>-</b>               |   |  |  |
|                                  | EIN: 4  | 41-1737411    |                         |                        |   |  |  |
| Category                         | Amou    | ınt N         | et Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| EIDE BAILLY LLP                  |         | 1,450         | 0                       |                        | 1,450                                       |  |  |

# TY 2019 Expenditure Responsibility Statement

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As Filed Data -

Name: GLEN A TAYLOR FOUNDATION

| <b>EIN:</b> 41-1737411   |  |            |                 |   |                                  |                                 |                                   |                         |  |
|--|--|------------|-----------------|---|----------------------------------|---------------------------------|-----------------------------------|-------------------------|--|
| Grantee's Name   | Grantee's<br>Address                                 | Grant Date | Grant<br>Amount | Grant Purpose   | Amount<br>Expended<br>By Grantee | Any<br>Diversion<br>By Grantee? | Dates of<br>Reports By<br>Grantee | Date of<br>Verification | Results of Verification  |
| THALIA LOPEZ AND<br>LARRY D TAYLOR<br>EDUCATIONAL<br>SCHOLARSHIP | 100 N<br>MINNESOTA<br>STREET<br>NEW ULM,<br>MN 56073 | 2019-09-04 | 10,000          | EDUCATIONAL<br>SCHOLARSHIPS TO ST<br>PETER HIGH SCHOOL<br>SENIORS | 0                                |                                 | 07/06/20                          | 2020-07-06              | TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED ON THE REPORT FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE. THE FOUNDATION REVIEWED THE GRANT REPORT NOTED ABOVE BUT DID NOT UNDERTAKE ANY VERIFICATION OF THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT THEIR ACCURACY OR REIJABILITY (REG. 53.4945-5(C)). |

DLN: 93491196005180

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491196005180 |
|--------------------------------------|-----------------|---------------------|
|                                      |                 | _                   |

## **TY 2019 Investments - Other Schedule**

Name: GLEN A TAYLOR FOUNDATION

**EIN:** 41-1737411

| Investments Other Schedule 2    |                       |            |                                  |  |  |  |  |
|---------------------------------|-----------------------|------------|----------------------------------|--|--|--|--|
| Category/ Item                  | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |  |  |  |
| ALPS CORE CMDY MGMT             | AT COST               | 69,983     | 72,220                           |  |  |  |  |
| CAUSEWAY INTERNATIONAL          | AT COST               | 103,147    | 106,720                          |  |  |  |  |
| COLUMBIA LIMITED DUR            | AT COST               | 248,916    | 258,372                          |  |  |  |  |
| FIDELITY FLOATING RATE          | AT COST               | 335,361    | 333,733                          |  |  |  |  |
| GLENMEDE SECURED OPTIONS        | AT COST               | 208,541    | 204,032                          |  |  |  |  |
| GOLDMAN SACHS DYNAMIC           | AT COST               | 505,497    | 511,371                          |  |  |  |  |
| GOLDMAN SACHS INTL SMALL CAP    | AT COST               | 96,276     | 93,448                           |  |  |  |  |
| INVESCO GLB REAL ESTATE         | AT COST               | 136,014    | 140,665                          |  |  |  |  |
| INVESCO OPPENHEIMER DEVELOPING  | AT COST               | 54,418     | 65,348                           |  |  |  |  |
| INVESCO OPPENHEIMER INTL GROWTH | AT COST               | 82,146     | 97,104                           |  |  |  |  |
| JP MORGAN MORTGAGE BACKED       | AT COST               | 361,121    | 369,372                          |  |  |  |  |
| MATTHEWS ASIA SMALL CO          | AT COST               | 23,014     | 20,917                           |  |  |  |  |
| MERGER FUND INST                | AT COST               | 100,692    | 103,193                          |  |  |  |  |
| PUTNAM ULTRA SHORT              | AT COST               | 125,516    | 125,516                          |  |  |  |  |
| T ROWE PRICE INST EMRG          | AT COST               | 92,165     | 92,184                           |  |  |  |  |
| SPDR S&P 500 ETF TR             | AT COST               | 212,059    | 284,846                          |  |  |  |  |
| SPDR S&P 400 MID CAP GR         | AT COST               | 54,094     | 56,519                           |  |  |  |  |
| SPDR S&P 400 MID CAP VAL        | AT COST               | 52,889     | 56,697                           |  |  |  |  |
| SPDR S&P 500 GROWTH ETF         | AT COST               | 123,992    | 132,226                          |  |  |  |  |
| SPDR S&P 500 VALUE ETF          | AT COST               | 122,122    | 134,404                          |  |  |  |  |
| SPDR S&P 600 SMALL CAP GR       | AT COST               | 41,724     | 44,519                           |  |  |  |  |
| SPDR S&P 600 SMALL CAP VAL      | AT COST               | 47,233     | 51,582                           |  |  |  |  |

Description

As Filed Data -

DIVIDENDS RECEIVABLE

**EIN:** 41-1737411

Other Assets Schedule

Name: GLEN A TAYLOR FOUNDATION

Beginning of Year -

**Book Value** 

1,593

End of Year - Book

Value

1,389

DLN: 93491196005180

End of Year - Fair

Market Value

| efile GRAPHIC print - DO NOT PROCES | DLN                                  | l: 93491196005180        |                        |   |  |  |  |
|-------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2019 Other Expenses Sc           | hedule                               |                          | <u> </u>               |   |  |  |  |
|                                     |                                      |                          |                        |   |  |  |  |
| Name: GLEN A TAYLOR FOUNDATION      |                                      |                          |                        |   |  |  |  |
| <b>EIN:</b> 41-1737411              |                                      |                          |                        |   |  |  |  |
| Other Expenses Schedule             |                                      |                          |                        |   |  |  |  |
| Description                         | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |  |
| ATTORNEY GENERAL FILING FEE         | 25                                   | 0                        |                        | 25  |  |  |  |
| MISC. INVESTMENT EXPENSE            | 7,690                                | 7,690                    |                        | 0   |  |  |  |

51

MISC. INVESTMENT EXPENSE
MISCELLANEOUS EXPENSE

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -                        | DLN: 93491196005180    |                                 |
|--------------------------------------|---------------|--------------------------|------------------------|---------------------------------|
| TY 2019 Taxes Schedule               |               |                          |                        |                                 |
|                                      |               |                          |                        |                                 |
| Name: GLEN A TAYLOR FOUNDATION       |               |                          |                        |                                 |
| <b>EIN:</b> 41-1737411               |               |                          |                        |                                 |
| Category                             | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable |
|                                      |               |                          |                        | Purposes                        |
| CHARLES SCHWAB-FOREIGN TAX PAID      | 824           | 824                      |                        | Purposes 0                      |