

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation THE JAMF NATION GLOBAL FOUNDATION		A Employer identification number 46-1591030	
Number and street (or P.O. box number if mail is not delivered to street address) 100 WASHINGTON AVE S NO 1100		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401		B Telephone number (see instructions) (612) 605-6625	
G Check all that apply: <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return<input type="checkbox"/> Amended return <input type="checkbox"/> Address change<input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,075,361		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,150,268			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,150,268	0		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,103	0		525
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,299	0		791
	24 Total operating and administrative expenses. Add lines 13 through 23	7,402	0		1,316
	25 Contributions, gifts, grants paid	343,252			457,311
	26 Total expenses and disbursements. Add lines 24 and 25	350,654	0		458,627
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	799,614			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	34,373	25,361	25,361
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ 1,050,000 Less: allowance for doubtful accounts ▶ _____	350,000	1,050,000	1,050,000
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	384,373	1,075,361	1,075,361	
Liabilities	17 Accounts payable and accrued expenses	137	1,775	
	18 Grants payable	100,000		
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	100,137	1,775	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	284,236	1,073,586	
	29 Total net assets or fund balances (see instructions)	284,236	1,073,586	
30 Total liabilities and net assets/fund balances (see instructions) .	384,373	1,075,361		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	284,236
2 Enter amount from Part I, line 27a	2	799,614
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,083,850
5 Decreases not included in line 2 (itemize) ▶ _____	5	10,264
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,073,586

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss)	2	
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div> </div>		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	350,609	161,310	2.173511
2017	335,478	1,548	216.717054
2016	161,912	92,569	1.749095
2015	221,553	129,141	1.715590
2014	76,586	140,557	0.544875
2 Total of line 1, column (d)		2	222.900125
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		3	44.580025
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		4	133,575
5 Multiply line 4 by line 3		5	5,954,777
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	0
7 Add lines 5 and 6		7	5,954,777
8 Enter qualifying distributions from Part XII, line 4		8	458,627

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	135,609
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	135,609
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	135,609
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,034
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	133,575
6	Minimum investment return. Enter 5% of line 5.	6	6,679

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

1	Minimum investment return from Part X, line 6.	1	6,679
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	6,679
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	6,679
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,679

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	458,627
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	458,627
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	458,627

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				6,679
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	69,558			
b From 2015.	215,096			
c From 2016.	157,284			
d From 2017.	335,401			
e From 2018.	342,543			
f Total of lines 3a through e.	1,119,882			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 458,627				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				6,679
e Remaining amount distributed out of corpus	451,948			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,571,830			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	69,558			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	1,502,272			
10 Analysis of line 9:				
a Excess from 2015.	215,096			
b Excess from 2016.	157,284			
c Excess from 2017.	335,401			
d Excess from 2018.	342,543			
e Excess from 2019.	451,948			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	457,174
b <i>Approved for future payment</i>				
Total			3b	0

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

[illegible]

Part XVII

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

--	--	--

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

--	--	--

- | | | |
|--------------|--|-----------|
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |

1c		No
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

<p>Sign Here</p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-11-11</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	KACIE MCEWEN		2020-11-11		
	Firm's name ► RSM US LLP				Firm's EIN ► 42-0714325
	Firm's address ► 801 NICOLLET MALL WEST TOWER STE 1100 MINNEAPOLIS, MN 554022526				Phone no. (612) 332-4300

May the IRS discuss this return with the preparer shown below
(see instr.) ☒ Yes ☐ No

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ZACH HALMSTAD	CHAIR (ENDING 5/31/19) 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
RACHEL ANN KJOS FJERSTAD	CHAIR (STARTING 10/31/19) 0.50	0	0	0
3015 PATTON STREET EAU CLAIRE, WI 54701				
CHIP PEARSON	VICE CHAIR (ENDING 5/31/19) 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
ANN MARIE CHRUDIMSKY	VICE CHAIR (STARTING 10/31/19) 0.50	0	0	0
15701 ROBINWOOD DRIVE MINNETONKA, MN 55345				
ELIZABETH FOSTER	TREASURER 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
NICK TENBRINK	SUB COMMITTEE MEMBER (ENDING 11/30/19) 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
CHRIS EAMES	SUB COMMITTEE MEMBER (STARTING 1/1/19) 0.50	0	0	0
4722 BEACHWOOD COURT CARLSBAD, CA 92008				
CAILIN KEARNS	SUB COMMITTEE MEMBER (AS OF 12/1/19) 0.50	0	0	0
2310 HARRIET AVENUE 103 MINNEAPOLIS, MN 55405				
ANNIE HALBERT	SUB COMMITTEE MEMBER (AS OF 5/31/19) 0.50	0	0	0
1927 TIDEWATER LANE WINDSOR, CO 80550				
OLA CHRUSCIEL	DIRECTOR 0.00	0	0	0
6/7 UL ZABLOCKIEGO SOSNOWIEC 41-219 PL				
TODD EBERSVILLER	DIRECTOR 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
TIM HARTZEL	DIRECTOR 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
MEGHAN HUTCHINS	DIRECTOR 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
JOHN MILLER	DIRECTOR 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				
CARLY WIRKUS	DIRECTOR 0.50	0	0	0
100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
10000 THINGS3153 SO 36TH AVE MINNEAPOLIS, MN 55406	NONE	PC	ARTS AND CULTURE	100
350ORG20 JAY ST SUITE 732 BROOKLYN, NY 11201	NONE	PC	ENVIRONMENT	1,390
A ROTTA LOVE PLUSPO BOX 6658 MINNEAPOLIS, MN 55406	NONE	PC	ANIMALS	27
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACADEMY OF WHOLE LEARNING 3500 WILLISTON RD MINNETONKA, MN 55345	NONE	PC	EDUCATION & RESEARCH	5,000
ACHIEVE MINNEAPOLIS 2829 UNIVERSITY AVE SE SUITE 850 MINNEAPOLIS, MN 55414	NONE	PC	EDUCATION & RESEARCH	500
ACLU125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	PC	EDUCATION & RESEARCH	750
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALS ASSOCIATIONPO BOX 37022 BOONE, IA 500370022	NONE	PC	HEALTH	50
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	NONE	PC	HEALTH	140
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	PC	HEALTH	25
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 950 BLUE GENTIAN ROAD SUITE 100 EAGAN, MN 55121	NONE	PC	HEALTH	190
AMERICAN FOUNDATION FOR SUICIDE PREVENTION 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	PC	HEALTH	505
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PC	HEALTH	200
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMNION PREGNANCY CENTER 13775 NICOLLET AVE S BURNSVILLE, MN 55337	NONE	PC	HUMAN SERVICES	100
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 55422	NONE	PC	ANIMALS	53
APPLE PREGNANCY CARE CENTER 2600 STEIN BLVD EAU CLAIRE, WI 54701	NONE	PC	HEALTH	500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARBOR DAY FOUNDATION THE ARBOR DAY FOUNDATION 100 ARBOR AVENUE NEBRASKA CITY, NE 68410	NONE	PC	ENVIRONMENT	100
ASPCAPO BOX 96929 WASHINGTON, DC 20077	NONE	PC	ANIMAL	190
AURORA PUBLIC SCHOOLS FOUNDATION 82 AIRPORT BLVD AURORA, CO 80011	NONE	PC	EDUCATION & RESEARCH	5,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AVALON FOUNDATION UL DOMANIEWSKA 50A WARSAW PL	NONE	PC	HUMAN SERVICES	297
BEACON HOUSE309 E LAKE ST EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	800
BIG BROTHERS BIG SISTERS NORTHWESTERN WISCONSIN 424 GALLOWAY STREET EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	11,105
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOBS HOUSE FOR DOGS E3015 COUNTY RD HH ELEVA, WI 54738	NONE	PC	ANIMALS	350
BOLTON REFUGE HOUSEPO BOX 482 EAU CLAIRE, WI 54702	NONE	PC	HUMAN SERVICES	275
BOY SCOUTS OF AMERICA 710 S HASTINGS WAY EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	200
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY 1005 OXFORD AVE EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	4,875
BUILDING FOR BRIDGET 4549 FRANCE AVE N ROBBINSDALE, MN 55422	NONE	PC	EDUCATION & RESEARCH	475
CAMP KNUTSON SPECIAL NEEDS CAMP & RETREAT CENTER 11148 MANHATTAN POINT BLVD CROSSLAKE, MN 56442	NONE	PC	HUMAN SERVICES	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP TAMARACKE879 GOLKE ROAD WAUPACA, WI 54981	NONE	PC	EDUCATION & RESEARCH	150
CARE151 ELLIS STREET NE ATLANTA, GA 303032440	NONE	PC	HUMAN SERVICES	130
CARINGBRIDGEPO BOX 6032 ALBERT LEA, MN 560076632	NONE	PC	HUMAN SERVICES	20
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARITAS ARCHIDIECEZJI KATOWICKIEJ UL WITA STWOSZA 20 KATOWICE, SILESIA 40-042 PL	NONE	PC	HUMAN SERVICES	448
CARRY THE FUTURE 121 W LEXINGTON DR GLENDALE, CA 91203	NONE	PC	HUMAN SERVICES	150
CATHOLIC CHARITIES3710 EAST AVE S LA CROSSE, WI 546017215	NONE	PC	HUMAN SERVICES	100
Total ► 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CDC FOUNDATION 600 PEACHTREE STREET NE SUITE 1000 ATLANTA, GA 30308	NONE	PC	HEALTH	200
CHARITY WATER 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	PC	HUMAN SERVICES	25
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVE ANNAPOLIS, MD 21403	NONE	PC	ENVIRONMENT	50
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN INTERNATIONAL 2000 EAST RED BRIDGE ROAD KANSAS CITY, MO 641313694	NONE	PC	HUMAN SERVICES	180
CHILDRENS HOSPITAL COLORADO FOUNDATION 13123 E 16TH AVE AURORA, CO 80045	NONE	PC	HEALTH	25
CHILDREN'S MUSEUM OF EAU CLAIRE 220 S BARSTOW STREET EAU CLAIRE, WI 54701	NONE	PC	EDUCATION & RESEARCH	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS ORGAN TRANSPLANT ASSOCIATION 2501 W COTA DRIVE BLOOMINGTON, IN 47403	NONE	PC	HEALTH	1,000
CHILDREN'S TUMOR FOUNDATION 120 WALL ST 16TH FLOOR NEW YORK, NY 10005	NONE	PC	HEALTH	598
CHIPPEWA FALLS HIGH SCHOOL FIRST ROBOTICS TEAM 1130 MILES STREET CHIPPEWA FALLS, WI 54729	NONE	PC	EDUCATION & RESEARCH	2,500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHIPPEWA VALLEY LGBT COMMUNITY CENTER 1708 WESTGATE RD SUITE 201 EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	526
CHRIST EPISCOPAL CHURCH 7305 AFTON ROAD WOODBURY, MN 55125	NONE	PC	HUMAN SERVICES	750
CIVIL AIR PATROL - EAU CLAIRE COMPOSITE SQUADRON 3800 STARR AVENUE EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	104
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLON CANCER COALITION 5666 LINCOLN DRIVE SUITE 270 EDINA, MN 55436	NONE	PC	HEALTH	565
COMMUNITY TABLE320 PUTNAM ST EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	100
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80997	NONE	PC	HUMAN SERVICES	500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COOK CHILDREN'S MEDICAL CENTER 205 W 700 S SALT LAKE CITY, UT 84101	NONE	PC	HEALTH	25
COOL EFFECT 919 SIR FRANCIS DRAKE BLVD SUITE 201 KENTFIELD, CA 94904	NONE	PC	ENVIRONMENT	594
CROHN'S AND COLITIS FOUNDATION 733 3RD AVE 510 NEW YORK, NY 10017	NONE	PC	HEALTH	105
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CURESEARCH FOR CHILDREN'S CANCER 4600 EAST WEST HIGHWAY SUITE 600 BETHESDA, MD 20814	NONE	PC	HEALTH	1,600
CYSIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 BETHESDA, MD 20814	NONE	PC	HEALTH	275
CYSTIC FIBROSIS ASSOCIATION OF NORTH DAKOTA 921 S 9TH ST SUITE 115 BISMARCK, ND 58504	NONE	PC	HEALTH	288
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAKOTA COUNTY LIBRARY FOUNDATION 1340 WESCOTT RD EAGAN, MN 55123	NONE	PC	EDUCATION & RESEARCH	580
DANA FARBER CANCER INSTITUTE 77 FOURTH AVENUE NEEDHAM, MA 02494	NONE	PC	HEALTH	250
DONORSCHOOSEORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 191706656	NONE	PC	EDUCATION & RESEARCH	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DUCKS UNLIMITED ONE WATERFAWL WAY MEMPHIS, TN 38120	NONE	PC	ENVIRONMENT	50
EARTH JUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	NONE	PC	ENVIRONMENT	250
EASTSIDE HILL NEIGHBORHOOD ASSOCIATION PO BOX 2114 EAU CLAIRE, WI 547022114	NONE	PC	ENVIRONMENT	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EASTSIDE MEALS ON WHEELS 1510 33RD AVE NE SUITE 1 MINNEAPOLIS, MN 55418	NONE	PC	HUMAN SERVICES	100
EAU CLAIRE AREA DEVELOPMENT CORPORATION 7 S DEWEY ST SUITE 101 EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	3,000
EAU CLAIRE COMMUNITY FOUNDATION 306 S BARSTOW SUITE 104 EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAU CLAIRE COUNTY HUMANE ASSOCIATION 3900 OLD TOWN HALL ROAD EAU CLAIRE, WI 54701	NONE	PC	ANIMAL	795
EAU CLAIRE JAZZ INCPO BOX 1401 EAU CLAIRE, WI 547021401	NONE	PC	ARTS & CULTURE	2,550
EAU CLAIRE PUBLIC SCHOOLS FOUNDATION 500 BALCOM STREET EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	3,300
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELECTRONIC FRONTIER FOUNDATION 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	PC	EDUCATION & RESEARCH	290
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20009	NONE	PC	ENVIRONMENT	120
EZEKIEL LUTHERAN CHURCH 202 SOUTH 2ND STREET RIVER FALLS, WI 54022	NONE	PC	HUMAN SERVICES	200
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FEED MY PEOPLE2610 ALPINE RD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	19,259
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	PC	HUMAN SERVICES	12,251
FELINES INC DBA FELINES AND CANINES PO BOX 60616 CHICAGO, IL 60660	NONE	PC	ANIMALS	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FISHING HAS NO BOUNDARIES - HAYWARD CHAPTER PO BOX 375 HAYWARD, WI 548430375	NONE	PC	HUMAN SERVICES	2,600
FREE BIKES 4 KIDZ 10914 LEXINGTON DRIVE EDEN PRAIRIE, MN 55344	NONE	PC	HUMAN SERVICES	535
FRIENDS OF SCOUTING 710 S HASTINGS WAY EAU CLAIRE, WI 54701	NONE	PC	EDUCATION & RESEARCH	30
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUNDACJA GODNE ZYCIE SWIETEGO ANTONIEGO 107 DABROWA GORNICZA, N/A 41-306 PL	NONE	PC	HUMAN SERVICES	76
FUNDACJA STAJNIA FRYDERYKA CHOPINA 13-17 SIEMIANOWICE, SLASKIE 41-100 PL	NONE	PC	ARTS AND CULTURE	5,000
FUNDACJA ZUPACELNA 5 KRAKOACUTEW, MALOPOLSKA 30-507 PL	NONE	PC	HUMAN SERVICES	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GALTIER PARENT TEACHER ORGANIZATION 1317 CHARLES AVE SAINT PAUL, MN 55104	NONE	PC	EDUCATION & RESEARCH	2,250
GENESYS WORKS 445 MINNESOTA ST SUITE 720 ST PAUL, MN 55101	NONE	PC	HUMAN SERVICES	3,651
GIVE MN43 SE MAIN ST SUITE 515 MINNEAPOLIS, MN 55414	NONE	PC	EDUCATION & RESEARCH	25
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOD'S WORLD PUBLICATIONS INC PO BOX 20002 ASHEVILLE, NC 28802	NONE	PC	ARTS & CULTURE	50
GREAT RIVER SCHOOL FOUNDATION - ROBOTICS 1326 ENERGY PARK DR SAINT PAUL, MN 55108	NONE	PC	EDUCATION & RESEARCH	2,000
GRUPA PEDAGOGOW ULICY UNO UL MISYJNA 8 DZIEGIELOW 43-445 PL	NONE	PC	EDUCATION & RESEARCH	500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUTHRIE THEATER818 S 2ND ST MINNEAPOLIS, MN 55415	NONE	PC	ARTS & CULTURE	2,500
HABITAT FOR HUMANITY CHICAGO 1100 W CERMAK RD STE 404 CHICAGO, IL 60608	NONE	PC	HUMAN SERVICES	50
HABITAT FOR HUMANITY MN 2171 UNIVERSITY AVE W 200 ST PAUL, MN 55114	NONE	PC	HUMAN SERVICES	5,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HANDS IN OUTREACH 1504 SILVER STREET SHEFFIELD, MA 01257	NONE	PC	HUMAN SERVICES	550
HANDS ON LONDON38 TURNER STREET WHITECHAPEL, LONDON E1 2AS UK	NONE	PC	HUMAN SERVICES	1,120
HAPPY HOLLOW FOUNDATION 1300 SENTER RD SAN JOSE, CA 95112	NONE	PC	ANIMALS	950
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALING HAITI2629 S SHORE BLVD WHITE BEAR LAKE, MN 55115	NONE	PC	EDUCATION & RESEARCH	1,000
HILL COUNTRY RIDE FOR AIDS PO BOX 49097 AUSTIN, TX 78765	NONE	PC	HEALTH	103
HOPE VILLAGE OF CHIPPEWA FALLS 4140 126TH ST CHIPPEWA FALLS, WI 54729	NONE	PC	HUMAN SERVICES	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPEKIDS INCPO BOX 28471 SCOTTSDALE, AZ 85255	NONE	PC	HUMAN SERVICES	54
HORIZONS FOR YOUTH 703 W MONROE ST CHICAGO, IL 60661	NONE	PC	HUMAN SERVICES	5,000
HUGE THEATER3037 LYNDAL AVE SO MPLS, MN 55408	NONE	PC	ARTS & CULTURE	100
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMAN RIGHTS CAMPAIGN 1640 RHODE ISLAND AVE NW WASHINGTON, DC 200363278	NONE	PC	HUMAN SERVICES	501
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	PC	HUMAN SERVICES	250
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	NONE	PC	HUMAN SERVICES	136
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INVISIBLE CHILDRENPO BOX 73295 WASHINGTON, DC 20056	NONE	PC	HUMAN SERVICES	433
JACK'S BASKET 2960 SNELLING AVE NORTH SUITE L-105 ROSEVILLE, MN 55113	NONE	PC	HUMAN SERVICES	100
JDRF26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PC	HEALTH	530
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF WISCONSIN 2004 HIGHLAND AVENUE SUITE 2C EAU CLAIRE, WI 54701	NONE	PC	EDUCATION & RESEARCH	10,175
JUSTUS HEALTH 2577 W TERRITORIAL RD ST PAUL, MN 55114	NONE	PC	HEALTH	50
JUVINILE DIABETES FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PC	HEALTH	80
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS FROM WISCONSIN 640 S 84TH STREET SUITE 522 MILWAUKEE, WI 53214	NONE	PC	ARTS & CULTURE	200
KNOX COLLEGE2 EAST SOUTH ST GALESBURG, IL 61401	NONE	PC	EDUCATION & RESEARCH	250
LAKE COUNTRY SCHOOL 3755 PLEASANT AVE S MINNEAPOLIS, MN 55409	NONE	PC	EDUCATION & RESEARCH	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEUKEMIA AND LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	PC	HEALTH	75
LIL' RASCALS REFUGEPO BOX 234 THORP, WI 54771	NONE	PC	ANIMAL	100
LINCOLN ELEMENTARY PTA 1961 6TH STREET WHITE BEAR LAKE, MN 55110	NONE	PC	EDUCATION & RESEARCH	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LITERACY CHIPPEWA VALLEY 510 S FARWELL ST EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	2,500
LITTLE CANADA ELEMENTARY PARENT TEACHER ASSOCIATION (PTA) 400 ELI ROAD LITTLE CANADA, MN 55117	NONE	PC	EDUCATION & RESEARCH	1,750
LUGINBILL CHILDRENS FOUNDATION INC PO BOX 996 EAU CLAIRE, WI 54702	NONE	PC	HUMAN SERVICES	2,500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MALAYAKA HOUSEPO BOX 9352 BURLINGTON, VT 054079352	NONE	PC	HUMAN SERVICES	50
MARCH OF DIMES 1550 CRYSTAL DR SUITE 1300 ARLINGTON, VA 22202	NONE	PC	HEALTH	31
MATTER7005 OXFORD STREET MINNEAPOLIS, MN 55426	NONE	PC	EDUCATION & RESEARCH	30,075
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METAVIVOR1783 FOREST DRIVE 184 ANNAPOLIS, MD 21401	NONE	PC	HEALTH	980
MINNEAPOLIS CLIMATE CHANGE ACTION 2720 WEST 43RD STREET SUITE 101 MINNEAPOLIS, MN 55410	NONE	PC	ENVIRONMENT	2,500
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 2700 E LAKE STREET SUITE 3350 MINNEAPOLIS, MN 55406	NONE	PC	HUMAN SERVICES	27
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINNESOTA COLORECTAL CANCER RESEARCH FOUNDATION 2294 STANFORD COURT SAINT PAUL, MN 55105	NONE	PC	HEALTH	1,300
MINNESOTA LANDSCAPE ARBORETUM 3675 ARBORETUM DRIVE CHASKA, MN 55318	NONE	PC	ENVIRONMENT	160
MINNESOTA ORCHESTRA 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	NONE	PC	ARTS AND CULTURE	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MINNESOTA PUBLIC RADIO 480 CEDAR ST SAINT PAUL, MN 55101	NONE	PC	ARTS & CULTURE	455
MINNESOTA SPAY NEUTER ASSISTANCE PROGRAM 2822 WASHINGTON AVENUE N MINNEAPOLIS, MN 55411	NONE	PC	ANIMAL	600
MINNESOTA ZOO FOUNDATION 13000 ZOO BOULEVARD APPLE VALLEY, MN 55124	NONE	PC	ANIMAL	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOVEMBER AUSTRALIAPO BOX 60 EAST MELBOURNE, VICTORIA 8002 AS	NONE	PC	HEALTH	69
MOVEMBER FOUNDATIONPO BOX 1595 CULVER CITY, CA 90232	NONE	PC	HEALTH	825
NAPRAW SOBIE MIASTO WARSZAWSKA 56 KATOWICE, SLASKIE 40-008 PL	NONE	PC	ENVIRONMENT	500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MARROW DONATION PROGRAM 500 5TH NORTH ST MINNEAPOLIS, MN 554011206	NONE	PC	HEALTH	880
NATIONAL MS SOCIETY (VA) 4200 INNSLAKE DRIVE SUITE 301 GLEN ALLEN, VA 23060	NONE	PC	HEALTH	175
NATIONAL MS SOCIETYPO BOX 4527 NEW YORK, NY 10163	NONE	PC	HEALTH	200
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 89146	NONE	PC	ARTS & CULTURE	60
NORCAL BOXER RESCUE 1520 E COVELL B-5 PMB 262 DAVIS, CA 95616	NONE	PC	ANIMAL	2,000
NORTH END SOUTH COMO BLOCK NURSE PROGRAM 727 FRONT AVENUE 118 ST PAUL, MN 55103	NONE	PC	HEALTH	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEASTERN MINNESOTANS FOR WILDERNESS (NMW) PO BOX 625 ELY, MN 55731	NONE	PC	ENVIRONMENT	100
NORTHERN VOICES 1660 COUNTY RD B WEST ROSEVILLE, MN 55113	NONE	PC	HEALTH	50
NOT FOR SALE25 TAYLOR STREET 720 SAN FRANCISCO, CA 94102	NONE	PC	HUMAN SERVICES	300
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	NONE	PC	HUMAN SERVICES	100
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVE MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	1,060
OUR STREETS MINNEAPOLIS 1428 WASHINGTON AVENUE SOUTH SUITE 204 MINNEAPOLIS, MN 55454	NONE	PC	ENVIRONMENT	150
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OUTFRONT MINNESOTA COMMUNITY SERVICES 310 E 38TH ST 209 MINNEAPOLIS, MN 55409	NONE	PC	HUMAN SERVICES	501
OXBOW CREEK ELEMENTARY PTO 6505 109TH AVENUE NORTH CHAMPLIN, MN 55316	NONE	PC	EDUCATION & RESEARCH	120
PABLO CENTER AT THE CONFLUENCE 128 GRAHAM AVE EAU CLAIRE, WI 54701	NONE	PC	ARTS & CULTURE	510
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PAGE EDUCATION FOUNDATION 901 N 3RD STREET SUITE 355 MINNEAPOLIS, MN 55401	NONE	PC	EDUCATION & RESEARCH	100
PARTNERS IN HEALTH 800 BOYLSTON ST STE 300 BOSTON, MA 02199	NONE	PC	HEALTH	100
PATHPO BOX 900922 SEATTLE, WA 98109	NONE	PC	HUMAN SERVICES	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEACE LUTHERAN CHURCH 501 E FILLMORE AVENUE EAU CLAIRE, WI 54701	NONE	PC	HUMAN SERVICES	1,000
PET HAVENPO BOX 19105 MINNEAPOLIS, MN 55419	NONE	PC	ANIMALS	550
PETSMART CHARITIES 19601 N 27TH AVE PHOENIX, AZ 85027	NONE	PC	ANIMAL	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PINEWOOD AND PIKE LAKE ELEMENTARY SCHOOLS 2101 14TH ST NW NEW BRIGHTON, MN 55112	NONE	PC	EDUCATION & RESEARCH	150
PLAN FUTUR C/SB MAISON ATCHOU - GOUAKO PORTONOVO, OUEME 01BP 1581 BN	NONE	PC	HUMAN SERVICES	10,500
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	PC	HEALTH	220
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PLANNED PARENTHOODPO BOX 97166 WASHINGTON, DC 20090	NONE	PC	HUMAN SERVICES	320
PREEMPTIVE LOVE1300 DARBYTON DR HEWITT, TX 76643	NONE	PC	HUMAN SERVICES	300
PRODEO ACADEMY 620 OLSON HIGHWAY MINNEAPOLIS, MN 55411	NONE	PC	EDUCATION & RESEARCH	5,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT FOR PRIDE IN LIVING 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	5,000
PROJECT PROM USA 4549 FRANCE AVE N ROBBINSDALE, MN 55422	NONE	PC	HUMAN SERVICES	10,430
PROLIFE ACROSS AMERICA PO BOX 18669 MINNEAPOLIS, MN 55418	NONE	PC	HEALTH	1,000
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REACH FOUNDATION INC 2205 HEIMSTEAD RD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	10,450
RED LETTER GRANT224 N DEWEY ST EAU CLAIRE, WI 547033504	NONE	PC	EDUCATION & RESEARCH	250
RESCUED FRIENDS 1409 GREY ROCK DRIVE FORT COLLINS, CO 80524	NONE	PC	ANIMAL	104
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RISING HOPE1617 9TH STREET EAU CLAIRE, WI 54703	NONE	PC	EDUCATION & RESEARCH	200
ROBBINSDALE WOMEN'S CENTER 3826 W BROADWAY AVE ROBBINSDALE, MN 55422	NONE	PC	HEALTH	1,000
RUNNING RIVERS 1160 DETROIT STREET DENVER, CO 80206	NONE	PC	ENVIRONMENT	225
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	NONE	PC	HUMAN SERVICES	150
SAVE THE BOUNDARY WATERS PO BOX 743 ELY, MN 55731	NONE	PC	ENVIRONMENT	257
SCLERODERMA FOUNDATION OF MN PO BOX 240244 APPLE VALLEY, MN 55124	NONE	PC	HEALTH	120
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE SAINT PAUL, MN 551092020	NONE	PC	HUMAN SERVICES	953
SECONDHAND HOUNDS 5959 BAKER RD 390 MINNETONKA, MN 55345	NONE	PC	ANIMAL	10,200
SHARE OUR STRENGTH 1030 15TH STREET NW SUITE 1100 W WASHINGTON, DC 20005	NONE	PC	HUMAN SERVICES	5,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	PC	HUMAN SERVICES	200
SILICON NORTH STARS 3723 GLENDALE TERRACE MINNEAPOLIS, MN 55410	NONE	PC	EDUCATION & RESEARCH	7,000
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	PC	HUMAN SERVICES	37
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SLEEP IN HEAVENLY PEACE 2226 EDDY LANE EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	10,737
SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS TWIN CITIES CHAPTER PO BOX 6196 MINNEAPOLIS, MN 55406	NONE	PC	EDUCATION & RESEARCH	3,000
SONY FOUNDATION CHILDREN'S HOSPITAL 11-19 HARGRAVE ST EAST SYDNEY, NSW 2010 AS	NONE	PC	HUMAN SERVICES	339
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPAM FC SCHOLARSHIP FOUNDATION 2804 HAMPSHIRE AVE S ST LOUIS PARK, MN 55426	NONE	PC	EDUCATION & RESEARCH	2,207
SPECIAL OLYMPICS MINNESOTA 900 2ND AVE S SUITE 300 MINNEAPOLIS, MN 55402	NONE	PC	HUMAN SERVICES	145
SPECIAL OLYMPICS WISCONSIN 2310 CROSSROADS DRIVE SUITE 1000 MADISON, WI 53718	NONE	PC	HEALTH	31
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPINA BIFIDA ASSOCIATION 1600 WILSON BLVD STE 800 ARLINGTON, VA 22209	NONE	PC	HEALTH	100
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	HEALTH	100
ST FRANCIS FOOD PANTRY 1221 TRUAX BLVD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOHN THE BAPTIST CATHOLIC SCHOOL 12508 LYNN AVENUE SAVAGE, MN 55378	NONE	PC	EDUCATION & RESEARCH	500
ST JUDES CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	HEALTH	425
ST OLAF COLLEGE 1520 ST OLAF AVENUE NORTHFIELD, MN 55057	NONE	PC	EDUCATION & RESEARCH	75
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STICHTING PLANFUTUR NIEUWE OOSTENBURGERDWARSSTRAAT 3 D AMSTERDAM 1018 MA NL	NONE	PC	HUMAN SERVICES	1,195
STILL KICKIN 79 13TH AVE NE SUITE 210 MINNEAPOLIS, MN 55413	NONE	PC	HUMAN SERVICES	53
STOWARZYSZENIE OPIEKI NAD ZWIERZTAMI NADZIEJA NA DOM STAWOWA 4 SOSNOWIEC, SLASKIE 41-200 PL	NONE	PC	ANIMAL	30
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STOWARZYSZENIE PRZYJACIOL ELEKTRONIKA JAGIELLONSKA 13 SOSNOWIEC, SLASKIE 41-219 PL	NONE	PC	EDUCATION & RESEARCH	3,000
STREET CHILD 206-208 STEWARTS ROAD LONDON, GREATER LONDON SW8 4UB UK	NONE	PC	HUMAN SERVICES	579
SUCCESS BEYOND THE CLASSROOM 2 PINE TREE DR 101 ARDEN HILLS, MN 55112	NONE	PC	EDUCATION & RESEARCH	3,928
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SURFRIDER FOUNDATION PO BOX 6010 SAN CLEMENTE, CA 926746010	NONE	PC	ENVIRONMENT	25
SUSAN LINDGREN PARENT TEACHER STUDENT ORGANIZATION 4801 W 41ST ST ST LOUIS PARK, MN 55416	NONE	PC	EDUCATION & RESEARCH	40
THE BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	PC	HEALTH	80
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE COMMUNITY TABLEPO BOX 1903 EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	175
THE EXODUS ROADPO BOX 1681 COLORADO SPRINGS, CO 80901	NONE	PC	HUMAN SERVICES	400
THE HILLCREST COMMUNITY SCHOOL PTSA 9301 THOMAS ROAD BLOOMINGTON, MN 55431	NONE	PC	EDUCATION & RESEARCH	60
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	NONE	PC	HEALTH	200
THE MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 55404	NONE	PC	ARTS & CULTURE	150
THE OPEN DOOR CLINIC INC 130 W CENTRAL ST CHIPPEWA FALLS WI 54729 CHIPPEWA FALLS, WI 54729	NONE	PC	HEALTH	2,500
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE REACH FOUNDATION 2205 HEIMSTEAD RD EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	550
THE SANNEH FOUNDATION 2090 CONWAY ST SAINT PAUL, MN 55119	NONE	PC	HUMAN SERVICES	700
THE WILDCAT SANCTUARYPO BOX 314 SANDSTONE, MN 55072	NONE	PC	ANIMAL	10,875
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOURETTE SYNDROME ASSOCIATION OF AUSTRALIA INC (TSAA) PO BOX 1173 MAROUBRA, NSW 2035 AS	NONE	PC	HEALTH	35
TROUT UNLIMITED 1777 N KENT ST SUITE 100 ARLINGTON, VA 22209	NONE	PC	ENVIRONMENT	33
TS ALLIANCE 801 ROEDER ROAD SUITE 750 SILVER SPRING, MD 20910	NONE	PC	HEALTH	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TWIN CITIES HABITAT FOR HUMANITY 1954 UNIVERSITY AVE W ST PAUL, MN 55104	NONE	PC	HUMAN SERVICES	50
TWIN CITIES PUBLIC TELEVISION 172 EAST FOURTH STREET ST PAUL, MN 55101	NONE	PC	ARTS & CULTURE	135
UNITED WAY OF THE GREATER CHIPPEWA VALLEY 3603 N HASTINGS WAY SUITE 200 EAU CLAIRE, WI 54703	NONE	PC	HUMAN SERVICES	1,000
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	NONE	PC	HEALTH	250
UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL NURSING FUND 2450 RIVERSIDE AVE MINNEAPOLIS, MN 55454	NONE	PC	HEALTH	150
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 598077159	NONE	PC	EDUCATION & RESEARCH	50
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF WISCONSIN - EAU CLAIRE FOUNDATION INC 105 GARFIELD AVE EAU CLAIRE, WI 54701	NONE	PC	EDUCATION & RESEARCH	2,500
UW CARBONE CANCER CENTER 600 HIGHLAND AVENUE MADISON, WI 53705	NONE	PC	HEALTH	2,500
UW FOUNDATION- UW KIDS CANCER FUND 1848 UNIVERSITY AVE MADISON, WI 53726	NONE	PC	HEALTH	250
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UWEC FOUNDATION 214 SCHOFIELD HALL 105 GARFIELD AVE PO BOX 4004 EAU CLAIRE, WI 547024004	NONE	PC	EDUCATION & RESEARCH	119,880
VALPARAISO UNIVERSITY 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 46383	NONE	PC	EDUCATION & RESEARCH	100
VENTURE 30 FOR FREEDOM C/O VENTURE 511 E TRAVELERS TRAIL BURNSVILLE, MN 55337	NONE	PC	HUMAN SERVICES	5,050
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VIEQUES HUMANE SOCIETY AND ANIMAL RESCUE INC PO BOX 1399 CARR 200 VIEQUES, VIEQUES 765 RQ	NONE	PC	HUMAN SERVICES	125
VINTAGE DOG RESCUE INC 11757 WEST KEN CARYL AVE SUITE F-276 LITTLETON, CO 80127	NONE	PC	HUMAN SERVICES	250
WAGS & WHISKERS ANIMAL RESCUE OF MN PO BOX 304 SHAKOPEE, MN 55379	NONE	PC	ANIMALS	500
Total ▶ 3a				457,174

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHITE BEAR LAKE AREA EDUCATION FOUNDATION 4855 BLOOM AVENUE WHITE BEAR LAKE, MN 55110	NONE	PC	HUMAN SERVICES	1,000
WIKIMEDIA FOUNDATIONPO BOX 98204 WASHINGTON, DC 20090	NONE	PC	EDUCATION & RESEARCH	122
WILDERNESS INQUIRY808 14TH AVE SE MINNEAPOLIS, MN 55414	NONE	PC	ENVIRONMENT	240
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVENUE MADISON, WI 53706	NONE	PC	ARTS AND CULTURE	120
WOODLAND ELEMENTARY PTO 945 WESCOTT RD EAGAN, MN 55123	NONE	PC	EDUCATION & RESEARCH	150
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	PC	HUMAN SERVICES	1,692
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
X PRIZE FOUNDATION INC 800 CORPORATE POINTE SUITE 350 CULVER CITY, CA 90230	NONE	PC	EDUCATION & RESEARCH	220
YMCA - TWIN CITIES 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	PC	HUMAN SERVICES	175
YOUNG LIFE420 N CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	PC	HUMAN SERVICES	100
Total ▶ 3a				457,174

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUNG PROFESSIONALS OF MINNEAPOLIS 825 WASHINGTON AVE SE STE 200 MINNEAPOLIS, MN 55414	NONE	PC	HUMAN SERVICES	10,625
YOUTHLINK MN41 N 12TH STREET MINNEAPOLIS, MN 55403	NONE	PC	HUMAN SERVICES	105
ZERO - THE END OF PROSTATE CANCER 39-01 VANORE DRIVE FAIR LAWN, NJ 07410	NONE	PC	HEALTH	5,000
Total ▶ 3a				457,174

TY 2019 Accounting Fees Schedule**Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREP FEES	1,103	0		525

TY 2019 Other Decreases Schedule

Name: THE JAMF NATION GLOBAL FOUNDATION

EIN: 46-1591030

Description	Amount
PRIOR PERIOD ADJUSTMENT	10,264

TY 2019 Other Expenses Schedule**Name:** THE JAMF NATION GLOBAL FOUNDATION**EIN:** 46-1591030**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	766	0		766
MN REGISTRATION FEES	25	0		25
SOFTWARE	660	0		0
APPAREL	4,848	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
Name of the organization THE JAMF NATION GLOBAL FOUNDATION		Employer identification number 46-1591030

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE JAMF NATION GLOBAL FOUNDATIONEmployer identification number
46-1591030**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMF SOFTWARE LLC 100 WASHINGTON AVENUE S SUITE 1100 MINNEAPOLIS, MN 55401	\$ 450,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE JAMF NATION GLOBAL FOUNDATION	Employer identification number 46-1591030
---	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	

Name of organization THE JAMF NATION GLOBAL FOUNDATION	Employer identification number 46-1591030
---	--

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
-			