

For calendar year 2020, or tax year beginning 09-01-2020, and ending 08-31-2021

| | | | |
|---|---|---|---|
| Name of foundation ROBINS KAPLAN FOUNDATION | | A Employer identification number 41-1735325 | |
| Number and street (or P.O. box number if mail is not delivered to street address) 800 LASALLE AVENUE NO 2800 | | Room/suite | B Telephone number (see instructions) (612) 349-8532 |
| City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55402 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> | |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,779,172 | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 1,620,111 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 959 | 959 | | |
| | 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 | 1,621,070 | 959 | | |
| | 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) | | | | |
| | 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) | 63,307 | 0 | | 55,952 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 63,307 | 0 | | 55,952 |
| | 25 Contributions, gifts, grants paid | 893,698 | | | 893,698 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 957,005 | 0 | | 949,650 |
| | 27 Subtract line 26 from line 12: | | | | |
| a Excess of revenue over expenses and disbursements | | 664,065 | | | |
| b Net investment income (if negative, enter -0-) | | | 959 | | |
| 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 | 77,958 | 45,025 | 45,025 |
| | 2 Savings and temporary cash investments | 1,032,724 | 1,734,147 | 1,734,147 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 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) | 1,110,682 | 1,779,172 | 1,779,172 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 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) | 0 | 0 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 1,110,682 | 1,779,172 | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 Total net assets or fund balances (see instructions) | 1,110,682 | 1,779,172 | |
| 30 Total liabilities and net assets/fund balances (see instructions) . | 1,110,682 | 1,779,172 | | |

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 | 1,110,682 |
| 2 Enter amount from Part I, line 27a | 2 | 664,065 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 4,425 |
| 4 Add lines 1, 2, and 3 | 4 | 1,779,172 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . | 6 | 1,779,172 |

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) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$ | 2 | |
| | 3 | |
| 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 | | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

| 1 Reserved | | | |
|-------------------------------|-----------------|-----------------|-----------------|
| (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 Reserved | | | 2 |
| 3 Reserved. | | | 3 |
| 4 Reserved | | | 4 |
| 5 Reserved | | | 5 |
| 6 Reserved | | | 6 |
| 7 Reserved | | | 7 |
| 8 Reserved , | | | 8 |

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 | Reserved. | 1 | 13 |
| c | All other domestic foundations enter 1.39% 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 | 13 |
| 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 | 13 |
| 6 | Credits/Payments: | | |
| a | 2020 estimated tax payments and 2019 overpayment credited to 2020 | 6a | 0 |
| b | Exempt foreign organizations—tax withheld at source | 6b | 0 |
| 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 | 13 |
| 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 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 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. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u> | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u> | | |
| 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) <input type="text"/> 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 2020 or the taxable year beginning in 2020? 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 ► N/A | 13 | Yes | |
| 14 | The books are in care of ► ROBINSON KAPLAN LLP Telephone no. ► (612) 349-8532 | | | |

Located at **►** 800 LASALLE AVENUE NO 2800 MINNEAPOLIS MNZIP+4 **►** 55402

| | | | | |
|-----------|---|-----------|------------|-----------|
| 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 2020, 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 <input type="checkbox"/> | 1b | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? <input type="checkbox"/> | 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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <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.) <input type="checkbox"/> | 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 2020 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 2020.) <input type="checkbox"/> | 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 2020? | 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.

| 1 | Expenses |
|---|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 | 4,932 |
| b | Average of monthly cash balances. | 1b | 1,807,833 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 1,812,765 |
| 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 | 1,812,765 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 27,191 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,785,574 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 89,279 |

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 | 89,279 |
| 2a | Tax on investment income for 2020 from Part VI, line 5. | 2a | 13 |
| b | Income tax for 2020. (This does not include the tax from Part VI.). | 2b | |
| c | Add lines 2a and 2b. | 2c | 13 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 89,266 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 89,266 |
| 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 | 89,266 |

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 | 949,650 |
| 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 | 949,650 |
| 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 | 949,650 |

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 2019 | (c) 2019 | (d) 2020 |
|-----------|---|---------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2020 from Part XI, line 7 | | | | 89,266 |
| 2 | Undistributed income, if any, as of the end of the 2020: | | | | |
| a | Enter amount for 2019 only. | | | 0 | |
| b | Total for prior years: 20____, 20____, 20____ | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2020: | | | | |
| a | From 2015. | 1,343,953 | | | |
| b | From 2016. | 1,225,031 | | | |
| c | From 2017. | 931,774 | | | |
| d | From 2018. | 956,086 | | | |
| e | From 2019. | 1,044,428 | | | |
| f | Total of lines 3a through e. | 5,501,272 | | | |
| 4 | Qualifying distributions for 2020 from Part XII, line 4: ► \$ 949,650 | | | | |
| a | Applied to 2019, 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 2020 distributable amount. | | | | 89,266 |
| e | Remaining amount distributed out of corpus | 860,384 | | | |
| 5 | Excess distributions carryover applied to 2020. (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 | 6,361,656 | | | |
| 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. | | | 0 | |
| f | Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions). | 1,343,953 | | | |
| 9 | Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. | 5,017,703 | | | |
| 10 | Analysis of line 9: | | | | |
| a | Excess from 2016. | 1,225,031 | | | |
| b | Excess from 2017. | 931,774 | | | |
| c | Excess from 2018. | 956,086 | | | |
| d | Excess from 2019. | 1,044,428 | | | |
| e | Excess from 2020. | 860,384 | | | |

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, 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) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| | | | | | | |

| | | | | | |
|----------|--------------------------|--|--|--|--|
| 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: | | | | |
| | | | | | |

[illegible]

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| (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 | | | | 893,698 |
| b <i>Approved for future payment</i> | | | | |
| | | | | |
| Total ▶ 3b | | | | 0 |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) (See instructions.) |
|---|----------------------|---------------|-----------------------|---------------|----------------------------|
| 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 | | | 14 | 959 | |
| 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 | | 959 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) | | | 13 | | 959 |

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

[illegible]

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

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

[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 |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|------------------|--|---------------|----------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | |
| | ***** | 2022-05-11 | ***** |
| | _____ Signature of officer or trustee | _____ Date | _____ Title |

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

| | | | | | |
|---------------------------------------|---|----------------------|------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | KIMBERLY ANDERSON | | 2022-05-11 | | P00188889 |
| | Firm's name ▶ CLIFTONLARSONALLEN LLP | | | | Firm's EIN ▶ 41-0746749 |
| | Firm's address ▶ 8215 GREENWAY BOULEVARD SUITE 600 MIDDLETON, WI 53562 | | | | Phone no. (608) 662-8600 |

| 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 |
| RONALD SCHUTZ | CHAIR 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| STEVEN SCHUMEISTER | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| JAKE HOLDREITH | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| ANTHONY FROIO | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| TARA SUTTON | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| ANNE LOCKNER | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| DAVID MARTINEZ | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| OREN LANGER | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |
| JEFF GLEASON | TRUSTEE 1.00 | 0 | 0 | 0 |
| 800 LASALLE AVENUE SUITE 2800 MINNEAPOLIS, MN 55402 | | | | |

| 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> | | | | |
| ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD STE 550 LOS ANGELES, CA 90010 | NONE | PC | GENERAL OPERATING SUPPORT | 150 |
| AMERICAN BAR FOUNDATION 321 N CLARK ST CHICAGO, IL 60654 | NONE | PC | GENERAL OPERATING SUPPORT | 250 |
| ANGEL CITY SPORTS ATTN PAM CUNNINGHAM/ /430 FIRST A ENUE NORTH MINNEAPOLIS, MN 554011780 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 101583650 | NONE | PC | GENERAL OPERATING SUPPORT | 100 |
| ASIAN AMERICANS ADVANCING JUSTICE 1620 L ST NW STE 1050 WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| BET TZEDEK3250 WILSHIRE BLVD FL 13 LOS ANGELES, CA 90010 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| BOOKS FOR AFRICA 2550 UNIVERSITY AVE WEST/ /SUITE 3 ST PAUL, MN 55114 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| BOSTON BAR FOUNDATION 16 BEACON ST BOSTON, MA 02108 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| BOYS & GIRLS CLUB OF VENICE PO BOX 25 CHISAGO CITY, MN 550130025 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| Total ▶ 3a | | | | 893,698 |

| 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 & GIRLS CLUB OF VENICE PO BOX 25 CHISAGO CITY, MN 550130025 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| BREAKTHROUGH GREATER BOSTON 8161 NORMANDALE BLVD MINNEAPOLIS, MN 554371044 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| BREAKTHROUGH GREATER BOSTON 8161 NORMANDALE BLVD MINNEAPOLIS, MN 554371044 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| BREAKTHROUGH TWIN CITIES 913 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| CALIFORNIA LAWYERS FOUNDATION 400 CAPITAL MALL STE 650 SACRAMENTO, CA 95814 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| CALIFORNIA RURAL LEGAL ASSISTANCE INC ATTN ROBERT D SMITH/ /800-E BEATY S R DAVIDSON, NC 28036 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| CALIFORNIA RURAL LEGAL ASSISTANCE INC ATTN ROBERT D SMITH/ /800-E BEATY S R DAVIDSON, NC 28036 | NONE | PC | GENERAL OPERATING SUPPORT | 150 |
| CHILD MIND INSTITUTE 445 PARK AVENUE FL 3 NEW YORK, NY 10022 | NONE | PC | GENERAL OPERATING SUPPORT | 1,500 |
| CHILDREN'S LAW CENTER OF MINNESOTA 404 S 8TH STREET MINNEAPOLIS, MN 55404 | NONE | PC | GENERAL OPERATING SUPPORT | 350 |
| Total | | | ▶ 3a | 893,698 |

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'S THEATRE COMPANY PO BOX 4002902 DES MOINES, IA 503402902 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| CHILDREN'S THEATRE COMPANY PO BOX 4002902 DES MOINES, IA 503402902 | NONE | PC | GENERAL OPERATING SUPPORT | 11,000 |
| CITIZENS LEAGUE 213 E 4TH ST STE 425 SAINT PAUL, MN 55101 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| Total ► 3a | | | | 893,698 |

| 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 | | | | |
| CORNERSTONE ADVOCACY SERVICE 229 19TH AVE S STE 285 MINNEAPOLIS, MN 55455 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| CPR INSTITUTE30 EAST 33RD ST FL 6 NEW YORK, NY 10016 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| EAST RIVER LEGAL SERVICES CORPORATION 197 FRIEND STREET BOSTON, MA 02114 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| EAST RIVER LEGAL SERVICES CORPORATION 197 FRIEND STREET BOSTON, MA 02114 | NONE | PC | GENERAL OPERATING SUPPORT | 100 |
| ECONOMIC CLUB OF MINNESOTA 1730 M STREET NW SUITE 800 WASHINGTON, DC 200364511 | NONE | PC | GENERAL OPERATING SUPPORT | 14,645 |
| EPILEPSY FOUNDATION OF MINNESOTA 3400 PARK AVENUE MINNEAPOLIS, MN 55407 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| EQUAL JUSTICE WORKS DEPT 550//PO BOX 4110 WOBURN, MA 018884110 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| FIREFIGHTERS FOR HEALING 120 WALL STREET 19TH FLOOR NEW YORK, NY 100053919 | NONE | PC | GENERAL OPERATING SUPPORT | 6,500 |
| FOCUS MINNESOTA550 RICE ST SAINT PAUL, MN 55103 | NONE | PC | GENERAL OPERATING SUPPORT | 800 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| FOUNDATION OF THE FBA 1220 NORTH FILLMORE ST STE 444 ARLINGTON, VA 22201 | NONE | PC | GENERAL OPERATING SUPPORT | 17,500 |
| FRIENDS OF THE BOUNDARY WATERS WILDERNESS 2550 UNIVERSITY AVE STE 180S SAINT PAUL, MN 55114 | NONE | PC | GENERAL OPERATING SUPPORT | 1,500 |
| GEORGIA INNOCENCE PROJECT 50 HURT PLAZA STE 350 ATLANTA, GA 30303 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| GIGI'S PLAYHOUSE INC 2350 W HIGGINS RD HOFFMAN ESTATES, IL 60169 | NONE | PC | GENERAL OPERATING SUPPORT | 500 |
| GREATER BOSTON LEGAL SERVICES 120 WEST KELLOGG BLVD ST PAUL, MN 55102 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| GREATER TWIN CITIES UNITED WAY LOCKBOX BPO BOX 70870CM 3854 ST PAUL, MN 551703854 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| Total ▶ 3a | | | | 893,698 |

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> | | | | |
| GREATER TWIN CITIES UNITED WAY LOCKBOX BPO BOX 70870CM 3854 ST PAUL, MN 551703854 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| GREATER TWIN CITIES UNITED WAY LOCKBOX BPO BOX 70870CM 3854 ST PAUL, MN 551703854 | NONE | PC | GENERAL OPERATING SUPPORT | 15,000 |
| GUTHRIE THEATER 308 CONGRESS STREET//6TH FLOOR BOSTON, MA 02210 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| HAITI OUTREACH INC 1140 GERVAIS AVENUE ST PAUL, MN 55109 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| HENNEPIN COUNTY BAR FOUNDATION 2355 WESTWOOD BLVD SUITE 1139 LOS ANGELES, CA 90064 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| HENNEPIN COUNTY BAR FOUNDATION 2355 WESTWOOD BLVD SUITE 1139 LOS ANGELES, CA 90064 | NONE | PC | GENERAL OPERATING SUPPORT | 1,650 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| HER JUSTICE100 BROADWAY FL 10 NEW YORK, NY 10005 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| HUMAN RIGHTS FIRST 75 BROAD ST FL 31 NEW YORK, NY 10004 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| ILLUSION THEATER1430 FRANKLIN 103 OAKLAND, CA 94612 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE ST STE 200 SAINT PAUL, MN 55104 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |
| IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE ST STE 200 SAINT PAUL, MN 55104 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| IMMIGRANT LAW CENTER OF MINNESOTA 450 NORTH SYNDICATE ST STE 200 SAINT PAUL, MN 55104 | NONE | PC | GENERAL OPERATING SUPPORT | 150 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| INNOCENCE PROJECT OF MINNESOTA 301 E BETHANY HOME ROAD/ /SUITE C PHOENIX, AZ 85012 | NONE | PC | GENERAL OPERATING SUPPORT | 3,500 |
| INTERFAITH OUTREACH & COMMUNITY PARTNERS MINNESOTA WOMEN LAWYERS INC/ /600 N COLLET MALL SUITE 3 MINNEAPOLIS, MN 55402 | NONE | PC | GENERAL OPERATING SUPPORT | 9,000 |
| JDRF4701 N WESTPORT AVE SIOUX FALLS, SD 57107 | NONE | PC | GENERAL OPERATING SUPPORT | 350 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| JEREMIAH PROGRAM1510 LAUREL AVE MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| JEWISH FAMILY & CHILDREN'S SERVICE 5905 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422 | NONE | PC | GENERAL OPERATING SUPPORT | 3,600 |
| JFCS5905 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422 | NONE | PC | GENERAL OPERATING SUPPORT | 3,600 |
| Total | | | 3a | 893,698 |

| 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> | | | | |
| JOYCE PRESCHOOLPO BOX 374 CHAMPLIN, MN 55316 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| JUMPSTART FOR YOUNG CHILDREN 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN 554043596 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| LAWYERS FOR GOOD GOVERNMENT INC 10685-B HAZELHURST DR 19646 HOUSTON, TX 77043 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| LEGAL AID AT WORK 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| LEGAL FOUNDATION GUTHRIE THEATER FOUNDATION/ /818 S UTH SECOND STR MINNEAPOLIS, MN 554151252 | NONE | PC | GENERAL OPERATING SUPPORT | 8,500 |
| LEGAL RIGHTS CENTERPO BOX 7262 MINNEAPOLIS, MN 55407 | NONE | PC | GENERAL OPERATING SUPPORT | 150 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| LITTLE BROTHERS-FRIENDS OF THE ELDERLY 450 SYNIDICATE STREET N SUITE 320 ST PAUL, MN 55410 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| LOAN REPAYMENT ASSISTANCE PROGRAM OF MN 600 NICOLLET MALL STE 380 MINNEAPOLIS, MN 55402 | NONE | PC | GENERAL OPERATING SUPPORT | 7,500 |
| MASSACHUSETTS BAR FOUNDATION 20 WEST ST BOSTON, MA 02111 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| MASSACHUSETTS WOMEN'S POLITICAL CAUCUS EDUCATIONAL FUND 89 SOUTH ST STE 603 BOSTON, MA 02111 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| MASSACHUSETTS WOMEN'S POLITICAL CAUCUS EDUCATIONAL FUND 89 SOUTH ST STE 603 BOSTON, MA 02111 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| MINNEAPOLIS JEWISH FEDERATION 111 CHESHIRE LN STE 50 MINNETONKA, MN 55305 | NONE | PC | GENERAL OPERATING SUPPORT | 2,000 |
| Total ▶ 3a | | | | 893,698 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MINNEAPOLIS SOCIETY OF FINE ARTS 1000 ALLIANCE BANK CENTER/ /55 E ST 5TH STR ST PAUL, MN 55101 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 5021 VERNON AVE SUITE 164 EDINA, MN 55436 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| MINNESOTA JUSTICE FOUNDATION 229 - 19TH AVENUE SOUTH MINNEAPOLIS, MN 55455 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| Total ▶ 3a | | | | 893,698 |

| 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 JUSTICE FOUNDATION 725 VINELAND PLACE MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 6,000 |
| MINNESOTA JUSTICE RESEARCH CENTER 2355 FAIRVIEW AVE N STE 262 ROSEVILLE, MN 551132724 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| MINNESOTA ORCHESTRAL ASSOCIATION 800 WASHINGTON STREET BOX 231 BOSTON, MA 02111 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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 SUPREME COURT HISTORICAL SOCIETY 10015 HOLLOWAY FARMS ROAD GREENFIELD, MN 55357 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| MINNESOTANS' MILITARY APPRECIATION FUND PO BOX 2070 MINNEAPOLIS, MN 55402 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| MINNESOTANS' MILITARY APPRECIATION FUND PO BOX 2070 MINNEAPOLIS, MN 55402 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| MITCHELL HAMLINE SCHOOL OF LAW 55 EAST 5TH STREET SUITE 1000 ST PAUL, MN 55101 | NONE | PC | GENERAL OPERATING SUPPORT | 500 |
| MIXED BLOOD THEATER 528 HENNEPIN AVENUE SUITE 407 MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| NATIONAL JUDICIAL COLLEGE 1664 N VIRGINIA ST MS358 RENO, NV 89557 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| Total ▶ 3a | | | | 893,698 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| NATIONAL LGBT BAR FOUNDATION 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 7,500 |
| NATIONAL WOMEN'S LAW CENTER 11 DUPONT CIRCLE NW STE 800 WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES COUNTY 1102 E CHEVY CHASE DR GLENDALE, CA 91205 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| NEW YORK LEGAL ASSISTANCE GROUP 600 NICOLLET MALL 390 MINNEAPOLIS, MN 55402 | NONE | PC | GENERAL OPERATING SUPPORT | 350 |
| NORWAY HOUSE 8441 WAYZATA BLVD STE 118 GOLDEN VALLEY, MN 55426 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| PACER CENTER INC 528 HENNEPIN AVE//SUITE 704 MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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 ST SUITE 355 MINNEAPOLIS, MN 55401 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| PUBLIC COUNSEL 901 N 3RD ST SUITE 355 LOS ANGELES, CA 90005 | NONE | PC | GENERAL OPERATING SUPPORT | 200 |
| PUBLIC COUNSEL 610 SOUTH ARDMORE AVE LOS ANGELES, CA 90005 | NONE | PC | GENERAL OPERATING SUPPORT | 35,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| PUBLIC JUSTICE FOUNDATION 1620 L ST NW STE 630 WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 20,000 |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA BERKELEY 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704 | NONE | PC | GENERAL OPERATING SUPPORT | 24,475 |
| SAINT PAUL CHAMBER ORCHESTRA SOCIETY PO BOX 64718 SAINT PAUL, MN 551649696 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| SOUTHERN MINNESOTA REGIONAL LEGAL SERVICE INC 55 5TH ST E UNIT 400 ST PAUL, MN 55101 | NONE | PC | GENERAL OPERATING SUPPORT | 30,000 |
| SPECIAL OLYMPIC MASSACHUSETTS 512 FOREST STREET MARLBOROUGH, MA 01752 | NONE | PC | GENERAL OPERATING SUPPORT | 51,468 |
| STAGES THEATRE COMPANY 1250 LYMAN PLACE LOS ANGELES, CA 90029 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| STANDPOINT EMILY HARVEY//2232 LINCOLN BLVD VENICE, CA 90291 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| SUPREME COURT ASSISTANCE PROJECT 1600 20TH ST NW WASHINGTON, DC 200091001 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| TEE IT UP FOR THE TROOPS DEVELOPMENT DEPARTMENT/ /1111 N COLLET M MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| TEE IT UP FOR THE TROOPS INC 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE STE 800 MINNEAPOLIS, MN 554012447 | NONE | PC | GENERAL OPERATING SUPPORT | 20,000 |
| THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE STE 800 MINNEAPOLIS, MN 554012447 | NONE | PC | GENERAL OPERATING SUPPORT | 600 |
| Total ▶ 3a | | | | 893,698 |

| 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 ARC MINNESOTA 2446 UNIVERSITY AVE W STE 110 SAINT PAUL, MN 55114 | NONE | PC | GENERAL OPERATING SUPPORT | 3,000 |
| THE FUND FOR LEGAL AID C/O UNIVERSITY OF CALIFORNIA BERKELEY GIFT SERVICES/ /1995 UNI BERKELEY, CA 947041070 | NONE | PC | GENERAL OPERATING SUPPORT | 12,500 |
| THE GREAT NORTH INNOCENCE PROJECT 229 19TH AVE S STE 285 MINNEAPOLIS, MN 55455 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| Total ▶ 3a | | | | 893,698 |

| 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 3430 CONNECTICUT AVE NW 11187 WASHINGTON, DC 20008 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| THE REDEMPTION PROJECT 8011 34TH AVE S STE C-11 BLOOMINGTON, MN 55425 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| THE SANNEH FOUNDATION 2090 CONWAY ST SAINT PAUL, MN 55119 | NONE | PC | GENERAL OPERATING SUPPORT | 2,500 |
| Total ▶ 3a | | | | 893,698 |

| 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 SEDONA CONFERENCE 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036 | NONE | PC | GENERAL OPERATING SUPPORT | 4,000 |
| TRANSGENDER LEGAL DEFENSE & EDUCATION FUND INC 520 8TH AVE STE 2204 NEW YORK, NY 10018 | NONE | PC | GENERAL OPERATING SUPPORT | 200 |
| TUBMAN4432 CHICAGO AVE S MINNEAPOLIS, MN 55407 | NONE | PC | GENERAL OPERATING SUPPORT | 400 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| UC BERKELEY FOUNDATION (N6326) 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704 | NONE | PC | GENERAL OPERATING SUPPORT | 25,000 |
| UNIVERSITY OF MINNESOTA FOUNDATION 200 SE OAK ST 500 MINNEAPOLIS, MN 55455 | NONE | PC | GENERAL OPERATING SUPPORT | 100,000 |
| UNIVERSITY OF ST THOMAS SCHOOL OF LAW 1000 LASALLE AVE MSL 225 MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 100,000 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| VOLUNTEER LAWYERS FOR THE ARTS 1 EAST 53RD ST NEW YORK, NY 10022 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| VOLUNTEER LAWYERS NETWORK 1011 W BROADWAY AVE SUITE 202 MINNEAPOLIS, MN 55411 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| VOLUNTEER LAWYERS NETWORK 1011 W BROADWAY AVE SUITE 202 MINNEAPOLIS, MN 55411 | NONE | PC | GENERAL OPERATING SUPPORT | 300 |
| Total ▶ 3a | | | | 893,698 |

| 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 | | | | |
| VOLUNTEER LAWYERS PROJECT OF THE BOSTON BAR ASSOC INC 7 WINTHROP SQUARE FL 2 BOSTON, MA 02110 | NONE | PC | GENERAL OPERATING SUPPORT | 50 |
| WALHALLA AMBULANCE SERVICE PO BOX 467 WALHALLA, ND 582820467 | NONE | PC | GENERAL OPERATING SUPPORT | 100 |
| WALKER ART CENTER 120 WALL STREET 19TH FLOOR NEW YORK, NY 10005 | NONE | PC | GENERAL OPERATING SUPPORT | 7,500 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| WEST SIDE FOOD BANK1710 22ND ST SANTA MONICA, CA 90404 | NONE | PC | GENERAL OPERATING SUPPORT | 4,560 |
| WORKING WONDERS FOR TUFTS MEDICAL CENTER 345 WASHINGTON STREET ST PAUL, MN 55102 | NONE | PC | GENERAL OPERATING SUPPORT | 10,000 |
| YOUNG VOICESPO BOX 5853 PROVIDENCE, RI 02903 | NONE | PC | GENERAL OPERATING SUPPORT | 1,500 |
| Total ▶ 3a | | | | 893,698 |

| 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> | | | | |
| YOUTH FRONTIERS INC 5215 EDINA INDUSTRIAL BLVD STE 400 MINNEAPOLIS, MN 55439 | NONE | PC | GENERAL OPERATING SUPPORT | 5,000 |
| YOUTH REPRESENT 11 PARK PLACE STE 1512 NEW YORK, NY 10007 | NONE | PC | GENERAL OPERATING SUPPORT | 1,000 |
| YWCA MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403 | NONE | PC | GENERAL OPERATING SUPPORT | 500 |
| Total ▶ 3a | | | | 893,698 |

TY 2020 Other Expenses Schedule**Name:** ROBINS KAPLAN FOUNDATION**EIN:** 41-1735325**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------|--------------------------------------|--------------------------|------------------------|---|
| FUNDRAISING EXPENSES | 53,948 | 0 | | 53,948 |
| BANK CHARGES | 1,254 | 0 | | 1,254 |
| MEAL & ENTERTAINMENT | 7,355 | 0 | | 0 |
| MEMBERSHIP FEES | 750 | 0 | | 750 |

TY 2020 Other Increases Schedule**Name:** ROBINS KAPLAN FOUNDATION**EIN:** 41-1735325**Other Increases Schedule**

| Description | Amount |
|---------------------------|--------|
| PRIOR PERIOD GRANT REFUND | 4,425 |

| | | | | | |
|--|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | | DLN: 93491133017962 | |
| <div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div> | | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.</div> | | | <div>OMB No. 1545-0047</div> <div>2020</div> |
| Name of the organization ROBINS KAPLAN FOUNDATION | | | | Employer identification number 41-1735325 | |
| Organization type (check one): | | | | | |
| <div>Filers of:Section:</div> <div>Form 990 or 990-EZ<div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div> <div>Form 990-PF<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div> | | | | | |

| | |
|--|--|
| Name of organization ROBINS KAPLAN FOUNDATION | Employer identification number 41-1735325 |
|--|--|

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 |
|------------|---|----------------------------|--|
| — | See Additional Data Table _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |

| | |
|--|--|
| Name of organization ROBINS KAPLAN FOUNDATION | Employer identification number 41-1735325 |
|--|--|

| 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) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |

41-1735325

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

Software ID:
Software Version:
EIN: 41-1735325
Name: ROBINS KAPLAN FOUNDATION

Form 990 Schedule B, 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 |
|------------|--------------------------------------|----------------------------|--|
| <u>1</u> | DOUG FLUTIE FOUNDATION | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | PO BOX 2157 | | Payroll <input type="checkbox"/> |
| | FRAMINGHAM, MA 01703 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| <u>2</u> | QUINCY MUTUAL FIRE INSURANCE COMPANY | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 57 WASHINGTON STREET | | Payroll <input type="checkbox"/> |
| | QUINCY, MA 02169 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| <u>3</u> | PHILIP G HEASLEY | \$ 7,000 | Person <input checked="" type="checkbox"/> |
| | 511 FOREST ST | | Payroll <input type="checkbox"/> |
| | MARBOROUGH, MA 01752 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| <u>4</u> | SPECIAL OLYMPICS MASSACHUSETTS | \$ 21,235 | Person <input checked="" type="checkbox"/> |
| | 512 FOREST ST | | Payroll <input type="checkbox"/> |
| | MARBOROUGH, MA 01752 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| <u>5</u> | NAVIN HAFFTY | \$ 14,000 | Person <input checked="" type="checkbox"/> |
| | 1900 WEST PARK DRIVE | | Payroll <input type="checkbox"/> |
| | WESTBOROUGH, MA 01581 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| <u>6</u> | ROBINS KAPLAN LLP | \$ 1,530,301 | Person <input checked="" type="checkbox"/> |
| | 800 LASALLE AVENUE SUITE 2800 | | Payroll <input type="checkbox"/> |
| | MINNEAPOLIS, MN 55402 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |

Form 990 Schedule B, 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 |
|------------|---|----------------------------|---|
| 7 | NOREL SERVICES | | Person <input checked="" type="checkbox"/> |
| | 230 SECOND AVE STE 2 | | Payroll <input type="checkbox"/> |
| | WALTHAM, MA 02451 | \$ 14,000 | Noncash <input type="checkbox"/> |
| | (Complete Part II for noncash contribution.) | | |
| 8 | CHRISTOPHER SCOTT GAFFNEY OR KAREN KAMES JTWROS | | Person <input checked="" type="checkbox"/> |
| | 40 BEACON STREET UNIIT 3 | | Payroll <input type="checkbox"/> |
| | BOSTON, MA 02108 | \$ 5,000 | Noncash <input type="checkbox"/> |
| | (Complete Part II for noncash contribution.) | | |