

# Women's Foundation of Minnesota

*RETURN OF ORGANIZATION  
EXEMPT FROM INCOME TAX FORM*

*YEAR ENDED MARCH 31, 2013*

*PUBLIC DISCLOSURE*

## **STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

## **RECORD RETENTION**

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WOMEN'S FOUNDATION OF MINNESOTA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>105 5TH AVE S 300</b> City, town, or post office, state, and ZIP code <b>MINNEAPOLIS, MN 55401</b> <b>F</b> Name and address of principal officer: <b>LEE ROPER-BATKER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-1635761</b> <b>E</b> Telephone number <b>612-337-5010</b> <b>G</b> Gross receipts \$ <b>4,333,714.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.WFMN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>Part I</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INVEST IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA.</b>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,880,826.	2,256,174.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-45,986.	572,514.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,503.	108,372.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,939,343.	2,937,060.
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,435,072.	1,361,433.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	955,123.	1,039,464.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>37,072.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	554,609.	792,372.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,944,804.	3,193,269.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	994,539.	-256,209.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	19,741,501.	20,439,648.
	<b>21</b> Total liabilities (Part X, line 26)	343,062.	564,792.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,398,439.	19,874,856.

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>TERRY WILLIAMS, VP AND ACTING PRESIDENT</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEB NELSON, CPA</b>	Preparer's signature <b>DEB NELSON, CPA</b>	Date <b>08/19/13</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01264758</b>
	Firm's name ▶ <b>EIDE BAILLY LLP</b>	Firm's EIN ▶ <b>45-0250958</b>		
	Firm's address ▶ <b>800 NICOLLET MALL, STE. 1300 MINNEAPOLIS, MN 55402-7033</b>	Phone no. <b>612-253-6500</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE WOMEN'S FOUNDATION OF MINNESOTA IS A STATEWIDE COMMUNITY FOUNDATION THAT INVESTS IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA. THE FOUNDATION FUNDS INNOVATIVE SOCIAL CHANGE PROGRAMS, BUILDS WOMEN'S PHILANTHROPY, CONDUCTS AND REPORTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,854,357. including grants of \$ 959,961. ) (Revenue \$ 0. ) GRANTMAKING

THIS AREA INCLUDES THREE COMPETITIVE GRANTMAKING FUNDS: SOCIAL CHANGE FUND (SCF), GIRLSBEST (GIRLS BUILDING ECONOMIC SUCCESS TOGETHER) FUND, AND MN GIRLS ARE NOT FOR SALE FUND. A COMMITMENT TO COMMUNITIES IN GREATER MINNESOTA AND A VALUE OF INCLUSIVITY ARE REFLECTED IN THE DEMOGRAPHICS OF BOTH THE SOCIAL CHANGE FUND AND GIRLSBEST FUND.

SOCIAL CHANGE FUND THROUGH THIS FUND, THE WOMEN'S FOUNDATION AWARDS GRANTS AND PROVIDES TECHNICAL ASSISTANCE TO NONPROFITS ACROSS THE STATE WORKING IN FOUR CORNERSTONE AREAS:

4b (Code: ) (Expenses \$ 206,857. including grants of \$ 0. ) (Revenue \$ 0. ) RESEARCH, EDUCATION, AND PUBLIC POLICY

IN FISCAL YEAR 2013, THE FOUNDATION RELEASED THE REPORT, ON THE ROAD TO EQUALITY: STATEWIDE FINDINGS & POLICY RECOMMENDATIONS, A SUPPLEMENT TO THE 2012 STATUS OF WOMEN & GIRLS IN MINNESOTA, RESEARCH RELEASED BY THE WOMEN'S FOUNDATION IN PARTNERSHIP WITH THE CENTER ON WOMEN & PUBLIC POLICY (UNIVERSITY OF MINNESOTA'S HUMPHREY SCHOOL OF PUBLIC AFFAIRS) IN FEBRUARY 2012.

ON ITS BIENNIAL ROAD TO EQUALITY TOUR IN JUNE AND JULY 2012, THE WOMEN'S FOUNDATION HELD COMMUNITY PRESENTATIONS AND FOCUS GROUPS IN EIGHT DIVERSE COMMUNITIES TO SHARE KEY RESEARCH FINDINGS FROM THE 2012

4c (Code: ) (Expenses \$ 638,431. including grants of \$ 401,472. ) (Revenue \$ 0. ) BUILDING WOMEN'S PHILANTHROPY

A CRITICAL PART OF THE FOUNDATION'S WORK IS HELPING WOMEN UNDERSTAND THE POWER THEY HAVE TO CHANGE THE WORLD THROUGH THEIR PERSONAL PHILANTHROPY. THROUGH THE FOUNDATION'S BUILDING WOMEN'S PHILANTHROPY PROGRAM, WOMEN ARE INVITED TO STEP INTO THEIR PHILANTHROPIC LEADERSHIP AND POWER. THIS OCCURS THROUGH SPONSORING DONOR WORKSHOPS, AND GIVING WOMEN OPTIONS, SUCH AS OPENING A DONOR ADVISED FUND, MAKING A PLANNED GIFT, OR STARTING A GIVING CIRCLE.

\* CONVENED ANNUAL FUNDRAISING EVENT, THE STIR, WITH KEYNOTE JACQUIE BERGLUND, CEO OF FINNEGANS INC.; 2013 CHAMPION FOR EQUALITY AWARD TO

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,699,645.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b 17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HEIDI WALSH - 612-337-5010**  
**105 FIFTH AVENUE SOUTH, SUITE 300, MINNEAPOLIS, MN 55401**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULIA CLASSEN CHAIR	1.00	X		X				0.	0.	0.
VICTORIA WHITE VICE CHAIR	1.00	X		X				0.	0.	0.
JEAN ADAMS TREASURER	1.00	X		X				0.	0.	0.
CATHERINE MCBRIDE SECRETARY	1.00	X		X				0.	0.	0.
ELIZABETH OLSON TRUSTEE	1.00	X						0.	0.	0.
VICTORIA MCWANE-CREEK TRUSTEE	1.00	X						0.	0.	0.
APRIL SUTOR TRUSTEE	1.00	X						0.	0.	0.
KATHERINE KELLY TRUSTEE	1.00	X						0.	0.	0.
MICHAEL RESNICK TRUSTEE	1.00	X						0.	0.	0.
WILHELMINA HOLDER TRUSTEE	1.00	X						0.	0.	0.
JOHN CHOI TRUSTEE	1.00	X						0.	0.	0.
JULIE CORTY TRUSTEE	1.00	X						0.	0.	0.
PAULINE FOFANA TRUSTEE	1.00	X						0.	0.	0.
ROSA TOCK TRUSTEE	1.00	X						0.	0.	0.
LUCY ROGERS TRUSTEE	1.00	X						0.	0.	0.
ASHLEY SHAVER RAJARATNAM TRUSTEE	1.00	X						0.	0.	0.
VALERIE SPENCER TRUSTEE	1.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEE ROPER-BATKER PRESIDENT/CEO	40.00			X				182,916.	0.	19,736.
TERRY WILLIAMS VICE PRESIDENT	40.00			X				106,276.	0.	15,391.
HEIDI WALSH FINANCE DIRECTOR	36.00			X				42,683.	0.	2,498.
RUDY BRYNOLFSON INTERIM FINANCE DIRECTOR	24.00			X				41,813.	0.	0.
<b>1b Sub-total</b>								373,688.	0.	37,625.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								373,688.	0.	37,625.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 29,006.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,227,168.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	97,456.				
	<b>h Total.</b> Add lines 1a-1f	2,256,174.				
	<b>Program Service Revenue</b>	<b>2 a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		562,114.		562,114.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)		10,400.		10,400.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 29,006. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	160,031.			
		<b>b</b> Less: direct expenses	<b>b</b> 67,371.			
<b>c</b> Net income or (loss) from fundraising events			92,660.		92,660.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME		900099	15,712.		15,712.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d			15,712.		
<b>12 Total revenue.</b> See instructions.			2,937,060.	0.	0.	680,886.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,361,433.	1,361,433.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	390,579.	244,160.	138,687.	7,732.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	499,714.	413,819.	77,545.	8,350.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,131.	22,685.	2,950.	496.
<b>9</b> Other employee benefits	63,165.	56,579.	5,403.	1,183.
<b>10</b> Payroll taxes	59,875.	44,402.	14,387.	1,086.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	7,274.		7,274.	
<b>c</b> Accounting	16,150.		16,150.	
<b>d</b> Lobbying	122,578.	122,578.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	52,972.		52,972.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	216,515.	150,666.	63,780.	2,069.
<b>12</b> Advertising and promotion	33,359.	32,879.	480.	
<b>13</b> Office expenses	82,569.	62,746.	8,284.	11,539.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	95,048.	74,536.	18,674.	1,838.
<b>17</b> Travel	54,705.	50,842.	3,461.	402.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	65,332.	39,113.	26,122.	97.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	16,349.	12,824.	3,209.	316.
<b>23</b> Insurance	7,044.	5,522.	1,386.	136.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROFESSIONAL DEVELOPME	10,376.	4,580.	5,796.	
<b>b</b> BAD DEBT EXPENSE	925.	200.	-1,000.	1,725.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	11,176.	81.	10,992.	103.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,193,269.	2,699,645.	456,552.	37,072.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	1,335,947.	<b>2</b>	1,497,375.
	<b>3</b> Pledges and grants receivable, net .....	2,012,325.	<b>3</b>	1,562,522.
	<b>4</b> Accounts receivable, net .....	23,767.	<b>4</b>	6,438.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	27,448.	<b>9</b>	50,095.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 323,453.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 150,499.	38,896.	<b>10c</b> 172,954.
	<b>11</b> Investments - publicly traded securities .....	15,772,689.	<b>11</b>	16,514,082.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	500,000.	<b>13</b>	600,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	30,429.	<b>15</b>	36,182.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,741,501.	<b>16</b>	20,439,648.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	98,062.	<b>17</b>	179,792.
	<b>18</b> Grants payable .....	245,000.	<b>18</b>	385,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	343,062.	<b>26</b>	564,792.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	612,206.	<b>27</b>	717,913.
	<b>28</b> Temporarily restricted net assets .....	4,033,365.	<b>28</b>	5,133,552.
	<b>29</b> Permanently restricted net assets .....	14,752,868.	<b>29</b>	14,023,391.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	19,398,439.	<b>33</b>	19,874,856.	
<b>34</b> Total liabilities and net assets/fund balances .....	19,741,501.	<b>34</b>	20,439,648.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,937,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,193,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	-256,209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,398,439.
5	Net unrealized gains (losses) on investments	5	732,626.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,874,856.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

<b>Name of the organization</b> WOMEN'S FOUNDATION OF MINNESOTA	<b>Employer identification number</b> 41-1635761
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2671227.	1409716.	1624255.	3880826.	2256174.	11842198.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2671227.	1409716.	1624255.	3880826.	2256174.	11842198.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6988059.
<b>6 Public support.</b> Subtract line 5 from line 4.						4854139.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	2671227.	1409716.	1624255.	3880826.	2256174.	11842198.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	426,147.	336,360.	274,507.	342,929.	562,114.	1942057.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	2,188.		1,880.	5,795.	15,712.	25,575.
<b>11 Total support.</b> Add lines 7 through 10						13809830.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	510,115.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	35.15	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	46.72	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

WOMEN'S FOUNDATION OF MINNESOTA

41-1635761

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>WOMEN'S FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1635761</b>
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**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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 508,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>WOMEN'S FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1635761</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b>	<b>Employer identification number</b>
<b>WOMEN'S FOUNDATION OF MINNESOTA</b>	<b>41-1635761</b>

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_  
 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>WOMEN'S FOUNDATION OF MINNESOTA</b>	Employer identification number <b>41-1635761</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		14,078.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		108,500.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		122,578.													
<b>d</b> Other exempt purpose expenditures .....		2,577,067.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		2,699,645.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		284,982.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		71,246.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	266,696.	270,244.	276,450.	284,982.	1,098,372.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,647,558.
<b>c</b> Total lobbying expenditures	25,000.	30,000.	89,408.	122,578.	266,986.
<b>d</b> Grassroots nontaxable amount	66,674.	67,561.	69,113.	71,246.	274,594.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					411,891.
<b>f</b> Grassroots lobbying expenditures			25,000.	14,078.	39,078.

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	33	1
2 Aggregate contributions to (during year) .....	487,018.	28,423.
3 Aggregate grants from (during year) .....	372,172.	29,300.
4 Aggregate value at end of year .....	3,708,906.	4,072.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,151,378.	16,319,446.	15,917,597.	13,405,509.	15,690,449.
b Contributions	608,602.	690,796.	114,938.	278,630.	1,931,634.
c Net investment earnings, gains, and losses	1,238,505.	-139,014.	1,234,291.	3,410,630.	-3,163,276.
d Grants or scholarships	306,709.	164,073.	164,000.	990,530.	12,298.
e Other expenditures for facilities and programs	264,422.	512,819.	738,628.	145,866.	1,041,000.
f Administrative expenses	50,611.	42,958.	44,752.	40,776.	
g End of year balance	17,376,743.	16,151,378.	16,319,446.	15,917,597.	13,405,509.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  3.50 %
- b Permanent endowment  80.70 %
- c Temporarily restricted endowment  15.80 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		925.		925.
d Equipment		322,528.	150,499.	172,029.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				172,954.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,616,714.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	732,626.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	732,626.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,884,088.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	52,972.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	52,972.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,937,060.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,140,297.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,140,297.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	52,972.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	52,972.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,193,269.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ENDOWMENT ASSETS ARE USED, CONSISTENT WITH DONOR**

**RESTRICTIONS, TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS**

**OPERATED OR SUPPORTED BY THE FOUNDATION AND FOR OTHER GRANTMAKING.**

**PART X, LINE 2: THE FOUNDATION IS ORGANIZED AS A MINNESOTA NONPROFIT**

**CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS)**

**AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL**

**REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE FOUNDATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public  
Inspection

Name of the organization **WOMEN'S FOUNDATION OF MINNESOTA** Employer identification number **41-1635761**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations **f**  Solicitation of government grants  
**c**  Phone solicitations **g**  Special fundraising events  
**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>THE STIR</b>		<b>NONE</b>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	189,037.			189,037.
	<b>2</b> Less: Contributions .....	29,006.			29,006.
	<b>3</b> Gross income (line 1 minus line 2) .....	160,031.			160,031.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	24,884.			24,884.
	<b>7</b> Food and beverages .....	42,487.			42,487.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 67,371 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				92,660.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

**Employer identification number**

**41-1635761**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANNEX TEEN CLINIC 4915 42ND AVENUE N ROBBINSDALE, MN 55422	23-7236943	501(C)3	6,000.	0.			TO SUPPORT HEALTH EDUCATION PROGRAMS TO PREVENT UNINTENDED TEEN PREGNANCY IN NORTH
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY - 702 3RD AVENUE S - VIRGINIA, MN 55792	41-6052144	501(C)3	30,000.	0.			AMERICAN INDIAN AND RURAL WOMEN'S LEADERSHIP PROJECT AND TO SUPPORT THE LAKE COUNTY WORKFORCE
ASIAN ECONOMIC DEVELOPMENT ASSOCIATION - 379 UNIVERSITY AVE W SUITE 213 - SAINT PAUL, MN 55103	41-1911474	501(C)3	15,000.	0.			TO INCREASE AND SUPPORT THE LEADERSHIP OF ASIAN WOMEN BUSINESS OWNERS AND MANAGERS BY PROVIDING
AUGSBURG COLLEGE 2211 RIVERSIDE AVE CB #216 MINNEAPOLIS, MN 55454	41-0694721	501(C)3	10,000.	0.			MN URBAN DEBATE LEAGUE
BAGOSENDAAN 2476 230TH STREET MAHNOMEN, MN 56557	20-0990599	501(C)3	11,000.	0.			TO PARTNER WITH AT-RISK NATIVE AMERICAN GIRLS (10-18) TO INCREASE THEIR SELF-ESTEEM AND
BLACK GIRLS CODE PO BOX 640926 SAN FRANCISCO, CA 94164	45-4930539	501(C)3	5,463.	0.			GENERAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **54.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKING FREE PO BOX 4366 SAINT PAUL, MN 55104	41-1856806	501(C)3	65,000.	0.			EXPAND HOUSING, EDUCATIONAL PROGRAMMING, AND TRAUMA-INFORMED, CULTURALLY-SPECIFIC
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-1290349	501(C)3	16,000.	0.			TO SUPPORT AND DEVELOP SYSTEMS AND EVALUATION PRACTICES - DEVELOPMENT OF LOGIC MODEL, WORK
CHICANOS LATINOS UNIDOS EN SERVICIOS - 797 7TH STREET E - SAINT PAUL, MN 55106-5014	41-1386986	501(C)3	15,000.	0.			TO DEVELOP AND IMPLEMENT A FINANCIAL EMPOWERMENT PROGRAM TO EDUCATE SURVIVORS OF DOMESTIC
COMMUNITY ACTION DULUTH 19 N 21ST AVENUE W DULUTH, MN 55806	41-1410670	501(C)3	15,000.	0.			TO IMPLEMENT THE GETTING AHEAD PROGRAM - A TEN WEEK ECONOMIC JUSTICE LEADERSHIP PROGRAM WICH
DAKOTA WICOHAN PO BOX 2, 280 N CENTENNIAL DRIVE MORTON, MN 56270	36-3611923	501(C)3	11,000.	0.			TO SUPPORT THE WIKOSKA PROJECT TO BUILD NATIVE AMERICAN HIGH SCHOOL GIRLS' LEADERSHIP AND
EMPLOYMENT ACTION CENTER 2143 LOWRY AVENUE N MINNEAPOLIS, MN 55411	41-0828779	501(C)3	6,000.	0.			TO SUPPORT BRIGHT FUTURES, A PROGRAM TO DECREASE THE REPEAT PREGNANCY RATE AND
FAMILY TREE CLINIC 1619 DAYTON AVE #205 SAINT PAUL, MN 55104	23-7133742	501(C)3	7,000.	0.			TO SUPPORT A COMPREHENSIVE, SCIENCE-BASED SEX EDUCATION PROGRAM
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS - 400 ROBERT STREET SOUTH - SAINT PAUL, MN 55107	41-0693910	501(C)3	12,500.	0.			GIRL SCOUTS RIVER VALLEYS DEVELOPED GIRL SCOUTS CONNECT'Z TO REACH MORE GIRLS IN COMMUNITIES OF
GREATER MANKATO DIVERSITY COUNCIL 18726 JUNE BERRY RD MANKATO, MN 56001	20-4627525	501(C)3	12,500.	0.			"SURGE!

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEREMIAH PROGRAM 1510 LAUREL AVENUE STE 100 MINNEAPOLIS, MN 55403-1244	41-1801834	501(C)3	15,000.	0.			TO DEVELOP AN ADVOCACY PROGRAM TO BUILD KNOWLEDGE AND SKILLS TO BECOME ACTIVE CITIZENS
KWANZAA COMMUNITY CHOIR 2100 EMERSON AVENUE N MINNEAPOLIS, MN 55411	27-0031853	501(C)3	20,000.	0.			PLANNING GRANT TO DECREASE SEX TRAFFICKING OF GIRLS BY INCREASING THE NUMBER OF GIRLS
LANTINO ECONOMIC DEVELOPMENT CENTER - 1516 E LAKE STREET #201 - MINNEAPOLIS, MN 55407	51-0467167	501(C)3	15,000.	0.			TO INVOLVE MORE WOMEN IN ITS MICRO ENTREPRENEURSHIP TRAININGS AND TO EXPOSE
LAURA JEFFREY ACADEMY 1550 SUMMIT AVENUE SAINT PAUL, MN 55105	20-0901562	501(C)3	11,000.	0.			TO SUPPORT GIRLS' (AGES 10-13) PROJECT THAT APPLIES STEM (SCIENCE, TECHNOLOGY, ENGINEERING,
LEGAL SERVICES OF NORTHWEST MINNESOTA - 1015 7TH AVENUE N - MOORHEAD, MN 56560	41-1291705	501(C)3	15,000.	0.			TO BROADEN EMPLOYMENT SUCCESS, ENHANCE ECONOMIC OPPORTUNITY AND ADDRESS NEEDS OF WOMEN IN
METROPOLITAN CONSORTIUM OF COMMUNITY DIRECTORS - 3137 CHICAGO AVENUE - MINNEAPOLIS, MN 55407	41-1658654	501(C)3	26,000.	0.			GENERAL OPERATING SUPPORT
MIGIZI COMMUNICATIONS, INC. 3123 LAKE STREET E SUITE 200 MINNEAPOLIS, MN 55406	41-1379114	501(C)3	11,000.	0.			TO SUPPORT THE IN THE FOOTSTEPS OF OUR GRANDMOTHERS PROJECT TO HELP NATIVE AMERICAN
MINNEAPOLIS POLICE DEPARTMENT 350S 5TH STREET MINNEAPOLIS, MN 55415	41-6005375		47,500.	0.			EXPAND ONGOING WORK IN INVESTIGATIONS OF SEX-TRAFFICKING CASES; INCREASE PARTNERSHIPS
MINNESOTA AFRICAN WOMEN'S ASSOCIATION - 3300 COUNTY ROAD 109 SUITE 510 - BROOKLYN CENTER, MN 55429	48-1259139	501(C)3	12,500.	0.			AGILE PROGRAM FILLS A CRITICAL GAP BY PROVIDING CULTURALLY SPECIFIC AFTER-SCHOOL AND SUMMER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVENUE S - MINNEAPOLIS, MN 55404	41-1500950	501(C)3	35,000.	0.			CONDUCT STATEWIDE PUBLIC AWARENESS REGARDING NEEDS OF SEXUALLY-EXPLOITED VICTIMS AND COMPLETE
MINNESOTA STATE UNIVERSITY MOORHEAD - 1900 28TH AVENUE S - MOORHEAD, MN 56560	41-1687554	IRC 115	10,000.	0.			AMERICAN INDIAN AND RURAL WOMEN'S LEADERSHIP PROJECT
NORTH SHORE HORIZONS PO BOX 206; 127 7TH STREET TWO HARBORS, MN 55616	41-1451736	501(C)3	15,000.	0.			TO ENHANCE WOMEN AND GIRLS' CRIME VICTIM RIGHTS IN LAKE COUNTY MINNESOTA, NORTH SHORE
OLD ARIZONA COLLABORATIVE 2821 NICOLLET AVENUE MINNEAPOLIS, MN 55408	41-1765159	501(C)3	11,000.	0.			TO SUPPORT THE TEEN-GIRL LAUNCHED AND LED 29TH STREET PETAL PUSHERS FLOWER SHOP, BUILDING
OUTFRONT MINNESOTA 310 E 38TH ST SUITE 204 MINNEAPOLIS, MN 55409	36-3550489	501(C)3	15,000.	0.			TO IDENTIFY AND DEVELOP LEADERS WITHIN THE LESBIAN, BISEXUAL AND TRANSGENDER WOMEN OF
PANGEA WORLD THEATER 711 LAKE STREET W #101 MINNEAPOLIS, MN 55408	41-1854164	501(C)3	12,000.	0.			SCF YEAR 3
PARENTING RESOURCE CENTER INC. 105 FIRST STREET SE AUSTIN, MN 55912	41-1307920	501(C)3	10,000.	0.			TO SUPPORT THE GIRLS ARE IN THE HOUSE PROGRAM AND TWO LISTENING CIRCLES FOR TEEN GIRLS: "PATHS TO THE
PEACEMAKER RESOURCES PO BOX 862 BEMIDJI, MN 56619	45-0507287	501(C)3	11,000.	0.			TO SUPPORT THE GIRLS LEAD AND LEADERS OF TOMORROW PROGRAMS FOR GIRLS (GRADES 9-12) TO BUILD
PLANNED PARENTHOOD OF MINNESOTA-NORTH DAKOTA-SOUTH DAKOTA - 671 VANDALIA STREET - SAINT PAUL, MN 55114	41-0948382	501(C)3	20,500.	0.			TO POSITION GIRLS FOR FUTURE ECONOMIC SUCCESS BY REDUCING TEEN PREGNANCIES, PROMOTING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH CHRISTIAN YOUTH CENTER 2210 OLIVER AVENUE N MINNEAPOLIS, MN 55411	41-0794440	501(C)3	7,000.	0.			TO SUPPORT FIRST THINGS FIRST, A COMPREHENSIVE APPROACH TO TEEN PREGNANCY PREVENTION,
PRO-CHOICE RESOURCES 250 3RD AVENUE N SUITE 625 MINNEAPOLIS, MN 55401	41-0971333	501(C)3	99,000.	0.			TO BUILD A COORDINATED, LONGTERM ORGANIZING EFFORT THAT STRENGTHENS ORGANIZATIONAL,
PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT - 32 EAST 1ST STREET SUITE 200 - DULUTH, MN 55805	41-1350021	501(C)3	30,000.	0.			ORGANIZE A MULTI-JURISDICTIONAL RESPONSE BETWEEN LAW ENFORCEMENT AND ADVOCATES
RAMSEY COUNTY ATTORNEY'S OFFICE 50 W KELLOGG BLVD #315 SAINT PAUL, MN 55102	41-6005875		50,000.	0.			TRANSFORM POLICE AND PROSECUTION PRACTICES TO ADDRESS JUVENILE SEXUAL EXPLOITATION THROUGHOUT
REGENTS OF THE UNIVERSITY OF MINNESOTA - 450 MCNAMARA ALUMNI CENTER, 200 OAK STREET SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)3	56,496.	0.			URBAN RESEARCH OUTREACH-ENGAGEMENT CENTER TO SUPPORT MAPPING THE MARKET FOR COMMERCIAL SEX
ROCHESTER AREA FOUNDATION 400 S BROADWAY #300 ROCHESTER, MN 55904	41-2239753	501(C)3	11,000.	0.			JUSTICE AND OPPORTUNITY FOR YOUTH
SHARED HOPE INTERNATIONAL PO BOX 65337 VANCOUVER, WA 98665	91-1938635	501(C)3	6,000.	0.			SHARING THE HOPE HOPE INSPIRER SPONSORSHIP; GENERAL OPERATING
SOUTHSIDE FAMILY SCHOOL 4500 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55419	41-1253375	501(C)3	15,000.	0.			GENERAL OPERATING.
ST PAUL POLICE DEPARTMENT 367 GROVE STREET SAINT PAUL, MN 55101	41-6005521		47,500.	0.			TRANSFORM POLICE AND PROSECUTION PRACTICES TO ADDRESS JUVENILE SEXUAL EXPLOITATION ACROSS MN.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SW MN PRIVATE INDUSTRY COUNCIL, INC. - 607 WEST MAIN STREET - MARSHALL, MN 56258	41-1487964	501(C)3	11,000.	0.			TO ENCOURAGE GIRLS TO ACHIEVE ACADEMIC SUCCESS AS WELL AS DEVELOPING BUSINESS, FINANCIAL
THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE S #800 MINNEAPOLIS, MN 55401	36-3292374	501(C)3	10,000.	0.			PROJECT TO COMBAT SEX TRAFFICKING: ADVOCACY EFFORTS TO PASS LEGISLATION TO INCLUDE
WAND EDUCATION FUND 691 MASSACHUSETTS AVE ARLINGTON, MA 02476	04-2751387	501(C)3	15,000.	0.			TO SUPPORT A COMPREHENSIVE, MULTI-YEAR PROGRAM TO BUILD THE LEADERSHIP AND
WE WIN INSTITUTE 3805 3RD AVENUE S MINNEAPOLIS, MN 55409	41-1820991	501(C)3	10,000.	0.			TO SUPPORT THE WOMEN OF DISTINCTION - GIRLS MENTORING PROGRAM TO DEVELOP LEADERSHIP,
WOMEN VENTURE 2324 UNIVERSITY AVENUE W SUITE 120 SAINT PAUL, MN 55114	41-1463426	501(C)3	25,000.	0.			GENERAL OPERATING.
WOMEN'S FUNDING NETWORK 505 SANSOME STREET, 2ND FLOOR SAN FRANCISCO, CA 94111	41-1685134	501(C)3	10,000.	0.			TRANSITION SUPPORT AND GENERAL OPERATING SUPPORT.
WOMEN'S HEALTH CENTER OF DULUTH, P.A. - 32 EAST 1ST STREET SUITE 300 - DULUTH, MN 55802	41-1444270	501(C)3	15,000.	0.			TO BUILD COMMUNITY CAPACITY BY STRENGTHENING WOMEN LEADERS, INCREASE ACCESS TO RESOURCES, AND
WOMEN'S INIATIVE FOR SELF-EMPOWERMENT - HAMLINE PARK PLAZA; 575 ASBURY STREET #202 - SAINT PAUL, MN 55104	41-1791358	501(C)3	11,000.	0.			TO SUPPORT THE GIRLS GETTING AHEAD IN LEADERSHIP (GGAL) PROGRAM FOR IMMIGRANT/REFUGEE
YMCA CAMP WIDJIWAGAN 2125 EAST HENNEPIN AVENUE SUITE 150 MINNEAPOLIS, MN 55413	41-0693932	501(C)3	20,000.	0.			YMCA CAMP WIDJIWAGAN.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403-1244	41-0693891	501(C)3	30,000.	0.			TO PROVIDE HIGH-QUALITY, COMPREHENSIVE SEXUAL HEALTH EDUCATION AND SCHOOL CONNECTEDNESS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT A FINAL EVALUATION REPORT, INCLUDING AN ACTUAL INCOME AND EXPENSE STATEMENT, ACCORDING TO THE TERMS OUTLINED IN THEIR GRANT AGREEMENT LETTER (USUALLY WITHIN 30 DAYS OF COMPLETION OF THE GRANT TERM). INCOME AND EXPENSE STATEMENTS ARE REVIEWED BY STAFF AS PART OF THE REVIEW OF FINAL REPORTS TO ENSURE FUNDS WERE SPENT IN ACCORDANCE WITH THE TERMS OF THE GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ANNEX TEEN CLINIC

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTH EDUCATION PROGRAMS TO PREVENT UNINTENDED TEEN PREGNANCY IN NORTH MINNEAPOLIS AND NORTHWEST HENNEPIN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ARROWHEAD ECONOMIC OPPORTUNITY AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN INDIAN AND RURAL WOMEN'S LEADERSHIP PROJECT AND TO SUPPORT THE LAKE COUNTY WORKFORCE DEVELOPMENT PROJECT COLLABORATION TO BRING A GENDER LENS TO POST-SECONDARY TECHNICAL EDUCATION FOR WELDING AND MILLWRIGHT WORK IN THE REGION

NAME OF ORGANIZATION OR GOVERNMENT:

ASIAN ECONOMIC DEVELOPMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE AND SUPPORT THE LEADERSHIP OF ASIAN WOMEN BUSINESS OWNERS AND MANAGERS BY PROVIDING BUSINESS COUNSELING AND TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: BAGOSENDAAN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH AT-RISK NATIVE AMERICAN GIRLS (10-18) TO INCREASE THEIR SELF-ESTEEM AND LEADERSHIP SKILLS THROUGH BAGOSENDAAN'S TALKING CIRCLES AND EQUESTRIAN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BREAKING FREE

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND HOUSING, EDUCATIONAL PROGRAMMING, AND TRAUMA-INFORMED, CULTURALLY-SPECIFIC SERVICES FOR SEXUALLY EXPLOITED YOUTH; DEVELOP MODEL PROTOCOLS FOR VICTIM-CENTERED SERVICES AMONG LAW ENFORCEMENT, COURTS, AND SERVICE PROVIDERS AND GENERAL OPERATING.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO CULTURAL CHICANO INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AND DEVELOP SYSTEMS AND EVALUATION PRACTICES - DEVELOPMENT OF LOGIC MODEL, WORK PLANS AND PERFORMANCE MONITORING PLANS FOR PROGRAM IMPLEMENTATION; TO SUPPORT THE RAICES YOUTH DEVELOPMENT PROGRAM, AND EVIDENCE-BASED MULTI-COMPONENT YOUTH DEVELOPMENT PROGRAM THAT REDUCES THE LIKELIHOOD OF PREGNANCY AMONG LOW-INCOME LATINO TEENS IN MINNEAPOLIS

NAME OF ORGANIZATION OR GOVERNMENT: CHICANOS LATINOS UNIDOS EN SERVICIOS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND IMPLEMENT A FINANCIAL EMPOWERMENT PROGRAM TO EDUCATE SURVIVORS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT ABOUT ECONOMIC SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION DULUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT THE GETTING AHEAD PROGRAM - A TEN WEEK ECONOMIC JUSTICE LEADERSHIP PROGRAM WICH EMPOWERS PARTICIPANTS TO UNDERSTAND ISSUES OF POVERTY AND OVERCOME BARRIERS

NAME OF ORGANIZATION OR GOVERNMENT: DAKOTA WICOHAN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WIKOSKA PROJECT TO BUILD NATIVE AMERICAN HIGH SCHOOL GIRLS' LEADERSHIP AND SELF-SUFFICIENCY THROUGH CULTURALLY RELEVANT CURRICULUM TO ENSURE ACADEMIC ADCHIEVEMENT AND POST-SECONDARY SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: EMPLOYMENT ACTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BRIGHT FUTURES, A PROGRAM TO DECREASE THE REPEAT PREGNANCY RATE AND INCREASE THE EDUCATIONAL ATTAINMENT OF LOW-INCOME TEEN MOTHERS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY TREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE, SCIENCE-BASED SEX EDUCATION PROGRAM DELIVERED IN TWIN CITIES METRO SCHOOLS, PRIORITIZING SCHOOLS WITH HIGH PERCENTAGES OF LOW-INCOME STUDENTS AND STUDENTS OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS

(H) PURPOSE OF GRANT OR ASSISTANCE: GIRL SCOUTS RIVER VALLEYS DEVELOPED GIRL SCOUTS CONNECTZ TO REACH MORE GIRLS IN COMMUNITIES OF COLOR AND LOW-INCOME COMMUNITIES AND TO SERVE GIRLS WHEN THEIR NEED FOR POSITIVE ROLE MODELS IS VITAL. THE GOALS OF THIS INITIATIVE ARE TO HELP GIRLS DISCOVER NEW SKILLS AND VALUES, CONNECT WITH EACH OTHER AND POSITIVE ADULT LEADERS AND TAKE ACTION IN THEIR COMMUNITIES TO CREATE A POSITIVE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AN ADVOCACY PROGRAM TO BUILD KNOWLEDGE AND SKILLS TO BECOME ACTIVE CITIZENS AND LEADERS WITHIN THE SCHOOL SYSTEMS, HEALTH CARE SYSTEMS, AND IN PUBLIC ARENAS FOCUSED ON ECONOMIC ISSUES AND CREATING CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: KWANZAA COMMUNITY CHOIR

(H) PURPOSE OF GRANT OR ASSISTANCE: PLANNING GRANT TO DECREASE SEX TRAFFICKING OF GIRLS BY INCREASING THE NUMBER OF GIRLS SERVED THROUGH HOLISTIC PARTNERSHIPS AND REFERRAL SYSTEMS, AND INCREASING THEIR ACCESS TO SUPPORTIVE SERVICES, AND GENERAL OPERATING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LANTINO ECONOMIC DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INVOLVE MORE WOMEN IN ITS MICRO ENTREPRENEURSHIP TRAININGS AND TO EXPOSE LATINAS TO CAREER OPPORTUNITIES IN THE CONSTRUCTION TRADES.

NAME OF ORGANIZATION OR GOVERNMENT: LAURA JEFFREY ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GIRLS' (AGES 10-13) PROJECT THAT APPLIES STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) CONCEPTS TO THE PLANNING, DESIGNING AND BUILDING OF A NEW GYM CHANGING ROOM FOR THE SCHOOL, IN COLLABORATION WITH A FEMALE CARPENTER.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES OF NORTHWEST MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BROADEN EMPLOYMENT SUCCESS, ENHANCE ECONOMIC OPPORTUNITY AND ADDRESS NEEDS OF WOMEN IN WORKFORCE DEVELOPMENT.

NAME OF ORGANIZATION OR GOVERNMENT: MIGIZI COMMUNICATIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IN THE FOOTSTEPS OF OUR GRANDMOTHERS PROJECT TO HELP NATIVE AMERICAN GIRLS (AGES 14-18) OF THE OJIBWE PEOPLE RECLAIM TRIBAL MATRIARCHAL TRADITIONS AND LEARN TO ASSUME POSITIONS OF LEADERSHIP IN THEIR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: MINNEAPOLIS POLICE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND ONGOING WORK IN INVESTIGATIONS OF SEX-TRAFFICKING CASES; INCREASE PARTNERSHIPS WITH CITY OF MINNEAPOLIS; DEVELOP PROTOCOLS THAT ARE VICTIM-CENTERED, CROSS-DISCIPLINARY, AND RAPID RESPONSE.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA AFRICAN WOMEN'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AGILE PROGRAM FILLS A CRITICAL GAP BY PROVIDING CULTURALLY SPECIFIC AFTER-SCHOOL AND SUMMER PROGRAMMING FOR PAN AFRICAN GIRLS, AGES 14-18, IN THE TWIN CITIES. THROUGH A NETWORK OF 10 SCHOOL AND COMMUNITY-BASED CLUBS AND A SUMMER DAY CAMP, AGILE HAS TWO PRIMARY GOALS: 1. TO ANNUALLY SUPPORT 100+ AFRICAN IMMIGRANT GIRLS OF LOW-INCOME GAIN SIGNIFICANTLY INCREASED SELF-SUFFICIENCY BY DEVELOPING STRONG CAREER GOALS AND PURSUING POST-SECONDARY EDUCATION AND 2. TO BUILD A COMMUNITY AND FAMILY CLIMATE THAT AFFIRMS AFRICAN GIRLS AND THEIR ABILITY TO SUCCEED IN SCHOOL AND PURSUE PROFESSIONAL CAREERS.

NAME OF ORGANIZATION OR GOVERNMENT:

MINNESOTA INDIAN WOMEN'S RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT STATEWIDE PUBLIC AWARENESS REGARDING NEEDS OF SEXUALLY-EXPLOITED VICTIMS AND COMPLETE DEVELOPMENT/FIELD TESTING OF CSEC CORE TRAINING CURRICULUM, AND GENERAL OPERATING.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH SHORE HORIZONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE WOMEN AND GIRLS' CRIME VICTIM RIGHTS IN LAKE COUNTY MINNESOTA, NORTH SHORE HORIZONS AND PARTNERING AGENCIES WILL IMPROVE SYSTEM AND COMMUNITY RESPONSE TO SEXUAL AND DOMESTIC VIOLENCE CRIMES THROUGH A MULTI-AGENCY COLLABORATION.

NAME OF ORGANIZATION OR GOVERNMENT: OLD ARIZONA COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TEEN-GIRL LAUNCHED AND LED 29TH STREET PETAL PUSHERS FLOWER SHOP, BUILDING GIRLS' LEADERSHIP

**Part IV** Supplemental Information

SKILLS, SELF-ESTEEM AND FINANCIAL LITERACY THROUGH MANAGEMENT AND OPERATION OF THE BUSINESS.

NAME OF ORGANIZATION OR GOVERNMENT: OUTFRONT MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IDENTIFY AND DEVELOP LEADERS WITHIN THE LESBIAN, BISEXUAL AND TRANSGENDER WOMEN OF COLOR TO FOCUS ON ORGANIZING, COALITION BUILDING, BASE BUILDING AND ISSUE CUTTING ON ISSUES MOST IMPORTANT TO THEM.

NAME OF ORGANIZATION OR GOVERNMENT: PARENTING RESOURCE CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GIRLS ARE IN THE HOUSE PROGRAM AND TWO LISTENING CIRCLES FOR TEEN GIRLS: "PATHS TO THE FUTURE" FOR GIRLS (AGES 12-14) TO BUILD SKILLS AND SELF-ESTEEM, AND "HONORING OUR DIVERSITY" FOR GIRLS (AGES 14-17) TO STRENGTHEN POSITIVE IDENTITY, AND PROMOTE UNDERSTANDING AND RESPECT FOR OTHERS.

NAME OF ORGANIZATION OR GOVERNMENT: PEACEMAKER RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GIRLS LEAD AND LEADERS OF TOMORROW PROGRAMS FOR GIRLS (GRADES 9-12) TO BUILD LEADERSHIP, TEAM-BUILDING, PUBLIC SPEAKING AND PROMOTE COMMUNITY OUTREACH THROUGH WORK ON A PUBLIC ISSUE OF THEIR CHOICE DURING THE SUMMER WITH A MENTOR.

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF MINNESOTA-NORTH DAKOTA-SOUTH DAKOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO POSITION GIRLS FOR FUTURE ECONOMIC SUCCESS BY REDUCING TEEN PREGNANCIES, PROMOTING HEALTHY CHOICES AND DEVELOPING GIRLS' LEADERSHIP SKILLS THROUGH THE TEENS TEACHING TEENS PROGRAM. TO PREVENT UNINTENDED PREGNANCIES, NUTURE HEALTHY YOUTH

**Part IV** Supplemental Information

DEVELOPMENT, AND PROVIDE INFORMATION AND EDUCATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH. GENERAL OPERATING SUPPORT FOR PUBLIC POLICY WORK TO ADVANCE REPRODUCTIVE JUSTICE.

NAME OF ORGANIZATION OR GOVERNMENT: PLYMOUTH CHRISTIAN YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FIRST THINGS FIRST, A COMPREHENSIVE APPROACH TO TEEN PREGNANCY PREVENTION, INCLUDING DAILY SEX EDUCATION CURRICULUM AND CLASSES, WEEKLY SMALL GROUP DISCUSSIONS, INDIVIDUAL HEALTH ASSESSMENTS, ONE-TO-ONE COUNSELING, AND COMPREHENSIVE CLINICAL CARE.

NAME OF ORGANIZATION OR GOVERNMENT: PRO-CHOICE RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A COORDINATED, LONGTERM ORGANIZING EFFORT THAT STRENGTHENS ORGANIZATIONAL, POLICYMAKER, AND PUBLIC SUPPORT FOR PUBLIC COVERAGE OF ABORTION; GENERAL OPERATING.

NAME OF ORGANIZATION OR GOVERNMENT:

PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT

(H) PURPOSE OF GRANT OR ASSISTANCE: ORGANIZE A MULTI-JURISDICTIONAL RESPONSE BETWEEN LAW ENFORCEMENT AND ADVOCATES BY DESIGNING EFFECTIVE TREATMENT INTERVENTIONS; IMPLEMENT NEW POLICE PROTOCOLS; AND PROVIDE ADVOCACY RESPONSE TO VICTIMS.

NAME OF ORGANIZATION OR GOVERNMENT: RAMSEY COUNTY ATTORNEY'S OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORM POLICE AND PROSECUTION PRACTICES TO ADDRESS JUVENILE SEXUAL EXPLOITATION THROUGHOUT THE STATE: DEVELOP AND ANALYZE RESEARCH DATABASE OF SEXUAL EXPLOITATION CASES; IMPROVE CROSS-DEPARTMENT REFERRAL PROTOCOLS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: URBAN RESEARCH OUTREACH- ENGAGEMENT CENTER TO SUPPORT MAPPING THE MARKET FOR COMMERCIAL SEX WITH MINORS: A MARKET DESCRIPTION OF JUVENILE SEX TRADING AND TRAFFICKING IN MINNEAPOLIS, MN AND REPP RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: ST PAUL POLICE DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSFORM POLICE AND PROSECUTION PRACTICES TO ADDRESS JUVENILE SEXUAL EXPLOITATION ACROSS MN. DEVELOP A TOOLKIT THAT CONSISTS OF PROTOCOLS, INVESTIGATIVE TOOLS, INTERNAL TRAINING RESOURCES, COMMUNITY OUTREACH MATERIALS TO SHARE WITH POLICE AND PROSECUTORS STATEWIDE.

NAME OF ORGANIZATION OR GOVERNMENT: SW MN PRIVATE INDUSTRY COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENCOURAGE GIRLS TO ACHIEVE ACADEMIC SUCCESS AS WELL AS DEVELOPING BUSINESS, FINANCIAL LITERACY, LEADERSHIP AND PUBLIC ADVOCACY SKILLS THROUGH A GIRL-LED SMALL BUSINESS MODEL TO DEVELOP, MANAGE, MARKET AND MAINTAIN A SUSTAINABLE COMMUNITY GARDEN.

NAME OF ORGANIZATION OR GOVERNMENT: THE ADVOCATES FOR HUMAN RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT TO COMBAT SEX TRAFFICKING: ADVOCACY EFFORTS TO PASS LEGISLATION TO INCLUDE 16-17 YEAR OLD GIRLS IDENTIFIED AS VICTIMS UNDER SAFE HARBOR ACT; AND TRAINING FOR FRONTLINE PROFESSIONALS ON EDUCATION/AWARENESS OF SEX-TRAFFICKING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WAND EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE,  
MULTI-YEAR PROGRAM TO BUILD THE LEADERSHIP AND COMMUNICATIONS CAPACITY OF  
WOMEN LEADERS IN MINNESOTA TO ADVANCE LONG-TERM, SUSTAINABLE SOLUTIONS TO  
THE BUDGET CRISES.

NAME OF ORGANIZATION OR GOVERNMENT: WE WIN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WOMEN OF DISTINCTION  
- GIRLS MENTORING PROGRAM TO DEVELOP LEADERSHIP, CULTURAL IDENTITY AND  
ACADEMIC SUCCESS FOR AFRICAN AMERICAN HIGH SCHOOL GIRLS THROUGH LAYERED  
MENTORING AND POSITIVE PEER RELATIONSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S HEALTH CENTER OF DULUTH, P.A.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD COMMUNITY CAPACITY BY  
STRENGTHENING WOMEN LEADERS, INCREASE ACCESS TO RESOURCES, AND CREATE  
EFFECTIVE NETWORKS.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S INITIATIVE FOR SELF-EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GIRLS GETTING AHEAD  
IN LEADERSHIP (GGAL) PROGRAM FOR IMMIGRANT/REFUGEE YOUNG WOMEN IN THEIR  
JUNIOR AND SENIOR YEARS OF HIGH SCHOOL TO IMPROVE LEADERSHIP AND ACADEMIC  
SKILLS AND INCREASE ECONOMIC WELL-BEING AND READINESS TO ACCESS HIGHER  
EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HIGH-QUALITY,  
COMPREHENSIVE SEXUAL HEALTH EDUCATION AND SCHOOL CONNECTEDNESS SUPPORT TO



**Part IV** Supplemental Information

THE SPECIFIC NEEDS OF YOUTH OF COLOR AND YOUTH FROM RESOURCE-POOR COMMUNITIES, GRADES 6-12, IN MINNEAPOLIS PUBLIC SCHOOLS. TO SUPPORT DISCOVERY LEADERSHIP AND GIRL POWER FOR GIRLS OF COLOR IN THE TWIN CITIES (GRADES 4-8) TO BUILD ACADEMICS, FINANCIAL LITERACY AND LEADERSHIP SKILLS THROUGH AFTERSCHOOL AND SUMMER PROGRAMS. TO CONDUCT RESEARCH ON THE INTERSECTION OF RACIAL EQUITY AND EARLY EDUCATION AND SUPPORT ADVOCACY EFFORTS TO BRING THIS INFORMATION INTO THE PUBLIC DEBATE AROUND CHILDCARE POLICY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LEE ROPER-BATKER PRESIDENT/CEO	(i)	182,916.	0.	0.	8,936.	11,155.	203,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **WOMEN'S FOUNDATION OF MINNESOTA** Employer identification number **41-1635761**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	13	97,456.	MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH, ADVOCATES PUBLIC POLICY, AND EDUCATES THE PUBLIC ABOUT THE  
SUCSESSES AND CHALLENGES OF MINNESOTA'S WOMEN AND GIRLS. IT IS THE  
OLDEST STATEWIDE WOMEN'S FOUNDATION IN THE COUNTRY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

1. CREATING ECONOMIC OPPORTUNITY FOR WOMEN

VISION: IN THE FUTURE WOMEN WILL THRIVE ECONOMICALLY. COMMUNITIES WILL  
BENEFIT WHEN WOMEN - AS A RESULT OF EDUCATION, EMPLOYMENT OPPORTUNITIES  
AND ECONOMIC DEVELOPMENT - MAKE POVERTY HISTORY.

OUTCOMES: DECREASED PAY GAP BETWEEN MEN AND WOMEN AND BETWEEN WHITE  
WOMEN AND WOMEN OF COLOR; ADEQUATE SOCIAL SAFETY NET THAT ASSURES  
ECONOMIC SELF-SUFFICIENCY; FULL AND EQUAL ACCESS TO EDUCATIONAL  
OPPORTUNITIES FOR WOMEN AND GIRLS; FULL AND EQUAL ACCESS TO EMPLOYMENT  
AND ENTREPRENEURIAL OPPORTUNITIES.

2. ADVANCING WOMEN'S SAFETY & SECURITY

VISION: WE ASPIRE TO A DAY WHEN WOMEN EXPERIENCE THE WORLD AS A SAFE  
PLACE AND OUR MEDIA, POLICY MAKERS, FAMILIES AND POPULAR CULTURE REJECT  
VIOLENCE AGAINST WOMEN.

OUTCOMES: MODELS AND POLICIES MAKE SAFE, AFFORDABLE, LIVABLE HOUSING  
AVAILABLE TO WOMEN AND GIRLS EXPERIENCING DOMESTIC VIOLENCE; MEDIA,  
FAMILIES AND POPULAR CULTURE REJECT VIOLENCE AGAINST WOMEN; MEDIA AND  
ADVERTISING PROMOTE STRONG, POSITIVE IMAGES OF WOMEN AND GIRLS; LOCAL,  
CRIMINAL JUSTICE AND JUDICIAL SYSTEMS ARE MORE RESPONSIVE, E.G. THEY

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
---	--

ENSURE CULTURAL AND LANGUAGE INTERPRETATION SERVICES ARE AVAILABLE;  
SOLUTIONS TO DECREASE VIOLENCE AGAINST WOMEN AND GIRLS ARE FOUND WITHIN  
COMMUNITIES, FAMILIES AND CULTURAL GROUPS; TRAFFICKING OF WOMEN AND  
GIRLS IS ILLEGAL AND PROSTITUTION IS RECOGNIZED AS AN ACT OF VIOLENCE  
AGAINST WOMEN.

### 3. GUARANTEEING HEALTH & REPRODUCTIVE RIGHTS FOR WOMEN

VISION: WE ENVISION A TIME WHEN ALL WOMEN IN MINNESOTA WILL HAVE LOCAL,  
LEGAL, AFFORDABLE, SAFE AND COMPREHENSIVE HEALTH CARE.

OUTCOMES: UNIVERSAL, COMPREHENSIVE, HEALTH CARE COVERAGE; HEALTH POLICY  
AND PRACTICE ADEQUATELY MEET WOMEN'S AND GIRLS' HEALTH NEEDS, PROTECT  
WOMEN'S AND GIRLS' REPRODUCTIVE RIGHTS, AND PROVIDE COMPREHENSIVE  
SEXUALITY EDUCATION; DECREASED RATES OF TEEN PREGNANCY AMONG TEENS  
OVERALL, ESPECIALLY GIRLS OF COLOR; GENDER, RACE, PLACE AND EQUITY LENS  
IS APPLIED IN HEALTH RESEARCH AND DELIVERY; WOMEN'S HEALTH, WELLNESS  
AND PREVENTION ARE PROMOTED WITHIN HEALTH SYSTEMS AND COMMUNITIES.

### 4. EXPANDING WOMEN'S POLITICAL POWER

VISION: WOMEN WILL ENJOY EQUAL INFLUENCE AT ALL LEVELS OF GOVERNMENT,  
BRINGING NEW PERSPECTIVES AND EXPERTISE THAT ADVANCE EQUALITY AND  
JUSTICE.

OUTCOMES: INCREASED NUMBER OF WOMEN VOTERS; INCREASED REPRESENTATION OF  
WOMEN IN LOCAL, STATE AND NATIONAL OFFICE; MORE WOMEN ELECTED TO  
OFFICE; INCREASED PERCENTAGE OF COMPOSITION AND LEADERSHIP OF WOMEN ON  
LEGISLATIVE COMMITTEES.

IN FISCAL YEAR 2013, THE FOUNDATION AWARDED 20 MULTI-YEAR GRANTS AND  
TWO PLANNING GRANTS TOTALING \$295,000 THROUGH ITS SOCIAL CHANGE FUND.

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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THE GRANT PERIOD IS FEBRUARY 1, 2013 TO JANUARY 31, 2014. MULTI-YEAR GRANTS WILL BE RENEWED FOR UP TO THREE YEARS, BASED ON AN ANNUAL GRANT REVIEW AND APPROVAL OF PROGRESS TOWARDS GOALS. PLANNING GRANTS ARE LIMITED TO ONE YEAR.

GIRLSBEST (GIRLS BUILDING ECONOMIC SUCCESS TOGETHER) FUND  
IN 2002, THE FOUNDATION LAUNCHED THE GIRLSBEST INITIATIVE AS A KEY STRATEGY TO BOOST GIRLS' ECONOMIC FUTURES. BASED ON EXTANT RESEARCH AND A STATEWIDE LISTENING TOUR HELD IN 14 COMMUNITIES ACROSS THE STATE IN 2001, THE FOUNDATION LAUNCHED THE "FIRST-GENERATION" OF GIRLSBEST AS A FIVE-YEAR FUNDING INITIATIVE. BASED ON THE SUCCESS OF THE FIRST GENERATION OF GIRLSBEST PROGRAMMING, THE FOUNDATION CREATED A PERMANENTLY ENDOWED FUND FOR GIRLS IN 2007, THE FIRST OF ITS KIND IN THE NATION.

IN FISCAL YEAR 2013, THE FOUNDATION AWARDED \$182,500 IN GRANTS FOR A THIRD YEAR OF FUNDING TO 17 NONPROFIT ORGANIZATIONS THROUGH GIRLSBEST. THE GRANT PERIOD IS SEPTEMBER 1, 2012 TO AUGUST 31, 2013.

IN FISCAL YEAR 2013, THE FOUNDATION AWARDED \$77,900 IN PLANNING GRANTS TO 16 GROUPS THROUGH GIRLSBEST. THE GRANT PERIOD IS JANUARY 1, 2013 TO APRIL 30, 2013.

MN GIRLS ARE NOT FOR SALE FUND

MN GIRLS ARE NOT FOR SALE IS A FIVE YEAR, \$5 MILLION CAMPAIGN LAUNCHED BY THE WOMEN'S FOUNDATION OF MINNESOTA IN NOVEMBER 2011 TO GALVANIZE RESOURCES TO END THE SEX TRAFFICKING OF MINNESOTA GIRLS THROUGH GRANTMAKING, RESEARCH, PUBLIC EDUCATION AND CONVENING. THE CAMPAIGN HAS

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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## THREE GOALS:

GOAL 1: REDEFINE SEX TRAFFICKED GIRLS UNDER 18 AS VICTIMS OF A CRIME AND ENSURE ACCESS TO HOUSING AND TREATMENT.

## SOCIAL CHANGE OUTCOMES

\* LEGAL POLICY AND PRACTICE RECOGNIZE THAT GIRLS UNDER THE AGE OF 18 WHO HAVE BEEN PROSTITUTED ARE VICTIMS OF A CRIME.

\* APPROPRIATE SYSTEMIC RESPONSES AND FUNDING ARE IN PLACE TO LINK SEXUALLY EXPLOITED GIRLS WITH NEEDED SERVICES.

GOAL 2: DECREASE THE DEMAND THAT RESULTS IN THE SEX TRAFFICKING OF GIRLS.

## SOCIAL CHANGE OUTCOMES

\* ARRESTS, PROSECUTION, AND PENALTIES INCREASE FOR TRAFFICKERS AND ADULTS WHO BUY SEX WITH GIRLS.

\* LAW ENFORCEMENT, ATTORNEYS, AND JUDGES HAVE INCREASED AWARENESS AND TRAINING AND POLICIES TO END THE SEX TRAFFICKING OF GIRLS.

GOAL 3: RAISE AWARENESS AND ENGAGE THE PUBLIC UNTIL THERE IS ZERO TOLERANCE FOR THE PROSTITUTION OF GIRLS.

## SOCIAL CHANGE OUTCOMES

\* PUBLIC EDUCATION STRATEGIES AIMED AT YOUTH, MEN, AND THE BROADER COMMUNITY TO PREVENT THE SEX TRAFFICKING OF MINNESOTA GIRLS.

\* PUBLIC ACTIVISM RESULTS IN CHANGES TO LAWS, POLICIES, BUSINESS AND COMMUNITY PRACTICES THAT REDUCE THE SEX TRAFFICKING OF MINNESOTA GIRLS.

IN FISCAL YEAR 2013, THE WOMEN'S FOUNDATION AWARDED \$350,000 IN GRANTS TO NINE ORGANIZATIONS THROUGH MN GIRLS ARE NOT FOR SALE. THE GRANT



Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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PERIOD IS THROUGH JANUARY 31, 2014.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STATUS OF WOMEN & GIRLS IN MINNESOTA, AND GAIN COMMUNITY INPUT. THE COMMUNITIES INCLUDED DULUTH, GRAND RAPIDS, MARSHALL, MOORHEAD, ROCHESTER, WILLMAR, ST. CLOUD, AND THE TWIN CITIES.

THE NEW REPORT CAPTURES THE VOICES AND POLICY RECOMMENDATIONS OF THE COMMUNITY, NONPROFIT AND PUBLIC LEADERS WHO PARTICIPATED IN THE FOCUS GROUPS. THE DATA REPRESENTS PARTICIPANTS' PERCEPTIONS OF THE CHALLENGES GIRLS FACE IN THE STATE AND THE CHANGES NEEDED TO SECURE THEIR FUTURES.

LAUNCHED IN 2009, STATUS OF WOMEN & GIRLS IN MINNESOTA IS AN ONGOING RESEARCH PROJECT OF THE WOMEN'S FOUNDATION OF MINNESOTA AND THE UNIVERSITY OF MINNESOTA HUMPHREY SCHOOL'S CENTER ON WOMEN & PUBLIC POLICY. ANNUALLY, DATA SPECIFIC TO MINNESOTA WOMEN AND GIRLS IS GATHERED AND ANALYZED IN ECONOMICS, SAFETY, HEALTH, AND LEADERSHIP. THE PROJECT EXPANDS THE AVAILABLE DATA ON WOMEN AND GIRLS, PROVIDES ONGOING TREND ANALYSIS, RAISES PUBLIC AWARENESS, AND IMPROVES POLICY RESPONSES TO THE NEEDS OF WOMEN AND GIRLS IN MINNESOTA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CARLSON.

\* DONOR-CENTERED GRANTMAKING: RIPLEY MEMORIAL FOUNDATION AWARDED \$62,000 TO TWELVE NONPROFITS FOR ONE YEAR OF FUNDING.

\* GIVING CIRCLES: WOMEN OF INFLUENCE AWARDED \$27,000 TO SEVEN NONPROFITS

\* ENGAGED ONE PHILANTHROPY FELLOW, ONE REATHA CLARK KING FELLOW, AND

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
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TWO DIVERSITY INTERNS TO CREATE A PIPELINE OF LEADERSHIP OPPORTUNITIES FOR WOMEN OF COLOR IN PHILANTHROPY AND NONPROFITS.

\* BENEFITTED FROM THE GENEROSITY OF 39 VOLUNTEERS.

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE IS COMPRISED SOLELY OF THE OFFICERS OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS OF THIS FOUNDATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF TRUSTEES AND SUCH OTHER AUTHORITY AS IS DELEGATED BY THE BOARD OF TRUSTEES BY RESOLUTION. AS REQUIRED, THE EXECUTIVE COMMITTEE SHALL HAVE RESPONSIBILITY FOR OVERSEEING AND RESPONDING TO PERSONNEL MATTERS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 3: DURING PART OF FISCAL YEAR 2012, FINANCIAL MANAGEMENT DUTIES WERE DELEGATED TO AN INDEPENDENT CONSULTANT, RUDY BRYNOLFSON, WHO SERVED AS INTERIM FINANCE DIRECTOR ON A CONTRACT BASIS.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION'S AUDIT COMMITTEE WILL REVIEW AND RECOMMEND APPROVAL. EACH BOARD MEMBER WILL RECEIVE A COPY OF THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST FORM ANNUALLY. EXCEPT AS PERMITTED BY LAW, WITH RESPECT TO ANY CONTRACT OR OTHER TRANSACTION BETWEEN THE FOUNDATION AND ANY TRUSTEE (OR AN ORGANIZATION IN WHICH A TRUSTEE IS A TRUSTEE, OFFICER, OR LEGAL REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST), THE MATERIAL FACTS AS TO SUCH CONTRACT OR

Name of the organization WOMEN'S FOUNDATION OF MINNESOTA	Employer identification number 41-1635761
---	--

TRANSACTION AND AS TO THE TRUSTEE'S INTEREST MUST BE FULLY DISCLOSED OR KNOWN TO THE BOARD OF TRUSTEES PRIOR TO APPROVAL OF SUCH CONTRACT OR TRANSACTION, AND THE INTERESTED TRUSTEE MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AND MAY NOT VOTE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR ALL POSITIONS, INCLUDING THE CEO, IS DETERMINED ANNUALLY BASED ON DOCUMENTED PERFORMANCE REVIEWS AND CONSISTENT WITH PERIODIC COMPARABILITY STUDIES. DURING FISCAL YEAR 2013, THE FOUNDATION RETAINED AN OUTSIDE CONSULTANT TO REVIEW THE SALARY OF EACH POSITION COMPARED WITH OTHER NONPROFIT ORGANIZATIONS AND FOUNDATIONS OF COMPARABLE SIZE AND PURPOSE. CHANGES IN CEO COMPENSATION ARE RECOMMENDED BY THE CHAIR AND VICE CHAIR, REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.