

# Women's Foundation of Minnesota

*RETURN OF ORGANIZATION  
EXEMPT FROM INCOME TAX FORM*

*YEAR ENDED MARCH 31, 2015*

*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 private foundations)

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **APR 1, 2014** and ending **MAR 31, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55401</b>	<b>D</b> Employer identification number <b>41-1635761</b>  <b>E</b> Telephone number <b>612-337-5010</b>
<b>F</b> Name and address of principal officer: <b>LEE ROPER-BATKER</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>3,219,140.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates 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>Activities &amp; Governance</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>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>20</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>20</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>16</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>118</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">4,337,658.</td> <td style="text-align: right;">2,708,698.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">492,977.</td> <td style="text-align: right;">306,891.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">82,631.</td> <td style="text-align: right;">122,637.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">4,913,266.</td> <td style="text-align: right;">3,138,226.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	4,337,658.	2,708,698.	<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) .....	492,977.	306,891.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	82,631.	122,637.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	4,913,266.	3,138,226.							
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**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>LEE ROPER-BATKER, PRESIDENT/CEO</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>10/13/15</b>	Check if self-employed <input type="checkbox"/>	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</b> <b>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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO INVEST IN SOCIAL CHANGE TO ACHIEVE EQUALITY FOR ALL WOMEN AND GIRLS IN MINNESOTA.

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.

4a (Code: ) (Expenses \$ 2,218,502. including grants of \$ 1,422,999. ) (Revenue \$ 0. ) GRANTMAKING

THE WOMEN'S FOUNDATION OF MINNESOTA HAS THREE COMPETITIVE GRANTMAKING FUNDS: SOCIAL CHANGE FUND (SCF), GIRLSBEST (GIRLS BUILDING ECONOMIC SUCCESS TOGETHER) FUND, AND MN GIRLS ARE NOT FOR SALE. A COMMITMENT TO COMMUNITIES IN GREATER MINNESOTA AND A VALUE OF INCLUSIVITY ARE REFLECTED IN THE DEMOGRAPHICS OF ALL THREE OF THE FUNDS.

SOCIAL CHANGE FUND

THROUGH THIS FUND, THE FOUNDATION AWARDS GRANTS AND PROVIDES TECHNICAL ASSISTANCE TO NONPROFITS ACROSS THE STATE WORKING IN FOUR FOCUS AREAS: 1. CREATING ECONOMIC OPPORTUNITY FOR WOMEN

4b (Code: ) (Expenses \$ 334,656. including grants of \$ ) (Revenue \$ ) RESEARCH, EDUCATION, AND PUBLIC POLICY

STATUS OF WOMEN & GIRLS IN MINNESOTA

SINCE 1990, THE WOMEN'S FOUNDATION OF MINNESOTA HAS CONDUCTED RESEARCH TO INFORM ITS GRANTMAKING AND POLICY WORK. LAUNCHED IN 2009, STATUS OF WOMEN & GIRLS IN MINNESOTA IS AN ONGOING COLLABORATIVE RESEARCH PROJECT OF THE WOMEN'S FOUNDATION OF MINNESOTA AND THE UNIVERSITY OF MN 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 REPRESENTS A UNIQUE APPROACH TO RESEARCH BY USING A

4c (Code: ) (Expenses \$ 585,094. including grants of \$ 392,553. ) (Revenue \$ ) 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 AND/OR MAKING A PLANNED GIFT.

- CONVENED ANNUAL FUNDRAISING EVENT, THE STIR, WITH KEYNOTE CHERYL REEVE, HEAD COACH OF THE MINNESOTA LYNX.

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

4e Total program service expenses 3,138,252.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <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> .....	<b>4</b> X	
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b> X	
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 or note to any line 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.		
	<b>1a</b> 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 20		
<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>10b</b>			
<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>12c</b>		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?		
<b>16b</b>			

**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, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line 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			
(1) JEAN ADAMS CHAIR	3.00	X		X				0.	0.	0.
(2) JOANNE GREEN VICE CHAIR	2.00	X		X				0.	0.	0.
(3) SUSAN DENK TREASURER	2.00	X		X				0.	0.	0.
(4) MICHAEL RESNICK SECRETARY	2.00	X		X				0.	0.	0.
(5) TAWANNA BLACK TRUSTEE	2.00	X						0.	0.	0.
(6) CECILIA CERVANTES TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN CHOI TRUSTEE	1.00	X						0.	0.	0.
(8) JULIE CORTY TRUSTEE	1.00	X						0.	0.	0.
(9) PAULINE FOFANA TRUSTEE	2.00	X						0.	0.	0.
(10) KATHARINE HULL TRUSTEE	1.00	X						0.	0.	0.
(11) KATHARINE KELLY TRUSTEE	1.00	X						0.	0.	0.
(12) JUNE LA VALLEUR TRUSTEE	1.00	X						0.	0.	0.
(13) VICTORIA MCWANE-CREEK TRUSTEE	2.00	X						0.	0.	0.
(14) ELIZABETH OLSON TRUSTEE	2.00	X						0.	0.	0.
(15) ASHLEY RAJARATNAM TRUSTEE	1.00	X						0.	0.	0.
(16) LUCY ROGERS TRUSTEE	2.00	X						0.	0.	0.
(17) RODERIC SOUTHALL TRUSTEE	2.00	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			
(18) APRIL SUTOR TRUSTEE	1.00	X						0.	0.	0.
(19) ROSA TOCK TRUSTEE	1.00	X						0.	0.	0.
(20) VICKI WHITE TRUSTEE	2.00	X						0.	0.	0.
(21) LEE ROPER-BATKER PRESIDENT/CEO	55.00			X				221,821.	0.	22,107.
(22) HEIDI WALSH DIR. FINANCE AND HUMAN CAPITAL	45.00			X				62,895.	0.	3,145.
(23) TERRY WILLIAMS VICE PRESIDENT	45.00					X		125,827.	0.	17,307.
<b>1b Sub-total</b>								410,543.	0.	42,559.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								410,543.	0.	42,559.

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 or note to any line 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 - 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>	98,331.				
	<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>	2,610,367.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		153,765.				
	<b>h Total.</b> Add lines 1a-1f .....		2,708,698.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<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) .....			303,891.			303,891.
	<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) .....			3,000.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 98,331. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		198,550.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	80,914.			
		<b>c</b> Net income or (loss) from fundraising events .....			117,636.		
	<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 .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....		900099		5,001.			5,001.
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....				5,001.			
<b>12 Total revenue.</b> See instructions. ....				3,138,226.	0.	0.	429,528.

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	1,794,552.	1,794,552.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,000.	21,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	288,227.	146,368.	139,727.	2,132.
<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	733,667.	607,911.	122,630.	3,126.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,255.	39,913.	8,342.	
<b>9</b> Other employee benefits	64,056.	56,339.	7,717.	
<b>10</b> Payroll taxes	76,146.	57,306.	18,517.	323.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	6,124.	436.	5,688.	
<b>c</b> Accounting	17,175.		17,175.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	323,719.	179,296.	140,827.	3,596.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	60,439.	36,540.	21,076.	2,823.
<b>14</b> Information technology	24,063.	16,719.	7,344.	
<b>15</b> Royalties				
<b>16</b> Occupancy	142,752.	99,185.	43,567.	
<b>17</b> Travel	33,972.	20,515.	13,338.	119.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	84,191.		18,612.	65,579.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	51,409.	36,177.	15,232.	
<b>23</b> Insurance	7,994.	5,554.	2,440.	
<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> <b>EQUIPMENT</b>	30,135.	16,439.	7,221.	6,475.
<b>b</b> <b>SALE/TRANSFER FEES</b>	3,018.	1,057.	1,961.	
<b>c</b> <b>MEMBERSHIP/DUES</b>	2,968.	2,297.	671.	
<b>d</b> <b>SUBSCRIPTIONS</b>	771.	648.	123.	
<b>e</b> All other expenses	25.		25.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,814,658.	3,138,252.	592,233.	84,173.
<b>26</b> <b>Joint costs.</b> 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 or note to any line 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 .....	3,816,612.	<b>2</b>	3,871,125.
	<b>3</b> Pledges and grants receivable, net .....	971,965.	<b>3</b>	806,016.
	<b>4</b> Accounts receivable, net .....	9,438.	<b>4</b>	10,938.
	<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 .....	54,847.	<b>9</b>	56,784.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 450,775.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 244,460.	236,997.	<b>10c</b> 206,315.
	<b>11</b> Investments - publicly traded securities .....	17,822,443.	<b>11</b>	19,144,597.
	<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 .....	600,000.	<b>13</b>	600,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	19,557.	<b>15</b>	-106,122.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,531,859.	<b>16</b>	24,589,653.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	184,194.	<b>17</b>	199,673.
	<b>18</b> Grants payable .....	220,000.	<b>18</b>	540,000.
	<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 .....	404,194.	<b>26</b>	739,673.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	821,750.	<b>27</b>	1,203,687.
	<b>28</b> Temporarily restricted net assets .....	8,271,160.	<b>28</b>	8,537,376.
	<b>29</b> Permanently restricted net assets .....	14,034,755.	<b>29</b>	14,108,917.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 .....	23,127,665.	<b>33</b>	23,849,980.
	<b>34</b> Total liabilities and net assets/fund balances .....	23,531,859.	<b>34</b>	24,589,653.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,138,226.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,814,658.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-676,432.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,127,665.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,398,747.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	23,849,980.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>b</b>	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	
<b>c</b>	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	
<b>3a</b>	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
<b>b</b>	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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1624255.	3880826.	2256174.	4337658.	2708698.	14807611.
<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 .....	1624255.	3880826.	2256174.	4337658.	2708698.	14807611.
<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) .....						3337471.
<b>6 Public support.</b> Subtract line 5 from line 4.						11470140.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	1624255.	3880826.	2256174.	4337658.	2708698.	14807611.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	274,507.	342,929.	562,114.	375,286.	360,719.	1915555.
<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 VI.) .....	1,880.	5,795.	15,712.	201.	5,001.	28,589.
<b>11 Total support.</b> Add lines 7 through 10						16751755.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	743,082.
<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 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.47 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	65.01 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 VI 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 - 2013.</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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) .....						
<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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 .....



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>202,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>801,028.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>103,838.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>138,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/>	\$ 401,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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
5	STOCK _____ _____ _____	\$ 74,310.	03/26/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>WOMEN ' S FOUNDATION OF MINNESOTA</b>	Employer identification number  <b>41-1635761</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. 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>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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) 2014

**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>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	0.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	92,662.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	92,662.													
<b>d</b>	Other exempt purpose expenditures .....	3,045,590.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	3,138,252.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	306,913.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) .....	76,728.													
<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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	276,450.	284,982.	293,802.	306,913.	1,162,147.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,743,221.
<b>c</b> Total lobbying expenditures	89,408.	122,578.	138,428.	92,662.	443,076.
<b>d</b> Grassroots nontaxable amount	69,113.	71,246.	73,451.	76,728.	290,538.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					435,807.
<b>f</b> Grassroots lobbying expenditures	25,000.	14,078.	34,855.		73,933.

**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 ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<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**

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, lines 1 and 2 (see instructions); 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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 .....	36	1
2 Aggregate value of contributions to (during year) .....	1,067,323.	19,000.
3 Aggregate value of grants from (during year) .....	370,753.	20,000.
4 Aggregate value at end of year .....	5,729,736.	1,083.

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?  Yes  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?  Yes  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 a 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) Revenue 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 Revenue 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, for escrow or custodial account liability?  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	18,619,446.	17,376,743.	16,151,378.	16,319,446.	15,917,597.
b Contributions	999,451.	83,755.	608,602.	690,796.	114,938.
c Net investment earnings, gains, and losses	1,707,155.	2,239,300.	1,238,505.	-139,014.	1,234,291.
d Grants or scholarships	286,553.	269,061.	306,709.	164,073.	164,000.
e Other expenditures for facilities and programs	1,179,000.	756,000.	264,422.	512,819.	738,628.
f Administrative expenses	67,406.	55,291.	50,611.	42,958.	44,752.
g End of year balance	19,793,093.	18,619,446.	17,376,743.	16,151,378.	16,319,446.

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

- a Board designated or quasi-endowment  3.80 %
- b Permanent endowment  71.30 %
- c Temporarily restricted endowment  24.90 %

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		30,903.	979.	29,924.
d Equipment		419,872.	243,481.	176,391.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				206,315.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,536,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,398,747.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,398,747.	
3	Subtract line 2e from line 1	3	3,138,226.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,138,226.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,814,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	3,814,658.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,814,658.	

**Part XIII Supplemental Information.**

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 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

**Part XIII** Supplemental Information (continued)

FOUNDATION 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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

**2014**

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT	GENERAL OPERATING	6,000.
SUB-SAHARAN AFRICA	0	0	GRANT	GENERAL OPERATING	15,000.
<b>3 a</b> Sub-total .....	0	0			21,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,000.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL OPERATING	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GENERAL OPERATING	15,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **2**

3 Enter total number of other organizations or entities ..... **0**

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

PRIOR TO AWARDING FUNDS TO AN OVERSEAS GRANTEE, THE WOMEN'S FOUNDATION OF MINNESOTA REQUIRES AN INTERNATIONAL GRANTEE REPRESENTATION FORM AS PART OF THE GRANT AGREEMENT LETTER, WHICH INDICATES THE USE FOR WHICH THE FUNDS ARE INTENDED AND INCLUDES A CLAUSE THAT DICTATES FUNDS TO BE RETURNED IF NOT USED FOR THEIR INTENDED PURPOSE.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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

b  Internet and email solicitations

c  Phone solicitations

d  In-person solicitations

e  Solicitation of non-government grants

f  Solicitation of government grants

g  Special fundraising events

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			

**Total** .....

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.

\_\_\_\_\_

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**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 (add col. (a) through col. (c))
		<b>THE STIR</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	296,881.			296,881.
	<b>2</b> Less: Contributions .....	98,331.			98,331.
	<b>3</b> Gross income (line 1 minus line 2) .....	198,550.			198,550.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	35,010.			35,010.
	<b>7</b> Food and beverages .....	31,041.			31,041.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	14,863.			14,863.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				80,914.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				117,636.	

**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. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct 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 conduct 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 conducted 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.** 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 provide any additional information (see instructions).



**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**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 Domestic Organizations and Domestic Governments.** 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
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY N. ST. PAUL, MN 55104	41-0693889	501C(3)	50,000.	0.			AS A GRANT TO THE STATE OF MN
ANNEX TEEN CLINIC 5810 42ND AVENUE N ROBBINSDALE, MN 55422	23-7236943	501C(3)	5,150.	0.			SUPPORT HEALTH EDUCATION PROGRAMS FOR NORTH MINNEAPOLIS AND NORTHWEST-HENNEPIN COUNTY
ARROWHEAD ECONOMIC OPPORTUNITY AGENCY (AEOA) - 702 3RD AVENUE SOUTH - VIRGINIA, MN 55792	41-6052144	501C(3)	59,500.	0.			AMERICAN INDIAN AND RURAL WOMEN'S LEADERSHIP PROJECT TO CONFRONT AND EFFECTIVELY CHALLENGE THE
ASIAN ECONOMIC DEVELOPMENT ASSOCIATION - 377 UNIVERSITY AVENUE W, SUITE D - ST. PAUL, MN 55103	41-1911474	501C(3)	15,000.	0.			TO INCREASE AND SUPPORT THE LEADERSHIP OF ASIAN WOMEN BUSINESS OWNERS AND MANAGERS BY PROVIDING
AUGSBURG COLLEGE - MN URBAN DEBATE LEAGUE - 2211 RIVERSIDE AVE. CB #216 - MINNEAPOLIS, MN 55454	41-0694721	501C(3)	18,100.	0.			EMPOWERING STUDENTS TO BECOME ENGAGED LEARNERS, CRITICAL THINKERS, AND ACTIVE CITIZENS WHO ARE
BAGOSENDAAN 2476 230TH STREET MAHNOMEN, MN 56557	20-0990599	501C(3)	13,500.	0.			THIS IS FOR BAGOSENDAAN.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **74.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

**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
BOLDER GIVING 25 BROADWAY, 9TH FLOOR NEW YORK, NY 10004	57-1190359	501C(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BREAKING FREE, INC. 770 UNIVERSITY AVENUE W. ST. PAUL, MN 55104	41-1856806	501C(3)	15,000.	0.			GENERAL OPERATING SUPPORT. BREAKING FREE SERVES WOMEN AND GIRLS INVOLVED IN SYSTEMS OF
CASA DE ESPERANZA P.O. BOX 40115 ST. PAUL, MN 55104	414114710	501C(3)	18,000.	0.			ENSURE THE IMPACT OF TRAFFICKING AND SEXUAL EXPLOITATION OF YOUNG LATINAS IS BETTER
CASA GUADALUPE MULTICULTURAL COMMUNITIES - 22 5TH AVENUE NORTH - COLD SPRING, MN 56320	27-3671916	501C(3)	16,000.	0.			LA POTENCIA LATINA: ACADEMIC AND CAREER EMPOWERMENT (PLACE)
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-1290349	501C(3)	9,000.	0.			TO SUPPORT AND DEVELOP SYSTEMS AND EVALUATION PRACTICES - DEVELOPMENT OF LOGIC MODEL, WORK
CITY OF MANKATO 10 CIVIC CENTER PLAZA MANKATO, MN 56001	41-6005344	GOVERNMENT	40,000.	0.			TO PROVIDE RESOURCES IN SUPPORT OF STINGS LEADING TO INCREASED ARRESTS AND PROSECUTION USING A
CITY OF MINNEAPOLIS 350 S 5TH ST RM 325 MINNEAPOLIS, MN 55415	41-6005375	GOVERNMENT	25,000.	0.			TO CONDUCT TRAINING ON INTERNET CRIMES AND DATA MINING AND PROVIDE TECHNICAL SUPPORT TO
CITY OF WAITE PARK 19 THIRTEENTH AVE N WAITE PARK, MN 56387	41-6005608	GOVERNMENT	40,000.	0.			TO INITIATE A REGIONAL INVESTIGATIVE "TEAM" CONCEPT INCLUDING A MULTI-CITY COLLABORATION
COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET, SUITE 102 DULUTH, MN 55806	41-1410670	501C(3)	15,000.	0.			TO IMPLEMENT THE GETTING AHEAD PROGRAM - A 10-WEEK ECONOMIC JUSTICE LEADERSHIP PROGRAM WHICH

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
COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC. - 797 EAST 7TH STREET - SAINT PAUL, MN 55106	41-1386986	501C(3)	15,000.	0.			TO DEVELOP AND IMPLEMENT A FINANCIAL EMPOWERMENT PROGRAM TO EDUCATE SURVIVORS OF DOMESTIC
DAKOTA WICOHAN PO BOX 2 280 NORTH CENTENNIAL DRIVE MORTON, MN 56270	42-1552956	501C(3)	16,000.	0.			"A PEER LEADERSHIP PROJECT THAT PROMOTES THE LEADERSHIP AND ECONOMIC CAPACITY OF YOUNG NATIVE
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 55403	41-0693856	501C(3)	100,500.	0.			WOMEN IN TECHNICAL CAREERS PROGRAM
EVERYDAY MIRACLES, INC 1121 JACKSON STREET NE #121 MINNEAPOLIS, MN 55413	13-4253358	501C(3)	15,000.	0.			TO PROVIDE PROGRAM SUPPORT FOR ISIS RISING, A PRISON-BASED PREGNANCY, BIRTH AND PARENTING
FACE TO FACE HEALTH & COUNSELING, INC. - 1165 ARCADE STREET - ST. PAUL, MN 55106	41-0986780	501C(3)	6,500.	0.			ACE TO FACE HEALTH AND COUNSELING SERVICE, INC. WOULD LIKE TO DEVELOP A PROGRAM CALLED "B FREE."
FAMILY TREE CLINIC 1619 DAYTON AVE #205 ST PAUL, MN 55104	23-7133742	501C(3)	5,150.	0.			SUPPORT HEALTH EDUCATION PROGRAMS FOR NORTH MINNEAPOLIS AND NOTHWEST-HENNEPIN COUNTY
GENDER JUSTICE 550 RICE STREET, SUITE 105 SAINT PAUL, MN 55103	80-0603630	501C(3)	10,000.	0.			TO SUPPORT GENDER JUSTICE ROLE AS ONE OF THE FOUR LEAD ORGANIZATIONS IN THE
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS - 400 ROBERT STREET SOUTH - SAINT PAUL, MN 55107	41-0693910	501C(3)	27,000.	0.			PROGRAM WILL BE DELIVERED IN PARTNERSHIP WITH EDGE (ENRICHMENT DIRECTED TOWARDS GAINING AND
GREATER MINNEAPOLIS COUNCIL OF CHURCHES - 1001 E LAKE STREET PO BOX 7509 - MINNEAPOLIS, MN 55407-0509	41-0693933	501C(3)	6,000.	0.			TO SUPPORT LIVE IT! WHICH PROVIDES FACILITATOR TRAININGS TO THE STAFF OF RESERVATION AND URBAN

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
GREEN SCHOOLS ALLIANCE, INC. 900 PARK AVENUE #18E NEW YORK, NY 10075	13-3831327	501C(3)	30,000.	0.			GENERAL OPERATING
GROUNDSPARK, INC. 2180 BRYANT STREET SUITE 203 SAN FRANCISCO, CA 94110	83-0498854	501C(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HENNEPIN COUNTY, COUNTY ADMINISTRATION - 300 SOUTH SIXTH STREET - MINNEAPOLIS, MN 55487	41-1422825	GOVERNMENT	20,000.	0.			TO SUPPORT A CRIMINAL INFORMATION SHARING ANALYST TO ANALYZE HENNEPIN COUNTY DATA AND
HMONG AMERICAN PARTNERSHIP 1075 ARCADE STREET SAINT PAUL, MN 55106-3213	41-1667580	501C(3)	36,000.	0.			PROVIDE GIRLS WITH THE OPPORTUNITY TO CONNECT WITH A PROFESSIONAL ADULT HMONG WOMAN AND DEVELOP A
JEREMIAH PROGRAM 1510 LAUREL AVENUE STE 100 MINNEAPOLIS, MN 55403-1244	41-1801834	501C(3)	15,000.	0.			TO DEVELOP AN ADVOCACY PROGRAM TO BUILD KNOWLEDGE AND SKILLS TO BECOME ACTIVE CITIZENS
KWANZAA COMMUNITY CHURCH, PCUSA 2100 EMERSON AVENUE NORTH MPLS, MN 55411	27-0031853	501C(3)	15,000.	0.			GENERAL OPERATING SUPPORT. KWANZAA COMMUNITY CHURCH'S NORTHSIDE WOMEN'S SPACE
LAKE SUPERIOR SCHOOLS 1640 HIGHWAY 2 #200 TWO HARBORS, MN 55616-4017	41-6001896	501C(3)	17,000.	0.			LSSD GIRLSBEST
LATINO ECONOMIC DEVELOPMENT CENTER 1501 E LAKE STREET, LOWER LEVEL MINNEAPOLIS, MN 55407	51-0467167	501C(3)	15,000.	0.			TO INVOLVE MORE WOMEN IN ITS MICRO ENTREPRENEURSHIP TRAININGS ANF TO EXPOSE
LEGAL SERVICES OF NORTHWEST MINNESOTA - 1015 7TH AVENUE N - MOORHEAD, MN 56560	41-1291705	501C(3)	15,000.	0.			TO BROADEN EMPLOYMENT ACCESS, ENHANCE ECONOMIC OPPORTUNITY, AND ADDRESS NEEDS OF WOMEN IN

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
LIFE-WORK PLANNING CENTER 201 BROAD STREET NORTH #100 MANKATO, MN 56001	41-1357220	501C(3)	13,500.	0.			PROJECT SUCCEED
LUTHERAN SOCIAL SERVICE OF MINNESOTA-ST. PAUL - 2485 COMO AVENUE - ST. PAUL, MN 55108	41-0872993	501C(3)	8,000.	0.			TEEN PREGNANCY PREVENTION
MEN AS PEACEMAKERS 205 WEST 2ND STREET, SUITE 15 DULUTH, MN 55802	41-2841689	501C(3)	81,000.	0.			EXPANDING THE MEN AGAINST SEX TRAFFICKING/ENDING THE DEMAND MODEL
MENDING THE SACRED HOOP 202 WEST 2ND STREET DULUTH, MN 55802	61-1520024	501C(3)	6,265.	0.			GATHERING OUR STORIES: THE PROSTITUTION AND TRAFFICKING OF NATIVE WOMEN ON THE DULUTH SHIPS
MINNESOTA AFRICAN WOMEN'S ASSOCIATION (MAWA) - 3300 COUNTY ROAD 10, SUITE 510 - BROOKLYN CENTER, MN 55429	481259139	501C(3)	24,000.	0.			AMAKOLO YOUTH POWER PREGNANCY PREVENTION PROJECT
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVENUE S - MINNEAPOLIS, MN 55404	41-1500950	501C(3)	35,000.	0.			GENERAL OPERATING SUPPORT. MIWRC ADDRESSES SYSTEMIC GENDER INEQUITIES ACROSS
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST. PAUL, MN 55101-2230	41-0953924	501C(3)	52,000.	0.			52-WEEK SPONSORSHIP PACKAGE ON THE STATEWIDE NEWS NETWORK, AND ONLINE, IN-STEAM SPOTS
NEW HORIZONS CRISIS CENTER 109 5TH STREET S MARSHALL, MN 56258	41-1404769	501C(3)	13,500.	0.			RELATIONSHIP SERIES PROGRAM
NONVIOLENT PEACEFORCE 425 OAK GROVE STREET MINNEAPOLIS, MN 55403	35-2197019	501C(3)	25,000.	0.			GENERAL OPERATING FUNDS

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
NORTH SHORE HORIZONS PO BOX 206 127 7TH STREET TWO HARBORS, MN 55616	41-1451736	501C(3)	17,000.	0.			TO ENHANCE WOMEN AND GIRLS' CRIME VICTIM RIGHTS IN LAKE COUNTY, MINNESOTA, NORTH SHORE
NORTHWEST TECHNICAL 905 GRANT AVE SE BEMIDJI, MN 56601	20-1967120	501C(3)	100,000.	0.			CODING THE PATH FROM POVERTY TO HOPE
OUT FRONT MINNESOTA 310 38TH STREET E #204 MINNEAPOLIS, MN 55409	36-3550489	501C(3)	15,000.	0.			TO IDENTIFY AND DEVELOP LEADERS WITHIN THE LESBIAN, BISEXUAL, AND TRANSGENDER WOMEN OF
PEACEMAKER RESOURCES 3124 HANNAH AVENUE BEMIDJI, MN 56601	45-0507287	501C(3)	13,500.	0.			GIRLS LEAD
PILLSBURY UNITED COMMUNITIES 1701 OAK PARK AVENUE N MINNEAPOLIS, MN 55411	410916478	501C(3)	13,500.	0.			THE SISTERHOOD OF THE TRAVELING SCARF
PLANNED PARENTHOOD OF MINNESOTA- NORTH DAKOTA- SOUTH DAKOTA - 671 VANDALIA STREET - ST. PAUL, MN 55114	410948382	501C(3)	25,000.	0.			TO THE TOM WEBBER ADVOCACY FUND- IN CELEBRATION OF TOM WEBER
PLYMOUTH CHRISTIAN YOUTH CENTER 2210 OLIVER AVENUE N MINNEAPOLIS, MN 55411	41-0794440	501C(3)	8,000.	0.			IN RENEWED SUPPORT FOR FIRST THINGS FIRST, A COMPREHENSIVE APPROACH TO TEEN PREGNANCY PREVENTION
PRO-CHOICE RESOURCES 250 3RD AVENUE N STE 625 MINNEAPOLIS, MN 55401-1677	410971333	501C(3)	47,000.	0.			RESTRICTED TO THE PURPOSES OF MATCHING GIFT
PROJECT FINE 202 WEST THIRD ST WINONA, MN 55987	41-1883675	501C(3)	13,500.	0.			THE GRAB (GIRLS REACHING ABOVE AND BEYOND) PROGRAM

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
REGENTS OF THE UNIVERSITY OF MINNESOTA - 301 19TH AVENUE SOUTH - MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENT	50,000.	0.			FOR CENTER FOR WOMEN AND PUBLIC POLICY
RESOURCE, INC. 1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41-0828779	501C(3)	8,000.	0.			SUPPORT "BRIGHT FUTURES" TO DECREASE REPEAT PREGNANCY RATE AND INCREASE EDUCATION
SOUTHSIDE FAMILY CHARTER 4500 CLINTON AVENUE S MINNEAPOLIS, MN 55419	41-1253375	501C(3)	18,000.	0.			GENERAL OPERATING
THE ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE S #800 MINNEAPOLIS, MN 55401	36-3292374	501C(3)	6,500.	0.			YES MEANS YES CAMPAIGN TO CONTINUE WORK
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	41-0693858	501C(3)	50,000.	0.			PROVIDING POLICY AND ADVOCACY LEADERSHIP IN THE FUNDING AND
THE LINK 1210 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41-1920649	501C(3)	35,000.	0.			DEVELOP SHELTER, HOUSING, AND TRAUMA-BASED THERAPY SERVICES; SURVIVOR MENTORING; EDUCATIONAL
THE MINNEAPOLIS FOUNDATION 80 8TH STREET S STE 800 MINNEAPOLIS, MN 55402-2100	41-6029402	501C(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE TANDEM PROJECT 2871 HUMBOLDT AVENUE S #32 MINNEAPOLIS, MN 55408	36-3428683	501C(3)	8,000.	0.			GENERAL OPERATING
TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129-0903	51-0198509	501C(3)	10,000.	0.			VOTE RUN LEAD

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
TRUECHILD 1434 T STREET NW WASHINGTON, DC 20009	13-4087914	501C(3)	80,000.	0.			GENERAL OPERATING
VOTERUNLEAD 1103 MISSOURI AVENUE DULUTH, MN 55811	46-4285577	501C(3)	6,000.	0.			GENERAL OPERATING
WAND EDUCATION FUND, INC 691 MASSACHUSETTS AVE. ARLINGTON, MA 02476	04-2751387	501C(3)	15,000.	0.			TO SUPPORT A COMPREHENSIVE, MULTI-YEAR PROGRAM TO BUILD THE LEADERSHIP AND
WASHINGTON AREA WOMEN'S FOUNDATION 1331 H STREET, NW, SUITE 1000 WASHINGTON, DC 20005	52-2028612	501C(3)	10,000.	0.			FOR PROSPERITY TOGETHER INITIATIVE
WE WIN INSTITUTE 3805 3RD AVENUE S MINNEAPOLIS, MN 55409	41-1820991	501C(3)	15,000.	0.			THE WOMEN OF DISTINCTION PROGRAM
WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ STREET - ST. PAUL, MN 55107	23-7156236	501C(3)	8,000.	0.			SUPPORT 'HEALTH START' A SCHOOL-BASED CLINIC THAT PROVIDES CONTRACEPTIVE CARE TO NINE HIGH SCHOOL
WESTERN COMMUNITY ACTION, INC. 1400 SOUTH SARATOGA MARSHALL, MN 56258	41-0888137	501C(3)	13,500.	0.			THE GENERATION NEXT II: BUILDING YOUNG WOMEN OF EXCELLENCE PROGRAM
WILLMAR PUBLIC SCHOOL DISTRICT JEFFERSON LEARNING CENTER, 1234 KANDIYOHI AVE. S.W., - WILLMAR, MN 56201	41-1696391	GOVERNMENT	13,500.	0.			THE GIRL TALK PROGRAM
WOMEN'S FUNDING NETWORK 505 SANSOME STREET SECOND FLOOR SAN FRANCISCO, CA 94111	41-1685134	501C(3)	25,000.	0.			TO FUND PROFESSIONAL DEVELOPMENT FOR THE CEO

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
WOMEN'S HEALTH CENTER OF DULUTH, P.A. - 32 E 1ST STREET, SUITE 300 - DULUTH, MN 55802	41-1444270	501C(3)	20,000.	0.			HOT DISH MILITIA'S ABORTION ACCESS FUND
WOMEN'S INITIATIVE FOR SELF EMPOWERMENT - 570 ASBURY STREET STE 202 - SAINT PAUL, MN 55104	41-1791358	501C(3)	13,500.	0.			THE GIRLS GETTING AHEAD IN LEADERSHIP (GGAL) PROGRAM
YWCA OF MANKATO 500 S BROAD ST MANKATO, MN 56001	41-0711619	501C(3)	10,000.	0.			SURGE!
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	410693891	501C(3)	17,500.	0.			TO CONDUCT RESEARCH ON THE INTERSECTION OF RACIAL EQUITY AND EARLY EDUCATION AND SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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):

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: ANNEX TEEN CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT HEALTH EDUCATION PROGRAMS FOR NORTH MINNEAPOLIS AND NOTHWEST-HENNEPIN COUNTY TO PREVENT TEEN PREGANANCY

NAME OF ORGANIZATION OR GOVERNMENT:

ARROWHEAD ECONOMIC OPPORTUNITY AGENCY (AEOA)

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN INDIAN AND RURAL WOMEN'S LEADERSHIP PROJECT TO CONFRONT AND EFFECTIVELY CHALLENGE THE CULTURAL CONTEXT OF POLITICAL LEADERSHIP BY PROVIDING PRACTICAL SKILLS, SUPPORT, ON-GOING RELATIONSHIPS, AND TRAINING FOR AMERICAN INDIAN AND RURAL WOMEN

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:

AUGSBURG COLLEGE - MN URBAN DEBATE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWERING STUDENTS TO BECOME ENGAGED LEARNERS, CRITICAL THINKERS, AND ACTIVE CITIZENS WHO ARE EFFECTIVE ADVOCATES FOR THEMSELVES AND THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: BREAKING FREE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT. BREAKING FREE SERVES WOMEN AND GIRLS INVOLVED IN SYSTEMS OF COMMERCIAL SEXUAL EXPLOITATION AND SEX TRAFFICKING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CASA DE ESPERANZA

(H) PURPOSE OF GRANT OR ASSISTANCE: ENSURE THE IMPACT OF TRAFFICKING AND SEXUAL EXPLOITATION OF YOUNG LATINAS IS BETTER UNDERSTOOD AND ADDRESSED. BUILD ORGANIZATIONAL CAPACITY, AND CAPACITY OF OTHER AGENCIES. PROVIDE CULTURALLY SPECIFIC RESOURCES, TRAINING, AND ENSURE RESOURCES ARE RELEVANT

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO CULTERAL 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.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MANKATO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESOURCES IN SUPPORT OF STINGS LEADING TO INCREASED ARRESTS AND PROSECUTION USING A VICTIM CENTERED APPROACH TO END DEMAND. EFFORTS WOULD ENTAIL PERSONNEL AND EQUIPMENT FOR UNDERCOVER OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT TRAINING ON INTERNET CRIMES AND DATA MINING AND PROVIDE TECHNICAL SUPPORT TO AGENCIES AROUND THE METRO AREA, THE STATE AND THE UPPER MIDWEST REGION.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF WAITE PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INITIATE A REGIONAL INVESTIGATIVE "TEAM" CONCEPT INCLUDING A MULTI-CITY COLLABORATION FOR THE CENTRAL MN SEX TRAFFICKING TASK FORCE ALLOWING THE TASK FORCE TO PRIORITIZE

**Part IV** Supplemental Information

SEX-TRAFFICKING OPERATIONS, PURCHASE EQUIPMENT, AND TRAIN OFFICERS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION DULUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT THE GETTING AHEAD PROGRAM - A 10-WEEK ECONOMIC JUSTICE LEADERSHIP PROGRAM WHICH EMPOWERS PARTICIPANTS TO UNDERSTAND ISSUES OF POVERTY AND OVERCOME BARRIERS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.

(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: DAKOTA WICOHAN

(H) PURPOSE OF GRANT OR ASSISTANCE: "A PEER LEADERSHIP PROJECT THAT PROMOTES THE LEADERSHIP AND ECONOMIC CAPACITY OF YOUNG NATIVE AMERICAN WOMEN THROUGH CULTURALLY RELEVANT MENTORING, WITH AN ACADEMIC AND COMMUNITY FOCUS.

NAME OF ORGANIZATION OR GOVERNMENT: EVERYDAY MIRACLES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROGRAM SUPPORT FOR ISIS RISING, A PRISON-BASED PREGNANCY, BIRTH AND PARENTING PROJECT FOR WOMEN PRISONERS AT THE SHAKOPEE WOMEN'S PRISON TO IMPROVE MATERNAL AND HEALTH OUTCOMES IN THE CONTEXT OF INCARCERATION AND TO SUPPORT ITS ADVOCACY EFFORT

NAME OF ORGANIZATION OR GOVERNMENT:

FACE TO FACE HEALTH & COUNSELING, INC.



**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: ACE TO FACE HEALTH AND COUNSELING SERVICE, INC. WOULD LIKE TO DEVELOP A PROGRAM CALLED "B FREE." THIS PROGRAM WOULD PROVIDE A YEAR'S WORTH OF BIRTH CONTROL FOR 55 OF OUR UNINSURED ADOLESCENT CLIENTS WHO ARE AT HIGH RISK FOR TEEN PREGNANCY.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY TREE CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT HEALTH EDUCATION PROGRAMS FOR NORTH MINNEAPOLIS AND NOTHWEST-HENNEPIN COUNTY TO PREVENT TEEN PREGANANCY

NAME OF ORGANIZATION OR GOVERNMENT: GENDER JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENDER JUSTICE® ROLE AS ONE OF THE FOUR LEAD ORGANIZATIONS IN THE WOMEN® ECONOMIC SECURITY COALITION (®ESCC®) AND TO ADVANCE THE WOMEN® ECONOMIC SECURITY POLICY AGENDA.

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM WILL BE DELIVERED IN PARTNERSHIP WITH EDGE (ENRICHMENT DIRECTED TOWARDS GAINING AND EXTENDING KNOWLEDGE), THE AFTER-SCHOOL PROGRAM AT WORTHINGTON MIDDLE SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER MINNEAPOLIS COUNCIL OF CHURCHES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LIVE IT! WHICH PROVIDES FACILITATOR TRAININGS TO THE STAFF OF RESERVATION AND URBAN YOUTH SERVING PROGRAMS WITH HOLISTIC INDIGENOUS SPECIFIC CURRICULUM DEVELOPED AND DESIGNED BY THE DIVISION OF INDIAN WORK

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

HENNEPIN COUNTY, COUNTY ADMINISTRATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A CRIMINAL INFORMATION SHARING ANALYST TO ANALYZE HENNEPIN COUNTY DATA AND LINK WITH OTHER INVESTIGATIONS; TO CONTINUE AND EXPAND SCOPE OF JUVENILE SEX TRAFFICKING WORK BY SHARING INFORMATION ACROSS THE SEVEN-COUNTY REGION.

NAME OF ORGANIZATION OR GOVERNMENT: HMONG AMERICAN PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE GIRLS WITH THE OPPORTUNITY TO CONNECT WITH A PROFESSIONAL ADULT HMONG WOMAN AND DEVELOP A MENTOR/MENTEE RELATIONSHIP OVER THE COURSE OF A YEAR.

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 WITHING THE SCHOOL SYSTEMS, HEALTH CARE SYSTEMS, AND IN PUBLIC ARENAS FOCUSED ON ECONOMIC ISSUES AND CREATING CHANGE

NAME OF ORGANIZATION OR GOVERNMENT: KWANZAA COMMUNITY CHURCH, PCUSA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT. KWANZAA COMMUNITY CHURCH'S NORTHSIDE WOMEN'S SPACE PROVIDES A SAFE PLACE WHERE GIRLS AND WOMEN WHO HAVE BEEN EXPLOITED BY SEX TRAFFICKING AND THE SEX TRADE CAN FIND REST, A PLACE TO THINK, AND CONNECTIONS TO SERVICES AND SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LATINO ECONOMIC DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INVOLVE MORE WOMEN IN ITS MICRO

**Part IV** Supplemental Information

ENTREPRENEURSHIP TRAININGS ANF TO EXPOSE LATINAS TO CAREER OPPORTUNITIES  
IN THE CONSTRUCTION TRADES

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES OF NORTHWEST MINNESOTA

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

NAME OF ORGANIZATION OR GOVERNMENT:

MINNESOTA INDIAN WOMEN'S RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT. MIWRC  
ADDRESSES SYSTEMIC GENDER INEQUITIES ACROSS BOUNDARIES, FOCUSING ON THE  
DISPROPORTIONATE GENDER VIOLENCE AGAINST AMERICAN INDIAN WOMEN AND GIRLS

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: OUT FRONT MINNESOTA

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

NAME OF ORGANIZATION OR GOVERNMENT: RESOURCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT "BRIGHT FUTURES" TO DECREASE

**Part IV** Supplemental Information

REPEAT PREGNANCY RATE AND INCREASE EDUCATION ATTAINMENT FOR LOW-INCOME TEEN MOTHERS

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE WORK PROVIDING POLICY AND ADVOCACY LEADERSHIP IN THE FUNDING AND SUCCESSFUL IMPLEMENTATION OF MINNESOTA'S SAFE HARBOR LAW AND NO WRONG DOOR MODEL

NAME OF ORGANIZATION OR GOVERNMENT: THE LINK

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP SHELTER, HOUSING, AND TRAUMA-BASED THERAPY SERVICES; SURVIVOR MENTORING; EDUCATIONAL SERVICES; CASE MANAGEMENT; HEALTH CARE; AND YOUTH DEVELOPMENT ACTIVITIES. PROGRAM WILL HOUSE SIX BEDS FOR YOUTH (13-17) IN EMERGENCY SHELTER; AND FIVE HOUSING UNI

NAME OF ORGANIZATION OR GOVERNMENT: WAND EDUCATION FUND, INC

(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: WEST SIDE COMMUNITY HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT 'HEALTH START' A SCHOOL-BASED CLINIC THAT PROVIDES CONTRACEPTIVE CARE TO NINE HIGH SCHOOL CLINICS WITHIN ST. PAUL PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF MINNEAPOLIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT RESEARCH ON THE



**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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

**WOMEN'S FOUNDATION OF MINNESOTA**

Employer identification number

**41-1635761**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input 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 |

**4** 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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 .....

**8** 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 .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014

**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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LEE ROPER-BATKER PRESIDENT/CEO	(i)	221,821.	0.	0.	11,091.	12,012.	244,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	21	153,765.	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 through 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) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

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

2. ADVANCING WOMEN'S SAFETY & SECURITY

3. GUARANTEEING HEALTH & REPRODUCTIVE RIGHTS FOR WOMEN

4. EXPANDING WOMEN'S POLITICAL POWER

IN FISCAL YEAR 2015, THE FOUNDATION AWARDED \$285,000 IN GRANTS FOR A THIRD YEAR OF FUNDING TO 20 NONPROFIT ORGANIZATIONS THROUGH THE SOCIAL CHANGE FUND. THE GRANT PERIOD IS FEBRUARY 1, 2015 TO JANUARY 31, 2016. MULTI-YEAR GRANTS WILL BE RENEWED FOR UP TO THREE YEARS, BASED ON AN ANNUAL GRANT REVIEW AND APPROVAL OF PROGRESS TOWARDS GOALS.

GIRLSBEST (GIRLS BUILDING ECONOMIC SUCCESS TOGETHER) FUND ESTABLISHED IN 2002, THE GIRLSBEST FUND AWARDS MULTI-YEAR GRANTS TO PROGRAMS THAT BUILD THE FUTURE ECONOMIC SUCCESS OF MINNESOTA'S GIRLS. PRIORITY IS GIVEN TO PROGRAMS THAT INCLUDE OUTREACH TO UNDERSERVED, UNDERREPRESENTED POPULATIONS OF GIRLS AROUND THE STATE. GRANTEEES ARE FUNDED IN ONE OF FOUR PROGRAM TRACKS: ACADEMIC; ENTREPRENEURIAL; EMPLOYMENT DEVELOPMENT & HIGH-PAYING/HIGH-SKILL CAREERS; AND PUBLIC EDUCATION & ADVOCACY.

IN FISCAL YEAR 2015, THE WOMEN'S FOUNDATION OF MINNESOTA AWARDED \$300,000 IN GRANTS FOR A SECOND YEAR OF FUNDING TO 21 ORGANIZATIONS THROUGH ITS GIRLSBEST FUND. THE GRANT PERIOD IS AUGUST 1, 2014 TO JULY 31, 2015. MULTI-YEAR GRANTS ARE RENEWED FOR UP TO THREE YEARS, BASED ON AN ANNUAL GRANT REVIEW AND APPROVAL OF PROGRESS TOWARDS GOALS.

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

MN GIRLS ARE NOT FOR SALE

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, AND PUBLIC EDUCATION AND CONVENING. THE CAMPAIGN

HAS THREE GOALS:

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

2. DECREASE THE DEMAND THAT RESULTS IN CHILD SEX TRAFFICKING.

3. EDUCATE AND MOBILIZE PUBLIC SUPPORT AND ACTIVISM TO END CHILD SEX TRAFFICKING.

THE SUCCESS OF THE MN GIRLS CAMPAIGN AND THE CRITICAL IMPACT IT HAS HAD ON THE WORK TO END CHILD SEX TRAFFICKING IS UNDENIABLE. WITH CROSS-SECTOR LEADERS, THE WOMEN'S FOUNDATION INVESTED \$5 MILLION AND DROVE A SEA CHANGE IN OUR COMMUNITIES' RESPONSE TO THIS UNCONSCIONABLE VIOLENCE AGAINST CHILDREN.

KEY SUCCESSES INCLUDE THE FOLLOWING:

- PASSED MINNESOTA'S SAFE HARBOR LAW, WHICH ENSURES THAT CHILDREN UNDER 18 YEARS OF AGE SOLD FOR SEX ARE NO LONGER CRIMINALIZED, BUT TREATED AS VICTIMS OF A CRIME IN NEED OF SAFE HOUSING AND SPECIALIZED SERVICES.

- HELPED TO CREATE A COMPREHENSIVE STATEWIDE RESPONSE IN THE NO WRONG DOOR MODEL, WHICH WENT INTO EFFECT IN AUGUST 2014. NO WRONG DOOR HAS RESULTED IN THE FOLLOWING OUTCOMES:

\* INCREASED HOUSING AND TRAUMA-INFORMED CARE FOR VICTIMS, FROM TWO BEDS IN 2011 TO 39 BEDS TODAY (MAY 2015);

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

\*ESTABLISHED A STATEWIDE DIRECTOR OF CHILD SEX TRAFFICKING PREVENTION AT THE MN DEPT. OF HEALTH AND SIX REGIONAL NAVIGATOR POSITIONS TO CONNECT TRAFFICKED CHILDREN WITH THE SHELTER, SUPPORT, AND SERVICES THEY NEED;

\*ESTABLISHED A TRAINING FUND FOR LAW ENFORCEMENT AND PROSECUTORS. SINCE 2013, THE RAMSEY COUNTY ATTORNEY'S OFFICE (MN GIRLS GRANTEE-PARTNER) HAS TRAINED MORE THAN 1,000 LAW ENFORCEMENT OFFICERS ON PROTOCOLS IT DEVELOPED WITH STATEWIDE PARTNERS ABOUT CHILD SEX TRAFFICKING AND HOW TO PROCEED IN A VICTIM-CENTERED APPROACH.

-WENT FROM ZERO STATE FUNDING IN 2011 TO A STATE-FUNDED INFRASTRUCTURE OF \$8 MILLION, AS OF MAY 2015. MINNESOTA IS THE FIRST STATE IN THE NATION TO PROVIDE STATE FUNDING FOR SEX-TRAFFICKING VICTIMS.

-INCREASED SEX TRAFFICKING CHARGES AND CONVICTIONS IN MINNESOTA. BETWEEN 2010 AND 2013, THE RAMSEY COUNTY ATTORNEY'S OFFICE REPORTS THAT CHARGES AND CONVICTIONS AGAINST SEX TRAFFICKERS IN MINNESOTA INCREASED BY 76 PERCENT -- FROM 17 IN 2010 TO 72 IN 2013.

-INSPIRED AND ADVOCATED FOR FEDERAL CHILD SEX TRAFFICKING LEGISLATION. OUR DIRECT OUTREACH TO EDUCATE, UPDATE, AND ENGAGE MINNESOTA'S CONGRESSIONAL DELEGATION THROUGH MULTIPLE MEETINGS IN WASHINGTON, D.C. (2012, 2013) RESULTED IN THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT (S. 178) PASSED IN 2015 -- MODELED IN PART ON MINNESOTA'S SAFE HARBOR LAW.

IN FISCAL YEAR 2015, THE WOMEN'S FOUNDATION AWARDED 11 GRANTS TOTALING \$390,000 THROUGH MN GIRLS ARE NOT FOR SALE. OVER THE NEXT YEAR, GRANTEES WILL LOBBY FOR POLICIES AND STATE FUNDING THAT SUPPORT SEX TRAFFICKED YOUTH, DECREASE DEMAND FOR CHILD SEX TRAFFICKING THROUGH INCREASED ARRESTS, PROSECUTION, AND PENALTIES FOR TRAFFICKERS AND BUYERS, AND EDUCATE AND MOBILIZE PUBLIC SUPPORT AND ACTIVISM THROUGH

Name of the organization

WOMEN'S FOUNDATION OF MINNESOTA

Employer identification number

41-1635761

STRATEGIES AIMED AT YOUTH, MEN, AND THE BROADER COMMUNITY TO PREVENT CHILD SEX TRAFFICKING.

PATHWAYS 2 PROSPERITY

THE WOMEN'S FOUNDATION LAUNCHED PATHWAYS 2 PROSPERITY: BUILDING WOMEN'S ECONOMIC OPPORTUNITY, A NEW INITIATIVE TO INCREASE ACCESS TO POST-SECONDARY EDUCATION AND HIGH-PAYING EMPLOYMENT FOR LOW-INCOME WOMEN, WOMEN OF COLOR, AND WOMEN IN GREATER MINNESOTA.

IN FISCAL YEAR 2015, THE FOUNDATION AWARDED THREE GRANTS TOTALING \$227,500 TO THREE INNOVATIVE PROGRAMS AT COMMUNITY AND TECHNICAL COLLEGES THAT CREATE PATHWAYS FOR WOMEN TO PURSUE EMPLOYMENT IN HIGH-DEMAND, HIGH-SKILL, AND HIGH-PAYING FIELDS THROUGH TRAINING AND CERTIFICATE PROGRAMS, AND WORKFORCE DEVELOPMENT. THE PROGRAMS MUST ALSO INCREASE ACCESS TO FINANCIAL AID AND OTHER FINANCIAL SUPPORTS, AND EXPAND AND IMPROVE STUDENT SUPPORTS AND SERVICES FOR WOMEN.

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

GENDER-RACE-GEOGRAPHY-EQUITY LENS. EXPERTS FROM ACADEMIA, GOVERNMENT, NONPROFIT AND PRIVATE SECTORS, ELECTED BODIES AND PHILANTHROPY PARTICIPATED IN WORKING GROUPS AND REVIEWED DATA ON WOMEN AND GIRLS IN MINNESOTA TO IDENTIFY THE KEY ISSUES OUTLINED IN THE RESEARCH, AND PROFFER SOLUTIONS.

PRODUCED BIENNIALY, THE FOUNDATION USES THE RESEARCH TO RAISE AWARENESS AND ENERGIZE THE MOMENTUM TO SHIFT ATTITUDES, INSTITUTIONS, SYSTEMS AND POLICIES THAT CREATES PATHWAYS TO ECONOMIC PROSPERITY, SAFETY, WELLNESS, AND EQUAL LEADERSHIP FOR ALL OF THE STATE'S WOMEN AND

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GIRLS.

IN JUNE 2014, THE FOUNDATION RELEASED NEW RESEARCH ON THE STATUS OF WOMEN & GIRLS IN MINNESOTA AND EMBARKED ON THE BIENNIAL ROAD TO EQUALITY TOUR. KEY RESEARCH FINDINGS WERE SHARED ACROSS SEVEN CITIES AT 7 COMMUNITY PRESENTATIONS AND COMMUNITY INPUT WAS GATHERED REGARDING WOMEN AND GIRLS' EQUALITY DURING 12 FOCUS GROUPS. THE FOCUS GROUPS INCLUDED LEADERS FROM NONPROFIT, PUBLIC, EDUCATION, LAW ENFORCEMENT, PHILANTHROPIC AND BUSINESS SECTORS IN EACH COMMUNITY.

THE MELLMAN GROUP

LAST FALL, THE WOMEN'S FOUNDATION HIRED THE MELLMAN GROUP (WASHINGTON, D.C.) TO CONDUCT FOCUS GROUPS AND BASELINE DATA RESEARCH IN MINNESOTA. (MELLMAN PREVIOUSLY CONDUCTED THE STATEWIDE RESEARCH THAT INFORMED OUR MN GIRLS CAMPAIGN). THE FINDINGS UNCOVERED THE GENERAL ATTITUDES MINNESOTANS HOLD AROUND GENDER EQUALITY AND WHAT MESSAGES WILL RESONATE BEST TO SHIFT THEIR ATTITUDES REGARDING WOMEN'S AND GIRLS' PLACE IN FAMILIES, SOCIETY, AND WORK. THE RESEARCH IS ALREADY AN INVALUABLE, INTERNAL RESOURCE THAT IS GUIDING THE FOUNDATION'S OVERALL MESSAGING AND WORK, AND WILL HELP BUILD MORE SUPPORT AND LEADERSHIP FROM AND WITH MEN.

MAPPING THE MARKET

IN SEPTEMBER OF 2014, THE WOMEN'S FOUNDATION RELEASED GROUNDBREAKING RESEARCH WITH THE UNIVERSITY OF MINNESOTA AND OTHAYONIH RESEARCH THAT IDENTIFIED THE OVERALL MARKET FOR JUVENILE SEX TRAFFICKING IN MINNEAPOLIS. IN EARLY 2015, THE FOUNDATION BEGAN FUNDING THE SAME TEAM TO EXPAND THEIR RESEARCH OVER THE NEXT TWO YEARS TO EXAMINE TRAFFICKING

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OPERATIONS IN THE COMMUNITIES OF THE BROADER METRO AREA, SAMPLE COUNTIES IN NORTHERN AND SOUTHERN MINNESOTA, AND TRANSIT ROUTES FROM THE TWIN CITIES TO THE BAKKEN OIL FIELDS. THEIR WORK HAS BEEN INSTRUMENTAL IN ALLOWING COMMUNITIES TO CREATE ACTION PLANS THAT UNDERSTAND THE MARKET, END DEMAND, AND CREATE POINTS OF PREVENTION AND PROTECTION FOR YOUTH VULNERABLE TO SEX TRAFFICKING.

THE EXPANDED STUDY WILL INCREASE OUR UNDERSTANDING OF SEX BUYERS AND THEIR BROADER MARKET PATTERNS, AND WILL RESULT IN ACTIONABLE INFORMATION TO SUPPORT CURRENT LAW ENFORCEMENT PRACTICES IN COMBATING SEX TRAFFICKING.

#### GENDER EQUALITY EXPLORER

TRAINED 750+ PEOPLE THROUGH 20 WORKSHOPS ABOUT THE GENDER EQUALITY EXPLORER, OUR ONLINE TOOL TO CREATE TABLES, MAPS, AND REPORTS TO ILLUSTRATE, ANALYZE, AND UNDERSTAND THE STATUS OF WOMEN AND GIRLS IN MINNESOTA AND EVERY STATE IN THE COUNTRY.

#### STATE PARTNERSHIPS

MAINTAINED PARTNERSHIPS TO ADD GENDER LENS TO POLICY DISCUSSIONS: MN COUNCIL ON FOUNDATIONS' ADVANCING VOICES TASK FORCE, BOARD OF DIRECTORS, EXECUTIVE COMMITTEE, AND DIVERSITY, EQUITY AND INCLUSION COMMITTEE; MN TRAFFICKING TASK FORCE; START EARLY FUNDERS COALITION FOR CHILDREN & MINNESOTA'S FUTURE, AND NORTHSIDE FUNDERS GROUP.

#### NATIONAL PARTNERSHIPS

MEMBER OF PARTNERSHIP FOR WOMEN'S PROSPERITY WITH FIVE OTHER WOMEN'S FUNDS AND WALMART FOUNDATION TO SHARE BEST PRACTICES AND FIND SOLUTIONS TO SYSTEMIC PROBLEMS FACING ECONOMICALLY VULNERABLE WOMEN AND GIRLS IN COMMUNITIES NATIONWIDE. MEMBER OF WOMEN'S FUNDING NETWORK, A NETWORK OF



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166 WOMEN'S FUNDS IN 30 COUNTRIES.

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

- DONOR-CENTERED GRANTMAKING: RIPLEY MEMORIAL FOUNDATION, A DONOR

ADVISED FUND OF THE WOMEN'S FOUNDATION OF MINNESOTA, AWARDED \$69,800 IN GRANTS TO 11 ORGANIZATIONS FOCUSED ON TEEN PREGNANCY PREVENTION. THE GRANT PERIOD IS JANUARY 1, 2015 TO DECEMBER 31, 2015.

- ENGAGED ONE REATHA CLARK KING FELLOW, AND TWO DIVERSITY INTERNS TO CREATE A PIPELINE OF LEADERSHIP OPPORTUNITIES FOR WOMEN OF COLOR IN PHILANTHROPY AND NONPROFITS.

- BENEFITTED FROM THE GENEROSITY OF 40 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 B, LINE 11:

THE FOUNDATION'S AUDIT COMMITTEE WILL REVIEW AND RECOMMEND APPROVAL. EACH TRUSTEE 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 TRUSTEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF

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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 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.