RECEIVED

AUG 0 4 2020 or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

	calendar year 2019 or taxyear beginning U	s.gov/Form990PF for instr	, and ending	rmauon.	Open to Public Inspection
	me of foundation			A Employer identification	number
т	ANKENOFF FAMILIES FOUNDATI	ON		41-1905115	-
	mber and street (or P O box number if mail is not delivered to street ad		Room/suite	B Telephone number	
2	424 KENNEDY STREET NE	<del></del>		612-371-01	23
	y or town, state or province, country, and ZIP or foreign po IINNEAPOLIS, MN 55413	stal code		C If exemption application is pe	ending, check here
	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
	Final return	Amended return	<b>3</b> .	2 Foreign organizations med	eting the 85% test,
	Address change  Check type of organization: X Section 501(c)(3) exe	Name change		2 Foreign organizations med check here and attach cor	· —
) H C		Other taxable private founda	ation 04	E If private foundation state under section 507(b)(1)	
I Fa	air market value of all assets at end of year J Accountin	[]	Accrual	F If the foundation is in a f	
		ner (specify)		under section 507(b)(1)	
	\$ 14,365,295. (Part I, colum				(4) 0
≀rs.a	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	V/022078/78/
	2 Check X if the foundation is not required to attach Sch. 8				200 200 200 200 200 200 200 200 200 200
	3 Interest on savings and temporary cash investments	205 (01	205,416.	,	
	4 Dividends and interest from securities	205,601.	205,410.	,	
	5a Gross rents  b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	90,630.			
nue	Green poles price for all				
evenu	7 Capital gain net income (from Part IV, line 2)		90,630.		
,Œ	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns				
	10a and allowances				
	b Less Cost of goods sold c Gross profit or (loss)	20.0.000 to 20.0.000 0.4000 . V.2004 . L.6.004.000 to 20.00.		300.47963888 14. 33.863452227 3.244 5. J.	
ر4.	11 Other income	1,125.	1,125.		STATEMENT 1
02	12 Total, Add lines 1 through 11	297,356.	297,171.		
7=1	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
der 4	14 Other employee salaries and wages		· ··· -		
	15 Pension plans, employee benefits  16 16a Legal fees	<del></del>			
D IAN	b Accounting fees STMT 2	1,595.	798.		797.
Oğ	c Other professional fees STMT 3	17,251.	17,251.	`	. 0.
罗	17 Interest	,		-	•
Z	18 Taxes STMT 4	16,862.	1,175.		0.
	19 Depreciation and depletion	•			
Ç,Ē	20 . Occupancy 21 Travel, conferences, and meetings	•	,		
A P	T T T T T T T T T T T T T T T T T T T				
Operating and	23 Other expenses STMT 5	854.	15.		839.
atin	24 Total operating and administrative	,	··· <b>-</b> -		
per	expenses Add lines 13 through 23	36,562.	19,239.	JAN K (30J/200JL) 757 5330000333 JCD-5003077	1,636.
0	25 Continuations, girts, grants paid	661,867.			661,867.
	26 Total expenses and disbursements.	698,429.	19,239.		663,503.
	Add lines 24 and 25 27 Subtract line 26 from line 12:	030,423.	19,439.		303,303
	3 Excess of revenue over expenses and disbursements	-401,073.			
	b Net investment income (if negative, enter -0-)		277,932.		
	C Adjusted net income (If negative, enter -0-)			N/A	

## Part | | Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of ye	ar - Part II, column (a), line 29		•			*
1	(must agree with end-of-year figure reported on pri	or year's return)	•			1	8,372,910:
2	Enter amount from Part I, line 27a	•			- ,	2	-401,073.
3	Other increases not included in line 2 (itemize)				,	3	0.
4	Add lines 1, 2, and 3	•		• •		4	7,971,837.
5	Decreases not included in line 2 (itemize)	•				5	· 0.
6	Total net assets or fund balances at end of year (lin	e 4 minus line 5) - Part II, column	(b), line 29	•		6	7,971,837.

Part IV Capital Gains	and Losses f	or Tax on Inv	estment	Income						
(a) List and describe 2-story brick w	the kind(s) of prop arehouse; or comm	erty sold (for exam on stock, 200 shs.	ple, real estat MLC Co.)	te,	` P ·	low acq - Purcha - Donati	ase	(c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO										
b UBS FINANCIAL	SERVICES	-								
c CHARLES SCHWAB					↓					
d CAPITAL GAINS	DIVIDENDS	<u> </u>			ļ					
_e	· · · · · · · · · · · · · · · · · · ·		_		<u> </u>		I			
(e) Gross sales price	(f) Deprecial (or allo			st or other basis expense of sale					un or (loss (f) minus	(g))
a 439,986.				439,98			_			0.
b 203,059.				123,67						79,388.
c 356,501.	<b></b>			345,63	7.				_	10,864.
<u>d</u> 378.					<del></del>					378.
e Complete and the constant about		h) and award by th	a foundation	00 10/21/60				0	-1 (5)	
Complete only for assets showi	T - i - · · · · · · · · · · · · · · · · ·				$\dashv$		(I) col.	(k) but n	ol. (h) gaın ot less tha	minus n -0-) or
(i) FMV as of 12/31/69	(j) Adjust as of 12			cess of col. (1)	1		00.1	Losses (	from col. (	h))
	40 0. 7.			(),,,	$\dashv$					0.
<u>a</u> b										79,388.
								<del></del>		10,864.
d										378.
e			·							
		If goin also enter	ın Dart I. lina	7	7					
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7	}	2				90,630.
3 Net short-term capital gain or (lo	`				<b>′</b> [				·	
If gain, also enter in Part 1, line 8		(Citoris 1222(3) and	1 (0).		71					
If (loss), enter -0- in Part I, line 8	}					3			N/A	
Part V Qualification U	Inder Section	4940(e) for F	Reduced	Tax on Net	Inve	stme	nt Inco	me		
(For optional use by domestic privat	e foundations subje	ect to the section 49	940(a) tax on	net investment in	icome.	.)				
If section 4940(d)(2) applies leave t	hie part blank									
If section 4940(d)(2) applies, leave	ilis part biank.									
Was the foundation liable for the sec					riod?					Yes X No
If "Yes," the foundation doesn't quali					-1					
1 Enter the appropriate amount in	each column for ea		structions bet	ore making any ei				Т		(d)
(a) Base period years	Adııı	(b) sted qualifying distr	ributions	Net value of no	(C) onchar		etesse as			oùtion ratio
Calendar year (or tax year beginn	ing in) Auju		7,962.	THE VALUE OF THE			,985		(cor. (b) ar	nded by col. (c)) • 0 4 4 9 9 6
2018			3,168.				,828			.051748
2017	<del></del>		5,677.				,653			.045166
2016 2015			5,767.				,892			.062087
2013			1,165.				,405			.053701
2014		- 313	272031			<i>,</i>	7 2 5 5	1		***************************************
2 Total of line 1, column (d)								2		.257698
3 Average distribution ratio for the	5-year base period	- divide the total or	n line 2 by 5.0	), or by the numb	er of v	ears				<u> </u>
the foundation has been in existe	-			,,	. o. o. j	04.0		3		.051540
	,									-
4 Enter the net value of noncharita	ble-use assets for 2	019 from Part X, III	ne 5					4	1	3,341,372.
		,								
5 Multiply line 4 by line 3								5		687,614.
										-
6 Enter 1% of net investment inco	ne (1% of Part I, Iir	ne 27b)						6		2,779.
7 Add lines 5 and 6								7		690,393.
8 Enter qualifying distributions fro										
	m Part XII, line 4							8		663,503.
If line 8 is equal to or greater that See the Part VI instructions.		box in Part VI, line	1b, and comp	olete that part usin	ng a 1%	% tax rat	te.	[8]		663,503.

orm 990-PF (2019), TANKENOFF FAMILIES FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	41-1 948-s	1905115 Page 4 see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		5,559.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here of Part I, line 27b  c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	1	3,339.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2	2	5,559.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u>0.</u> 5,559.
6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source  6 6 0.		
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld  6c  6d  0 •		4 140
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	7 8 9	4,140. 29. 1,448.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be: Credited to 2020 estimated tax Refunded	10	
Part VIII A Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	e in	Yes No
any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the define If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	nition	1a X 1b X
distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	,	1c X
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 .	· ·	
<ul> <li>Has the foundation engaged in any activities that have not previously been reported to the IRS?</li> <li>If "Yes," attach a detailed description of the activities.</li> <li>Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or</li> </ul>	or .	2 X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	3 X X
<ul> <li>b If "Yes," has it filed a tax return on Form 990-T for this year?</li> <li>Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> </ul>	N,	/A 4b 5 X
If "Yes," attach the statement required by General Instruction T.  6. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  • By language in the governing instrument, or		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?      The state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?	e law	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  8a Enter the states to which the foundation reports or with which it is registered. See instructions.		/ A
MN b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-	
of each state as required by General Instruction G? If No, attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	endar	8b X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	•	10 X Form 990-PF (2019)

Pa	rt VII-A	Statements Regarding Activities (continued)				
•					Yes	No
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	-	2(b)(13)? If "Yes," attach schedule. See instructions		11		X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	ges?			
-		ach statement. See instructions		12		X
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
		dress ► N/A				
14		are in care of ► SCOTT TANKENOFF Telephone no. ► 6			123	
	Located at	▶2424 KENNEDY STREET NE, MINNEAPOLIS, MN	0+4 ▶ <u>554</u>	<u> 113</u>		
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b>&gt;</b>	
	and enter t	he amount of tax-exempt interest received or accrued during the year	<u>;                                    </u>		/A	
16	At any time	e during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	_		Yes	No
	securities,	or other financial account in a foreign country?		16		X
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	·	· 1	1	
	foreign cou	intry >				
Pa	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		<del></del> 1	
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	-	year, did the foundation (either directly or indirectly).	<del>,,</del>			
	• •		X No			ŀ
	` '	w money from, lend money to, or otherwise extend credit to (or accept it from)	<del>~</del> ⊓ │	]	.	
			X No			
		,	X No	- 1	1	
			A NO	- 1		
		fer any income or assets to a disqualified person (or make any of either available	X No	1		İ
		e benefit or use of a disqualified person)?  to pay money or property to a government official? (Exception   Check "No"				
		foundation agreed to make a grant to or to employ the official for a period after				
			X No			
h		ver is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations				
Ū			N/A	1b		
		ons relying on a current notice regarding disaster assistance, check here	►□ 「			
С	•	indation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
		first day of the tax year beginning in 2019?		1c		X
2	Taxes on f	allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			,	
		section 4942(j)(3) or 4942(j)(5)):				
a	At the end	of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
	6d and 6e)	for tax year(s) beginning before 2019?	X No	-		
		t the years ▶,,,,				ŀ
b		iny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
		of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	» -			
		,	N/A	2b		
C	If the prov	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				İ
_	<b></b>	, <u> </u>				
3a		indation hold more than a 2% direct or indirect interest in any business enterprise at any time	X No			
,	during the	•	AL NO			
D		d it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after 369; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispos	.			
	-	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	٠		Ì	
	_		N/A	3b		
An		indation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
		indation livest during the year any amount in a mainter that would jeopardize its charitable purposes. Indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	· •			
		en removed from jeopardy before the first day of the tax year beginning in 2019?	†	4b		X
			Forn		)-PF	(2019)

Form 990-PF (2019) TANKENOFF FAMILIES FOUNDS	ATION		41-19051	15 Page	e 6
Part VII-B   Statements Regarding Activities for Which Fo		equired (contin			
5a During the year, did the foundation pay or incur any amount to:	-			プ <sub>こ</sub> Yes N	0
' (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No 🕝	y	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,	,		
any voter registration drive?		∨	es 🗓 No 🦵	, 1 , 5	**
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 🗶 No 🏌		ť
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		[ ]	', '	•
4945(d)(4)(A)? See instructions			es 🗶 No 🧜	.   "	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		च्चि.		
the prevention of cruelty to children or animals?	l		es X No	_	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	EL .	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h		nad		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		- /	es No	, .	,
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).	1	'/A ;	E2		-
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nav nramilime on				٠
a personal benefit contract?	dy premiums on	□ v	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?	,		6b X	
If "Yes" to 6b, file Form 8870.	o, 551141 55115111 551111 251				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No	, '	
b If "Yes." did the foundation receive any proceeds or have any net income attribu				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or			8 4 1 1	,
excess parachute payment(s) during the year?		Y	es X No	<u> </u>	
Part VIII Information About Officers, Directors, Truste	es, Foundation Mai	nagers, Highly			
Paid Employees, and Contractors					
	oir componenties				
List all officers, directors, trustees, and foundation managers and the		(c) Compensation	(d) Contributions to	(a) Eynensi	
(a) Name and address	eir compensation.  (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, oth allowances	er
	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	account, oth	er
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	account, oth	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address  SEE STATEMENT 7	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	er S
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benelit plans and deferred compensation	account, oth	•
(a) Name and address  SEE STATEMENT 7	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, oth allowances	e ner
(a) Name and address  SEE STATEMENT 7  Compensation of five highest-paid employees (other than those incl	(b) Title, and average hours per week devoted to position  uded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)  0 .	employee benelit plans and deferred compensation  O .	(e) Expensi account, oth	e ner
(a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  uded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)  0 .	employee benelit plans and deferred compensation  O .	(e) Expensi account, oth	e ner
(a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  uded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)  0 .	employee benelit plans and deferred compensation  O .	(e) Expensi account, oth	e ner
(a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  uded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)  0 .	employee benelit plans and deferred compensation  O .	(e) Expensi account, oth	e ner
(a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  uded on line 1). If none,  (b) Title, and average hours per week	(If not paid, enter -0-)  0 .	employee benelit plans and deferred compensation  O .	(e) Expensi account, oth	e ner

Form **990-PF** (2019)

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	$\Gamma$	
	Average monthly fair market value of securities	1a	11,231,200.
	Average of monthly cash balances	1b	11,231,200. 2,313,340.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	13,544,540.
	Reduction claimed for blockage or other factors reported on lines 1a and	٠,	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	13,544,540.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	203,168.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	13,341,372.
6	Minimum investment return Enter 5% of line 5	6	667,069.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	667,069.
	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	1	
_	Add lines 2a and 2b	2c	5,559.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	661,510.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	661,510.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	661,510.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	663,503. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Ш	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	663,503.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	663,503.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	r the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI,	· · · · · ·	· · · · · · · · · · · · · · · · · · ·		
. line 7				661,510.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			4,690.	
b Total for prior years:				
, ,, ,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$663,503.				
a Applied to 2018, but not more than line 2a			4,690.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				658,813.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	_		·
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		- · · · <u>- · · · · · · · · · · · · · · ·</u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				•
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				2,697.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				· ···· · · · · · · · · · · · · · · · ·
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				·
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018			1	
	1 1 10		'	1.11
e Excess from 2019				

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Part XIV   Private Operating F		S FOUNDATION			USIIS Page 10
<u></u>	<del></del>		<del></del>	N/A	····
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•		▶ ∟	14040(1/0)	2404.4453
<b>b</b> Check box to indicate whether the found		ing toundation described		4942(j)(3) or 49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2019	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(a) Total
income from Part I or the minimum	(a) 2019	(0) 2010	(6) 2017	(0) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		<b></b>		<u> </u>	ļ
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					:
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		`	N		
Subtract line 2d from line 2c				<u> </u>	
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,			1		
dividends, rents, payments on					İ
securities loans (section 512(a)(5)), or royalties)			•		
(2) Support from general public				<u> </u>	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income  Part XV   Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t			ii die iodiiaddoii	1144 40,000 01 1110	(
1 Information Regarding, Foundation		than OU/ of the total com	tubutions resoured by the	foundation before the close	a of any toy
a List any managers of the foundation wh year (but only if they have contributed n			uributions received by the	toundation before the clos	e of any lax
, , , , ,	1010 (11411 \$0,000). (000	00011011 007 (0)(12).7			
NONE			/aa		
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large portion	on of the ownership of a pa	arthership of
, ,	ou ross or grounds amore				
NONE		0.1.1.1.1.1.		· · · · · · · ·	
2 Information Regarding Contributi					
Check here <b>X</b> if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
a The name, address, and telephone num	per or email address of t	the person to whom appli	cations should be address	sed:	
				<del> </del>	
<b>b</b> The form in which applications should be	e submitted and informa	ation and materials they s	snould include:		
c Any submission deadlines:			<u>-</u> .		
· ·····					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields	s, kinds of institutions, or o	other factors:	
					- 000 PT
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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE 501(c)(3) CHARITABLE ADATH JESHURUN CONGREGATION 10500 HILLSIDE LN 17,500. MINNETONKA, MN 55305 501(C)(3) CHARITABLE ALZHEIMER'S ASSOCIATION NONE 7900 w 78TH STREET, SUITE 100 MINNEAPOLIS, MN 55439 2,500. AMERICAN BRAIN TUMOR ASSOCIATION NONE 501(C)(3) CHARITABLE 16404 EAGLE RIDGE DRIVE MINNETONKA, MN 55345 5,000. ANIMAL HUMANE SOCIETY NONE 501(C)(3) CHARITABLE 845 MEADOW LN N 2,000. GOLDEN VALLEY, MN 55422 ANTI-DEFAMATION LEAGUE FOUNDATION NONE 501(c)(3) CHARITABLE 605 THIRD AVE 1,000. NEW YORK, NY 10158 SEE CONTINUATION SHEET(S) 661,867. ▶ 3a Total\_ b Approved for future payment NONE **▶** 3b Total

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
DETH EL SYNAGOGUE	NONE	501(C)(3)	CHARITABLE	
225 BARRY ST W				
ST LOUIS PARK, MN 55416				4,000
, , , , , , , , , , , , , , , , , , , ,				
BLAKE SCHOOL	NONE	501(C)(3)	CHARITABLE	
11 KENWOOD PKWY				
IINNEAPOLIS, MN 55403				8,333
CARINGBRIDGE	NONE	501(C)(3)	CHARITABLE	
715 YANKEE DOODLE RD SUITE 301				1
EAGAN, MN 55121				3,500
CHILDREN'S CANCER RESEARCH FUND	NONE	501(C)(3)	CHARITABLE	
7301 OHMS LANE SUITE 460 MINNEAPOLIS, MN 55439				12,750
INNERFOUIS, MY 33439				
CHILDREN'S HEARTLINK	NONE	501(C)(3)	CHARITABLE	
5075 ARCADIA AVE				
EDINA, MN 55436				500
COMMONBOND COMMUNITIES	NONE	501(C)(3)	CHARITABLE	
1080 MONTREAL AVE				
ST PAUL, MN 55116		<del> </del>		3,000
COMO ZOO & CONSERVATORY	NONE	501(C)(3)	CHARITABLE	
1225 ESTABROOK DR ST. PAUL, MN 55103				500
CRESCENT COVE	NONE	501(C)(3)	CHARITABLE	
3440 BELTLINE BLVD #207				7 50
ST LOUIS PARK, MN 55416		1		7,500
EAST SIDE NEIGHBORHOOD SERVICES	NONE	501(C)(3)	CHARITABLE	
1700 2ND ST NE				
MINNEAPOLIS, MN 55413			<del> </del>	2,500
EDINA CRIME PREVENTION FUND (EDINA	NONE	501(C)(3)	CHARITABLE	
COMMUNITY FOUNDATION)				
4801 W 50TH STREET				250
EDINA, MN 55424  Total from continuation sheets		1	. 1	633,867

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
- Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
DINA ROTARY FOUNDATION	NONE	501(C)(3)	CHARITABLE	
5418 CREEK VIEW LANE		1		
EDINA, MN 55439				10,000
EVANS SCHOLARS FOUNDATION	NONE	501(C)(3)	CHARITABLE	
BRIAR RD GOLF, IL 60029				500
		T01 (3) (3)		
FACING OUR RISK OF CANCER EMPOWERED 16057 TAMPA PALMS BLVD W PMB #373	NONE	501(C)(3)	CHARITABLE	
ГАМРА, FL 33647	-	<u> </u>	_	2,000
GEMILUS CHESED ZICHRON SHLOMO (GCZS)	NONE	501(C)(3)	CHARITABLE	
2835 SALEM AVE				
ST. LOUIS PARK, MN 55416				500
GUTHRIE THEATER	NONE	501(C)(3)	CHARITABLE	
818 S 2ND ST MINNEAPOLIS, MN 55415				1,500
HENNEPIN THEATRE TRUST	NONE	501(C)(3)	CHARITABLE	
615 HENNEPIN AVE #140	TON B			
MINNEAPOLIS, MN 55403				2,500
HERZL CAMP	NONE	501(C)(3)	CHARITABLE	
7204 W 27TH STREET SUITE 226 ST. LOUIS PARK, MN 55426				60,000
	MONE	501(c)(3)	CHARITABLE	
HOPKINS EDUCATION FOUNDATION 1001 MINNESOTA 7	NONE	01(0/(3/		
HOPKINS, MN 55305				5,000
HOPKINS ULTIMATE RECREATIONAL TEAM	NONE	501(C)(3)	CHARITABLE	
2721 SYLVAN RD S MINNETONKA, MN 55305-2821				1,500
		F01 (0) (2)		
JEWFOLK MEDIA INC. 4330 CEDAR LAKE ROAD S	NONE	501(c)(3)	CHARITABLE	2.50
ST. LOUIS PARK, MN 55416  Total from continuation sheets	_1			2,500

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye	ear (Continuation)			
· Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
JEWISH COMMUNITY CENTER OF ST. PAUL 1375 ST. PAUL AVENUE ST. PAUL, MN 55116-2828	NONE	501(c)(3)	CHARITABLE	7,500
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA 3718 E RIVER RD #118 FUCSON, AZ 85718	NONE	501(C)(3)	CHARITABLE	40,000
DEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH ST SUITE 480 MINNEAPOLIS, MN 55403	NONE	501(C)(3)	CHARITABLE	40,400
JEWISH FAMILY & CHILDREN'S SERVICES OF MN 13100 WAYZATA BLVD MINNETONKA, MN 55305	NONE	501(C)(3)	CHARITABLE	125,763
JEWISH HOUSING & PROGRAMMING (J-HAP) 9280 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55427	NONE	501(c)(3)	CHARITABLE	7,500
LOFT LITERACY CENTER 1011 S WASHINGTON AVE MINNEAPOLIS, MN 55415	NONE	501(c)(3)	CHARITABLE	15,000
LOGAN NEIGHBORHOOD ASSOCIATION 1330 VAN BUREN STREET NE MINNEAPOLIS, MN 55413	NONE	501(C)(3)	CHARITABLE	2,000
MARCY HOLMES NEIGHBORHOOD ASSOCIATION 500 8TH AVE SE MINNEAPOLIS, MN 55414	NONE	501(C)(3)	CHARITABLE	500
MEMORIAL BLOOD CENTERS 737 PELHAM BLVD ST. PAUL, MN 55114	NONE	501(C)(3)	CHARITABLE	750
MIDWAY CONTEMPORARY ART 527 SE 2ND AVE MINNEAPOLIS, MN 55414	NONE	501(C)(3)	CHARITABLE	3,000

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient 501(C)(3) CHARITABLE MINNEAPOLIS INSTITUTE OF ARTS NONE 2400 3RD AVE S 275. MINNEAPOLIS, MN 55404 NONE 501(C)(3) CHARITABLE MINNEAPOLIS JEWISH FEDERATION 13100 WAYZATA BLVD SUITE 200 89,750. MINNETONKA, MN 55305 MINNESOTA BROWNFIELDS NONE 501(C)(3) CHARITABLE 2801 21ST AVE S SUITE 100 MINNEAPOLIS, MN 55407 2,500. CHARITABLE MINNESOTA COUNCIL ON FOUNDATIONS NONE 501(C)(3) 800 WASHINGTON AVE N, SUITE 703 MINNEAPOLIS, MN 55401 1,775. NONE 501(C)(3) CHARITABLE MINNESOTA HILLEL FOUNDATION 1521 UNIVERSITY AVENUE SE 36,727. MINNEAPOLIS, MN 55414 501(C)(3) CHARITABLE MINNESOTA ORCHESTRAL ASSOCIATION NONE 1111 NICOLLET MALL MINNEAPOLIS, MN 55403 2,500. 501(C)(3) MINNESOTA OVARIAN CANCER ALLIANCE NONE CHARITABLE 4604 CHICAGO AVE S MINNEAPOLIS, MN 55407 2,000. 501(C)(3) CHARITABLE NONE MINNPOST 900 6TH AVE SE 7,500. MINNEAPOLIS, MN 55414 501(C)(3) CHARITABLE NATIONAL COUNCIL OF JEWISH WOMEN NONE 475 RIVERSIDE DRIVE SUITE 1901 3,500. NEW YORK, NY 10115 NONE 501(C)(3) CHARITABLE NECHAMA 12219 NICOLLET AVE BURNSVILLE, MN 55337 1,008. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient NORTHEAST PARK NEIGHBORHOOD NONE 501(C)(3) CHARITABLE ASSOCIATION PO BOX 18012 500. MINNEAPOLIS, MN 55418 501(C)(3) CHARITABLE NONE PACER CENTER 8161 NORMANDALE BLVD 2,500. MINNEAPOLIS, MN 55437 PHILLIPS EYE INSTITUTE FOUNDATION NONE 501(C)(3) CHARITABLE 2215 PARK AVE SUITE 202 MINNEAPOLIS, MN 55404 2,000. 501(C)(3) CHARITABLE PLANNED PARENTHOOD OF MINNESOTA NONE 1200 LAGOON AVE MINNEAPOLIS, MN 55408 12,000. NONE 501(C)(3) CHARITABLE RESOURCE WEST 1011 FIRST STREET S, SUITE 109 HOPKINS, MN 55343 1,000. NONE 501(C)(3) CHARITABLE SABES JCC OF MINNEAPOLIS 4330 CEDAR LAKE RD S MINNEAPOLIS, MN 55416 16,000. 501(c)(3) CHARITABLE SECOND HARVEST HEARTLAND NONE 6325 SANDBURG RD #1700 GOLDEN VALLEY, MN 55427 12,000. NONE 501(C)(3) CHARITABLE SOJOURNER PROJECT, INC. BOX 272 5,100. HOPKINS, MN 55343 501(C)(3) CHARITABLE SUSAN G KOMMEN FOR THE CURE NONE 960 SOUTHDALE CENTER 1,000. EDINA, MN 55435 TEMPLE ISRAEL NONE 501(C)(3) CHARITABLE 2324 EMERSON AVE S MINNEAPOLIS MN 55405 8,300. **Total from continuation sheets** 

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient 501(C)(3) NONE CHARITABLE THE SINGERS-MINNESOTA CHORAL ARTISTS 528 HENNEPIN AVE SUITE 303 500. MINNEAPOLIS, MN 55403 NONE 501(C)(3) CHARITABLE TWIN CITIES RISE 1301 BRYANT AVE N 4,000. MINNEAPOLIS, MN 55411 NONE 501(C)(3) CHARITABLE UNIVERSITY OF ST. THOMAS PO BOX 64947 2,500. ST PAUL, MN 55164 UNIVERSITY OF WISCONSIN FOUNDATION NONE 501(C)(3) CHARITABLE US BANK LOCKBOX BOX 78807 MILWAUKEE, WI 53278 250. 501(C)(3) CHARITABLE NONE US HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PI SW 1,500. WASHINGTON, DC 20024 501(C)(3) CHARITABLE VISION FOUNDATION - UNIVERSITY OF MN NONE BOX SDS12-0861, PO BOX 86 MINNEAPOLIS, MN 55486-0086 10,000. VOLUNTEERS ENLISTED TO HELP PEOPLE CHARITABLE NONE 501(C)(3) (VEAP) 9600 ALDRICH AVE S, MINNEAPOLIS, MN 55420 5,000. 501(C)(3) CHARITABLE NONE WALKER ART CENTER 1750 HENNEPIN AVE 750. MINNEAPOLIS, MN 55403 501(C)(3) CHARITABLE WASHBURN CENTER FOR CHIDLREN NONE 2430 NICOLLET AVE 2,500. MINNEAPOLIS, MN 55404 NONE 501(C)(3) CHARITABLE BET SHALOM SYNAGOGUE 13613 ORCHARD RD 2,500. HOPKINS, MN 55305 Total from continuation sheets

3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
CAMP RAMAH	NONE	501(C)(3)	CHARITABLE	
25 ROCKWOOD PLACE SUITE 345 ENGLEWOOD, NJ 07631				2,00
EDINA COMMUNITY FOUNDATION 5280 GRANDVIEW SQUARE	NONE	501(C)(3)	CHARITABLE	
EDINA, MN 55424			_	3,50
INTERACT CENTER FOR THE VISUAL AND PERFORMING ARTS	NONE	501(c)(3)	CHARITABLE	
1860 MINNEHAHA AVE WEST SAINT PAUL, MN 55104				7,00
JEWISH HISTORICAL SOCIETY OF THE	NONE	501(C)(3)	CHARITABLE	- -
4330 S. CEDAR LAKE ROAD MINNEAPOLIS, MN 55416				2,50
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH GRAND CENTRAL STATION PO BOX 4777	none	501(C)(3)	CHARITABLE	
NEW YORK, NY 10163				1,00
NORTHEAST MINNEAPOLIS ARTS ASSOCIATION 2205 CALIFORNIA ST NE STE 118	NONE	501(C)(3)	CHARITABLE	
MINNEAPOLIS, MN 55418				6,00
NORTHSIDE BOXING CLUB	NONE	501(C)(3)	CHARITABLE	
925 NICOLLET MALL MINNEAPOLIS, MN 55402	NONE	501(0)(3)	CIMICINIDE	5
UNION FOR REFORM JUDAISM 633 3RD AVE FL 7 NEW YORK, NY 10017	NONE	501(C)(3)	CHARITABLE	2,00
SHOLOM HOME EAST 740 KAY AVE	NONE	501(C)(3)	CHARITABLE	1 03
SAINT PAUL, MN 55102		1		1,03
SMILE NETWORK INTERNATIONAL PO BOX 3986	NONE	501(C)(3)	CHARITABLE	
MINNEAPOLIS, MN 55403				10

Analyeie	of Inc	come-	Produ	cina	<b>Activities</b>
Anaivsis	or m	come-	Prouu	CILIU	ACUVILLES

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
	(a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
·	1		1 1		<del></del> -	
a b	<del>-</del> -		*			
c			<del></del>			
d	-					
e	-		++			
Free and contracts from any agreement agencies			+ +		·····	
g Fees and contracts from government agencies			+ +			
2 Membership dues and assessments	<del>   </del>		+			
3 Interest on savings and temporary cash						
investments			14	205,601.		
4 Dividends and interest from securities			1 4	203,001.		
5 Net rental income or (loss) from real estate:			<del></del>		<u> </u>	
a Debt-financed property			-	+		
b Not debt-financed property			-	+		
6 Net rental income or (loss) from personal						
property		<del></del>	11	1 105		
7 Other investment income	<del>                                     </del>		14	1,125.	<u>.</u>	
8 Gain or (loss) from sales of assets other				00 630		
than inventory			18	90,630.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory					·	
11 Other revenue:			1			
a	_		_   _			
b	_					
c						
d	_					
e						
12 Subtotal. Add columns (b), (d), and (e)		(	).	297,356.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	297,356.	
(See worksheet in line 13 instructions to verify calculations	)					

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

e No ▼	the foundation's exempt purposes (other than by providing funds for such purposes).
+	
$\dashv$	

Part XVII		garding Transfers to a	nd Transactions an	d Relationship	os With Noncharita	ble		
•	Exempt Organi						Yes	No
		rectly engage in any of the followin		in described in sectio	n 501(c)		res	INO
		izations) or in section 527, relating						
		ation to a noncharitable exempt org	janization of.			1a(1)		X
(1) Cas						1a(2)		X
b Other tra	er assets					10/21		
	es of assets to a noncharital	hle exempt organization				1b(1)		X
V - 7		ncharitable exempt organization				1b(2)		X
	ntal of facilities, equipment,					1b(3)		X
	mbursement arrangements					1b(4)		X
	ins or loan guarantees					1b(5)		X
		mbership or fundraising solicitatio	ns			1b(6)		Х
		ılıng lists, other assets, or paid em				1c		_X_
		"Yes," complete the following sche					ets,	
		oundation. If the foundation receive	ed less than fair market valu	e in any transaction o	or sharing arrangement, sho	w in		
		other assets, or services received.		(4) -				
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description (	of transfers, transactions, and sha	ring arra	ingemer	nts
		N/A						
					· ·-· - · · · · · · · · · · · · · · · ·			
<del></del>								<del></del>
			<del></del>	*****				
				_				
				<del> </del>				
	<del></del>							
		tly affiliated with, or related to, one	e or more tax-exempt organi	zations described		7 v	Γ <del>ν</del>	□No
	, , ,	in 501(c)(3)) or in section 527?			L	_ Yes	LA	NO
b it "Yes,"	complete the following sch (a) Name of org		(b) Type of organization	Ī i	c) Description of relationshi	n		
	N/A	Janization	(b) Type of organization	<u> </u>	bescription of rolationism			
	14/21							
	<del></del>				-			
		$\wedge$						
Unc	der penalties of perjury, declare t	that I have examined this return, including	accompanying schedules and st	atements, and to the best	t ■ May t	he IRS c	liscuss t	his
Sign   👢	belief, it is true, correct and com	nplete Declaration (Voreparer (other than	/ -/ /		return show	with the n below?	e prepar	er 📱
Here			1/1/1/2020	PRESID	ENT	] Yes		] No
S	ignature of officer or trustee		Date	Title				
	Print/Type preparer's na	ame Proparer's s	ingnature		Check if PTIN			
D-1-t		1317	XN		self- employed	-4.		
Paid	STACY RUBS		RVBSAM	07/10/20	P00			
Prepare	1 11 11 5 114 1115	FTONLARSONALIEN	LP		Firm's EIN ► <b>41</b> -07	467	49	
Use Only	*	O G CMII GMDDEM	CIITME 200					
		O S 6TH STREET,			Phone no. 612-37	6_1	500	
		NNEAPOLIS, MN 5	J#U4					(2019)
					FOI	III 550		(2013)

	ACCOUNTI	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(C) ADJUSTED NET INCOME  TATEMENT 2  (D) CHARITABLE PURPOSES
FORM 990-PF  DESCRIPTION	ACCOUNTII  (A)  EXPENSES PER BOOKS	1,125.  NG FEES  (B)  NET INVEST- MENT INCOME	1,125.  S  (C) ADJUSTED	(D) CHARITABLE
FORM 990-PF  DESCRIPTION	ACCOUNTII  (A)  EXPENSES PER BOOKS	NG FEES  (B)  NET INVEST-  MENT INCOME	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION ——	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
ACCOUNTING FEES	1,595.	700		
		790	•	797.
TO FORM 990-PF, PG 1, LN 16B	1,595.	798	•	797.
	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
ADMIN FEES	17,251.	17,251	•	0.
TO FORM 990-PF, PG 1, LN 16C	17,251.		•	0.
FORM 990-PF	TAX	ES	s	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX EXCISE TAX	1,175. 15,687.			0.
TO FORM 990-PF, PG 1, LN 18	16,862.	1,175	•	0.

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS DUES INVESTMENT EXPENSE	314. 525. 15.	0. 0. 15.		314. 525. 0.
TO FORM 990-PF, PG 1, LN 23	854.	15.		839.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MISC INVESTMENTS	COST	5,494,386.	11,887,844.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	5,494,386.	11,887,844.

		OF OFFICERS, DI FOUNDATION MANAG		STAT	EMENT 7
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY L. TANKENOFF 2424 KENNEDY STREET NE MINNEAPOLIS, MN 55413	-	CHAIRMAN/PRESID 0.00	ENT 0.	0.	0 .
SCOTT M. TANKENOFF 2424 KENNEDY STREET NE MINNEAPOLIS, MN 55413		VICE PRESIDENT 0.00	0.	0.	0 .
LEODA SWANSON 2424 KENNEDY STREET NE MINNEAPOLIS, MN 55413		TREASURER 0.00	0.	0.	0
MARSHA J. TANKENOFF 2424 KENNEDY STREET NE MINNEAPOLIS, MN 55413		VICE PRESIDENT 0.00	0.	0.	0
HELENE TANKENOFF 2424 KENNEDY STREET NE MINNEAPOLIS, MN 55413		SECRETARY 0.00	0.	0.	0
TOTALS INCLUDED ON 990-PF,	PAGE 6,	PART VIII	0.	0.	0