•	در ، Form 990	\ O-T (20,19)•	THE_MINNEAPOLIS FOUNDATION		41-602940	) 2 Page 2
			Total Unrelated Business Taxable Income			
		<del>/</del>	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	T	32 233	,536.
4	33		s paid for disallowed fringes	1 -	33	
			ole contributions (see instructions for limitation rules)  STMT 4  STMT 5	, , <del> </del>	<del></del>	,254.
	34	- M	related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 3	<b>7</b> F		,282.
	35				<del></del>	202.
	36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b></b>	36   210	202
	37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<i>''</i>		,282.
	38	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<u>-</u> ا د	38 1	<u>,000.</u>
	39		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	$\Pi$	1 200	202
	<u> </u>		e smaller of zero or line 37	<u>''</u>	39   209	,282.
	۰	<del>/ '\</del>	[ax Computation		1. 42	040
	40	•	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶	40 43	<u>,949.</u>
	41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		+	
			x rate schedule or Schedule D (Form 1041)	▶∟	4)	
	42	-	ax. See instructions 3	▶ ⊢	42	
	43	Alternat	ive minimum tax (trusts only)	⊢ L	48	
	44	Tax on I	Noncompliant Facility Income. See instructions		44	
	45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	<u>(</u>	45 43	,949.
		~~~	Tax and Payments			
	46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)			
	b	Other cr	redits (see instructions)			
	C	General	business credit. Attach Form 3800		1	
	d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
	е	Total cr	edits Add lines 46a through 46d	Ľ	40e	
	47	Subtrac	t line 46e from line 45	. <u>,</u> L	47 43	<u>,949.</u>
	48	Other ta	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	ule)	48	
	49	Total ta	x. Add lines 47 and 48 (see instructions)	ЧL	49 43	<u>,949.</u>
	50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	, L	50	0.
	51 a	Paymen	its: A 2018 overpayment credited to 2019 (AC) Sta 64,93	5.	<b>'</b>	
	b	2019 es	stimated tax payments			
	c	Tax dep	osited with Form 8868			
			organizations: Tax paid or withheld at source (see instructions) 5 d			
	е	Backup	withholding (see instructions) 5ile			
	f	Credit fo	or small employer health insurance premiums (attach Form 8941) 51f	•4		
			redits, adjustments, and payments: Form 2439		ŀ	
	•		orm 4136 Other Total <b>&gt;</b> 51g			
	52	Total pa	ayments. Add lines 51a through 51g		52 64	<u>,935.</u>
	53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached		53	
	54	Tax due	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	ightharpoons	54	
	<b>C</b> 55	<u>O</u> verpay	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $i  \mathfrak{D}$	ightharpoons	55 20	,986.
10	1256	Enter th	e amount of line 55 you want: Credited to 2020 estimated tax > 20,986. Refunded	▶□	56	0.
• •	Pari	t VI	Statements Regarding Certain Activities and Other Information (see instructions)			
	57	At any t	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Y	es No
		over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		here	<b>&gt;</b>			X
	58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<u></u>	X
		If "Yes,"	see instructions for other forms the organization may have to file.			
	59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
			nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my ki irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	nowledge	e and belief, it is true,	
	Sign	'I.		May	the IRS discuss this ret	urn with
	Here	•   •	$\times$ // $\sim$ / $\sim$   $1/21/21$ $\sim$ CFO		reparer shown below (s	
			Signature of officer Date Title	ınstru	uctions)? X Yes	No
			Print/Type preparer's name Preparer's signatyre Date Check	lf	PTIN	
	Paid	d	KIMBERLY ANDERSON, KIMBERLY ANDERSON, self- emplo	oyed		
		<sub>a</sub> parer	CPA (2/30/20)		P0018888	39
		Only	Firm's name ► CLIFTONLARSONALLEN LLP Firm's Ell	<b>V</b>	41-0746	749
		<b>,</b>	8215 GREENWAY BOULEVARD, SUITE 600			
			Firm's address ► MIDDLETON, WI 53562 Phone no	<u>. 60</u>	8-662-860	
	923711	01-27-20			Form <b>990</b>	-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	r		_6		
2 Purchases	2		7	Cost of goods sold Su	btract l	ine 6			•
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		]	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b			property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (	From Real F	Property and	Pers	sonal Property L	ease	d With Real Prop	erty)	1	
(see instructions)		<del></del> ·-							
1. Description of property									
(1)									
(2)				, ,,, · - · - · · - · · - · · - · · - · · - · · - · · - · · - · · · · · · · · · · · · · · · · · · · ·					
(3)	_								
	<del></del>	d or accrued				3(a) Deductions directly	connec	ted with the income in	,
<ul> <li>(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)</li> </ul>	entage of than	` of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je			attach schedule)	,
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns		er			•	(b) Total deductions Enter here and on page 1,			•
here and on page 1, Part I, line 6, column		lnoomo (	<del></del>		0.	Part I, line 6, column (B)	<u> </u>	•	0.
Schedule E - Unrelated Deb	t-rinanceu	income (see i	nstru	ctions)		3. Deductions directly con		with as allegable	<del></del>
			2	Gross income from		to debt-finance			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
						(attaon someone)	gr	PATEMENT	6
(1) HIGHLAND VILLAGE	APARTME	NTS K-1					15.	IMIDMINI	
(2) DEBT PASSTHROUGH				40,848.			$\top$	19,2	04.
(3)							$\top$		
(4)									
4. Amount of average acquisition		adjusted basis	6	Column 4 divided		7. Gross income		8. Altocable deduct	
debt on or allocable to debt-financed property (attach schedule)	debt-finar	llocable to aced property		by column 5		reportable (column 2 x column 6)	'	(column 6 x total of co 3(a) and 3(b))	lumns
STATEMENT 7	(attach	schedule)							
(1)				%					
(2) 536,283.		391,924.		100.00%		40,848	•	19,2	04.
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals						40,848		19,2	
Total dividends-received deductions in	cluded in column	8				10,010			0.

Form 990-T (2019)

				Controlled O	rganization	d Organiza ons				
Name of controlled organizate .	ide	Employer ntification number	3. Net unre	elated income instructions)	<b>4</b> . Tot	al of specified nents made	include	of column 4 ted in the contration's gross t	rolling	6. Deductions directly connected with income in column 5
(1)			<del> </del>							<del></del>
(1)			1					-		
(3)			1	v			† · · · ·			
(4)			<del> </del>							
Nonexempt Controlled Organia	zations		<u></u>						<u> </u>	
7. Taxable Income	Net unrelated in (see instruction)		9 Total	of specified payi made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	is included ization's		iuctions directly connected income in column 10
(1)	-									
(2)								1		
(3)						1				•
(4)										ě
	n.		,	40-600	``	Add colur Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, une 8, column (B)
Totals					▶			0.		0
Schedule G - Investme	nt Income of	a Section	501(c)(7	'), (9), or (	17) Org	anization				-
(see instr	ructions)					)				L.
1. Descr	ription of income			2. Amount of	income	3 Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				ļ						
(2)	<u></u>									
(3)										
(4)							1,			
							L F	>44,54	- 10 Ex	
Fotals			<b>•</b>	Enter here and Part I, line 9, co						Part I, line 9, column (B)
Totals Schedule I - Exploited (see instru		ity Incom	► ne, Other	Part I, line 9, co	lumn (A)	g Income				Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited		3. E directly with p	e, Other	Part I, line 9, co	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incifrom activity is not unrelabusiness inci	that ted	6. Expattribut	penses table to	Part I, line 9, column (B)
Schedule I - Exploited (see instru	2. Gross unrelated business income from	3. E directly with p	expenses connected production	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut	penses table to	7. Excess exempt expenses (column 5 but not more than
Schedule I - Exploited (see Instru	2. Gross unrelated business income from	3. E directly with p	expenses connected production	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut	penses table to	7. Excess exempt expenses (column 6 minus column 5, but not more than
(see instruction)  1 Description of exploited activity  (1) (2)	2. Gross unrelated business income from	3. E directly with p	expenses connected production	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
(see instruction)  1 Description of exploited activity  (1) (2) (3)	2. Gross unrelated business income from	3. E directly with p	expenses connected production	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut	penses table to	7. Excess exempt expenses (column 5 but not more than
(see instruction)  1 Description of exploited activity  (1) (2)	2. Gross unrelated business income from	3. Enter h	expenses connected production	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6) on more than column 4)  Enter here and on page 1, Part II, line 25
Schedule I - Exploited (see instruction of exploited activity)  (1) (2) (3) (4)	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	3. Enter h	expenses connected roduction nrelated sss income  ere and on 1, Part I, 0, col (B)	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput	o.  vertisin  ne (loss) thrade or olumn 2 n 3) If a e cols 5	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut colui	penses table to mn 5	7. Excess exempt expenses (column 6) on more than column 4)  Enter here and on page 1, Part II, line 25
1 Description of exploited activity  (1) (2) (3) (4)  Totals	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	3. Enter h page line 1	expenses connected roduction nrelated ess income ere and on 1, Part I, 0, col (B)	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput through	dumn (A)  0.  vertisin  ne (loss) thrade or  slumn 2 n 3) If a e cols 5 7	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut colui	penses table to mn 5	7. Excess exempt expenses (column 6) on more than column 4)  Enter here and on page 1, Part II, line 25
Schedule I - Exploited (see instruction of exploited activity)  (1) (2) (3) (4)	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	3. Enter h page line 1	expenses connected roduction in related ess income ess income ere and on 1, Part I, 0, col (B)	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput through	dumn (A)  0.  vertisin  ne (loss) thrade or  slumn 2 n 3) If a e cols 5 7	5. Gross incompactivity is not unrelated business incompactivity.	that ted	attribut colui	penses table to mn 5	7. Excess exempt expenses (column 6) but not more than column 4)  Enter here and on page 1,
1 Description of exploited activity  (1) (2) (3) (4)  Totals	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, line 10, col (A)	Enter h page line 1	expenses connected roduction in related ess income ess income ere and on 1, Part I, 0, col (B)	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput through	dumn (A)  0.  vertisin  ne (loss) thrade or  slumn 2 n 3) If a e cols 5 7   Basis  thising gain of 2 minus	5. Gross incifrom activity is not urrela business inco	that ted one	attribut colui	penses table to min 5	7. Excess exempt expenses (column 6) but not more than column 4)  Enter here and on page 1, Part II, line 25
1 Description of exploited (see instruction of exploited activity)  (1) (2) (3) (4)  Totals  Schedule J - Advertising Part   Income From Income From Income	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, Inne 10, col (A)  Cng Income (s  Periodicals Re  2. Gro advertis	Enter h page line 1	expenses connected roduction riciated sss income  ere and on 1, Part I, 0, col (B)  0 .  Ons)  On a Cons  3, Direct	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput through	dumn (A)  0. /ertisin  ne (loss) thrade or lumn 2 n 3) If a e cols 5 7  Basis  tising gain of 2 minus ain, comput	5. Gross incifrom activity is not urrela business inco	that ted one	attribut	penses table to min 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 25  7. Excess readership costs (column 6 minus column 5, but not more
1 Description of exploited activity  (1) (2) (3) (4)  Totals  Schedule J - Advertisin	2. Gross unrelated business income from trade or business  Enter here and on page 1, Part I, Inne 10, col (A)  Cng Income (s  Periodicals Re  2. Gro advertis	Enter h page line 1	expenses connected roduction riciated sss income  ere and on 1, Part I, 0, col (B)  0 .  Ons)  On a Cons  3, Direct	Than Adv  4. Net inconfrom unrelated business (or minus colum gain, comput through	lumn (A)  0 .  /ertisin  ne (loss) trade or olumn 2 n 3) If a e cols 5 7  Basis  tusing gain of 2 minus ain, comput rrough 7	5. Gross inc. from activity is not unrela business inc.	that ted one	attribut	penses table to min 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)  Enter here and on page 1, Part II, line 25  7. Excess readership costs (column 6 minus column 5, but not more

Form **990-T** (2019)

		l		A 4.1			1	-		7	
1. Name of periodical	2. Gross advertising income		Pirect ng costs	4 Advertisin or (loss) (col. 2 col. 3) If a gain, cols 5 throu	minus compute		rculation come	6	Readership costs	7. Excess readers costs (column 6 mi column 5, but not n than column 4)	nus nore
(1)		,									
(2)											
(3)										,	
(4)									`		
Totals from Part I	0.	1	0.								0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter he page 1 line 11,			1.0					Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	0.		0.								0.
Schedule K - Compensation	of Officers, I	Directo	rs, and	Trustees	(see in	structio	ns)				
1. Name				2. Title			3 Percent time devotes business	d to		ensation attributable elated business	•
(1)		Į.						%			
(2)			•					%			
(3)								%			

Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED
BUSINESS ACTIVITY

STATEMENT 1

PASSTHROUGH INCOME FROM PARTNERSHIPS

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THE MINNEAPOLIS FOUNDATION HEREBY ELECTS TO FOREGO THE CARRYBACK FOR ITS 3/31/2019 YEAR-END.

FORM 990-T	OTHER DEDUCTIONS		STATEMENT 3
DESCRIPTION		ţ	AMOUNT
ACCOUNTING FEES			500.
TOTAL TO FORM 990-T, PAGE 1	, LINE 27		500.

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PHILEONA FOUNDATION	N/A	100,000.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	100,000.

FORM 990-T CONTRIBUTION	IS SUMMARY	STATEMENT	5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100 QUALIFIED CONTRIBUTIONS SUBJECT TO 25	% LIMIT % LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRI FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	BUTIONS 5,168 2,561 89,747 99,230 99,313		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	296,019 100,000		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	396,019 23,254	-	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	372,765 0 372,765	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		23,	254
TOTAL CONTRIBUTION DEDUCTION		23,	254

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
TOTAL 754 DEPRECI	ATION - SUBTOTAL -	1	19,204.	19,204.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		19,204.

FQRM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FINE			STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT ,	TOTAL
DEBT	- SUBTOTAL -	1	536,283.	536,283.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	4		536,283.

2

#### ENTITY

2

OMB No 1545-0047

# (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year, 2019 or other tax year beginning APR 1, 2019, and ending MAR 31,

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service Name of the organization

THE MINNEAPOLIS FOUNDATION

Employer identification number 41-6029402

	Describe the unrelated trade or business QUALIFIED		RTNERSHIPS S	LOED	
	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales		,		
, p	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	8,020.		8,020.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	40,491.		40,491.
С	Capital loss deduction for trusts	4c		1、12性性数(等点	
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 8	5	-242,851.		-242,851.
6	Rent income (Schedule C)	6	· · · · · ·		
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			,
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	Total. Combine lines 3 through 12	13	-194,340.		-194,340.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

	•			
14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	E STATEMENT 9	27	500.
28	Total deductions. Add lines 14 through 27		28	500.
29	Unrelated business taxable income before net operating loss deduction. Subtract line	28 from line 13	29	-194,840.
30	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2		形態	
	instructions)	STMT 10	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29		31	-194,840.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM	PARTNERSHIPS	STATEMENT 8
DESCRIPTION		NET INCOME OR (LOSS)
ABERDEEN US PRIVATE EQUITY IV, LP - ORDINAFINCOME (LOSS) ABERDEEN VENTURE PARTNERS VII, LP - ORDINAFINCOME (LOSS) BLOOMINGTON ASSOCIATES - ORDINARY BUSINESS BLACKSTONE GROUP - ORDINARY BUSINESS INCOME (LOSS) CLAYTON, DUBILIER & RICE FUND X, LP - ORDININCOME (LOSS) DENHAM COMMODITY PARTNERS FUND VI, LP - ORI	Y BUSINESS INCOME (LOSS) (LOSS) IARY BUSINESS DINARY BUSINESS	39,349 551 14,637 -6 17,618 82,237
JUNIPER CAPITAL III, L.P - ORDINARY BUSINES METROPOLITAN REAL ESTATE PARTNERS GLOBAL II BUSINESS INCOME ( MONTAUK TRIGAURD FUND VII, LP - ORDINARY BU	, LP - ORDINARY	-393,889 3,786 -28,778
(LOSS)	BUSINESS INCOME	
•		21,644
(LOSS)		21,644
(LOSS)		
(LOSS) TOTAL INCLUDED ON SCHEDULE M, PART I, LINE	5	
(LOSS)  TOTAL INCLUDED ON SCHEDULE M, PART I, LINE  FORM 990-T (M)  OTHER DEDUC	5	-242,851
(LOSS) TOTAL INCLUDED ON SCHEDULE M, PART I, LINE FORM 990-T (M)  OTHER DEDUC	5	-242,851 STATEMENT 9
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE  FORM 990-T (M)  DESCRIPTION  ACCOUNTING FEES	5	-242,851 STATEMENT 9 AMOUNT
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE  FORM 990-T (M)  DESCRIPTION  ACCOUNTING FEES  TOTAL TO SCHEDULE M, PART II, LINE 27	TIONS	-242,851 STATEMENT 9 AMOUNT 500
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE  FORM 990-T (M)  DESCRIPTION  ACCOUNTING FEES  TOTAL TO SCHEDULE M, PART II, LINE 27  SCHEDULE M  NET OPERATING LOSS PREVIOUSLY	TIONS	-242,851  STATEMENT 9  AMOUNT  500
DESCRIPTION  ACCOUNTING FEES  TOTAL TO SCHEDULE M, PART II, LINE 27  SCHEDULE M NET OPERATING LOSS  LOSS  PREVIOUSLY	5 DEDUCTION LOSS	-242,851 STATEMENT 9 AMOUNT 500 STATEMENT 10 AVAILABLE

### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an **Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning APR 1, 2019 and ending MAR 31,

OMB No 1545-0047

3

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	THE MINNEAPOLIS FOUNDAY.	TON		41-60294	02
	Inrelated Business Activity Code (see instructions) > 90009	9			
ב	Describe the unrelated trade or business   QUALIFIED	S	CORPORATIONS	SILOED	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				3
b	Less returns and allowances c Balance	1c	T.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3		4.70	
4 a	Capital gain net income (attach Schedule D)	4a	245,892.		245,892.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	.4b			
С	Capital loss deduction for trusts	4c_		<b>"大"的一个</b>	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 11	5	-6,476.		-6,476.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled	,			,
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9	1		
10	Exploited exempt activity income (Schedule I)	10			·
11	Advertising income (Schedule J)	11		•	
12	Other income (See instructions, attach schedule)	12			4.004
13 -	Total. Combine lines 3 through 12	13	239,416.		239,416.
Rai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions i	for limitations on de e.)	ductions.) (Deduction	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	,
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)	•	ř	18	
19	Taxes and licenses		<b>)</b>	19	26,524.
20	Depreciation (attach Form 4562)		20		Same and the same
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

.Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

500.

392.

27,024.

212,392

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instructions)

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29

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SEE STATEMENT 12

FQRM 990-T (M)	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 11		
DESCRIPTION		NET INCOME OR (LOSS)		
K-1S OWNED LESS THAN	2% S CORPS - ORDINARY BUSINESS INCOME	4,709.		
	INC ORDINARY BUSINESS INCOME (LOSS)	-11,185		
TOTAL INCLUDED ON SC	-6,476			
FORM 990-T (M)	OTHER DEDUCTIONS			
		STATEMENT 12		
DESCRIPTION		AMOUNT		

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE MINNEAPOLIS FOR	<u> </u>			<u>41-</u>	6029402
Did the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax ye	ar?		Yes X No
f "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your			
Part I Short-Term Capital Gai	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	) 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					-
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach computa	<del>-</del>			6	( )
7 Net short-term capital gain or (loss). Combin	•	ı h		7	
Part II Long-Term Capital Gai					·
See instructions for how to figure the amounts	(4)	(a)	(0) Adjustments to gair		(h) Gain or (loss) Subtract
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked		·			
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked			<u> </u>	11	
11 Enter gain from Form 4797, line 7 or 9	from Form 6252 line 26 or 2	7			
12 Long-term capital gain from installment sales		ı		12 13	<del></del>
13 Long-term capital gain or (loss) from like-kin	u exchanges ironii Forni 6024			14	
14 Capital gain distributions	a linea On through 14 in colum	n h		15	
15 Net long-term capital gain or (loss). Combine Part III   Summary of Parts I and				13	
16 Enter excess of net short-term capital gain (III		l loce /line 15\		16	<u> </u>
17 Net capital gain. Enter excess of net long-term			. 7)	17	
18 Add lines 16 and 17. Enter here and on Form			'''	18	0.
		opor nne on omer returns		10	
Note: If losses exceed gains, see Capital Los	5562 in the manuchona.				

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

#### SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE MINNEAPOLIS FOUNDATION 41-6029402						
Did the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax year	?		Yes X No	
If "Yes," attach Form 8949 and see its instru			ain or loss			
Part I Short-Term Capital Gai	ins and Losses (See I	nstructions.)			····	
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to gair	1	(h) Gain or (loss) Subtract	
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g)	9,	column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars.						
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with <b>Box C</b> checked						
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,	•	4		
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach computa				6_	()	
7 Net short-term capital gain or (loss). Combin				7		
Part II Long-Term Capital Gai	ns and Losses (See II	nstructions)			· ·	
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars.	(Sales price)	(or outer seems)	r at ii, iiie 2, coldiiii (g	, 	combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on	,					
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on			•			
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on	0 000	10			0 000	
Form(s) 8949 with Box F checked	8,038.	18.			8,020.	
11 Enter gain from Form 4797, line 7 or 9				11	40,491.	
12 Long-term capital gain from installment sales		,		12	· · · · · · · · · · · · · · · · · · ·	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13		
14 Capital gain distributions		14	48,511.			
15 Net long-term capital gain or (loss). Combin		<u> </u>		15	40,311.	
Part III Summary of Parts I and		Lloce (line 15)	···· <u>-</u>	16	<u> </u>	
16 Enter excess of net short-term capital gain (III			١	16	48,511.	
<ul><li>17 Net capital gain. Enter excess of net long-term</li><li>18 Add lines 16 and 17. Enter here and on Form</li></ul>			,	17 18	48,511.	
Note: If losses exceed gains, see Capital Los		ppor ime on other returns		10	10,311.	
Hote. It iosses exceed gains, see Capital Los	SSeS in the manuchons.					
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		8	Schedule D (Form 1120) 2019	

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

### THE MINNEAPOLIS FOUNDATION

41-6029402

sta bro	fore you check Box D, E, or F belo tement will have the same informa oker and may even tell you which b	ation as Form 109 box to check	99-B. Either will s	how whether your	basis (usually you	r cost) was	reported to the IR	S by your
Ρ	art II Long-Term. Transaction	ons involving capita	ıl assets you held n	nore than 1 year are	generally long-term (s	ee instruction	ons) For short-term to	ransactions,
	see page 1 Note: You may aggregate al codes are required Enter the	e totals directly on S	Schedule D, line 8a	, you aren't required	to report these trans-	actions on F	orm 8949 (see instru	ctions)
You	u must check Box D, E, or F below. On the more long-term transactions than will	Check only one bo	X. If more than one be	ox applies for your long-	term transactions, complex with the same box chec	ete a separate	Form 8949, page 2, for e	each applicable box
,c	(D) Long-term transactions rep							
F	(E) Long-term transactions rep	, ,		-	•		,	
7	<u> </u>	٠,	•	•				
1	(a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
•	Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo., day, yr)	disposed of	(sales price)	basis. See the	column (f	(g), enter a code in ). See instructions.	Subtract column (e)
			(Mo , day, yr )		Note below and	(f)	(g)	from column (d) & combine the result
					see Column (e) In the instructions	Code(s)	Amount of adjustment	with column (g)
ΔΙ	BERDEEN US						aujustinent	
_	RIVATE EQUITY IV,							
LI		99/99/99	12/31/19	944.	0.			944.
	BERDEEN VENTURE	33733733	12/31/15	711.	•			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	ARTNERS VII, LP		-					
	5-2874862	99/99/99	12/31/19	0.	18.			<18.
	TROPOLITAN REAL	33,33,33	12, 31, 13					1200
	STATE PARTNERS	-						
	LOBAL II, LP							
	5-2214434	99/99/99	12/31/19	25.	0.			25.
	ONTAUK TRIGAURD	33733733	12/31/13	250				
	JND VII LP							
	L-2829807	99/99/99	12/31/19	7,069.	0.			7,069.
<u> </u>	2023007		12/ 31/13	7,005.	•			7,003.
		-						
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						<u> </u>	<del>                                     </del>	
_	Totals. Add the amounts in colui	mns (d) (e) (d) a	nd (h) (subtract					
_	negative amounts) Enter each to							
	Schedule D, line 8b (if Box D about							
	above is checked), or line 10 (if I			8,038.	18.			8,020.
_	and to the control of the to the					<del></del>		<del></del>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. 
■ Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE MINNEAPOLIS FOUNDATION 41-6029402							
old the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?							
If "Yes," attach Form 8949 and see its instru			ain or loss.				
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)					
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9, ) 	column (e) from column (d) and combine the result with column (g)		
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			,	~			
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked			·-···		_		
2 Totals for all transactions reported on					,		
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
'4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa	6 Unused capital loss carryover (attach computation)						
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7			
Part II Long-Term Capital Gai	ns and Losses (See i	nstructions.)					
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	(a)	(g) Adjustments to gair		(h) Gain or (loss) Subtract		
This form may be easier to complete if you	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.	(53.65)	(0. 2	· at it, into 2, coldini (g		oon on o record that colonia (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with <b>Box D</b> checked							
9 Totals for all transactions reported on							
Form(s) 8949 with <b>Box E</b> checked							
10 Totals for all transactions reported on							
Form(s) 8949 with <b>Box F</b> checked	270,000.	29,794.	·····		240,227.		
11 Enter gain from Form 4797, line 7 or 9				11	5,665.		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12			
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine		nh	14. 41. 7	15_	245,892.		
Part III Summary of Parts I and	"				· · · · · · · · · · · · · · · · · · ·		
16 Enter excess of net short-term capital gain (III				16			
17 Net capital gain. Enter excess of net long-term	•		)	17 18	245,892.		
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns					245,892.		
Note: If losses exceed gains, see Capital Los	ses in the instructions.						

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

THE MINNEAPOLI							029402
Before you check Box D, E, or F belo statement will have the same informa- broker and may even tell you which	ow, see whether y ation as Form 109 box to check	you received any 99-B Either will s	Form(s) 1099-B o show whether you	r substitute statem basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	bstitute IS by your
Part II Long-Term. Transacti		ıl assets you held n	nore than 1 year are	generally long-term (s	ee instructi	ons) For short-term t	ransactions,
see page 1  Note: You may aggregate all codes are required. Enter the	II long-term transact	ions reported on Fe	orm(s) 1099-B showii	ng basis was reporte	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below.	Check only one bo	X. If more than one be	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for	
If you have more long-term transactions than will  (D) Long-term transactions re					-		
(E) Long-term transactions re	,	•	•	•	Note au	ove)	
(E) Long-term transactions no	• •	`	•	ported to the ins			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh. XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the		). See instructions	Subtract column (e)
		(Mo , day, yr )		Note below and see Column (e) In	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ALLIANT							
ENGINEERING, INC							
41-1818046	99/99/99	12/31/19	270,000.	29,794.			240,206.
ALLIANT ENGINEERS							<u> </u>
INC							21.
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16.874	<u> </u>						
2 Totals. Add the amounts in colu	mns (d), (e), (a), a	nd (h) (subtract		1		_	<u>.</u>
negative amounts) Enter each to							
Schedule D, line 8b (if Box D ab		- 1					1
above is checked), or line 10 (if		_	270,000.	29,794.			240,227.
Note: If you checked Box D above					basis as	reported to the IRS	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment Form 8949 (2019)