

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation CLA FOUNDATION		A Employer identification number 47-3544862	
Number and street (or P.O. box number if mail is not delivered to street address) 220 SOUTH 6TH STREET NO 300		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55402		B Telephone number (see instructions) (612) 376-4500	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 520,581	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	950,897			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	133	133		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-676			
	b Gross sales price for all assets on line 6a _____ 12,514				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	950,354	133	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	8,200	0	0	7,350
	c Other professional fees (attach schedule)	5,335	0	0	5,335
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	4,212	0	0	4,212
	22 Printing and publications	1,660	0	0	1,660
	23 Other expenses (attach schedule)	17,638	0	0	12,075
	24 Total operating and administrative expenses. Add lines 13 through 23	37,045	0	0	30,632
	25 Contributions, gifts, grants paid	864,500			929,894
	26 Total expenses and disbursements. Add lines 24 and 25	901,545	0	0	960,526
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	48,809			
	b Net investment income (if negative, enter -0-)		133		
c Adjusted net income (if negative, enter -0-)				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	524,486	514,314	514,314		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	11,966	6,267	6,267		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	536,452	520,581	520,581			
Liabilities	17	Accounts payable and accrued expenses	136	850			
	18	Grants payable	474,894	409,500			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	475,030	410,350			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	61,422	100,231			
	25	Temporarily restricted		10,000			
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	Total net assets or fund balances (see instructions)	61,422	110,231			
	31	Total liabilities and net assets/fund balances (see instructions) .	536,452	520,581			

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	61,422
2	Enter amount from Part I, line 27a	2	48,809
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	110,231
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	110,231

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECURITIES			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 12,514		13,190	-676
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			-676
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } </div>	2	-676
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐

Yes

☒

No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	348,524	326,217	1 068381
2016	778,270	389,734	1 996926
2015	104,967	212,628	0 493665
2014			
2013			

2 Total of line 1, column (d)	2	3 558972
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	1 186324
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	210,997
5 Multiply line 4 by line 3	5	250,311
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1
7 Add lines 5 and 6	7	250,312
8 Enter qualifying distributions from Part XII, line 4	8	960,526

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	1
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ CA, CO, FL, IL, MA, MD, MN, MO, NC, NJ, NM, OH, PA, VA, WA, WI, KS, GA, NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ THE FOUNDATION Telephone no ▶ (612) 376-4500			

Located at **▶** 220 SOUTH 6TH STREET NO 300 MINNEAPOLIS MNZIP+4 **▶** 55402

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1
b	Average of monthly cash balances.	1b	214,209
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	214,210
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	214,210
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,213
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	210,997
6	Minimum investment return. Enter 5% of line 5.	6	10,550

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	10,550
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	10,549
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	10,549
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	10,549

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	960,526
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	960,526
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	1
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	960,525

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				10,549
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				94,338
d From 2016.				758,787
e From 2017.				332,218
f Total of lines 3a through e.	1,185,343			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 960,526				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				10,549
e Remaining amount distributed out of corpus	949,977			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,135,320			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	2,135,320			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				94,338
c Excess from 2016.				758,787
d Excess from 2017.				332,218
e Excess from 2018.				949,977

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
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, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) See Additional Data Table	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments. . . .					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities. . . .			14	133	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property					
7	Other investment income.					
8	Gain or (loss) from sales of assets other than inventory			18	-676	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). . .		0		-543	0
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		-543

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

[illegible]

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

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2019-04-25	*****	May the IRS discuss this return with the preparer shown below? (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KAREN A GRIES CPA				P00078514
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402					Phone no (612) 376-4500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAN KRUCHOSKI	CHAIR 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
BRIAN DORAZIO	TREASURER 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
JOHN LANGAN	DIRECTOR-AT-LARGE 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
KIRA SEXTON	DIRECTOR-AT-LARGE 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
DENNY SCHLEPER	EX-OFFICIO 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
LINDA SADDLEMIRE	MEMBER 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
NICK GRAFF	MEMBER 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, ME 55402				
MICHELLE PETERS	MEMBER 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				
STEVE ROSA	EXECUTIVE DIRECTOR 1 00	0	0	0
220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

JAN KRUCHOSKI
JOHN LANGAN
DENNY SCHLEPER
STEVE ROSA

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CORPORATE PARTNERS 140 E 45TH STREET 19A NEW YORK, NY 10017	NONE	PC	PROGRAM FUNDING FOR MENTORING PROGRAM	25,000
ATHENAPOWERLINK ORLANDO 1000 HOLT AVE - 2722 WINTER PARK, FL 32789	NONE	PC	GENERAL OPERATING SUPPORT	5,000
ATWORK1935 152ND PL NE BELLEVUE, WA 98007	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AVIVO1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
BLACKHAWK HILLS REGIONAL COUNCIL - CEO 309 1ST AVENUE ROCK FALLS, IL 61071	NONE	PC	GENERAL OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT ST STE 712 PHILADELPHIA, PA 19102	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BREAKTHROUGH TWIN CITIES 2051 LARPENTEUR AVENUE EAST ST PAUL, MN 55109	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
BUNKER LABS NFP INC 222 W MERCHANDISE MART PLAZA STE 1212 CHICAGO, IL 60654	NONE	PC	GENERAL OPERATING SUPPORT	20,000
C5 YOUTH FOUNDATION OF SOUTHERN CALIFORNIA INC 3100 N BROADWAY LOS ANGELES, CA 90031	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR LAND-BASED LEARNING 5265 PUTAH CREEK RD WINTERS, CA 95694	NONE	PC	GENERAL OPERATING SUPPORT	10,000
CHRISTEL HOUSE INTERNATIONAL 10 WEST MARKET STREET SUITE 1990 INDIANAPOLIS, IN 46204	NONE	PC	PROGRAM SPECIFIC FUNDING FOR INDIANAPOLIS BASED PROGRAMS	20,000
COMUNIDADES LATINAS UNIDAS EN SERVICIO 797 EAST 7TH STREET ST PAUL, MN 55106	NONE	PC	PROGRAM SPECIFIC FUNDING FOR WORKFORCE DEVELOPMENT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVID & MARGARET YOUTH AND FAMILY SERVICES 1350 THIRD STREET LA VERNE, CA 91750	NONE	PC	GENERAL OPERATING SUPPORT	20,000
DREAM CENTER OF LAKELAND INC 635 W 5TH STREET LAKELAND, FL 33805	NONE	PC	PROGRAM SPECIFIC SUPPORT	15,000
DREAM CENTER PEORIA 714 HAMILTON BLVD PEORIA, IL 61603	NONE	PC	PROGRAM SPECIFIC SUPPORT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON ROAD CHARLOTTE, NC 28217	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
DRESS FOR SUCCESS TWIN CITIES 1549 UNIVERSITY AVE W SUITE 1 ST PAUL, MN 55104	NONE	PC	GENERAL OPERATING SUPPORT	20,000
FARESTART700 VIRGINIA STREET SEATTLE, WA 98101	NONE	PC	TO SUPPORT GENERAL OPERATIONS	25,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORIDA LEADERSHIP VENTURE DBA ELEVATE ORLANDO PO BOX 940633 MAITLAND, FL 32794	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
FRESH ARTISTS 3510 SCOTTS LANE STE 3014 PHILADELPHIA, PA 19129	NONE	PC	GENERAL OPERATING SUPPORT	15,000
GREATER MANKATO GROWTH INC FOUNDATION 1961 PREMIER DRIVE STE 100 MANKATO, MN 56001	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HIGHER ACHIEVEMENT 317 8TH STREET NORTHEAST WASHINGTON, DC 20002	NONE	PC	TO SUPPORT GENERAL OPERATIONS	25,000
JEREMIAH PROGRAM 615 1ST AVENUE NE STE 210 MINNEAPOLIS, MN 55413	NONE	PC	GENERAL OPERATING SUPPORT	20,000
JEVS HUMAN SERVICES 1845 WALNUT STREET 7TH FLOOR PHILADELPHIA, PA 19103	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT CENTRAL CAROLINAS 201 SOUTH TRYON STREET LL100 CHARLOTTE, NC 28202	NONE	PC	GENERAL OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	PC	TO SUPPORT GENERAL OPERATIONS	10,000
JUNIOR ACHIEVEMENT OF CENTRAL ILLINOIS 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF MIDDLE AMERICA INC 4001 BLUE PARKWAY KANSAS CITY, MO 64130	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
JUNIOR ACHIEVEMENT OF SOUTHERN MASSACHUSETTS 128 UNION STREET SUITE 304 NEW BEDFORD, MA 02740	NONE	PC	TO SUPPORT GENERAL OPERATIONS	15,000
LATINO ECONOMIC DEVELOPMENT CORPORATION OF WASHINGTON DC 641 S STREET NW 3RD FLOOR WASHINGTON, DC 20001	NONE	PC	GENERAL OPERATING SUPPORT	25,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION (MEDA) 250 2ND AVENUE SOUTH MINNEAPOLIS, MN 55401	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
NEW BOHEMIAN INNOVATION COLLABORATIVE (NEWBOCO) 415 12TH AVE SE CEDAR RAPIDS, IA 52401	NONE	PC	GENERAL OPERATING SUPPORT	15,000
NORTH CLACKAMAS EDUCATION FOUNDATION PO BOX 595 CLACKAMAS, OR 97015	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE 100 MINNEAPOLIS, MN 55411	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
PCC FOUNDATION 4905C EAST BROADWAY BOULEVARD 252 TUCSON, AZ 857091320	NONE	PC	PROGRAM SPECIFIC FUNDING FOR PIMA JTED FUND	10,000
ROCKFORD RESCUE MISSION 715 WEST STATE STREET ROCKFORD, IL 61102	NONE	PC	TO SUPPORT GENERAL OPERATIONS	18,394
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANTA FE ALLIANCE FOR SCIENCE 7 MORNING GLORY CIRCLE SANTA FE, NM 87506	NONE	PC	TO SUPPORT GENERAL OPERATIONS	10,000
SOUTHERN MINNESOTA INITIATIVE FOUNDATION 525 FLORENCE AVENUE OWATONNA, MN 55060	NONE	PC	GENERAL OPERATING SUPPORT	20,000
SPARK-Y4432 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55108	NONE	PC	TO SUPPORT GENERAL OPERATIONS	15,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STARTUP SPOKANE610 W 2ND AVE SPOKANE, WA 99201	NONE	PC	GENERAL OPERATING SUPPORT	5,000
STRONG CITY BALTIMORE 3503 NORTH CHARLES STREET BALTIMORE, MD 21231	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
TEAM READPO BOX 94042 SEATTLE, WA 98124	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEENWORKS 2820 NORTH MERIDIAN STREET SUITE 1250 INDIANAPOLIS, IN 46208	NONE	PC	GENERAL OPERATING SUPPORT	15,000
THE 13TH MAN INC 8181 PROFESSIONAL PLACE SUITE 210 LANDOVER, MD 20785	NONE	PC	TO SUPPORT GENERAL OPERATIONS	10,000
THE ANDERSON CENTER 122 12TH AVENUE NORTH STE 102 ST CLOUD, MN 56303	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FOUNDATION FOR HISPANIC EDUCATION 14271 STORY ROAD SAN JOSE, CA 95127	NONE	PC	TO SUPPORT GENERAL OPERATIONS	7,500
THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
THE POWER OF THE PEOPLE LEADERSHIP INSTITUTE 600 18TH AVENUE NORTH SUITE 1 MINNEAPOLIS, MN 55411	NONE	PC	PROGRAM SPECIFIC FUNDING FOR GIRLS IN ACTION PROGRAM	15,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	NONE	PC	GENERAL OPERATING SUPPORT	20,000
TOWERS OF EXCELLENCE FOUNDATION 127 WELDON PARKWAY MARYLAND HEIGHTS, MO 63043	NONE	PC	TO SUPPORT GENERAL OPERATIONS	9,000
UJAMAA PLACE 1821 UNIVERSITY AVENUE N257 ST PAUL, MN 55104	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
URBAN STRATEGIES INC 1000 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55411	NONE	PC	PROGRAM SPECIFIC FUNDING FOR GREEN GARDEN BAKERY PROGRAM	25,000
WALLIN EDUCATION PARTNERS 5200 WILLSON ROAD MINNEAPOLIS, MN 55424	NONE	PC	TO SUPPORT GENERAL OPERATIONS	20,000
WISCONSIN ASSOCIATION OF HOMES FOR THE AGING RESEARCH & EDUCATION CORPORATI 204 SOUTH HAMILTON STREET MADISON, WI 53703	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total ▶ 3a				929,894

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YAKIMA COUNTY DEVELOPMENT ASSOCIATION 10 N 9TH STREET YAKIMA, WA 98901	NONE	PC	GENERAL OPERATING SUPPORT	5,000
YOUNG AMERICANS CENTER FOR FINANCIAL EDUCATION 3550 E 1ST AVENUE DENVER, CO 80111	NONE	PC	GENERAL OPERATING SUPPORT	15,000
Total ▶ 3a				929,894

TY 2018 Accounting Fees Schedule**Name:** CLA FOUNDATION**EIN:** 47-3544862

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	8,200	0	0	7,350

TY 2018 Other Expenses Schedule**Name:** CLA FOUNDATION**EIN:** 47-3544862**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TECHNOLOGY	7,584	0	0	1,201
BANK FEES	9,235	0	0	9,235
INSURANCE	814	0	0	1,634
MISCELLANEOUS	5	0	0	5

TY 2018 Other Professional Fees Schedule**Name:** CLA FOUNDATION**EIN:** 47-3544862

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	5,335	0	0	5,335

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491133002069	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information			OMB No 1545-0047
					2018
Name of the organization CLA FOUNDATION				Employer identification number 47-3544862	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CLA FOUNDATION	Employer identification number 47-3544862
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Part I **Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

47-3544862

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

Name of organization CLA FOUNDATION	Employer identification number 47-3544862
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 47-3544862
Name: CLA FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	STEPHEN BIEN	\$ 7,331	Person <input checked="" type="checkbox"/>
	3402 OAKWOOD MALL DR 100		Payroll <input type="checkbox"/>
	EAU CLAIRE, WI 54701		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>2</u>	MIKE BOSMA	\$ 6,700	Person <input checked="" type="checkbox"/>
	401 RYLAND ST 300		Payroll <input type="checkbox"/>
	RENO, NV 89502		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>3</u>	JEFFREY BRANDENBURG	\$ 5,500	Person <input checked="" type="checkbox"/>
	8215 GREENWAY BLVD SUITE 600		Payroll <input type="checkbox"/>
	MIDDLETON, WI 53562		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>4</u>	BRUCE BUSHMAN	\$ 8,100	Person <input checked="" type="checkbox"/>
	601 W RIVERSIDE AVE 700		Payroll <input type="checkbox"/>
	SPOKANE, WA 99201		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>5</u>	PAT BYER	\$ 6,000	Person <input checked="" type="checkbox"/>
	1966 GREENSPRING DR 300		Payroll <input type="checkbox"/>
	TIMONIUM, MD 21093		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>6</u>	MATTHEW CLAEYS	\$ 25,000	Person <input checked="" type="checkbox"/>
	9901 IH-10 WEST SUITE 350		Payroll <input type="checkbox"/>
	SAN ANTONIO, TX 78230		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	CATHY CLARKE	\$ 7,250	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>8</u>	CRYSTAL COLEMAN	\$ 7,750	Person <input checked="" type="checkbox"/>
	925 HIGHLAND POINTE DR 450		Payroll <input type="checkbox"/>
	ROSEVILLE, CA 95678		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>9</u>	HOD DAHL	\$ 6,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>10</u>	STEVE DEBRUYN	\$ 6,000	Person <input checked="" type="checkbox"/>
	1301 22ND ST SUITE 1100		Payroll <input type="checkbox"/>
	OAK BROOK, IL 60523		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>11</u>	SCOTT DIETZEN	\$ 7,500	Person <input checked="" type="checkbox"/>
	601 W RIVERSIDE AVE 700		Payroll <input type="checkbox"/>
	SPOKANE, WA 99201		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>12</u>	GREG DRAEGER	\$ 10,000	Person <input checked="" type="checkbox"/>
	121 W BRIDGE ST		Payroll <input type="checkbox"/>
	OWATONNA, MN 55060		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	SCOTT ENGELBRECHT	\$ 5,000	Person <input checked="" type="checkbox"/>
	600 WASHINGTON AVE SUITE 1800		Payroll <input type="checkbox"/>
	ST LOUIS, MO 63101		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>14</u>	JERRY FELICELLI	\$ 15,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>15</u>	DOUG FIEBELKORN	\$ 5,000	Person <input checked="" type="checkbox"/>
	300 CROWN COLONY DRIVE SUITE 310		Payroll <input type="checkbox"/>
	QUINCY, MA 02169		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>16</u>	ROBERT GIBSON	\$ 5,000	Person <input checked="" type="checkbox"/>
	301 SW ADAMS ST 1000		Payroll <input type="checkbox"/>
	PEORIA, IL 61602		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>17</u>	TONY HALLADA	\$ 13,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>18</u>	BLAKE HOSTETTER	\$ 5,000	Person <input checked="" type="checkbox"/>
	420 S ORANGE AVE SUITE 500		Payroll <input type="checkbox"/>
	ORLANDO, FL 32801		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	YASSIR KARAM	\$ 7,000	Person <input checked="" type="checkbox"/>
	9365 COUNSELORS ROW 200		Payroll <input type="checkbox"/>
	INDIANAPOLIS, IN 46240		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>20</u>	SUSAN KENNY STEVENS	\$ 5,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>21</u>	PETER KOLLER	\$ 15,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>22</u>	JAN KRUCHOSKI	\$ 5,016	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>23</u>	CHAD KUNZE	\$ 7,000	Person <input checked="" type="checkbox"/>
	20 E THOMAS RD SUITE 2300		Payroll <input type="checkbox"/>
	PHOENIX, AZ 85012		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>24</u>	JEFF KVILHAUG	\$ 12,000	Person <input checked="" type="checkbox"/>
	420 S ORANGE AVE SUITE 500		Payroll <input type="checkbox"/>
	ORLANDO, FL 32801		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	JOHN LANGAN	\$ 21,500	Person <input checked="" type="checkbox"/>
	901 N GLEBE RD 200		Payroll <input type="checkbox"/>
	ARLINGTON, VA 22203		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>26</u>	JEN LEARY	\$ 6,000	Person <input checked="" type="checkbox"/>
	227 W TRADE ST 8TH FLOOR		Payroll <input type="checkbox"/>
	CHARLOTTE, NC 28202		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>27</u>	AMELIA LESWING	\$ 5,000	Person <input checked="" type="checkbox"/>
	901 N GLEBE RD 200		Payroll <input type="checkbox"/>
	ARLINGTON, VA 22203		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>28</u>	DENNIS LOMAN	\$ 6,000	Person <input checked="" type="checkbox"/>
	312 NORTH SECOND AVENUE		Payroll <input type="checkbox"/>
	WALLA WALLA, WA 99362		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>29</u>	TIM MALECHA	\$ 5,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>30</u>	REED MATTHEWS	\$ 8,000	Person <input checked="" type="checkbox"/>
	925 HIGHLAND POINTE DR 450		Payroll <input type="checkbox"/>
	ROSEVILLE, CA 95678		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	MARIO MCKENZIE	\$ 6,000	Person <input checked="" type="checkbox"/>
	227 W TRADE ST 8TH FLOOR		Payroll <input type="checkbox"/>
	CHARLOTTE, NC 28202		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>32</u>	STEVEN NOBLE	\$ 7,500	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>33</u>	DAVID NORTH	\$ 5,100	Person <input checked="" type="checkbox"/>
	301 SW ADAMS ST 1000		Payroll <input type="checkbox"/>
	PEORIA, IL 61602		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>34</u>	BERNADETTE O'TOOLE	\$ 7,000	Person <input checked="" type="checkbox"/>
	610 W GERMANTOWN PIKE SUITE 400		Payroll <input type="checkbox"/>
	PLYMOUTH MEETING, PA 19462		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>35</u>	WILLIAM PETRI	\$ 10,000	Person <input checked="" type="checkbox"/>
	8390 E CRESCENT PKWY 300		Payroll <input type="checkbox"/>
	GREENWOOD VILLAGE, CO 80111		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>36</u>	BRYON REINHART	\$ 15,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	JOHN RICHTER	\$ 12,500	Person <input checked="" type="checkbox"/>
	227 W TRADE ST 8TH FLOOR		Payroll <input type="checkbox"/>
	CHARLOTTE, NC 28202		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>38</u>	STEVE ROSA	\$ 5,000	Person <input checked="" type="checkbox"/>
	610 W GERMANTOWN PIKE SUITE 400		Payroll <input type="checkbox"/>
	PLYMOUTH MEETING, PA 19462		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>39</u>	ROB SCHILE	\$ 5,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>40</u>	DENNIS SCHLEPER	\$ 12,500	Person <input checked="" type="checkbox"/>
	201 N FRANKLIN ST 2500		Payroll <input type="checkbox"/>
	TAMPA, FL 33602		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>41</u>	DAVID SCHUH	\$ 35,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>42</u>	CATHY SCHWEIGEL	\$ 8,000	Person <input checked="" type="checkbox"/>
	10700 W RESEARCH DR SUITE 200		Payroll <input type="checkbox"/>
	MILWAUKEE, WI 53226		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	LORI SIMS	\$ 10,500	Person <input checked="" type="checkbox"/>
	420 S ORANGE AVE SUITE 500		Payroll <input type="checkbox"/>
	ORLANDO, FL 32801		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
44	ERIK SKIE	\$ 5,000	Person <input checked="" type="checkbox"/>
	1301 22ND ST SUITE 1100		Payroll <input type="checkbox"/>
	OAK BROOK, IL 60523		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
45	MIKE SLAVIK	\$ 15,000	Person <input checked="" type="checkbox"/>
	300 CROWN COLONY DRIVE SUITE 310		Payroll <input type="checkbox"/>
	QUINCY, MA 02169		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
46	DREW SMITH	\$ 5,000	Person <input checked="" type="checkbox"/>
	901 N GLEBE RD 200		Payroll <input type="checkbox"/>
	ARLINGTON, VA 22203		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
47	GREGORY STANISLAWSKI	\$ 7,800	Person <input checked="" type="checkbox"/>
	301 N LAKE AVE 900		Payroll <input type="checkbox"/>
	PASADENA, CA 91101		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
48	RONALD STEARNS	\$ 5,000	Person <input checked="" type="checkbox"/>
	20 E THOMAS RD SUITE 2300		Payroll <input type="checkbox"/>
	PHOENIX, AZ 85012		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>	LARRY TAYLOR	\$ 6,000	Person <input checked="" type="checkbox"/>
	925 HIGHLAND POINTE DR 450		Payroll <input type="checkbox"/>
	ROSEVILLE, CA 95678		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>50</u>	BRENT TERHAAR	\$ 11,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>51</u>	JIM THOMAS	\$ 5,400	Person <input checked="" type="checkbox"/>
	1301 22ND ST SUITE 1100		Payroll <input type="checkbox"/>
	OAK BROOK, IL 60523		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>52</u>	KRISTIN TVEIT	\$ 5,000	Person <input checked="" type="checkbox"/>
	818 2ND ST S SUITE 320		Payroll <input type="checkbox"/>
	WAITE PARK, MN 56387		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>53</u>	JEFF VRIEZE	\$ 20,000	Person <input checked="" type="checkbox"/>
	220 SOUTH SIXTH ST STE 300		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)