

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

UNIVERSITY OF MINNESOTA FOUNDATION

41-6042488

Name and title of officer or person subject to tax

CHRISTINE K. SEARSON

VICE PRESIDENT/CFO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>669,514,544.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize RSM US LLP to enter my PIN 42488  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.


As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:  Date ▶ 04/20/22  
Signature of officer or person subject to tax ▶ \_\_\_\_\_  
**Part III Certification and Signature of ERO** 2355323C9968486...

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41667480220  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RSM US LLP DocuSigned by:  Date ▶ 04/20/22  
3C4B23495A42433...

**ERO must retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNIVERSITY OF MINNESOTA FOUNDATION  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 OAK STREET SE 500  City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55455-2010	<b>D</b> Employer identification number  41-6042488  <b>E</b> Telephone number (612) 624-3333
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ 1,864,367,259.
<b>J</b> Website: ▶ WWW.GIVE.UMN.EDU		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1962 <b>M</b> State of legal domicile: MN

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: A NON-PROFIT ORGANIZATION WITH THE SOLE PURPOSE OF SUPPORTING THE UNIVERSITY OF MINNESOTA WITH A		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	40
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	39
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	41
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	46
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,314,159.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	270,089,105.	241,661,680.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-22,958,240.	425,827,468.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	362,441.	2,025,396.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,493,306.	669,514,544.
Expenses			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,039,319.	201,561,671.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,677,837.	32,429,100.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,179,735.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,860,241.	21,986,251.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	258,577,397.	255,977,022.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-11,084,091.	413,537,522.
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	3,368,130,769.	4,420,065,180.
	<b>21</b> Total liabilities (Part X, line 26)	336,318,277.	453,528,230.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,031,812,492.	3,966,536,950.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer CHRISTINE K. SEARSON, VICE PRESIDENT/CFO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIE BOYER	Preparer's signature 
	Firm's name ▶ RSM US LLP Firm's address ▶ 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802	Date 04/20/22 Check if self-employed <input type="checkbox"/> PTIN P01278549 Firm's EIN ▶ 42-0714325 Phone no. 218-727-5025

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: A NON-PROFIT ORGANIZATION WITH THE SOLE PURPOSE OF SUPPORTING THE UNIVERSITY OF MINNESOTA WITH A MISSION TO CONNECT PASSION WITH POSSIBILITY, INSPIRE GENEROSITY, AND SUPPORT GREATNESS AT THE UNIVERSITY OF MINNESOTA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 201,561,671. including grants of \$ 201,561,671. ) (Revenue \$ ) GRANTS AWARDED TO OR ON BEHALF OF THE UNIVERSITY OF MINNESOTA COLLEGIATE PROGRAMS IN SUPPORT OF TEACHING, RESEARCH, AND OUTREACH TO THE COMMUNITY. GRANTS AWARDED IN SUPPORT OF EDUCATION TO U OF M PROGRAM INCLUDING ACADEMIC HEALTH SERVICES, ATHLETICS, LIBRARIES, MINNESOTA EXTENSION SERVICE, MULTI-DISCIPLINARY AND SPECIAL PROJECTS, AND WEISMAN ART MUSEUM. GRANTS TO OTHER UNIVERSITY-RELATED FOUNDATION INCLUDE THE MINNESOTA LANDSCAPE ARBORETUM. U OF M CAMPUSES ARE LOCATED IN MINNEAPOLIS/ST. PAUL, CROOKSTON, DULUTH, MORRIS, AND ROCHESTER. DISTRIBUTION BY PURPOSE INCLUDED \$58M TO STUDENT SUPPORT, \$51M TO PROGRAM SUPPORT, \$41M TO RESEARCH AND COMMUNITY OUTREACH/ENGAGEMENT, \$25M TO FACULTY AND STAFF SUPPORT, AND \$27M TO CAPITAL IMPROVEMENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 201,561,671.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (40); 1b Enter the number of voting members included on line 1a, above, who are independent (39); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [AL, AR, CA, CO, DC, HI, KY, LA, MA, MD, ME, MI]
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records [CHRISTINE K. SEARSON - (612) 624-3333 200 OAK STREET SE, NO. 500, MINNEAPOLIS, MN 55455-2010]

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN M. SCHMIDLKOFER PRESIDENT/CEO	40.00 0.40	X		X				563,378.	0.	89,838.
(2) ROBERT J. BURGETT SENIOR VICE PRESIDENT	40.00 0.00				X			396,661.	0.	52,565.
(3) PATRICIA K. PORTER VICE PRESIDENT	40.00 0.00				X			348,360.	0.	50,186.
(4) KATHLEEN L. PICKARD VICE PRESIDENT/CFO (LEFT OCT 2020)	40.00 0.40			X				303,489.	0.	47,958.
(5) JAMES G. AAGAARD VICE PRESIDENT	40.00 0.00				X			278,919.	0.	55,143.
(6) SARAH E. YOUNGERMAN VICE PRESIDENT	40.00 0.00				X			238,463.	0.	78,480.
(7) JAN L. SICKBERT ASSOCIATE VICE PRESIDENT	40.00 0.00					X		223,843.	0.	77,760.
(8) CAROL CUROE VICE PRESIDENT	40.00 0.00				X			244,004.	0.	38,215.
(9) ELIZABETH PATTY ASSOCIATE VICE PRESIDENT	40.00 0.00					X		227,045.	0.	49,599.
(10) CATHERINE MCGLINCH ASSOCIATE VICE PRESIDENT	40.00 0.00					X		222,056.	0.	53,370.
(11) CHRISTINE K SEARSON VICE PRESIDENT/CFO	40.00 0.40			X				220,153.	0.	55,088.
(12) STEVEN M. CORKERY ASSOCIATE VICE PRESIDENT	40.00 0.00					X		211,985.	0.	49,625.
(13) JANE F. GODFREY ASSOCIATE VICE PRESIDENT	40.00 0.00					X		211,782.	0.	49,296.
(14) THOMAS J. ANDERSON TRUSTEE (LEFT APRIL 2021)	0.40 0.00	X						0.	0.	0.
(15) RUTH BACHMAN TRUSTEE	0.40 0.00	X						0.	0.	0.
(16) RICHARD B. BEESON, JR. TRUSTEE (LEFT APRIL 2021)	0.40 0.00	X						0.	0.	0.
(17) MARY K. BRAINERD TRUSTEE	0.40 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BLYTHE A. BRENDEN TRUSTEE	0.40 0.00	X						0.	0.	0.
(19) DOROTHY J. BRIDGES TRUSTEE	0.40 0.00	X						0.	0.	0.
(20) REBECCA A. CROOKS-STRATTON TRUSTEE	0.40 0.00	X						0.	0.	0.
(21) MICHAEL B. FITERMAN TRUSTEE	0.40 0.00	X						0.	0.	0.
(22) JOAN T.A. GABEL TRUSTEE	0.40 0.00	X						0.	0.	0.
(23) ARCHIE J. GIVENS, JR. TRUSTEE (LEFT NOV 2020)	0.40 0.00	X						0.	0.	0.
(24) JULIE E. GILBERT TRUSTEE	0.40 0.00	X						0.	0.	0.
(25) KENNETH C. GLASER TRUSTEE	0.40 0.00	X						0.	0.	0.
(26) KURT E. HEIKKILA TRUSTEE	0.40 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,690,138.	0.	747,123.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,690,138.	0.	747,123.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **74**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LATHROP GPM 80 S 6TH ST, STE 500, MINNEAPOLIS, MN 55402	LEGAL SERVICES	631,770.
MEDIA LOFT INC, 615 1ST AVE NE STE 100, MINNEAPOLIS, MN 55413	EVENT PROJECT MANAGEMENT	387,764.
ALDES INC. 7732 TESSMAN DR., BROOKLYN PARK, MN 55445	JANITORIAL & PAINTING SERVICES	349,762.
STRIPE 3180 18TH ST., SAN FRANCISCO, CA 94110	CREDIT CARD PROCESSING	230,978.
SECURITAS SECURITY SERVICES USA, INC, MPLS- ST. PAUL 6 1450 ENERGY PARK DR.,	STUDENT HOUSING SECURITY	211,108.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN S. HOFF TRUSTEE	0.40 0.00	X						0.	0.	0.
(28) DEBORAH L. HOPP TRUSTEE (LEFT NOV 2020)	0.40 0.00	X						0.	0.	0.
(29) HOYT M. HSIAO TRUSTEE	0.40 0.00	X						0.	0.	0.
(30) RUSSELL HUFFER TRUSTEE	0.40 0.00	X						0.	0.	0.
(31) EZELL JONES TRUSTEE	0.40 0.00	X						0.	0.	0.
(32) ERWIN A. KELEN TRUSTEE (LEFT NOV 2020)	0.40 0.00	X						0.	0.	0.
(33) MICHAEL P. LEHAN TRUSTEE	0.40 0.00	X						0.	0.	0.
(34) BETH KIEFFER LEONARD TRUSTEE	0.40 0.00	X						0.	0.	0.
(35) ROSS LEVIN TRUSTEE	0.40 0.00	X						0.	0.	0.
(36) RICHARD L. LINDSTROM, M.D. TRUSTEE	0.40 0.00	X						0.	0.	0.
(37) MARGARET E. LUCAS TRUSTEE	0.40 0.00	X						0.	0.	0.
(38) DAVID J. MCMILLAN TRUSTEE	0.40 0.00	X						0.	0.	0.
(39) DAVID J. MEYER TRUSTEE	0.40 0.00	X						0.	0.	0.
(40) VIRGINIA H. MORRIS TRUSTEE (LEFT NOV 2020)	0.40 0.00	X						0.	0.	0.
(41) DAVID C. MORTENSON TRUSTEE	0.40 0.00	X						0.	0.	0.
(42) ABDUL M. OMARI, PH.D. TRUSTEE	0.40 0.00	X						0.	0.	0.
(43) RICHARD T. OSTLUND, J.D. TRUSTEE	0.40 0.00	X						0.	0.	0.
(44) LYNNE REDLEAF TRUSTEE	0.40 0.00	X						0.	0.	0.
(45) MICHAEL F. ROMAN TRUSTEE	0.40 0.00	X						0.	0.	0.
(46) ROGER J. SIT TRUSTEE	0.40 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ESTA E. STECHER TRUSTEE	0.40 0.00	X						0.	0.	0.
(48) ERIK M. TORGERSON TRUSTEE	0.40 0.00	X						0.	0.	0.
(49) PETER VORBRICH TRUSTEE	0.40 0.00	X						0.	0.	0.
(50) BRADFORD W. WALLIN TRUSTEE	0.40 0.00	X						0.	0.	0.
(51) THERESA B. WARD TRUSTEE	0.40 0.00	X						0.	0.	0.
(52) PENNY A. WHEELER, M.D. TRUSTEE	0.40 0.00	X						0.	0.	0.
(53) JACQUELINE R. WILLIAMS-ROLL TRUSTEE	0.40 0.00	X						0.	0.	0.
(54) SIMON KAWO WONG TRUSTEE (LEFT NOV 2020)	0.40 0.00	X						0.	0.	0.
(55) SHARI L. BALLARD TRUSTEE/CHAIR	0.40 0.00	X		X				0.	0.	0.
(56) LYNN CASEY TRUSTEE/PAST CHAIR	0.40 0.00	X		X				0.	0.	0.
(57) JOHN E. LINDAHL TRUSTEE/VICE CHAIR	0.40 0.00	X		X				0.	0.	0.
(58) THOMAS G. OLSON TRUSTEE/SECRETARY	0.40 0.00	X		X				0.	0.	0.
(59) PHILIP E. SORAN TRUSTEE/TREASURER	0.40 0.00	X		X				0.	0.	0.

Total to Part VII, Section A, line 1c .....

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>	621,687.		
	<b>d</b>	Related organizations	<b>1d</b>	660,222.		
	<b>e</b>	Government grants (contributions)	<b>1e</b>			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	240,379,771.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 24,437,026.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		241,661,680.		
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		18,079,561.	-1,314,159.	19,393,720.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties		35,213.		35,213.
	<b>6 a</b>	Gross rents	(i) Real	7,097,711.		
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses		7,821,229.		
	<b>6 c</b>	Rental income or (loss)		-723,518.		
	<b>d</b>	Net rental income or (loss)		-723,518.		-723,518.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1594431456.		
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses		1186683549.		
	<b>7 c</b>	Gain or (loss)		407,747,907.		
<b>d</b>	Net gain or (loss)		407,747,907.		407,747,907.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 621,687. of contributions reported on line 1c). See Part IV, line 18		561,638.			
			347,937.			
<b>b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from fundraising events		213,701.		213,701.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
<b>b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
<b>b</b>	Less: cost of goods sold					
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	DEV. SERVICES CONTRACT	900009	2,500,000.		2,500,000.
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		2,500,000.		
<b>12</b>	<b>Total revenue.</b> See instructions		669,514,544.	0.	-1,314,159.	429,167,023.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	201,561,671.	201,561,671.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,247,453.		1,545,733.	1,701,720.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	21,575,615.		5,035,393.	16,540,222.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	7,606,032.		1,786,935.	5,819,097.
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	490,289.		490,289.	
<b>c</b> Accounting .....	240,146.		240,146.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	6,258,755.		6,258,755.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,118,416.		1,091,994.	1,026,422.
<b>12</b> Advertising and promotion .....	55,764.		175.	55,589.
<b>13</b> Office expenses .....	646,449.		283,379.	363,070.
<b>14</b> Information technology .....	556,450.		407,510.	148,940.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,886,814.		1,886,814.	
<b>17</b> Travel .....	7,550.		7.	7,543.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	186,590.		1,786.	184,804.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	417,142.		417,142.	
<b>23</b> Insurance .....	221,406.		221,406.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> U OF M PROF DEVELOPMENT	7,067,070.			7,067,070.
<b>b</b> PRINTING & PUBLICATIONS	807,243.		3,819.	803,424.
<b>c</b> UBI TAX	372,063.		372,063.	
<b>d</b> DONOR CULTIVATION	173,207.		502.	172,705.
<b>e</b> All other expenses	480,897.		191,768.	289,129.
<b>25</b> Total functional expenses. Add lines 1 through 24e	255,977,022.	201,561,671.	20,235,616.	34,179,735.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	23,431,614.	<b>1</b>	33,702,762.
	<b>2</b> Savings and temporary cash investments .....	847,497,736.	<b>2</b>	1,185,730,695.
	<b>3</b> Pledges and grants receivable, net .....	231,497,328.	<b>3</b>	208,760,918.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 69,665,124.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,916,058.	49,556,683.	<b>10c</b> 47,749,066.
	<b>11</b> Investments - publicly traded securities .....	607,889,336.	<b>11</b>	636,463,855.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,507,654,139.	<b>12</b>	2,189,803,595.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	35,369.	<b>14</b>	54,874.
	<b>15</b> Other assets. See Part IV, line 11 .....	100,568,564.	<b>15</b>	117,799,415.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,368,130,769.	<b>16</b>	4,420,065,180.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,199,910.	<b>17</b>	30,231,153.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	50,291.	<b>19</b>	791.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	290,208,861.	<b>21</b>	389,077,427.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	29,859,215.	<b>25</b>	34,218,859.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	336,318,277.	<b>26</b>	453,528,230.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	147,480,609.	<b>27</b>	230,130,197.
	<b>28</b> Net assets with donor restrictions .....	2,884,331,883.	<b>28</b>	3,736,406,753.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,031,812,492.	<b>32</b>	3,966,536,950.
<b>33</b> Total liabilities and net assets/fund balances .....	3,368,130,769.	<b>33</b>	4,420,065,180.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	669,514,544.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	255,977,022.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	413,537,522.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,031,812,492.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	490,779,419.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	30,407,517.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,966,536,950.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

<b>Name of the organization</b> UNIVERSITY OF MINNESOTA FOUNDATION	<b>Employer identification number</b> 41-6042488
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	234,958,646.	262,237,874.	232,329,656.	270,089,105.	241,661,680.	1241276961.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	234,958,646.	262,237,874.	232,329,656.	270,089,105.	241,661,680.	1241276961.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						442,384.
<b>6 Public support.</b> Subtract line 5 from line 4.						1240834577.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	234,958,646.	262,237,874.	232,329,656.	270,089,105.	241,661,680.	1241276961.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	14,958,431.	27,400,639.	30,063,931.	28,383,461.	26,526,644.	127,333,106.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	3,422,849.	0.	638,884.	2,270,469.	0.	6,332,202.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,041,848.	1,840,802.	305,905.		2,500,000.	6,688,555.
<b>11 Total support.</b> Add lines 7 through 10						1381630824.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.81 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	89.46 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

DEVELOPMENT SERVICES CONTRACT

2016 AMOUNT: \$ 2,000,000.

2017 AMOUNT: \$ 1,835,000.

2020 AMOUNT: \$ 2,500,000.

UBI FED REFUND

2016 AMOUNT: \$ 41,848.

2017 AMOUNT: \$ 5,802.

2018 AMOUNT: \$ 305,905.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNIVERSITY OF MINNESOTA FOUNDATION Employer identification number 41-6042488

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset reporting requirements.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,714,613,264.	1,755,064,512.	1,649,947,745.	1,521,226,321.	1,385,239,417.
b Contributions	89,710,813.	60,597,739.	64,970,027.	81,609,781.	94,171,229.
c Net investment earnings, gains, and losses	656,848,478.	-37,692,533.	95,918,382.	98,683,668.	90,788,552.
d Grants or scholarships	26,687,264.	29,743,222.	17,897,983.	22,055,500.	21,257,434.
e Other expenditures for facilities and programs	26,860,365.	33,613,232.	37,873,659.	29,516,525.	27,715,443.
f Administrative expenses					
g End of year balance	2,407,624,926.	1,714,613,264.	1,755,064,512.	1,649,947,745.	1,521,226,321.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  1.0000 %
  - b Permanent endowment  57.0000 %
  - c Term endowment  42.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     | X  |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	31,847,713.			31,847,713.
b Buildings		24,824,141.	12,296,214.	12,527,927.
c Leasehold improvements		5,816,753.	2,570,032.	3,246,721.
d Equipment		7,057,806.	7,049,812.	7,994.
e Other		118,711.		118,711.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				47,749,066.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) INVESTMENTS MEASURED AT NAV	1,590,979,901.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	1,373,489.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS HELD AT COST	82,888,117.	COST
(D) INVESTMENTS AT EQUITY METHOD	155,744,817.	END-OF-YEAR MARKET VALUE
(E) CONSOLIDATED INVESTMENTS	358,817,271.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,189,803,595.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITIES PAYABLE	19,884,232.
(3) CHARITABLE TRUST AGREEMENT LIABILITIES	14,334,627.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,218,859.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

THE FOUNDATION MANAGES CERTAIN INVESTMENTS ON BEHALF OF OTHER CHARITABLE

ORGANIZATIONS. THE MANAGEMENT OF THESE INVESTMENTS ARE SUBJECT TO

AGREEMENTS WITH EACH THAT GOVERN THE ARRANGEMENTS, INCLUDING THE TIMING OF

ADDITIONS AND WITHDRAWALS.

PART V, LINE 4:

GRANTS AWARDED TO OR ON BEHALF OF THE UNIVERSITY OF MINNESOTA TO STUDENT

SUPPORT, FACULTY SUPPORT, RESEARCH, ATHLETICS, ACADEMIC HEALTH SERVICES,

LIBRARIES, MULTI-DISCIPLINARY AND SPECIAL PROJECTS, AND OUTREACH TO THE

COMMUNITY.

**Part XIII** Supplemental Information *(continued)*

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN  
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION  
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX  
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT  
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOUNDATION  
DUE TO THE IMPLEMENTATION OF THIS STANDARD. THE FOUNDATION'S TAX RETURNS  
ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  UNIVERSITY OF MINNESOTA FOUNDATION	Employer identification number  41-6042488
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	0	813,514,291.
NORTH AMERICA	0	0	INVESTMENTS	0	72,262,798.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS	0	67,020,991.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	0	47,368,027.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	0	43,371,500.
<b>3 a</b> Subtotal .....	0	0			1043537607.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1043537607.

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

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

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

UNIVERSITY OF MINNESOTA FOUNDATION

Employer identification number

41-6042488

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CHILDREN'S HEALTH WINEFEST	CHILDREN'S HEALTH FASHIONFEST	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	417,427.	270,176.	495,722.	1,183,325.
	2	Less: Contributions	367,941.	39,690.	214,056.	621,687.
	3	Gross income (line 1 minus line 2)	49,486.	230,486.	281,666.	561,638.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			8,382.	8,382.
	6	Rent/facility costs	3,681.	12,125.	900.	16,706.
	7	Food and beverages	0.	2,050.	10,794.	12,844.
	8	Entertainment	53,784.	94,739.	70,145.	218,668.
	9	Other direct expenses	22,317.	17,139.	51,881.	91,337.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					213,701.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	_____ %
b An outside facility	13b	_____ %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **UNIVERSITY OF MINNESOTA FOUNDATION** Employer identification number **41-6042488**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOWEN CENTER FOR THE STUDY OF THE FAMILY - 4400 MACARTHUR BLVD NW STE 103 - WASHINGTON, DC 20007-2521	52-1667358	501(C)3	55,054.	0.	N/A	N/A	FUND GRANT PER CHARITABLE REMAINDER TRUST AGREEMENT TO MAKE ANNUAL DISTRIBUTION OF ENDOWMENT
FAIRVIEW HEALTH SERVICES 1700 UNIVERSITY AVE W ST. PAUL, MN 55104	41-0991680	501(C)3	1,220,638.	0.	N/A	N/A	FUND GRANTS TO SUPPORT THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINICAL PROGRAMMING AT M
M HEALTH FAIRVIEW FOUNDATON 1690 UNIVERSITY AVE W, STE 250 ST. PAUL, MN 55104-3729	41-1573810	501(C)3	66,574.	0.	N/A	N/A	FUND GRANTS TO SUPPORT THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINICAL PROGRAMMING.
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	553,687.	0.	N/A	N/A	FUND GRANT TO SUPPORT THE MAYO CLINIC.
MINNEAPOLIS-UNIVERSITY ROTARY FOUNDATION - 615 WASHINGTON AVE SE - MINNEAPOLIS, MN 55414-2931	41-1857937	501(C)3	5,000.	0.	N/A	N/A	FUND GRANT TO SUPPORT THE MINNEAPOLIS-UNIVERSITY ROTARY FOUNDATION
MINNESOTA LANDSCAPE ARBORETUM 3675 ARBORETUM DRIVE CHASKA, MN 55318	23-7081057	501(C)3	698,226.	0.	N/A	N/A	THE MINNESOTA LANDSCAPE ARBORETUM FOUNDATION IS A RECOGNIZED FOUNDATION OF THE UNIVERSITY OF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARKEY HEARING FOUNDATION 6801 WASHINGTON AVE S STE 200 EDINA, MN 55439-1508	36-3297852	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT MISSION WORK IN SENEGAL, AFRICA AS APPROVED BY THE INTERNATIONAL HEARING
UNIVERSITY GATEWAY CORPORATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455-2010	41-1879994	501(C)3	900,000.	0.	N/A	N/A	TO SUPPORT THE UNIVERSITY GATEWAY CORPORATION, A RELATED ORGANIZATION THAT SUPPORTS THE UNIVERSITY.
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE, SUITE 111 MINNEAPOLIS, MN 55414	41-6007513	GOV'T ENTITY	197690797	0.	N/A	N/A	THE FOUNDATION PROVIDES FUND GRANTS TO AND FOR THE BENEFIT OF THE UNIVERSITY OF MINNESOTA.
UNIVERSITY OF MINNESOTA ALUMNI ASSOCIATION - 200 OAK STREET SE, SUITE 200 - MINNEAPOLIS, MN 55455-2040	41-6037089	501(C)3	340,000.	0.	N/A	N/A	FUND GRANT TO SUPPORT THE UNIVERSITY OF MINNESOTA ALUMNI ASSOCIATION.
UNIVERSITY OF MINNESOTA PHYSICIANS 720 WASHINGTON AVE SE, STE 200 MINNEAPOLIS, MN 55414-2924	41-1843943	501(C)3	6,695.	0.	N/A	N/A	FUND GRANT TO SUPPORT THE UNIVERSITY OF MINNESOTA PHYSICIANS MILL CITY CLINIC

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION HOLDS FUNDS TO BENEFIT THE UNIVERSITY OF MINNESOTA. THE  
 VARIOUS DEPARTMENTS OF THE UNIVERSITY ARE RESPONSIBLE FOR REQUESTING FUND  
 GRANTS TO BE TRANSFERRED TO THE UNIVERSITY WHEN NEEDED. THE FOUNDATION  
 MAKES CERTAIN THE FUND GRANT USE MATCHES THE FUND PURPOSE AND THEN  
 DISBURSES THE MONEY TO THE UNIVERSITY. THE UNIVERSITY OFFICE OF INTERNAL  
 AUDIT REGULARLY AUDITS THE DEPARTMENTS TO MAKE SURE THE FUNDS ARE BEING  
 USED FOR THE APPROPRIATE PURPOSES. THE FOUNDATION ENSURES THE TAX-EXEMPT  
 STATUS OF ANY ORGANIZATION TO WHICH IT IS MOVING GRANT MONIES OR WHICH A



**Part IV Supplemental Information**

GRANT WAS MADE. IN ADDITION, THE FOUNDATION ENSURES THE PURPOSE OF THE

GRANT IS CLEARLY UNDERSTOOD BY THE TRANSFEREE ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOWEN CENTER FOR THE STUDY OF THE FAMILY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND GRANT PER CHARITABLE REMAINDER

TRUST AGREEMENT TO MAKE ANNUAL DISTRIBUTION OF ENDOWMENT PAYOUT.

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND GRANTS TO SUPPORT THE

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINICAL PROGRAMMING AT M HEALTH

FAIRVIEW

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA LANDSCAPE ARBORETUM

(H) PURPOSE OF GRANT OR ASSISTANCE: THE MINNESOTA LANDSCAPE ARBORETUM

FOUNDATION IS A RECOGNIZED FOUNDATION OF THE UNIVERSITY OF MINNESOTA.

NAME OF ORGANIZATION OR GOVERNMENT: STARKEY HEARING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MISSION WORK IN SENEGAL,

AFRICA AS APPROVED BY THE INTERNATIONAL HEARING FOUNDATION

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2020**

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

▶ Attach to Form 990.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**UNIVERSITY OF MINNESOTA FOUNDATION**

Employer identification number  
**41-6042488**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHLEEN M. SCHMIDLKOFER PRESIDENT/CEO	(i)	391,697.	170,877.	804.	78,500.	11,338.	653,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT J. BURGETT SENIOR VICE PRESIDENT	(i)	325,471.	69,752.	1,438.	42,686.	9,879.	449,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA K. PORTER VICE PRESIDENT	(i)	286,490.	61,440.	430.	37,700.	12,486.	398,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHLEEN L. PICKARD VICE PRESIDENT/CFO (LEFT OCT 2020)	(i)	243,456.	59,119.	914.	29,060.	18,898.	351,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES G. AAGAARD VICE PRESIDENT	(i)	228,860.	48,825.	1,234.	30,538.	24,605.	334,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH E. YOUNGERMAN VICE PRESIDENT	(i)	196,047.	41,986.	430.	45,898.	32,582.	316,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAN L. SICKBERT ASSOCIATE VICE PRESIDENT	(i)	191,690.	30,796.	1,357.	25,780.	51,980.	301,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROL CUROE VICE PRESIDENT	(i)	200,444.	42,756.	804.	20,553.	17,662.	282,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH PATTY ASSOCIATE VICE PRESIDENT	(i)	195,156.	31,085.	804.	25,970.	23,629.	276,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CATHERINE MCGLINCH ASSOCIATE VICE PRESIDENT	(i)	190,624.	31,002.	430.	25,780.	27,590.	275,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTINE K SEARSON VICE PRESIDENT/CFO	(i)	196,456.	22,770.	927.	21,091.	33,997.	275,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEVEN M. CORKERY ASSOCIATE VICE PRESIDENT	(i)	183,624.	28,081.	280.	24,735.	24,890.	261,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JANE F. GODFREY ASSOCIATE VICE PRESIDENT	(i)	181,721.	28,827.	1,234.	24,275.	25,021.	261,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE FOUNDATION PAYS THE SOCIAL CLUB DUES FOR THE MINNEAPOLIS CLUB. THE CLUB MEMBERSHIP IS UNDER THE FOUNDATION CEO'S NAME. THE FOUNDATION USES THE CLUB FOR DONOR CULTIVATION, BOARD MEETINGS, AND EXECUTIVE MEETINGS. THE CEO PAYS FOR HER PERSONAL USAGE OF THE CLUB. THE FOUNDATION MONITORS AND REVIEWS THE PERSONAL USAGE VS. BUSINESS USAGE OF THE CLUB AND APPLIES THE PERSONAL % OF USE TO THE CLUB DUES AND INCLUDES IN THE TAXABLE WAGES OF THE FOUNDATION CEO. THE CLUB EXPENSES ARE REVIEWED BY THE FOUNDATION'S CFO.

PART I, LINE 5:

THE ANNUAL INCENTIVE PLAN RECOGNIZES AND AWARDS EMPLOYEE PERFORMANCE THAT CONTRIBUTES TO THE ACHIEVEMENT OF THE FOUNDATION'S ANNUAL GOALS AND OBJECTIVES. THE PRODUCTION GOALS AND AWARDS ARE BASED IN PART BY THE REVENUES EARNED BY THE FOUNDATION.

PART I, LINE 7:

THE ANNUAL INCENTIVE PLAN RECOGNIZES ELIGIBLE INDIVIDUALS WITH AN INCENTIVE OPPORTUNITY EACH FISCAL YEAR FOR SUCCESSFUL PERFORMANCE AND COMPLETION OF WORK PLAN ACCOUNTABILITIES AND PRE-DETERMINED GOALS. THE INCENTIVE IS

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

VARIABLE, AT RISK, AND BASED ON A PERCENTAGE OF BASE SALARY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: UNIVERSITY OF MINNESOTA FOUNDATION  
Employer identification number: 41-6042488

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	291	24,428,533.	OTHER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GRAIN)	X	2	8,493.	PRICE
26 Other				
27 Other				
28 Other				

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

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



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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED ON COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF MINNESOTA FOUNDATION

Employer identification number

41-6042488

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

MISSION TO CONNECT PASSION WITH POSSIBILITY, INSPIRE GENEROSITY, AND  
SUPPORT GREATNESS AT THE UNIVERSITY OF MINNESOTA.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS DISCLOSED THROUGH THE CONFLICT OF INTEREST POLICY

(DESCRIBED BELOW IN RESPONSE TO FORM 990, PART VI, SECTION B, LINE 12C) ARE

AS FOLLOWS:

TRUSTEES THOMAS J. ANDERSON, RICHARD B. BEESON, JR., DAVID J. MCMILLAN (ALL

REGENTS OF THE U OF M IN FY21) HAD A BUSINESS RELATIONSHIP WITH JOAN T.A.

GABEL (PRESIDENT OF U OF M) DURING FY21.

TRUSTEES PENNY WHEELER AND SHARI BALLARD HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF REGENTS OF THE UNIVERSITY OF MINNESOTA SHALL APPOINT AT LEAST

ONE-FOURTH OF THE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ASSISTANT CONTROLLER AND CHIEF FINANCIAL

OFFICER, AS WELL AS AN EXTERNAL PAID PREPARER. AFTER THOSE REVIEWS ARE

COMPLETE, THE FORM 990 IS PRESENTED TO THE FULL AUDIT COMMITTEE. FINALLY, A

COPY OF THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES BEFORE

FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNIVERSITY OF MINNESOTA FOUNDATION	Employer identification number 41-6042488
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OFFICERS, TRUSTEES, EXECUTIVES, AND EXTENDED LEADERSHIP ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY INTERESTS THAT COULD BE OF CONFLICT ANNUALLY. THE CFO, ASSISTANT CONTROLLER, AND DIRECTOR OF BOARD RELATIONS REVIEW THE CONFLICT OF INTEREST FORMS FOR ANY POTENTIAL CONFLICTS. THE PROCEDURES WITHIN THE CONFLICT OF INTEREST POLICY WILL BE FOLLOWED FOR ANY REPORTED CONFLICTS, INCLUDING THE POTENTIAL USE OF CONFLICT MANAGEMENT PLANS. IF A CONFLICT ARISES DURING THE YEAR, IT IS THE TRUSTEE'S RESPONSIBILITY TO DISCLOSE (PRIOR TO THE MEETING WHERE THE PROPOSED TRANSACTION OR ARRANGEMENT IS TO BE CONSIDERED) TO THE BOARD OF TRUSTEES OR THE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

AS A NON-PROFIT, THE FOUNDATION MUST DEMONSTRATE REASONABLE COMPENSATION FOR EXECUTIVE LEVEL POSITIONS. THE FOLLOWING ARE IN PLACE TO DOCUMENT AND SUPPORT EXECUTIVE COMPENSATION PRACTICES; ANNUALLY THE FOUNDATION PARTICIPATES IN AND REVIEWS MARKET SALARY DATA, INCLUDING NATIONAL FOUNDATIONS/UNIVERSITY DEVELOPMENT COMPENSATION SURVEY; BI-ANNUALLY NON-PROFITS CEO COMPENSATION SURVEY; TRACKING OF FORM 990 DATA OF OTHER NON-PROFIT FOUNDATIONS; LOCAL/NATIONAL SURVEYS.

COMPENSATION REVIEW AND APPROVAL PROCESS CONSISTS OF:

- 1) EXECUTIVE STAFF COMPENSATION IS RECOMMENDED BY THE FOUNDATION CEO, PREVIEWED AND DISCUSSED WITH THE BOARD CHAIR AND HUMAN RESOURCES (HR) COMMITTEE CHAIR. COMPENSATION FOR THE CEO IS PREPARED BY THE BOARD CHAIR AND HR COMMITTEE CHAIR FOR REVIEW AND APPROVAL BY THE HR COMMITTEE.
- 2) AN EXTERNAL COMPENSATION CONSULTING FIRM PROVIDES THIRD PARTY, OBJECTIVE ADVICE RELATIVE TO THE OVERALL COMPETITIVENESS AND REASONABLENESS OF THE TOTAL COMPENSATION OF THESE EXECUTIVES IN RELATION TO APPROPRIATE AND

Name of the organization UNIVERSITY OF MINNESOTA FOUNDATION	Employer identification number 41-6042488
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COMPARABLE MARKET PRACTICES. THIS FIRM REPORTS DIRECTLY TO THE BOARD OF TRUSTEES AND REVIEWS THE REASONABLENESS OF THE TOTAL COMPENSATION FOR EXECUTIVES WHO ARE DISQUALIFIED PERSONS UNDER IRC 4958. PERFORMANCE AND COMPENSATION IS REVIEWED FOR DISCUSSION/QUESTIONS AND APPROVAL BY HR COMMITTEE OF THE BOARD OF TRUSTEES. IT IS NOTED THE HR COMMITTEE MEMBERS ARE "DISINTERESTED" PARTIES UNDER IRS INTERMEDIATE SANCTIONS.

3) THE CEO AND HR COMMITTEE CHAIR THEN PRESENTS THE OFFICER COMPENSATION ACTIONS TO THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE FOR REVIEW AND RATIFICATION. THEN WITHOUT THE CEO PRESENT AND IN EXECUTIVE SESSION, THE BOARD CHAIR AND HR COMMITTEE CHAIR PRESENT CEO PERFORMANCE AND COMPENSATION FOR REVIEW AND RATIFICATION. THE APPROVALS OF THE CEO AND OFFICER COMPENSATION ARE DOCUMENTED IN THE MEETING NOTES. THESE PROCEDURES ARE PERFORMED ANNUALLY FOR THE CEO AND OFFICERS WITH THE MOST RECENT BEING PERFORMED IN JULY 2021. IN EXECUTIVE SESSION OF THE QUARTERLY BOARD OF TRUSTEES MEETING EACH AUGUST, THE BOARD CHAIR AND HR COMMITTEE CHAIR REPORT TO THE FULL BOARD ON PERFORMANCE AND COMPENSATION FOR EXECUTIVES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, DC, HI, KY, LA, MA, MD, ME, MI, MN, NH, NJ, NY, OH, OK, OR, PA, SC, UT, VA, WA, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE UNIVERSITY OF MINNESOTA FOUNDATION ARE AVAILABLE ON THE FOUNDATION'S WEBSITE OR ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN THE IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CARRYING VALUE OF TRUSTS 30,407,517.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>UNIVERSITY OF MINNESOTA FOUNDATION</b>	Employer identification number <b>41-6042488</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC - 27-4131769, 900 WASHINGTON AVE SE, MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	633,170.	16,423,753.	N/A
ARGYLE HOUSE LLC - 41-1825444 900 WASHINGTON AVE SE MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	572,760.	8,547,955.	UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC
TARRIE HOUSE - 41-1819964 900 WASHINGTON AVE SE MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	-143,435.	2,043,626.	UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC
FULTON TOWNHOUSE - 41-1900912 900 WASHINGTON AVE SE MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	-25,845.	970,818.	UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY GATEWAY CORPORATION - 41-1879994 200 OAK ST SE, STE 500 MINNEAPOLIS, MN 55455	FACILITY TO SUPPORT U OF M	MINNESOTA	501(C)(3)	LINE 12B, II	N/A	X	
UNIVERSITY OF MINNESOTA FOUNDATION INVESTMENT ADVISORS - 41-1931343, 420 N 5TH STREET, SUITE 650, MINNEAPOLIS, MN 55401	INVESTMENT MANAGEMENT	MINNESOTA	501(C)(3)	LINE 12B, II	N/A	X	

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

Schedule R (Form 990) 2020

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STADIUM VILLAGE MALL - 02-0760452 900 WASHINGTON AVE SE MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	-183,774.	5,286,198.	UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC
UMFREA PV LLC - 61-1866640 900 WASHINGTON AVE SE MINNEAPOLIS, MN 55414	REAL ESTATE RENTAL	DELAWARE	-1,820,808.	-4,061,334.	UNIVERSITY OF MINNESOTA FOUNDATION - DINNAKEN HOUSING, LLC
GO-INNOVATION FINANCE FUND - 98-6108840 LEVEL 2, 414 TOORAK ROAD , VICTORIA, AUSTRALIA 3142	LOAN PORTFOLIO	AUSTRALIA	2,233,054.	9,975,556.	UNIVERSITY OF MINNESOTA FOUNDATION



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BASTION CONSUMER FUNDING III LLC - 84-2461018, ONE ATLANTIS ST, 6TH FLOOR, STAMFORD, CT 06901	INVESTMENT	CT	N/A	INVESTMENT	789,003.	18,060,209.		X	N/A		X	100%
CORRUM CAPITAL UMF, LP - 83-2599449, 214 N TYRON ST, STE 1950, CHARLOTTE, NC 28202	INVESTMENT	NC	N/A	INVESTMENT	1,398,805.	19,582,708.		X	N/A		X	99.64%
FP SOLAR FINANCE LP - 82-3411250, 745 5TH AVE, 25TH FLOOR, NEW YORK, NY 10151	INVESTMENT	NY	N/A	INVESTMENT	6,229,000.	56,472,695.		X	N/A		X	80.36%
GO-HIGHMORE TRADE FINANCE FUND LP - 85-2678688, 750 LEXINGTON, 24TH FLOOR, NEW YORK, NY 10022	INVESTMENT	NY	N/A	INVESTMENT	46,912.	8,546,912.		X	N/A		X	100%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER ANNUITY TRUSTS (2) - 41-6042488	TRUST	MN	N/A	TRUST					X
CHARITABLE REMAINDER UNITRUSTS (33) - 41-6042488	TRUST	MN	N/A	TRUST					X
POOLED INCOME FUND (1) - 41-6042488	TRUST	MN	N/A	TRUST					X
PERPETUAL TRUSTS (8) - 41-6042488	TRUST	MN	N/A	TRUST					X
CHARITABLE LEAD UNITRUSTS (2) - 41-6042488	TRUST	MN	N/A	TRUST					X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GO-NNN CONSTRUCTION FUNDING, LLC - 82-4861400, 1225 17TH ST, STE 1660, DENVER, CO 80202	INVESTMENT	CO	N/A	INVESTMENT	932,479.	6,968,582.		X	N/A		X	100%
LATERAL UMF FEEDER LLC - 82-4167815, 400 S EL CAMINO REAL, STE 1100, SAN MATEO, CA 94402	INVESTMENT	CA	N/A	INVESTMENT	320,230.	2,517,146.		X	N/A		X	100%
MAN BRIDGE LANE SPECIALTY LENDING FUND US UMINN LP - 83-3006413, 452 5TH AVE, 27TH FLOOR, NEW YORK, NY 10018	INVESTMENT	NY	N/A	INVESTMENT	854,805.	5,890,089.		X	N/A		X	97.31%
MHRA LP - 13-4156814 1345 6TH AVE, 42ND FLOOR NEW YORK, NY 10105	INVESTMENT	NY	N/A	INVESTMENT	1,146,619.	2,449,204.		X	N/A		X	90.72%
PFFP UMF I LLC - 83-1548426 2010 CORPORATE RIDGE, STE 460 MCLEAN, VA 22102	INVESTMENT	VA	N/A	INVESTMENT	1,867,725.	9,867,229.		X	N/A		X	99.43%
SERIES 1 - VIRAGE CAPITAL POST SETTLEMENT - 35-2567381, 1700 POST OAK BLVD, 2 BLVD PLACE, STE 300, HOUSTON, TX	INVESTMENT	TX	N/A	INVESTMENT	1,992,978.	11,552,159.		X	N/A		X	100%
SGIA RESIDENTIAL BRIDGE LOAN VENTURE III LP - 32-0446706, 600 TRAVIS ST, STE 6900, HOUSTON, TX 77002	INVESTMENT	TX	N/A	INVESTMENT	0.	0.		X	N/A		X	56.70%
SGIA RESIDENTIAL BRIDGE LOAN VENTURE IV LP - 47-4346844, 600 TRAVIS ST, STE 6900, HOUSTON, TX 77002	INVESTMENT	TX	N/A	INVESTMENT	0.	0.		X	N/A		X	70.16%
SOUND POINT SPECIALTY FUND I, LP - 85-3180008, 375 PARK AVENUE, 33RD FLOOR, NEW YORK, NY 10152	INVESTMENT	NY	N/A	INVESTMENT	136,282.	4,330,796.		X	N/A		X	99.93%



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY GATEWAY CORPORATION	K	2,823,894.	CASH BASIS
(2) UNIVERSITY GATEWAY CORPORATION	S	660,222.	ACCRUAL BASIS
(3) UNIVERSITY OF MINNESOTA FOUNDATION INVESTMENT ADVISORS	M	5,084,015.	CASH BASIS
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SERIES 1 - VIRAGE CAPITAL POST SETTLEMENT

EIN: 35-2567381

1700 POST OAK BLVD, 2 BLVD PLACE, STE 300

HOUSTON, TX 77056

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNIVERSITY OF MINNESOTA FOUNDATION	Taxpayer identification number (TIN)  41-6042488
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 200 OAK STREET SE, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55455-2010	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTINE K. SEARSON

- The books are in the care of ▶ 200 OAK STREET SE, NO. 500 - MINNEAPOLIS, MN 55455-2010  
Telephone No. ▶ (612) 624-3333 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 16, 2022    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning     JUL 1, 2020    , and ending     JUN 30, 2021    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.