

EXTENDED TO OCTOBER 17, 2022

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Form 990-PF

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/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

For calendar year 2020 or tax year beginning DEC 1, 2020, and ending NOV 30, 2021

Name of foundation: **ANDERSEN CORPORATE FOUNDATION**

Address: **342 FIFTH AVENUE NORTH, BAYPORT, MN 55003**

Room/suite: **200**

City or town, state or province, country, and ZIP or foreign postal code: **BAYPORT, MN 55003**

A Employer identification number: 41-6020912

B Telephone number: (651) 439-1557

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply:
 Initial return Final return Address change
 Initial return of a former public charity Amended return Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16): \$ **55,196,773.**

J Accounting method: Cash Accrual
 Other (specify) _____ (Part I, column (d), must be on cash basis.)

Part I Analysis of Revenue and Expenses		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2,500,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,568.	2,342.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,017,690.			
	b Gross sales price for all assets on line 6a 10,528,263.				
	7 Capital gain net income (from Part IV, line 2)		3,017,690.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	923,057.	923,348.		STATEMENT 2	
12 Total. Add lines 1 through 11	6,443,315.	3,943,380.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 3	110,235.	55,118.		55,117.
	c Other professional fees STMT 4	298,295.	250,320.		47,975.
	17 Interest				
	18 Taxes STMT 5	183,992.	39,492.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 6	2,885.	0.		2,885.
	24 Total operating and administrative expenses. Add lines 13 through 23	595,407.	344,930.		105,977.
	25 Contributions, gifts, grants paid	2,199,500.			2,199,500.
26 Total expenses and disbursements. Add lines 24 and 25	2,794,907.	344,930.		2,305,477.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,648,408.				
b Net investment income (if negative, enter -0-)		3,598,450.			
c Adjusted net income (if negative, enter -0-)			N/A		

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. ANDERSEN CORPORATE FOUNDATION	Taxpayer identification number (TIN) 41-6020912
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. 342 FIFTH AVENUE NORTH, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BAYPORT, MN 55003	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

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

CHRIS GALVIN

- The books are in the care of ▶ 100 FOURTH AVENUE NORTH - BAYPORT, MN 55003
Telephone No. ▶ 651-264-5242 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 OCTOBER 17, 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 DEC 1, 2020, and ending NOV 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

3a 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.	3a	\$	65,905.
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.	3b	\$	65,905.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	43,391.	43,315.	43,315.
	2 Savings and temporary cash investments	7,611,821.	16,223.	16,223.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	91,332.		
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 7	41,775,165.	55,137,235.	55,137,235.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		49,521,709.	55,196,773.	55,196,773.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions		49,521,709.	55,196,773.
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances		49,521,709.	55,196,773.	
30 Total liabilities and net assets/fund balances		49,521,709.	55,196,773.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	49,521,709.
2 Enter amount from Part I, line 27a	2	3,648,408.
3 Other increases not included in line 2 (itemize) UNREALIZED GAINS	3	2,026,656.
4 Add lines 1, 2, and 3	4	55,196,773.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	55,196,773.

Part IV Capital Gains and Losses for Tax on Investment Income

SEE ATTACHED STATEMENT

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e	10,528,263.	7,510,573.	3,017,690.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			3,017,690.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	3,017,690.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2021 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, unreported activities, changes in governing instruments, unrelated business income, liquidation, section 508(e) requirements, assets, reporting states, and private operating foundation status.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address HTTPS://WWW.ANDERSENWINDOWS.COM/ABOUT/COMMUNITY/
14 The books are in care of CHRIS GALVIN Telephone no. 651-264-5242
Located at 100 FOURTH AVENUE NORTH, BAYPORT, MN ZIP+4 55003
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No 16 X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1b X 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? Yes X No
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? 4b X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.

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

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RUSSELL INVESTMENTS 1301 2ND AVENUE, SEATTLE, WA 98101	INVESTMENT FEES	234,315.
SRI, INC. - WHITE PINE BLDG, 342 5TH AVE N., STE 200, BAYPORT, MN 55003	GRANT CONSULTING/ ACCOUNTING	110,975.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	472,285.
c	Fair market value of all other assets	1c	54,878,540.
d	Total (add lines 1a, b, and c)	1d	55,350,825.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	55,350,825.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	830,262.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,520,563.
6	Minimum investment return. Enter 5% of line 5	6	2,726,028.

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

1	Minimum investment return from Part X, line 6	1	2,726,028.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	50,018.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	50,018.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,676,010.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,676,010.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,676,010.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,305,477.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,305,477.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,305,477.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				2,676,010.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			1,841,943.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 2,305,477.				
a Applied to 2019, but not more than line 2a ...			1,841,943.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				463,534.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				2,212,476.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2016 ...				
b Excess from 2017 ...				
c Excess from 2018 ...				
d Excess from 2019 ...				
e Excess from 2020 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 9

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
AIN DAH YUNG (OUR HOME) CENTER 1089 PORTLAND AVE ST. PAUL, MN 55104		PC	AIN DAH YUNG CENTERS HOUSING ACCESS AND STABILITY FOR INDIGENOUS YOUTH	20,000.
BACK ON MY FEET 100 S BROAD STREET, SUITE 2136 PHILADELPHIA, PA 19110		PC	DALLAS NEXT STEPS PROGRAM	10,000.
BOLTON REFUGE HOUSE INC P.O. BOX 482 EAU CLAIRE, WI 54701		PC	GENERAL OPERATING SUPPORT	3,500.
CHILD CRISIS ARIZONA 817 N. COUNTRY CLUB DRIVE MESA, AZ 85201		PC	EMERGENCY PLACEMENT SERVICES FOR HOMELESS CHILDREN	7,500.
CLARE HOUSING 929 CENTRAL AVE NE MINNEAPOLIS, MN 55413		PC	GENERAL OPERATING	15,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			2,199,500.
b Approved for future payment				
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET, MS 112020C ST. PAUL, MN 55101-2595		PC	REGIONS RESPONDS FIRST CAMPAIGN	50,000.
FOUNDATION FOR BAYPORT PUBLIC LIBRARY 582 NORTH FOURTH STREET BAYPORT, MN 55003		PC	BAYPORT PUBLIC LIBRARY: BUILDING THE NEXT CHAPTER	37,500.
UNITED HOSPITAL FOUNDATION 333 SMITH AVENUE NORTH ST. PAUL, MN 55102		PC	\$6.6 MULTI-PHASE MENTAL HEALTH AND ADDICTION CAMPAIGN SUPPORT CONSIDERATION OF PHASE II, REMODEL	25,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3b			162,500.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,342.	226.
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	3,017,690.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a CORE BOND FUND K1			14	231,369.	
b MULTI ASSET CORE PLUS FD SIR6 K1	900003	-244.	14	603,349.	
c MULTI ASSET CORE PLUS FD SIR7 K1	900003	-43.	14	57,210.	
d REAL ESTATE EQUITY FUND K1			14	637.	
e UNCONSTRAINED BOND FUND K1			14	30,779.	
12 Subtotal. Add columns (b), (d), and (e)		-287.		3,943,376.	226.
13 Total. Add line 12, columns (b), (d), and (e)			13		3,943,315.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
N/A	N/A

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

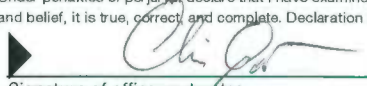
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Sign Here  10-7-22 **TREASURER**

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See instr.

Yes No

Paid Preparer Use Only	Print/Type preparer's name KATHERINE KURTZMAN	Preparer's signature <i>Katherine Kurtzman</i>	Date 10/5/2022	Check <input type="checkbox"/> if self-employed	PTIN P01236691
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 155 N. WACKER DRIVE CHICAGO, IL 60606			Phone no. 312-879-2183	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a RIIFL MULTI ASSET CORE PLUS	P		
b RIIFL UNCONSTRAINED BOND FUND	P		
c RIIFL CORE BOND FUND	P		
d PERMAL	P		
e NORTEL NETWORKS CORP	P		
f FLOW THROUGH RIIFL MULTI ASSET CORE PLUS (SIR6)	P		
g FLOW THROUGH RIIFL MULTI ASSET CORE PLUS (SIR7)	P		
h FLOW THROUGH RIIFL UNCONSTRAINED BOND FUND	P		
i FLOW THROUGH RIIFL CORE BOND FUND	P		
j FLOW THROUGH RIIFL REAL ESTATE EQUITY FUND	P		
k SECURITY LITIGATION SETTLEMENT PROCEEDS	P		
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 7,063,949.		5,960,845.	1,103,104.
b 143,546.		139,486.	4,060.
c 573,878.		568,549.	5,329.
d 305,506.		333,974.	-28,468.
e		4,713.	-4,713.
f 2,092,799.			2,092,799.
g 222,457.			222,457.
h 125,296.			125,296.
i		503,005.	-503,005.
j		1.	-1.
k 832.			832.
l			
m			
n			
o			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1,103,104.
b			4,060.
c			5,329.
d			-28,468.
e			-4,713.
f			2,092,799.
g			222,457.
h			125,296.
i			-503,005.
j			-1.
k			832.
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	3,017,690.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COUNCIL ON DOMESTIC VIOLENCE FOR PAGE COUNTY INC 216 WEST MAIN STREET LURAY, VA 22835		PC	GENERAL OPERATING FUNDS TO SUPPORT DOMESTIC AND SEXUAL VIOLENCE VICTIMS AND VIOLENCE PREVENTION	8,000.
EMMA NORTON SERVICES 670 ROBERT ST. N. ST. PAUL, MN 55101		PC	EMMA NORTON SERVICES: HOUSING WITH MENTAL HEALTH SUPPORT IN THE TWIN CITIES EAST METRO	25,000.
FACE TO FACE HEALTH & COUNSELING SERVICE, INC 1165 ARCADE STREET ST. PAUL, MN 55106		PC	FACE TO FACE GENERAL OPERATING SUPPORT	25,000.
FURNISHING DIGNITY PO BOX 51209 PHOENIX, AZ 85076-1209		PC	ESSENTIAL HOME FURNISHINGS FOR HOMELESS CHILDREN, YOUTH AND ADULTS TRANSITIONING TO	5,000.
HABITAT FOR HUMANITY GREATER GARLAND INC 2909 BROADWAY BLVD GARLAND, TX 75041		PC	CLINTON ST. HOUSING PROJECT	5,000.
HABITAT FOR HUMANITY GREATER GARLAND INC 2909 BROADWAY BLVD GARLAND, TX 75041		PC	CLINTON & NEWMAN HOUSING PROJECT	10,000.
HABITAT FOR HUMANITY INTERNATIONAL INC 2200 E. EUCLID AVE. DES MOINES, IA 50317		PC	GDM HABITAT FOR HUMANITY AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES - 2021	20,000.
HAWTHORN HILL 3001 GRAND AVE. DES MOINES, IA 50312		PC	NEW DIRECTIONS SHELTER	5,000.
HOPE 4 YOUTH 2191 NORTHDALE BLVD NW COON RAPIDS, MN 55433		PC	HOPE PLACE	15,000.
HOPE GOSPEL MISSION INC PO BOX 1127 EAU CLAIRE, WI 54702		PC	PROGRAMS TO HELP THE HOMELESS	6,000.
Total from continuation sheets				2,143,500.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARIA HOUSE 2100 ASBURY RD., SUITE 8 DUBUQUE, IA 52001		PC	FIRST STEPS TO SELF-SUFFICIENCY	10,000.
NORTHCOUNTRY COOPERATIVE FOUNDATION 940 44TH AVENUE NE, #21214 MINNEAPOLIS, MN 55421		PC	AFFORDABLE HOUSING TWIN CITIES AND ST. CROIX VALLEY REGION	10,000.
OUR SAVIOUR'S COMMUNITY SERVICES 2315 CHICAGO AVENUE MINNEAPOLIS, MN 55408		PC	DIGNIFIED SPACE FOR HEALING AND GROWTH: OSCS CAMPUS PROPERTY MAINTENANCE AND REPAIR COST RELIEF	20,000.
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110-5689		PC	GENERAL OPERATING PROPOSAL	15,000.
ST. CROIX VALLEY HABITAT FOR HUMANITY 749 RYAN DRIVE HUDSON, WI 54016		PC	GENERAL OPERATING SUPPORT	30,000.
ST. STEPHEN'S HUMAN SERVICES 2309 NICOLLET AVE S MINNEAPOLIS, MN 55404		PC	FAMILY SUPPORTIVE HOUSING (FSH)	5,000.
STEPPING STONES OF DUNN COUNTY INC 1602 STOUT ROAD MENOMONIE, WI 54751		PC	GENERAL OPERATING EXPENSES	6,000.
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405		PC	SUPPORTIVE HOUSING	20,000.
TUBMAN 4432 CHICAGO AVE. SOUTH MINNEAPOLIS, MN 55407		PC	RELATIONSHIP VIOLENCE SHELTER, HOUSING & SUPPORT SERVICES	20,000.
TWIN CITIES HABITAT FOR HUMANITY INC. 1954 UNIVERSITY AVENUE WEST ST. PAUL, MN 55104		PC	MULTIPLYING THE IMPACT CAMPAIGN	200,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TWO RIVERS COMMUNITY LAND TRUST P.O. BOX 25451 WOODBURY, MN 55125		PC	OWN SWEET HOME 2021	20,000.
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS 1200 UNIVERSITY AVE, STE 205 DES MOINES, IA 50314		PC	AFGHAN HOUSING ASSISTANCE	5,000.
URBAN HOMEWORKS P.O. BOX 11276 MINNEAPOLIS, MN 55411		PC	GENERAL OPERATING SUPPORT	10,000.
WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY INC 525 SECOND STREET PO BOX 308 GLENWOOD CITY, WI 54013		PC	HOMELESS INTERVENTION	6,000.
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER TWIN CITIES 651 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402		PC	YMCA RAPID REHOUSING PROGRAM IN RAMSEY AND WASHINGTON COUNTIES	20,000.
YOUNG WOMENS CHRISTIAN ASSOCIATION OF ST. PAUL MINNESOTA 375 SELBY AVE. ST. PAUL, MN 55102		PC	HOUSING AND SUPPORTIVE SERVICES	25,000.
ACHIEVE!MINNEAPOLIS 2829 UNIVERSITY AVE. SE, ST. 850 MINNEAPOLIS, MN 55414		PC	SAINT PAUL PUBLIC SCHOOLS (SPPS) CAREER PATHWAY CENTERS (CPCS)	25,000.
ANEW BAM 2355 HIGHWAY 36 WEST 400 ROSEVILLE, MN 55113		PC	CULTURALLY RESPONSIVE EDUCATIONAL SUPPORT FOR BLACK YOUTH	15,000.
BANYAN FOUNDATION 2529 13TH AVE S MINNEAPOLIS, MN 55404		PC	ADOLESCENT EDUCATION SUPPORT (ACES) PROGRAM	20,000.
BOY SCOUTS OF AMERICA NATIONAL COUNCIL 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111		PC	GENERAL OPERATION SUPPORT FOR SCOUTING PROGRAMMING	50,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BREAKTHROUGH TWIN CITIES 2051 LARPEN TEUR AVE E ST. PAUL, MN 55109		PC	BTC COVID RE-EMERGENCE AND GROWTH	25,000.
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE. DES MOINES, IA 50314		PC	TEENS IN TRANSITION TO BETTER LIVES	5,000.
COMMUNITIES IN SCHOOLS OF THE TWIN CITIES 161 ST. ANTHONY AVE, STE 910 ST. PAUL, MN 55103		PC	COMMUNITIES IN SCHOOLS OF THE TWIN CITIES: ENRICHING THE LIVES OF YOUTH VIA WHOLE COMMUNITY SUPPORTS	15,000.
DUBUQUE COMMUNITY SCHOOL DISTRICT FOUNDATION 700 LOCUST STREET SUITE 195 DUBUQUE, IA 52001		PC	CAREER AND TECH EDU: INCREASING EQUITY AND EXPANDING OPP. IN THE CONSTRUCTION AND WORK-BASED LRN	15,000.
DUBUQUE COUNTY HISTORICAL SOCIETY 350 WEST 3RD STREET DUBUQUE, IA 52001		PC	EVERYBODYS MUSEUM MEMBERSHIP EQUITABLE EDUCATIONAL EXPERIENCES	5,000.
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BOULEVARD MINNEAPOLIS, MN 55403		PC	PATHWAYS TO CAREERS	30,000.
EMERGE COMMUNITY DEVELOPMENT 1834 EMERSON AVE. N MINNEAPOLIS, MN 55411		PC	MANUFACTURING FOUNDATIONS CAREER PATHWAY	15,000.
FOUNDATION FOR BAYPORT PUBLIC LIBRARY 582 NORTH FOURTH STREET BAYPORT, MN 55003		PC	FOUNDATION FOR BAYPORT PUBLIC LIBRARY RAISING FUNDS FOR THE BAYPORT PUBLIC LIBRARY	28,000.
FOUNDATION FOR BAYPORT PUBLIC LIBRARY 583 NORTH FOURTH STREET BAYPORT, MN 55003		PC	BAYPORT PUBLIC LIBRARY: BUILDING THE NEXT CHAPTER	37,500.
GENESYS WORKS - TWIN CITIES 445 MINNESOTA ST SUITE 720 ST. PAUL, MN 55101		PC	PROVIDING PATHWAYS TO CAREER SUCCESS FOR STUDENTS IN UNDERSERVED COMMUNITIES	20,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC 21700 GIRL SCOUT ROAD EPWORTH, IA 52045		PC	GIRL SCOUT LEADERSHIP EXPERIENCE IN DUBUQUE	5,000.
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 SOUTH ROBERT STREET ST. PAUL, MN 55107		PC	GIRL SCOUTS LEADERSHIP EXPERIENCE	50,000.
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD PO BOX 2230 AMES, IA 50010-2230		PC	IOWA STATE UNIVERSITY SCIENCE BOUND - DES MOINES PUBLIC SCHOOL DISTRICT	10,000.
JUNIOR ACHIEVEMENT OF THE HEARTLAND, INC. 900 JACKSON STREET, LL5-2F DUBUQUE, IA 52001		PC	JA INSPIRE VIRTUAL CAREER FAIR: CAREER AND WORKFORCE READINESS INITIATIVE	5,000.
JUNIOR ACHIEVEMENT OF WISCONSIN INC 2004 HIGHLAND AVE., SUITE 2C EAU CLAIRE, WI 54701		PC	CORE PROGRAM OUTREACH	2,250.
MINNESOTA CHILDREN'S MUSEUM 10 WEST SEVENTH ST. ST. PAUL, MN 55102		PC	POWERING PLAY AT MINNESOTA CHILDRENS MUSEUM	20,000.
PARTNERSHIP PLAN FOR STILLWATER AREA PUBLIC SCHOOLS 1875 GREELEY ST, PO BOX 582 STILLWATER, MN 55082		PC	STILLWATER SCHOOLS PATHWAYS PROGRAMMING	15,000.
PHIPPS CENTER FOR THE ARTS, INC. 109 LOCUST STREET HUDSON, WI 54016		PC	GENERAL OPERATING SUPPORT FOR FISCAL YEAR 2021	12,000.
READING PARTNERS 700 RAYMOND AVE SUITE 160 ST. PAUL, MN 55114-1854		PC	READING PARTNERS: FOUNDATIONAL LITERACY TUTORING FOR FUTURE SUCCESS	10,000.
SCIENCE FROM SCIENTISTS, INC 1 DEANGELO DRIVE, SUITE C BEDFORD, MA 01730		PC	STEM EDUCATION PROGRAMMING IN MINNEAPOLIS/ ST.PAUL/ ST.CROIX VALLEY SCHOOLS	15,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST. PAUL, MN 55102		PC	KITTY ANDERSEN YOUTH SCIENCE CENTER (KAYSC)	60,000.
SHEN-PACO INDUSTRIES INC 34 STONEY BROOK LANE LURAY, VA 22835		PC	GENERAL OPERATING EXPENSES	7,000.
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008		PC	EARLY LITERACY ADVANCING EQUITY & OPPORTUNITY IN THE GOODYEAR COMMUNITY	7,500.
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405		PC	CREATING A BLACK MIDDLE CLASS THROUGH WORK AND SKILLS TRAINING	35,000.
THE ARC OF DUNN COUNTY, INC. 1502 9TH ST E MENOMONIE, WI 54751		PC	GENERAL OPERATING SUPPORT	2,250.
THOMAS E & EDNA D CARPENTER FOUNDATION 12805 ST. CROIX TRAIL HASTINGS, MN 55033		EOF	CARPENTER NATURE CENTER GENERAL OPERATING 2020-2021	16,000.
URBAN BOATBUILDERS, INC. 2288 UNIVERSITY AVENUE WEST ST. PAUL, MN 55114		PC	APPRENTICESHIP PROGRAM FOR UNDERSERVED YOUTH	10,000.
WASHINGTON COUNTY HISTORICAL SOCIETY P.O. BOX 167 STILLWATER, MN 55082-0167		PC	GENERAL OPERATIONAL FUNDING	6,000.
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER TWIN CITIES 651 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402		PC	MAKING CAMPING, FITNESS, AND LEADERSHIP EXPERIENCES ACCESSIBLE TO YOUTH, FAMILIES, AND SENIORS	50,000.
AMERY REGIONAL 265 GRIFFIN STREET AMERY, WI 54001		PC	AMERY HOSPITAL & CLINICS' REMODEL PROJECT OF THE CHEMO/INFUSION CENTER AND THE EMERGENCY	40,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104		PC	GENERAL OPERATING SUPPORT FOR WILDER'S HEALTHY AGING & CAREGIVING SERVICES	20,000.
BLUE RIDGE HOSPICE, INC. 333 W. CORK STREET, SUITE 405 WINCHESTER, VA 22601		PC	ANNUAL SUPPORT	15,000.
CANVAS HEALTH INC. 7066 STILLWATER BOULEVARD N. OAKDALE, MN 55128		PC	GENERAL OPERATIONS FOR COMMUNITY MENTAL HEALTH AGENCY	25,000.
CHILDRENS DENTAL SERVICES INC 636 BROADWAY ST. NE MINNEAPOLIS, MN 55413		PC	EXPANDING CRITICALLY NEEDED DENTAL CARE AND SUBSTANCE USE TREATMENT AND PREVENTION TO 600	15,000.
CHIPPEWA VALLEY HEALTH CLINIC INC 1030 OAK RIDGE DR. EAU CLAIRE, WI 54701		PC	KEEPING OUR COMMUNITIES HEALTHY WITH BASIC HEALTH CARE	4,000.
COMMUNITY THREAD 2300 ORLEANS STREET WEST STILLWATER, MN 55082		PC	GENERAL OPERATIONS INCLUDING THE BAYPORT SENIOR CENTER	31,000.
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 E 7TH STREET ST. PAUL, MN 55106		PC	GENERAL OPERATING	10,000.
COURAGE KENNY FOUNDATION MAIL ROUTE 78414 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422		PC	SERVICES FOR PEOPLE WITH DISABILITIES AND CHRONIC HEALTH CONDITIONS IN THE ST. CROIX VALLEY	45,000.
CRESCENT COMMUNITY HEALTH CENTER 1690 ELM ST DUBUQUE, IA 52001		PC	WALK-IN MOTIVATIONAL INTERVENTION PROGRAM FOR BETTER BRAIN HEALTH	10,000.
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082		PC	FAMILYMEANS MARKETING SUPPORT	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082		PC	FAMILYMEANS GENERAL OPERATING SUPPORT	45,000.
HAMM MEMORIAL PSYCHIATRIC CLINIC 408 SAINT PETER STREET SUITE 429 ST. PAUL, MN 55102		PC	GENERAL OPERATING SUPPORT TO INCREASE MENTAL HEALTH CARE ACCESS AND EQUITY	20,000.
HCI FOUNDATION, DBA EVERystep 3000 EASTON BLVD. DES MOINES, IA 50317-3124		PC	COMMUNITY NURSING CLINICS	10,000.
HENNEPIN HEALTH FOUNDATION HENNEPIN HEALTHCARE MAIL CENTER, ATTN: HENNEPIN HEALTH FOUNDATION, 701 PARK MINNEAPOLIS, MN 55415-1623		PC	EAST LAKE CLINIC REBUILD	8,500.
HUDSON HOSPITAL FOUNDATION 405 STAGELINE DRIVE HUDSON, WI 54016		PC	BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER PROGRAM SUPPORT	20,000.
LAKEVIEW HEALTH FOUNDATION 927 CHURCHILL STREET WEST STILLWATER, MN 55082		PC	ALICE ANDERSON NURSING SCHOLARSHIPS AND ST. CROIX VALLEY FAITH COMMUNITY NURSING PROGRAM	32,000.
NAMI NORTH TEXAS 2812 SWISS AVENUE DALLAS, TX 75204		PC	ENDING THE SILENCE FOR STUDENTS, EDUCATORS, AND FAMILIES	5,000.
NEIGHBORHOOD HEALTHSOURCE 3300 FREMONT AVE N MINNEAPOLIS, MN 55412		PC	IMPROVING HEALTH FOR LOW-INCOME HOUSEHOLDS	20,000.
NORTHEAST YOUTH AND FAMILY SERVICES 3490 LEXINGTON AVE N, ST. PAUL, MN 55126		PC	GENERAL OPERATING	15,000.
PORTICO HEALTHNET 1600 UNIVERSITY AVENUE W, SUITE 211 ST. PAUL, MN 55104		PC	GENERAL OPERATING SUPPORT	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET, MS 112020C ST. PAUL, MN 55101-2595		PC	REGIONS RESPONDS FIRST CAMPAIGN	25,000.
RELATE, INC. 5125 COUNTY ROAD 101, SUITE 300 MINNETONKA, MN 55345		PC	FREE AND REDUCED-FEE MENTAL HEALTH SERVICES FOR UNDER AND UNINSURED CLIENTS	7,500.
UNITED HOSPITAL FOUNDATION 333 SMITH AVENUE NORTH ST. PAUL, MN 55102		PC	\$6.6M MULTI-PHASE MENTAL HEALTH AND ADDICTION CAMPAIGN, SUPPORT CONSIDERATION OF PHASE II, REMODEL	25,000.
WAYSIDE HOUSE, INC. 1600 UNIVERSITY AVENUE WEST SUITE 500 ST. PAUL, MN 55104		PC	CULTURALLY SPECIFIC CHILDRENS MENTAL HEALTH PROGRAM EXPANSION	10,000.
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVE, SUITE 510 MINNEAPOLIS, MN 55404		PC	ELIMINATING HEALTH DISPARITIES AMONG IMMIGRANT AND REFUGEE COMMUNITIES IN MINNESOTA.	10,000.
WESTFIELDS HOSPITAL FOUNDATION 535 HOSPITAL RD NEW RICHMOND, WI 54017		PC	BEHAVIORAL HEALTH PROGRAM EXPANSION AND RENOVATION	25,000.
YOUTH SERVICE BUREAU INC 6120 OREN AVE. N. STILLWATER, MN 55082		PC	YOUTH SERVICE BUREAU SCHOOL-BASED BEHAVIORAL HEALTH SERVICES	5,000.
ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST INKSTER, MI 48141		PC	ZAMAN'S WELLNESS CENTER	10,000.
360 COMMUNITIES 501 E HWY 13 STE 112 BURNSVILLE, MN 55337		PC	360 COMMUNITIES FOOD SHELVES	5,000.
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104		PC	CAMPAIGN FOR FAMILIES	50,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
APPETITE FOR CHANGE, INC 1200 WEST BROADWAY AVE. #250 MINNEAPOLIS, MN 55411		PC	COMMUNITY COOKS MEAL BOX PROGRAM	25,000.
BASIC NEEDS INC. OF SOUTH WASHINGTON COUNTY 445 BROADWAY AVE ST. PAUL, MN 55071		PC	BASIC NEEDS GENERAL OPERATIONS	8,000.
BOYS & GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY, INC. 615 24TH AVE W MENOMONIE, WI 54751		PC	INCREASING FOOD ACCESS THROUGH HEALTHY LIFESTYLES	4,000.
BRIDGE TO HOPE INC PO BOX 700 MENOMONIE, WI 54751		PC	FEEDING FAMILIES NUTRITIOUS MEALS	3,500.
COMMUNITY EMERGENCY ASSISTANCE PROGRAM (CEAP) 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429		PC	CEAP FOOD SUPPORT SERVICES	5,000.
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY STREET DES MOINES, IA 50309		PC	DMARC FOOD PANTRY NETWORK	5,000.
ETHNE 2509 DURANGO DR CARROLLTON, TX 75010		PC	GROCERY KITS	5,000.
EVERY MEAL 2723 PATTON RD ROSEVILLE, MN 55113-1139		PC	WEEKEND MEAL BAG PROGRAM	8,000.
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056		PC	ENSURING ACCESS TO HEALTHY FOOD IN THE SAINT CROIX VALLEY	10,000.
FEED MY PEOPLE, INC. 2610 ALPINE RD EAU CLAIRE, WI 54703		PC	FUEL THE PARTNER FOOD DELIVERY PROGRAM	7,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016		PC	GENERAL OPERATING SUPPORT	5,000.
GOOD IN THE HOOD 2101 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404		PC	FOOD SHELF IN-A-BOX AND FOOD FOR THOUGHT PROGRAMS	5,000.
GREENLIGHT FUND INC. 50 MILK STREET, 16TH FLOOR BOSTON, MA 02109		PC	GREENLIGHT TWIN CITIES	50,000.
HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST, SUITE 210 WEST ST. PAUL, MN 55118		PC	INCREASING FOOD ACCESS TO LOW INCOME FOOD INSECURE FAMILIES	8,000.
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228		PC	ISLAMIC CENTER OF DETROIT EMERGENCY FOOD SECURITY PROGRAM	15,000.
ISUROON 1600 E LAKE ST. FL 1 MINNEAPOLIS, MN 55407		PC	CULTURALLY APPROPRIATE FOOD SHELF	5,000.
KITCHEN ON THE STREET 2650 E. MOHAWK LANE, SUITE 168 PHOENIX, AZ 85050		PC	BAGS OF HOPE	5,000.
LOAVES AND FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414		PC	FREE, HEALTHY MEALS IN MINNESOTA	15,000.
MERRICK COMMUNITY SERVICES 1669 N ARCADE STREET, SUITE 4 ST. PAUL, MN 55106		PC	GENERAL OP. SPT REQUEST FOR FOOD AND HOUSING INSECURE INDIV. AND FAM AT MERRICK CMTY SERVICES	5,000.
NORTH COUNTRY FOOD ALLIANCE PO BOX 6124 MINNEAPOLIS, MN 55406		PC	PROVIDING CULTURALLY APPROPRIATE PRODUCE FOR THE DEPARTMENT OF INDIAN WORK EMERGENCY FOOD SHELF (ST. PAUL)	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE MPLS, MN 55404		PC	OPENING OUR ARMS WIDER TO NOURISH OUR NEIGHBORS: A CAPACITY CAPITAL CAMPAIGN	50,000.
SECOND HARVEST HEARTLAND 7101 WINNETKA AVE. N. BROOKLYN PARK, MN 55428		PC	HUNGER RELIEF TO ADDRESS INCREASED RATES OF FOOD INSECURITY	12,000.
SHENANDOAH AREA AGENCY ON AGING INC 207 MOSBY LANE FRONT ROYAL, VA 22630		PC	GENERAL OPERATIONS - NUTRITION SUPPORT	15,000.
SOUTHERN ANOKA COMMUNITY ASSISTANCE 627 38TH AVE NE COLUMBIA HEIGHTS, MN 55421		PC	GENERAL OPERATIONS SUPPORT TO FIGHT FOOD INSECURITY	20,000.
ST CROIX VALLEY FOODBANK INC 1231 INDUSTRIAL STREET #400 HUDSON, WI 54016		PC	GROWING NEED, GROWING RESPONSE	15,000.
SUSTAINABILITY MATTERS, INC. 822 SWOVER CREEK RD EDINBURG, VA 22824		PC	BACKYARD FOOD BANK	5,000.
SUSTAINABILITY MATTERS, INC. 822 SWOVER CREEK RD EDINBURG, VA 22824		PC	BACKYARD FOOD BANK (2022 VIRTUAL EDITION)	5,000.
THE FOOD GROUP MINNESOTA INC 8501 54TH AVE. N. NEW HOPE, MN 55428		PC	GENERAL OPERATIONS FOR OUR HUNGER RELIEF PROGRAMS	15,000.
VALLEY OUTREACH 1911 CURVE CREST BLVD W STILLWATER, MN 55082-6063		PC	GENERAL OPERATING SUPPORT FOR VALLEY OUTREACH.	10,000.
WASTE NOT 1700 N GRANITE REEF ROAD SCOTTSDALE, AZ 85257-2857		PC	FEEDING CHILDREN, YOUTH AND FAMILIES IN MARICOPA COUNTY	10,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WESLEY COMMUNITY SERVICES INC 5508 NW 88TH STREET JOHNSTON, IA 50131		SO III	WESLEYLIFE MEALS ON WHEELS	5,000.
WHITE BEAR AREA FOOD SHELF 1884 WHITAKER STREET WHITE BEAR LAKE, MN 55110		PC	CURBSIDE PICKUP PROGRAM	5,000.
YOUTHPRISE 3001 BROADWAY STREET NE, SUITE 330 MINNEAPOLIS, MN 55413		PC	YOUTHPRISE NUTRITION PROGRAM	5,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE MPLS, MN 55404		PC	OPENING OUR ARMS WIDER TO NOURISH OUR NEIGHBORS: A CAPACITY CAPITAL CAMPAIGN	50,000.
Total from continuation sheets				50,000.

Part XV | **Supplementary Information**

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FURNISHING DIGNITY

ESSENTIAL HOME FURNISHINGS FOR HOMELESS CHILDREN, YOUTH AND ADULTS

TRANSITIONING TO SELF-RELIANCE.

NAME OF RECIPIENT - DUBUQUE COMMUNITY SCHOOL DISTRICT FOUNDATION

CAREER AND TECH EDU: INCREASING EQUITY AND EXPANDING OPP. IN THE

CONSTRUCTION AND WORK-BASED LRN PROGRAMS.

NAME OF RECIPIENT - AMERY REGIONAL

AMERY HOSPITAL & CLINICS' REMODEL PROJECT OF THE CHEMO/INFUSION CENTER

AND THE EMERGENCY DEPARTMENT

NAME OF RECIPIENT - CHILDRENS DENTAL SERVICES INC

EXPANDING CRITICALLY NEEDED DENTAL CARE AND SUBSTANCE USE TREATMENT AND

PREVENTION TO 600 ADDITIONAL CHILDREN AND FAMILIES ACROSS WASHINGTON

COUNTY

NAME OF RECIPIENT - UNITED HOSPITAL FOUNDATION

\$6.6M MULTI-PHASE MENTAL HEALTH AND ADDICTION CAMPAIGN, SUPPORT

CONSIDERATION OF PHASE II, REMODEL INPATIENT UNIT

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ANDERSEN CORPORATE FOUNDATION

Employer identification number

41-6020912

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization ANDERSEN CORPORATE FOUNDATION	Employer identification number 41-6020912
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDERSEN CORPORATION 100 FOURTH AVENUE NORTH BAYPORT, MN 55003	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANDERSEN CORPORATE FOUNDATION	Employer identification number 41-6020912
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization ANDERSEN CORPORATE FOUNDATION	Employer identification number 41-6020912
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. FORM 990-PF

2020

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name ANDERSEN CORPORATE FOUNDATION	Employer identification number 41-6020912
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	50,018.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	50,018.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	109,571.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	50,018.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	04/15/21	05/15/21	08/15/21	11/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	10,439.	6,150.	11,926.	21,503.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	31,405.			34,500.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		20,966.	14,816.	2,890.
13 Add lines 11 and 12	13		20,966.	14,816.	37,390.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	31,405.	20,966.	14,816.	37,390.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	20,966.	14,816.	2,890.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1-3), calculations for each period (4-6), and final tax calculations (7-19).

Part II ^{**} Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	500,677.	596,724.	1,367,634.	3,534,257.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	3,004,062.	2,386,896.	2,735,268.	4,712,331.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	3,004,062.	2,386,896.	2,735,268.	4,712,331.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	41,756.	33,178.	38,020.	65,501.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	41,756.	33,178.	38,020.	65,501.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	41,756.	33,178.	38,020.	65,501.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	10,439.	16,589.	28,515.	65,501.

Part III Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
	Note: Complete lines 32 through 38 of one column before completing the next column.				
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	10,439.	16,589.	28,515.	65,501.
33	Add the amounts in all preceding columns of line 38. See instructions		10,439.	16,589.	28,515.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	10,439.	6,150.	11,926.	36,986.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	12,505.	12,504.	12,505.	12,504.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		2,066.	8,420.	8,999.
37	Add lines 35 and 36	12,505.	14,570.	20,925.	21,503.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	10,439.	6,150.	11,926.	21,503.

Form 2220 (2020)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	2,342.	2,342.	
TAX EXEMPT INTEREST FROM K-1S	226.	0.	
TOTAL TO PART I, LINE 3	2,568.	2,342.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CORE BOND FUND K1	231,369.	231,369.	
MULTI ASSET CORE PLUS FD SIR6 K1	603,105.	603,352.	
MULTI ASSET CORE PLUS FD SIR7 K1	57,167.	57,211.	
REAL ESTATE EQUITY FUND K1	637.	637.	
UNCONSTRAINED BOND FUND K1	30,779.	30,779.	
TOTAL TO FORM 990-PF, PART I, LINE 11	923,057.	923,348.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT & TAX SERVICES - ERNST & YOUNG LLP	47,235.	23,618.		23,617.
ACCOUNTING SERVICES - SRI	63,000.	31,500.		31,500.
TO FORM 990-PF, PG 1, LN 16B	110,235.	55,118.		55,117.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	250,320.	250,320.		0.
GRANT COUNSELING - SRI	47,975.	0.		47,975.
TO FORM 990-PF, PG 1, LN 16C	298,295.	250,320.		47,975.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	144,500.	0.		0.
FOREIGN TAXES	39,492.	39,492.		0.
TO FORM 990-PF, PG 1, LN 18	183,992.	39,492.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DIRECTOR LIABILITY INSURANCE	2,713.	0.		2,713.
POSTAGE	147.	0.		147.
FILING FEE	25.	0.		25.
TO FORM 990-PF, PG 1, LN 23	2,885.	0.		2,885.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PERMAL FIXED INCOME HOLDINGS (ERISA) LTD	FMV	63,361.	63,361.
RIIFL UNCONSTRAINED BOND FUND	FMV	5,493,143.	5,493,143.
RIIFL MULTI ASSET CORE PLUS FUND	FMV	29,302,564.	29,302,564.
RIIFL CORE BD FD	FMV	14,010,785.	14,010,785.
PRIVATE MARKETS FUND 2019 LP	FMV	897,645.	897,645.
RIIFL REAL ESTATE EQUITY FUND	FMV	2,640,300.	2,640,300.
RI CAPITAL TTL RETURN FD CLB SER1	FMV	2,655,939.	2,655,939.
PRIVATE MARKETS FUND 2021 LLC	FMV	73,498.	73,498.
TOTAL TO FORM 990-PF, PART II, LINE 13		55,137,235.	55,137,235.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAREN RICHARD 100 FOURTH AVE N BAYPORT, MN 55003	PRESIDENT 1.00	0.	0.	0.
ELIZA CHLEBECK 100 FOURTH AVE N BAYPORT, MN 55003	VP/SECRETARY 1.00	0.	0.	0.
CHRIS GALVIN 100 FOURTH AVE N BAYPORT, MN 55003	TREASURER 1.00	0.	0.	0.
PHIL DONALDSON 100 FOURTH AVE N BAYPORT, MN 55003	DIRECTOR 1.00	0.	0.	0.
JAY LUND 100 FOURTH AVE N BAYPORT, MN 55003	DIRECTOR 1.00	0.	0.	0.
JEANNE JUNKER 100 FOURTH AVE N BAYPORT, MN 55003	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANNA BOSAK
342 FIFTH AVENUE NORTH, SUITE 200
BAYPORT, MN 55003

TELEPHONE NUMBER

651-264-6037

EMAIL ADDRESS

ACF@ANDERSENCORP.COM

FORM AND CONTENT OF APPLICATIONS

GUIDELINES AND FOCUS AREAS AT
[HTTPS://WWW.ANDERSENWINDOWS.COM/ABOUT/COMMUNITY/
APPLICATIONS ACCEPTED ON-LINE ONLY.](https://www.andersenwindows.com/about/community/applications-accepted-on-line-only)

ANY SUBMISSION DEADLINES

MARCH 1-31 AND AUGUST 1-31, 2022

RESTRICTIONS AND LIMITATIONS ON AWARDS

GUIDELINES AND FOCUS AREAS CAN BE FOUND AT
[HTTPS://WWW.ANDERSENWINDOWS.COM/ABOUT/COMMUNITY/
APPLICATIONS ACCEPTED ON-LINE ONLY.](https://www.andersenwindows.com/about/community/applications-accepted-on-line-only)

GRANTEE'S NAME

MOISSON LAURENTIDES

GRANTEE'S ADDRESS

25 RUE ROLLAND-BRIERE
BLAINVILLE, QUEBEC, CANADA, J7C 5R8

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
4,000.	11/20/20	4,000.	01/19/22

PURPOSE OF GRANT

UNSOLICITED FOOD SHELF SUPPORT

DATES OF REPORTS BY GRANTEE

12/15/2020 AND 1/19/2022

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED ON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

GRANTEE'S NAME

MOISSON LAURENTIDES

GRANTEE'S ADDRESS

25 RUE ROLLAND-BRIERE
BLAINVILLE, QUEBEC, CANADA, J7C 5R8

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
10,000.	11/06/19	10,000.	06/11/21

PURPOSE OF GRANT

RELOCATION PROJECT SUPPORT

DATES OF REPORTS BY GRANTEE

12/9/2019 AND 6/11/2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED ON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

GRANTEE'S NAME

MOISSON LAURENTIDES

GRANTEE'S ADDRESS

25 RUE ROLLAND-BRIERE
BLAINVILLE, QUEBEC, CANADA, J7C 5R8

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
2,500.	11/06/19	2,500.	06/14/21

PURPOSE OF GRANT

UNSOLICITED BASIC NEEDS SUPPORT

DATES OF REPORTS BY GRANTEE

12/9/2019 AND 6/14/2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

GRANTEE'S NAME

WOMEN'S RURAL RESOURCE CENTRE

GRANTEE'S ADDRESS

145 BEECH ST.
STRATHROY, ONTARIO, CANADA, N7G 1K9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
4,000.	05/06/20	4,000.	06/02/21

PURPOSE OF GRANT

COVID-19 FOOD SHELF SUPPORT

DATES OF REPORTS BY GRANTEE

10/2/2020 AND 6/2/2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED ON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

GRANTEE'S NAME

WOMEN'S RURAL RESOURCE CENTRE

GRANTEE'S ADDRESS

145 BEECH ST.
STRATHROY, ONTARIO, CANADA, N7G 1K9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
4,000.	11/20/20	4,000.	07/12/21

PURPOSE OF GRANT

UNSOLICITED FOOD SHELF SUPPORT

DATES OF REPORTS BY GRANTEE

1/25/2021 AND 7/12/2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED ON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

GRANTEE'S NAME

WOMEN'S RURAL RESOURCE CENTRE

GRANTEE'S ADDRESS

145 BEECH ST.
STRATHROY, ONTARIO, CANADA, N7G 1K9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>	<u>VERIFICATION DATE</u>
2,500.	11/06/19	2,500.	06/02/21

PURPOSE OF GRANT

UNSOLICITED BASIC NEEDS SUPPORT

DATES OF REPORTS BY GRANTEE

1/3/2020 AND 6/2/2021

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON THE REPORT(S) FURNISHED BY THE GRANTEE, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.