

EXTENDED TO OCTOBER 15, 2021

Return of Private Foundation

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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

For calendar year 2019 or tax year beginning **DEC 1, 2019**, and ending **NOV 30, 2020**

Name of foundation ANDERSEN CORPORATE FOUNDATION		A Employer identification number 41-6020912
Number and street (or P.O. box number if mail is not delivered to street address) 342 FIFTH AVENUE NORTH	Room/suite 200	B Telephone number (651) 439-1557
City or town, state or province, country, and ZIP or foreign postal code BAYPORT, MN 55003		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 49,521,709.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	400,000.		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	2,419.	2,419.		STATEMENT 1
	4 Dividends and interest from securities	504,368.	504,368.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,821,617.			
	b Gross sales price for all assets on line 6a 51,950,070.				
	7 Capital gain net income (from Part IV, line 2)		9,821,617.		
	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	869,018.	852,542.		STATEMENT 3	
12 Total. Add lines 1 through 11	11,597,422.	11,180,946.			
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 4	54,987.	27,494.		27,493.
	c Other professional fees STMT 5	296,090.	130,490.		165,600.
	17 Interest	7,739.	7,739.		0.
	18 Taxes STMT 6	89,149.	58,173.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	50.	0.		50.
	22 Printing and publications				
	23 Other expenses STMT 7	5,937.	0.		5,937.
	24 Total operating and administrative expenses. Add lines 13 through 23	453,952.	223,896.		199,080.
	25 Contributions, gifts, grants paid	2,357,500.			2,357,500.
26 Total expenses and disbursements. Add lines 24 and 25	2,811,452.	223,896.		2,556,580.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	8,785,970.				
b Net investment income (if negative, enter -0-)		10,957,050.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

► **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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ANDERSEN CORPORATE FOUNDATION	Taxpayer identification number (TIN) 41-6020912
	Number, street, and room or suite no. If a P.O. box, see instructions. 342 FIFTH AVENUE NORTH 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
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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 10/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning 12/01, 2019, and ending 11/30, 2020.

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 \$	140,976.
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 \$	30,976.
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 \$	110,000.

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.

For Privacy Act and Paperwork Reduction Act Notice, see 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	53,615.	43,391.	43,391.
	2 Savings and temporary cash investments	132,913.	7,611,821.	7,611,821.
	3 Accounts receivable	91,332.		
	Less: allowance for doubtful accounts		91,332.	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 8	48,536,612.	41,775,165.	41,775,165.
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)		48,723,140.	49,521,709.	49,521,709.
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		48,723,140.	49,521,709.
	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		48,723,140.	49,521,709.
30 Total liabilities and net assets/fund balances		48,723,140.	49,521,709.	

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	48,723,140.
2 Enter amount from Part I, line 27a	2	8,785,970.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	57,509,110.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSSES	5	7,987,401.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	49,521,709.

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	51,950,070.	42,128,453.	9,821,617.	
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			9,821,617.	
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	9,821,617.
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 V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	2,286,790.	47,510,204.	.048133
2017	2,424,525.	49,517,767.	.048963
2016	2,370,996.	48,482,622.	.048904
2015	2,279,432.	45,066,226.	.050580
2014	2,260,955.	47,418,040.	.047681
2 Total of line 1, column (d)			2 .244261
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 .048852
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 46,278,575.
5 Multiply line 4 by line 3			5 2,260,801.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 109,571.
7 Add lines 5 and 6			7 2,370,372.
8 Enter qualifying distributions from Part XII, line 4			8 2,556,580.

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic 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 2020 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, IRS reporting, 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 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No 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 No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(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 No X
(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 No X
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 N/A
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 2019? 1c Yes No 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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes No X
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
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 No X
b If "Yes," did it have excess business holdings in 2019 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 2019.) N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a Yes No 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 2019? 4b Yes No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	X
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? SEE STATEMENT 10	<input checked="" 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? If "Yes" to 6b, file Form 8870.		6b	X
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 9		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
SRI, INC. - WHITE PINE BLDG, 342 5TH AVE N., STE 200, BAYPORT, MN 55003	GRANT CONSULTING/ ACCOUNTING	189,600.
GRANTHAM, MAYO, VAN OTTERLOO & CO LLC 40 ROWES WHARF, BOSTON, MA 02110	INVESTMENT FEES	50,217.

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	
3 All other program-related investments. See instructions.	

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	7,823,729.
b	Average of monthly cash balances	1b	1,641,482.
c	Fair market value of all other assets	1c	37,518,114.
d	Total (add lines 1a, b, and c)	1d	46,983,325.
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	46,983,325.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	704,750.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	46,278,575.
6	Minimum investment return. Enter 5% of line 5	6	2,313,929.

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	2,313,929.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	109,571.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	109,571.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,204,358.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,204,358.
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	2,204,358.

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	2,556,580.
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	2,556,580.
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	109,571.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,447,009.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,204,358.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			2,194,165.	
b Total for prior years: 2017, 2016, 2015		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 2,556,580.				
a Applied to 2018, but not more than line 2a			2,194,165.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				362,415.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				1,841,943.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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 2019, 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)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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 11

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

c Any submission deadlines:

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

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE ARC OF MINNESOTA 2446 UNIVERSITY AVE. W. STE 110 ST. PAUL, MN 55114		PC	HOUSING ACCESS PROGRAM WASHINGTON COUNTY	4,000.
GREATER DES MOINES HABITAT FOR HUMANITY 2200 E. EUCLID AVE. DES MOINES, IA 50317		PC	GDM 2020 AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES	25,000.
PRESBYTERIAN HOMES FOUNDATION 2845 HAMLIN AVENUE NORTH ROSEVILLE, MN 55113		PC	NORRIS SQUARE PHASE II CARE CENTER	33,000.
ST. CROIX VALLEY HABITAT FOR HUMANITY PO BOX 70 HAMMOND, WI 54015		EOF	HOME REHABILITATION & CONSTRUCTION PROJECTS	30,000.
THE SAINT PAUL FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 SAINT PAUL, MN 55101		PC	THE HEADING HOME MN FUNDERS COLLABORATIVE COVID-19 RESPONSE FUND	100,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			2,357,500.
b Approved for future payment				
NONE				
Total ▶ 3b				
				0.

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 INTL ACTIVE NL COMMON TRUST FUND	P	11/30/20	11/30/20
b S&P 500 INDEX FUND	P	11/30/20	11/30/20
c GMO STRATEGIC OPPORTUNITIES ALOC	P	11/30/20	11/30/20
d GMO MULTI-STRATEGY FUND	P	11/30/20	11/30/20
e WELLINGTON CTF OPPORTUNISTIC PORTFOLIO	P	11/30/20	11/30/20
f RIIFL MULTI ASSET CORE PLUS	P	11/30/20	11/30/20
g PIMCO	P	11/30/20	11/30/20
h PERMAL	P	11/30/20	11/30/20
i BLACKROCK	P	11/30/20	11/30/20
j RIIFL CORE BOND FUND	P	11/30/20	11/30/20
k SECURITY LITIGATION SETTLEMENT PROCEEDS	P	11/30/20	11/30/20
l FLOW THROUGH -INTL ACTIVE NL COMMON TRUST FUND	P	11/30/20	11/30/20
m FLOW THROUGH S&P 500 INDEX FUND	P	11/30/20	11/30/20
n FLOW THROUGH WELLINGTON CTF OPPORTUNISIC PORTFOLIO	P	11/30/20	11/30/20
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 3,682,042.		3,384,521.	297,521.
b 13,010,218.		8,519,943.	4,490,275.
c 5,809,725.		4,778,691.	1,031,034.
d 2,243,310.		1,641,318.	601,992.
e 7,367,384.		6,806,229.	561,155.
f 518,083.		501,255.	16,828.
g 5,831,761.		5,581,201.	250,560.
h 6,225,112.		6,378,291.	-153,179.
i 4,565,700.		4,032,888.	532,812.
j 91,928.		91,491.	437.
k 1,543.			1,543.
l		412,625.	-412,625.
m 1,117,567.			1,117,567.
n 1,485,697.			1,485,697.
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			297,521.
b			4,490,275.
c			1,031,034.
d			601,992.
e			561,155.
f			16,828.
g			250,560.
h			-153,179.
i			532,812.
j			437.
k			1,543.
l			-412,625.
m			1,117,567.
n			1,485,697.
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	9,821,617.
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
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110		PC	GENERAL OPERATING SUPPORT	13,000.
TWO RIVERS COMMUNITY LAND TRUST P.O. BOX 25451 WOODBURY, MN 55125		PC	GENERAL OPERATING SUPPORT AND HOUSING DEVELOPMENT FUNDS	20,000.
WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC. 525 SECOND STREET GLENWOOD CITY, WI 54013		PC	HOMELESS PREVENTION PROGRAM FOR POLK, ST. CROIX, AND DUNN COUNTIES	13,000.
ORDWAY CENTER FOR THE PERFORMING ARTS 345 WASHINGTON STREET SAINT PAUL, MN 55102		PC	GENERAL OPERATING SUPPORT	10,000.
THE PHIPPS CENTER FOR THE ARTS 109 LOCUST STREET HUDSON, WI 54016		PC	GENERAL OPERATING SUPPORT	12,000.
AMERICAN RED CROSS MINNESOTA REGION 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 55454		PC	\$50,000 IOWA STORM RELIEF SUPPORT AND \$50,000 HURRICANE	100,000.
LAKE STREET COUNCIL PO BOX 7091 MINNEAPOLIS, MN 55407		PC	WE LOVE LAKE STREET RECOVERY FUND	40,000.
THE MINNEAPOLIS FOUNDATION 80 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55402		PC	NORTHSIDE FUNDERS	30,000.
ST. PAUL CHAMBER OF COMMERCE FOUNDATION 401 N. ROBERT ST., SUITE 150 ST. PAUL, MN 55101		PC	WE LOVE MIDWAY FUND	30,000.
BOY SCOUTS OF AMERICA, NORTHERN STAR COUNCIL 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111		PC	GENERAL OPERATING SUPPORT	50,000.
Total from continuation sheets				2,165,500.

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
BOYS & GIRLS CLUBS OF GREATER CHIPPEWA VALLEY, INC. 615 24TH AVE. W. MENOMONIE, WI 54751		PC	GENERAL OPERATING SUPPORT FOR MENOMONIE PROGRAM	2,500.
CARPENTER ST. CROIX VALLEY NATURE CENTER 12805 ST. CROIX TRAIL HASTINGS, MN 55033		EOF	GENERAL OPERATING SUPPORT	16,000.
CONSERVATION CORPS MINNESOTA 60 PLATO BLVD. E, SUITE 210 SAINT PAUL, MN 55107		PC	SUMMER YOUTH CORPS - SCV	6,000.
FOUNDATION FOR BAYPORT PUBLIC LIBRARY 582 NORTH FOURTH STREET BAYPORT, MN 55003		PC	GENERAL OPERATING SUPPORT FOR BAYPORT PUBLIC LIBRARY	28,000.
GENESYS WORKS - TWIN CITIES 445 MINNESOTA ST., SUITE 720 ST. PAUL, MN 55101		PC	COLLEGE AND CAREER SUCCESS PROGRAM	15,000.
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS, INC. 2644 PENNSYLVANIA AVENUE DUBUQUE, IA 52001		PC	STEM EDUCATION FOR DUBUQUE AREA GIRL SCOUTS	5,000.
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS 400 SOUTH ROBERT STREET ST. PAUL, MN 55107		PC	GENERAL OPERATING SUPPORT (\$25,000) STEM (\$25,000)	50,000.
GIRL SCOUTS OF THE NORTHWESTERN GREAT LAKES 4222 OAKWOOD HILLS PARKWAY EAU CLAIRE, WI 54701		PC	STEM PROGRAMMING	4,000.
IOWA JOBS FOR AMERICA'S GRADUATES 1111 9TH ST., STE. 268 DES MOINES, IA 50314		PC	IJAG DES MOINES	5,000.
IOWA STATE UNIVERSITY FOUNDATION 2156 GILMAN HALL, 2415 OSBORN DR. AMES, IA 50011		PC	SCIENCE BOUND	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
JUNIOR ACHIEVEMENT OF WISCONSIN, INC. - NORTHWEST DISTRICT 2004 HIGHLAND AVE., SUITE 2C EAU CLAIRE, WI 54701		PC	GENERAL OPERATING SUPPORT	3,500.
JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST, INC. 1745 UNIVERSITY AVENUE WEST ST. PAUL, MN 55104		PC	JAMES R. AND PATRICIA HEMAK EXPERIENTIAL LEARNING CENTER	25,000.
MINNESOTA CHILDREN'S MUSEUM 10 WEST SEVENTH STREET ST. PAUL, MN 55102		PC	21ST CENTURY INNOVATION FOCUSED EDUCATION	20,000.
MINNESOTA HISTORICAL SOCIETY 345 KELLOGG BOULEVARD WEST ST. PAUL, MN 55102		PC	EDUCATION PROGRAMMING	15,000.
DUBUQUE COUNTY HISTORICAL SOCIETY 350 EAST 3RD STREET DUBUQUE, IA 52001		PC	STEM EDUCATION	10,000.
PAGE COUNTY PUBLIC SCHOOLS 735 WEST MAIN ST. LURAY, VA 22835		GOV	PAGE COUNTY TECHNICAL CENTER	6,000.
THE SAINT PAUL FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 SAINT PAUL, MN 55101		PC	THE PARTNERSHIP FOR A CONNECTEDMN	100,000.
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST. PAUL, MN 55102		PC	KAYSC 20TH ANNIVERSARY GIFT	50,000.
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST. PAUL, MN 55102		PC	KITTY ANDERSEN YOUTH SCIENCE CENTER	60,000.
WASHINGTON COUNTY HISTORICAL SOCIETY P.O. BOX 167 STILLWATER, MN 55082		PC	GENERAL OPERATING SUPPORT	6,000.
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
YELLOWSTONE FOREVER PO BOX 117 YELLOWSTONE NATIONAL PARK, WY 82190		PC	YELLOWSTONE YOUTH CAMPUS	100,000.
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402		PC	YMCA CAMP AND BRANCH PROGRAMS FOR ST. CROIX VALLEY AND EAST METRO AREAS	50,000.
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402		PC	THE NORTH STAR INITIATIVE	100,000.
YOUTH SERVICE BUREAU, INC. 6120 OREN AVE. N. STILLWATER, MN 55082		PC	GENERAL OPERATING SUPPORT	7,500.
CANVAS HEALTH 7066 STILLWATER BOULEVARD N. OAKDALE, MN 55128		PC	GENERAL OPERATING SUPPORT	25,000.
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413		PC	GENERAL OPERATING SUPPORT-WASHINGTON COUNTY	17,000.
CHIPPEWA VALLEY FREE CLINIC 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701		PC	GENERAL OPERATING SUPPORT	6,500.
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422		PC	COURAGE KENNY ST. CROIX OPERATING SUPPORT	45,000.
FREE CLINIC OF PIERCE AND ST. CROIX COUNTIES, INC. 1687 EAST DIVISION STREET RIVER FALLS, WI 54022		PC	GENERAL OPERATING SUPPORT	7,000.
LAKEVIEW HEALTH FOUNDATION 927 CHURCHILL STREET WEST STILLWATER, MN 55082		PC	PARISH NURSING (\$17K) ALICE ANDERSON SCHOLARSHIPS (\$15K)	32,000.
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
PAGE COUNTY SHERIFF'S OFFICE 108 S COURT STREET LURAY, VA 22835		GOV	CRIME PREVENTION PROGRAM	5,000.
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET ST. PAUL, MN 55101		PC	MAKE IT OK IN THE ST. CROIX VALLEY	30,000.
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET ST. PAUL, MN 55101		PC	INTENSIVE RESIDENTIAL TREATMENT SERVICES	25,000.
REGIONS HOSPITAL FOUNDATION 640 JACKSON STREET ST. PAUL, MN 55101		PC	HEALTHPARTNERS TELEMEDICINE PROGRAM	100,000.
RIVER VALLEY RIDERS 8362 TAMARACK VILLAGE WOODBURY, MN 55125		PC	CAPITAL EXPENDITURES IN HONOR OF ANDERSEN CORPORATE	5,000.
SIGHT & HEARING ASSOCIATION 1430 CONCORDIA AVE. #40009 ST. PAUL, MN 55104		PC	VISION AND HEARING PROGRAM FOR WASHINGTON COUNTY	7,500.
THE ARC OF DUNN COUNTY, INC. 1502 9TH ST. E. MENOMONIE, WI 54751		PC	GENERAL OPERATING SUPPORT	2,500.
AURORA INTERCHURCH TASK FORCE, INC. 1553 CLINTON ST. AURORA, CO 80013		PC	UNSOLICITED FOOD SHEL SUPPORT	4,000.
AURORA INTERCHURCH TASK FORCE, INC. 1553 CLINTON ST. AURORA, CO 80013		PC	GENERAL OPERATING SUPPORT	4,000.
BASIC NEEDS INC. OF SOUTH WASHINGTON COUNTY 950 3RD STREET, SUITE 101 ST. PAUL PARK, MN 55071		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
BIDWELL RIVERSIDE CENTER 1203 HARTFORD AVE. DES MOINES, IA 50315		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
BIDWELL RIVERSIDE CENTER 1203 HARTFORD AVE. DES MOINES, IA 50315		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
BOLTON REFUGE HOUSE, INC. 807 S. FARWELL STREET EAU CLAIRE, WI 54702		PC	GENERAL OPERATING SUPPORT	3,500.
BREAD OF LIFE RESCUE MISSION PO BOX 458 OCEANSIDE, CA 92049		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
BREAD OF LIFE RESCUE MISSION PO BOX 458 OCEANSIDE, CA 92049		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
THE BRIDGE TO HOPE, INC. P.O. BOX 700 MENOMONIE, WI 54751		PC	GENERAL OPERATING SUPPORT	3,500.
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
CATHOLIC CHARITIES OF THE DIOCESE OF ST. CLOUD 911 18TH ST. N. ST. CLOUD, MN 56302		PC	CATHOLIC CHARITIES EMERGENCY SERVICES	4,000.
CATHOLIC CHARITIES OF THE DIOCESE OF ST. CLOUD 911 18TH ST. N. ST. CLOUD, MN 56302		PC	CATHOLIC CHARITIES EMERGENCY SERVICES	4,000.
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
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314		PC	TEENS IN TRANSITION	10,000.
CITIZENS FOR CITIZENS, INC. 264 GRIFFIN ST. FALL RIVER, MA 02724		PC	GRIFFIN STREET FOOD PANTRY	4,000.
CITIZENS FOR CITIZENS, INC. 264 GRIFFIN ST. FALL RIVER, MA 02724		PC	GRIFFIN STREET FOOD PANTRY	4,000.
COMMUNITY ACTION COUNCIL OF HOWARD COUNTY 9820 PATUXENT WOODS DR. COLUMBIA, MD 21046		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
COMMUNITY ACTION COUNCIL OF HOWARD COUNTY 9820 PATUXENT WOODS DR. COLUMBIA, MD 21046		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
COMMUNITY THREAD 2300 ORLEANS STREET WEST STILLWATER, MN 55082		PC	GENERAL OPERATING SUPPORT AND THE BAYPORT SENIOR CENTER	31,000.
CLUES 797 EAST SEVENTH STREET ST. PAUL, MN 55106		PC	GENERAL OPERATING SUPPORT	12,000.
COUNCIL ON DOMESTIC VIOLENCE FOR PAGE COUNTY, INC. 216 WEST MAIN STREET LURAY, VA 22835		PC	GENERAL OPERATING SUPPORT	7,000.
DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52004		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
DUBUQUE FOOD PANTRY 1598 JACKSON STREET DUBUQUE, IA 52004		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
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
DURIDE 2728 ASHBURY ROAD, SUITE 330 DUBUQUE, IA 52001		PC	GENERAL OPERATING SUPPORT	5,500.
FACING HUNGER FOOD BANK 1327 7TH AVE. HUNTINGTON, WV 25701		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
FACING HUNGER FOOD BANK 1327 7TH AVE. HUNTINGTON, WV 25701		PC	GENERAL OPERATING SUPPORT	4,000.
FAIRVIEW FOUNDATION 1690 UNIVERSITY AVE., SUITE 250 ST. PAUL, MN 55104		PC	FEEDING THE FRONTLINE MN FUND	12,500.
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056		PC	COVID-19 FOODSHELF SUPPORT FOR NORTH WASHINGTON AND POLK COUNTIES	4,000.
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056		PC	UNSOLICITED FOODSHELF SUPPORT FOR NORTH WASHINGTON AND POLK COUNTIES	4,000.
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082		PC	GENERAL OPERATING SUPPORT	45,000.
FAMILYMEANS 1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082		PC	MARKETING CAMPAIGN	20,000.
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
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
FRIENDS OF GLOBAL MARKET, INC. 920 E. LAKE ST. OFFICE G-10 MINNEAPOLIS, MN 55407		PC	MEALS FOR MEDICS	12,500.
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT ST. DETROIT, MI 48207		PC	COVID-19 FOOD SHELF SUPPORT	4,500.
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT ST. DETROIT, MI 48207		PC	UNSOLICITED FOOD SHELF SUPPORT	4,500.
GREATER CLEVELAND FOOD BANK 15500 S. WATERLOO RD. CLEVELAND, OH 44110		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
GREATER CLEVELAND FOOD BANK 15500 S. WATERLOO RD. CLEVELAND, OH 44110		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
GREATER TWIN CITIES UNITED WAY 404 S. 8TH ST. MINNEAPOLIS, MN 55404		PC	COVID-19 RESPONSE & RECOVERY FUND	100,000.
GREENLIGHT FUND INC. 120 SAINT JAMES AVE., 6TH FLOOR BOSTON, MA 02116		PC	GREENLIGHT TWIN CITIES	50,000.
HOPE GOSPEL MISSION INC. PO BOX 1127 EAU CLAIRE, WI 54702		PC	GENERAL OPERATING SUPPORT	4,000.
HOPE GOSPEL MISSION INC. PO BOX 1127 EAU CLAIRE, WI 54702		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
HOPE GOSPEL MISSION INC. PO BOX 1127 EAU CLAIRE, WI 54702		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
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
HOPE MINISTRIES PO BOX 862 DES MOINES, IA 50304		PC	MEALS FOR HOPE	10,000.
INTERFAITH CAREGIVERS OF POLK COUNTY, INC. PO BOX 833 ST. CROIX FALLS, WI 54024		PC	GENERAL OPERATING SUPPORT	5,000.
LIFEWORCS SERVICES, INC. 2965 LONE OAK DRIVE EAGAN, MN 55121		PC	GENERAL OPERATING SUPPORT FOR WASHINGTON COUNTY	5,000.
MERRICK, INC. 3210 LABORE ROAD VADNAIS HEIGHTS, MN 55110		PC	MEMORY CARE PROGRAM	10,000.
METRO FAMILY MINISTRIES, INC. PO BOX 462431 GARLAND, TX 75046		PC	COVID-19 FOOD SHELF SUPPORT	5,000.
METRO FAMILY MINISTRIES, INC. PO BOX 462431 GARLAND, TX 75046		PC	UNSOLICITED FOOD SHELF SUPPORT	5,000.
MIDWEST FOOD BANK 725 E. BASELINE RD. GILBERT, AZ 85233		PC	UNSOLICITED FOOD SHELF SUPPORT	5,000.
MIDWEST FOOD BANK 725 E. BASELINE RD. GILBERT, AZ 85233		PC	COVID-19 FOOD SHELF SUPPORT	5,000.
MOISSON LAURENTIDES 25 RUE ROLLAND-BRIERE BLAINVILLE, QUEBEC, CANADA J7C 5R8		NC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
MOISSON LAURENTIDES 25 RUE ROLLAND-BRIERE BLAINVILLE, QUEBEC, CANADA J7C 5R8		NC	COVID-19 FOOD SHELF SUPPORT	4,000.
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
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST. PAUL, MN 55107		PC	GENERAL OPERATING SUPPORT	15,000.
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD., SUITE 100 GLENVIEW, IL 60025		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
NORTHFIELD TOWNSHIP FOOD PANTRY 2550 WAUKEGAN RD., SUITE 100 GLENVIEW, IL 60025		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
PAGE ONE OF PAGE COUNTY, INC. 42 WEST MAIN STREET LURAY, VA 22835		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
PAGE ONE OF PAGE COUNTY, INC. 42 WEST MAIN STREET LURAY, VA 22835		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
PAGE ONE OF PAGE COUNTY, INC. 42 WEST MAIN STREET LURAY, VA 22835		PC	GENERAL OPERATING SUPPORT	17,000.
PROJECT SHARE OF CARLISLE 5 N. ORANGE ST., SUITE 4 CARLISLE, PA 17013		PC	GENERAL OPERATING SUPPORT	4,000.
PROJECT SHARE OF CARLISLE 5 N. ORANGE ST., SUITE 4 CARLISLE, PA 17013		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
THE REACH FOUNDATION 2205 HEIMSTEAD ROAD EAU CLAIRE, WI 54703		SO I	VETERANS SUPPORTED EMPLOYMENT PROGRAM	3,500.
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVE. SACRAMENTO, CA 95817		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
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
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVE. SACRAMENTO, CA 95817		PC	GENERAL OPERATING SUPPORT	4,000.
ST. CROIX VALLEY FOUNDATION 516 SECOND STREET, SUITE 214 HUDSON, WI 54016		PC	COVID-19 RESPONSE FUND FOR THE ST. CROIX VALLEY	50,000.
THE SALVATION ARMY USA SOUTHERN TERRITORY PO BOX 36006 DALLAS, TX 75235		PC	UNSOLICITED SUPPORT FOR GARLAND, TX FOOD SHELF PROGRAMS	5,000.
THE SALVATION ARMY USA SOUTHERN TERRITORY PO BOX 36006 DALLAS, TX 75235		PC	COVID-19 SUPPORT FOR GARLAND, TX FOOD SHELF PROGRAMS	5,000.
SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
SECOND HARVEST FOOD BANK OF ORANGE COUNTY 8014 MARINE WAY IRVINE, CA 92618		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST. PAUL, MN 55109		PC	GENERAL OPERATING SUPPORT	10,000.
SHENANDOAH AREA AGENCY ON AGING, INC. 207 MOSBY LANE FRONT ROYAL, VA 22630		PC	GENERAL OPERATING SUPPORT	15,000.
SHEN-PACO INDUSTRIES, INC. 34 STONEY BROOK LANE LURAY, VA 22835		PC	GENERAL OPERATING SUPPORT	5,000.
SOUTHWEST OPPORTUNITIES CENTER 1600 INDUSTRIAL PARK ROAD LANCASTER, WI 53813		PC	WORK SERVICE PROGRAM	2,000.
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
ST. MARY'S FOOD BANK 2831 N. 31ST AVE. PHOENIX, AZ 85009		PC	COVID-19 FOOD SHELF SUPPORT	5,000.
ST. MARY'S FOOD BANK 2831 N. 31ST AVE. PHOENIX, AZ 85009		PC	UNSOLICITED FOOD SHELF SUPPORT	5,000.
ST. VINCENT DE PAUL BARABOO PO BOX 233 BARABOO, WI 53913		PC	BARABOO FOOD PANTRY	4,000.
ST. VINCENT DE PAUL BARABOO PO BOX 233 BARABOO, WI 53913		PC	UNSOLICITED BARABOO FOOD PANTRY SUPPORT	4,000.
STEPPING STONES OF DUNN COUNTY 1602 STOUT ROAD MENOMONIE, WI 54751		PC	GENERAL OPERATING SUPPORT	11,500.
TUBMAN 1725 MONASTERY WAY MAPLEWOOD, MN 55109		PC	GENERAL OPERATING SUPPORT	12,000.
TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE, INC. P.O. BOX 304 RIVER FALLS, WI 54022		PC	GENERAL OPERATING SUPPORT	8,000.
VALLEY OUTREACH 1911 CURVE CREST BOULEVARD WEST STILLWATER, MN 55082		PC	GENERAL OPERATING SUPPORT	15,000.
VOLUNTEERS OF AMERICA OHIO & INDIANA 8225 BRECKSVILLE RD., UNIT 206 CLEVELAND, OH 44141		PC	COVID-19 AURORA FOOD PANTRY SUPPORT	4,000.
VOLUNTEERS OF AMERICA OHIO & INDIANA 8225 BRECKSVILLE RD., UNIT 206 CLEVELAND, OH 44141		PC	UNSOLICITED AURORA FOOD PANTRY SUPPORT	4,000.
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	MEALS ON WHEELS	5,000.
WESTMORELAND COUNTY FOOD BANK 100 DEVONSHIRE DR. DELMONT, PA 15626		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
WESTMORELAND COUNTY FOOD BANK 100 DEVONSHIRE DR. DELMONT, PA 15626		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104		PC	SENIOR SERVICES	20,000.
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104		PC	CAMPAIGN FOR FAMILIES	50,000.
WOMEN'S RURAL RESOURCE CENTRE 145 BEECH ST. STRATHROY, ONTARIO, CANADA N7G 1K9		NC	COVID-19 FOOD SHELF SUPPORT	4,000.
WOMEN'S RURAL RESOURCE CENTRE 145 BEECH ST. STRATHROY, ONTARIO, CANADA N7G 1K9		NC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545		PC	UNSOLICITED FOOD SHELF SUPPORT	4,000.
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545		PC	COVID-19 FOOD SHELF SUPPORT	4,000.
WORLD HARVEST CHARITIES AND FAMILY SERVICES 3100 VENICE BLVD. LOS ANGELES, CA 90019		PC	COVID-19 FOOD SHELF SUPPORT	4,500.
Total from continuation sheets				

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

2019

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, 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	\$ 400,000.	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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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	
(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	
(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	
(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	

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	109,571.
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	109,571.
4 Enter the tax shown on the corporation's 2018 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	11,907.
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	11,907.

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	9	04/15/20	05/15/20	08/15/20	11/15/20
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	2,977.	12,462.	2,901.	5,455.
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	15,476.	15,500.		
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		12,499.	15,537.	12,636.
13 Add lines 11 and 12	13		27,999.	15,537.	12,636.
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	15,476.	27,999.	15,537.	12,636.
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	12,499.	15,537.	12,636.	

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 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2019 and before 10/1/2019	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2019 and before 1/1/2020	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2019 and before 4/1/2020	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	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	626,235.	771,931.	1,222,671.	1,784,619.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22 ...	3,757,410.	3,087,724.	2,445,342.	2,379,486.
23b	b Extraordinary items (see instructions)				
23c	c Add lines 23a and 23b	3,757,410.	3,087,724.	2,445,342.	2,379,486.
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	37,574.	30,877.	24,453.	23,795.
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	37,574.	30,877.	24,453.	23,795.
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-	37,574.	30,877.	24,453.	23,795.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	9,394.	15,439.	18,340.	23,795.

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th 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	9,394.	15,439.	18,340.	23,795.
33	Add the amounts in all preceding columns of line 38. See instructions		2,977.	15,439.	18,340.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- ...	9,394.	12,462.	2,901.	5,455.
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	2,977.	51,809.	27,393.	27,393.
36	Subtract line 38 of the preceding column from line 37 of the preceding column			39,347.	63,839.
37	Add lines 35 and 36	2,977.	51,809.	66,740.	91,232.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	2,977.	12,462.	2,901.	5,455.

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	2,419.	2,419.	
TOTAL TO PART I, LINE 3	2,419.	2,419.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	504,368.	0.	504,368.	504,368.	
TO PART I, LINE 4	504,368.	0.	504,368.	504,368.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WELLINGTON K-1	178,456.	178,456.	
SSGA S&P 500 K-1	396,564.	396,564.	
SSGA INTL ACTIVE NL K-1	277,522.	277,522.	
FEDERAL EXCISE TAX REFUND	16,476.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	869,018.	852,542.	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT & TAX SERVICES - ERNST & YOUNG LLP	30,987.	15,494.		15,493.
ACCOUNTING SERVICES - SRI	24,000.	12,000.		12,000.
TO FORM 990-PF, PG 1, LN 16B	54,987.	27,494.		27,493.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	130,490.	130,490.		0.
GRANT COUNSELING - SRI	165,600.	0.		165,600.
TO FORM 990-PF, PG 1, LN 16C	296,090.	130,490.		165,600.

FORM 990-PF

TAXES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	30,976.	0.		0.
FOREIGN TAXES	58,173.	58,173.		0.
TO FORM 990-PF, PG 1, LN 18	89,149.	58,173.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DIRECTOR LIABILITY INSURANCE	3,501.	0.		3,501.
DUES & MEMBERSHIPS	2,000.	0.		2,000.
POSTAGE	411.	0.		411.
FILING FEE	25.	0.		25.
TO FORM 990-PF, PG 1, LN 23	5,937.	0.		5,937.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PERMAL FIXED INCOME HOLDINGS (ERISA) LTD	FMV	380,821.	380,821.
RIIFL ABSOLUTE RETURN FIXED INC FUND	FMV	3,429,507.	3,429,507.
RIIFL MULTI ASSET CORE PLUS FUND	FMV	20,941,096.	20,941,096.
RIIFL MULTI ASSET CORE PLUS FUND	FMV	2,287,730.	2,287,730.
RIIFL CORE BD FD	FMV	11,982,207.	11,982,207.
TOTAL RETURN FUND Q CI (B) SRS (17)	FMV	2,401,532.	2,401,532.
PRIVATE MARKETS FUND 2019 LP	FMV	352,272.	352,272.
TOTAL TO FORM 990-PF, PART II, LINE 13		41,775,165.	41,775,165.

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.

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>
4,000.	11/20/20	0.

PURPOSE OF GRANT

UNSOLICITED FOOD SHELF SUPPORT

DATES OF REPORTS BY GRANTEE

PENDING

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>
4,000.	05/06/20	4,000.	09/25/20

PURPOSE OF GRANT

COVID-19 FOOD SHELF SUPPORT

DATES OF REPORTS BY GRANTEE

9/25/20

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.	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

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>
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.

FORM 990-PF

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

STATEMENT 11

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/](https://www.andersenwindows.com/about/community/)

APPLICATIONS ACCEPTED ON-LINE ONLY.

ANY SUBMISSION DEADLINES

PLEASE CHECK [HTTPS://WWW.ANDERSENWINDOWS.COM/ABOUT/COMMUNITY](https://www.andersenwindows.com/about/community/) FOR FUTURE
SUBMISSION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GUIDELINES AND FOCUS AREAS AT
[HTTPS://WWW.ANDERSENWINDOWS.COM/ABOUT/COMMUNITY/](https://www.andersenwindows.com/about/community/)

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning DEC 1, 2019, and ending NOV 30, 2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed	Print or Type	Name of organization (Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3))		ANDERSEN CORPORATE FOUNDATION	41-6020912
408(e) 220(e) 408A 530(a) 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 342 FIFTH AVENUE NORTH, NO. 200	E Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code BAYPORT, MN 55003	523000

C Book value of all assets at end of year 49,521,709.	F Group exemption number (See instructions.) ▶
	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ CHRIS GALVIN Telephone number ▶ 651-264-5242

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	0.

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

▶ **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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ANDERSEN CORPORATE FOUNDATION	Taxpayer identification number (TIN) 41-6020912
	Number, street, and room or suite no. If a P.O. box, see instructions. 342 FIFTH AVENUE NORTH 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) 07

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 10/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 12/01, 2019, and ending 11/30, 2020.

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 \$	0.
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 \$	0.
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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit, Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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
 Signature of officer _____ Date _____
 _____ TREASURER Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name KATHERINE KURTZMAN	Preparer's signature <i>Katherine Kurtzman</i>	Date 10/6/2021	Check if self-employed	PTIN P01236691
	Firm's name ERNST & YOUNG U.S. LLP	Firm's EIN 34-656596		Firm's address 155 N. WACKER DRIVE CHICAGO, IL 60606	
	Phone no. 312-879-2000				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4 a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THERE IS NO UNRELATED BUSINESS ACTIVITY FOR 2019. THE 990-T IS BEING
FILED SOLELY AS A VEHICLE TO TRANSMIT FORM 926 AND FORM 5471.

TO FORM 990-T, PAGE 1