Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A I	For the	e 2021 calendar year, or tax year beginning	JL 1, 2021	and	ending J	UN 30,	2022		
	Check if applicable	C Name of organization				D Emp	oloyer identi	ification number	
	Addre	ss University of Minnesota Foundatio	n						
	☐Name	5				1	41-604248	8	
F	chang Initial	Number and street (or P.O. box if mail is not del	ivered to etreet address	\	Room/suite	†	phone numb		
F	return _Final	200 Oak Street SE	ivereu to street audress	,	500		512) 624-3		
	⊥return termir ated	_	7ID or foreign poetal	oodo	<u> </u>	 	receipts \$	3,233,219,	078
	Amen	, , , , , , , , , , , , , , , , , , , ,	ZIP or loreign postal	code					070.
	return ∏Applio		stine K Searson			7	this a group r subordinate		No
	tion pendi	same as C above	orne n. bearbon					s included? Yes	No
_	Tay ay		(inport no.)	1947(a)(1)	or 527	1 ` ′			_
		empt status: X 501(c)(3) 501(c) (): te: www.give.umn.edu	(insert no.)	1947 (a)(1)	01 321	1	*	a list. See instructions	•
			sociation Other		I Voor			tion number	o. MN
	art I	Summary	SOCIATION OTHER		L Year	oi iorinau	011. 1502	M State of legal domicil	е. ни
	_	Briefly describe the organization's mission or most	significant activities:	A non-	profit or	rganiza	tion with		
9	1	the sole purpose of supporting the Uni				guiiiza	CIOII WICII	•	
au		Check this box if the organization discor				than OF	/ of its not s	anata	
Governance	3	_	=	-				1	42
9	4	Number of voting members of the governing body (Number of independent voting members of the gov							41
		Total number of individuals employed in calendar y							46
ties	6								41
Activities &	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, col							
Ac	l 'a	Net unrelated business taxable income from Form 9							
_	B	Net unrelated business taxable income nom rolling	990-1, Fait 1, line 11				r Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)					1,661,680		739
ine	9						0		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			42	5,827,468	-	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,					2,025,396		
	1	Total revenue - add lines 8 through 11 (must equal					9,514,544		
_		Grants and similar amounts paid (Part IX, column (A					1,561,671		
	14	Benefits paid to or for members (Part IX, column (A					0		0.
	45	Salaries, other compensation, employee benefits (F				3	2,429,100	•	
ses	160	Professional fundraising fees (Part IX, column (A), li					0		0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line						•	
Ä	1,0	Other expenses (Part IX, column (A), lines 11a-11d,				2	1,986,251	. 26,553,	102
		Total expenses. Add lines 13-17 (must equal Part I)					5,977,022		
	1	Revenue less expenses. Subtract line 18 from line					3,537,522		
	13	rievende less expenses. Subtract line 10 nom line	12				f Current Year		
ets C	20	Total assets (Part X, line 16)			<u> </u>		0,065,180		877.
Net Assets or	21	Total liabilities (Part X, line 26)					3,528,230		
let,	22	Net assets or fund balances. Subtract line 21 from	line 20				6,536,950		
Pa	art II	Signature Block				,	, ,		
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanyin	a schedule	s and stateme	ents, and t	o the best of r	mv knowledge and belief.	it is
	•	et, and complete. Declaration of preparer (other than office		•		has anv k	nowledge.		
	,	Docusigned by: (Market Salat	,			Ť	17-Măr-2	023	
Sig	n	Signature or officer					Date		
Her		Christine K. Searson, Vice Presid	ent/CFO						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		[Date	Check	PTIN	
Paid	i	''' ' '	Julie Boyer	— DocuSigned by: Julie Boyer	0	3/16/23	3 if self-emp	ployed P01278549	
	parer	Firm's name RSM US LLP		3C1B23195A12433			Firm's EIN		
	Only	Firm's address 227 West First Street, S	uite 700				5 = 114		
	•	Duluth, MN 55802					Phone no. 21	L8-727-5025	
May	the II	RS discuss this return with the preparer shown above	ve? See instructions					X Yes	No

Pal	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	A non-profit organization with the sole purpose of supporting the	
	University of Minnesota with a mission to connect passion with	
	possibility, inspire generosity, and support greatness at the	
	University of Minnesota.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		0.)
та	Grants awarded to or on behalf of the University of Minnesota	
	collegiate programs in support of teaching, research, and outreach to	
	the community. Grants awarded in support of education to U of M program	
	including Academic Health Services, Athletics, Libraries, Minnesota	
	Extension Service, Multi-Disciplinary and Special Projects, and Weisman	—
	·	
	Art Museum. Grants to other University-related foundation include the	
	Minnesota Landscape Arboretum Foundation. U of M campuses are located	
	in Minneapolis/St. Paul, Crookston, Duluth, Morris, and Rochester.	
	Distribution by purpose included \$64M to student support, \$51M to	
	program support, \$40M to research and community outreach/engagement,	
	\$29M to faculty and staff support, and \$18M to capital improvements.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	
10) (Expenses #	— ′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 201,667,124.	

Form 990 (2021) University of Minnesota Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	Х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Λ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19	L_	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) University of Minnesota Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
5 7	Part V. line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 354 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
	(3	-10	000	

O21) University of Minnesota Foundation

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) **Part V** Sta

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S				
				3a	Х	-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			_		,,
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
D	If "Yes," enter the name of the foreign country		/FDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Eo.		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 00		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a	Х	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi	red			
	to file Form 8282?	;;		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		_		77
•				8		X
9	Sponsoring organizations maintaining donor advised funds.			0-		Х
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		X
10	Section 501(c)(7) organizations. Enter:			อม		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	100				
а		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				V
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		
15				15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			ı		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
.5	If "Yes," complete Form 4720, Schedule O.		·	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
	11 11 11 11 11 11 11 11 11 11 11 11 11			17		
	If "Yes," complete Form 6069.					
		-			000	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u>C</u>	exempt status with respect to such arrangements?	16b	Х	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, DC, HI, KY, LA, MA, MD, ME, MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	ı c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	itinano	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Christine K. Searson - (612) 624-3333			
	200 Oak Street SE 500 Minneapolis MN 55455-2010			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee.			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee (ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	rio na	L	n plo	st col	-	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kathleen M. Schmidlkofer	40.00									
President/CEO	0.40	Х		Х				586,183.	0.	101,361.
(2) Pat Mascia	40.00									
UMFREA Managing Director	0.00				Х			433,333.	0.	45,177.
(3) Robert J. Burgett	40.00									
Senior Vice President	0.00				Х			399,153.	0.	51,827.
(4) Patricia K. Porter	40.00									
Vice President	0.00				Х			362,086.	0.	50,061.
(5) Christine K Searson	40.00									
Vice President/CFO	0.40		_	Х	_	_		287,982.	0.	58,766.
(6) James G. Aagaard	40.00									
Vice President	0.00				Х			288,220.	0.	55,951.
(7) Sarah E. Youngerman	40.00									
Vice President	0.00				Х			245,820.	0.	51,592.
(8) Catherine McGlinch	40.00									
Associate Vice President	0.00					Х		233,631.	0.	54,586.
(9) Carol Curoe	40.00									
Vice President	0.00				Х			247,517.	0.	36,314.
(10) Elizabeth Patty	40.00									
Associate Vice President	0.00		_			Х		238,159.	0.	43,812.
(11) Jan L. Sickbert	40.00									
Associate Vice President	0.00					Х		234,127.	0.	35,479.
(12) Steven M. Corkery	40.00									
Associate Vice President	0.00					Х		217,496.	0.	49,907.
(13) Kristi Flanagan Villar	40.00									
Associate Vice President	0.00		_	_	_	Х		217,464.	0.	18,653.
(14) Shari L. Ballard	0.40									
Trustee/Chair	0.00	Х	_	Х	_	_		0.	0.	0.
(15) Jacqueline R. Williams-Roll	0.40									
Trustee/Vice Chair	0.00	Х	_	Х	_	_		0.	0.	0.
(16) Lynn Casey	0.40									
Trustee/Past Chair	0.00	Х	_	Х	_	_		0.	0.	0.
(17) Philip E. Soran	0.40	_		_					_	
Trustee/Treasurer	0.00	X		Х				0.	0.	0. Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) University of	of Minnesota	Fo	und	ati	on				41-604248	8 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	Hi	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck iss per	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Thomas G. Olson	0.40									
Trustee/Secretary	0.00	Х		Х		$oxed{oxed}$		0.	0.	0.
(19) Ruth Bachman	0.40									
Trustee (until 11/03/21)	0.00	Х				╙		0.	0.	0.
(20) Richard B. Beeson, Jr.	0.40									
Trustee (until 11/03/21)	0.00	Х						0.	0.	0.
(21) Mary K. Brainerd	0.40									
Trustee (until 11/03/21)	0.00	Х						0.	0.	0.
(22) Blythe A. Brenden	0.40									
Trustee	0.00	Х						0.	0.	0.
(23) Dorothy J. Bridges	0.40									
Trustee	0.00	Х						0.	0.	0.
(24) Rebecca A. Crooks-Stratton	0.40									
Trustee	0.00	Х						0.	0.	0.
(25) Mary A. Davenport	0.40									
Trustee	0.00	Х						0.	0.	0.
(26) Acooa Ellis	0.40									
Trustee	0.00	Х						0.	0.	0.
1b Subtotal							<u> </u>	3,991,171.	0.	653,486.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								3,991,171.	0.	653,486.
2 Total number of individuals (including but							~ "~	asived more than \$100	000 of reportable	

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

			103	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
_				

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Aldes Inc		
7732 Tessman Dr., Brooklyn Park, MN 55445	Janitorial & Painting Services	434,660.
Marketing Communication Resource Inc		
4800 E 345th St., Willoughby, OH 44094	Printing and Publications	354,661.
Grenzebach Glier & Assoc., 401 N Michigan	Development Consulting	
Ave Ste 2800, Chicago, IL 60611	Services	280,386.
Architect Mechanical Inc		
2917 Anthony Lane N., St. Anthony, MN 55418	Maintenance Services	276,834.
Stripe		
3180 18th St., San Francisco, CA 94110	Credit Card processing	259,399.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	28	
	·	000

Part VII Section A Officers Directors Tr										
Section A. Officers, Directors, Ir	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		9.0	suedu				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Michael B. Fiterman	0.40	_	 -		_	<u> </u>	-			
Trustee	0.00	X						0.	0.	0
(28) Joan T.A. Gabel	0.40								•	
Trustee	0.00	Х						0.	0.	0
(29) Julie E. Gilbert	0.40		\vdash						-	
Trustee	0.00	X						0.	0.	0
(30) Kenneth C. Glaser	0.40									
Trustee	0.00	Х						0.	0.	0
(31) Kurt E. Heikkila	0.40									
Trustee	0.00	Х						0.	0.	0
(32) Susan S. Hoff	0.40									
Trustee	0.00	Х						0.	0.	0
(33) Hoyt M. Hsiao	0.40									
Trustee	0.00	Х						0.	0.	0
(34) Douglas A. Huebsch	0.40									
Trustee	0.00	Х						0.	0.	0
(35) Russell Huffer	0.40									
Trustee	0.00	Х						0.	0.	0
(36) Ezell Jones	0.40									
Trustee	0.00	Х						0.	0.	0
(37) James K. Lee	0.40									
Trustee	0.00	Х						0.	0.	0
(38) Michael P. Lehan	0.40									
Trustee	0.00	Х						0.	0.	0
(39) Beth Kieffer Leonard	0.40									
Trustee	0.00	Х						0.	0.	0
(40) Ross Levin	0.40									
Trustee	0.40	Х						0.	0.	0
(41) John E. Lindahl	0.40									
Trustee	0.00	Х						0.	0.	0
(42) Richard L. Lindstrom, M.D.	0.40									
Trustee (until 11/03/21)	0.00	Х						0.	0.	0
(43) Margaret E. Lucas	0.40		\vdash							
Trustee	0.00	Х						0.	0.	0
(44) David J. McMillan	0.40									
Trustee	0.00	Х						0.	0.	0
(45) David J. Meyer	0.40									
Trustee	0.00	Х						0.	0.	0
	0.40									
(46) David C. Mortenson								1		

Form 990 University of	or Milliesoca	го	una	atı	OII				41-60424	±00
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(F)	
Name and title	Average				ition			Reportable	(E) Reportable	Estimated
rame and the	hours	(cl			that		lv)	compensation	compensation	amount of
	per	(0.		T	1	- P P	.,,	from	from related	other
	week					ee Ge		the	organizations	compensation
	(list any	tor				old		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director				Highest compensated employee		(W-2/1099-MISC)	(organization
	related	ee or	stee			nsate				and related
	organizations	trust	Institutional trustee		yee	ad mic				organizations
	below	idual	ution	l la	old me	esto	er			
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(47) Abdul M. Omari, Ph.D.	0.40									
Trustee	0.00	Х						0.	0.	0.
(48) Richard T. Ostlund, J.D.	0.40									
Trustee	0.00	Х						0.	0.	0.
(49) Bethany M. Owen	0.40									
Trustee	0.00	Х	<u> </u>	_				0.	0.	0.
(50) Lynne Redleaf	0.40									
Trustee	0.00	Х	_	_	_			0.	0.	0.
(51) Michael F. Roman	0.40									_
Trustee	0.00	Х	_	_				0.	0.	0.
(52) Roger J. Sit	0.40									
Trustee (53) Esta E. Stecher	0.00	Х						0.	0.	0.
Trustee	0.40	X						0.	0.	_
(54) Erik M. Torgerson	0.40	Λ						0.	0.	0,
Trustee	0.00	х						0.	0.	0.
(55) Peter A. Vorbrich	0.40	21						0.	<u> </u>	
Trustee	0.00	Х						0.	0.	0.
(56) Bradford W. Wallin	0.40									
Trustee	0.00	Х						0.	0.	0.
(57) Theresa B. Ward	0.40									
Trustee	0.40	Х						0.	0.	0.
(58) Penny A. Wheeler, M.D.	0.40									
Trustee	0.00	Х						0.	0.	0
			\vdash							
			\vdash							
				_	_	_				
Total to Part VII, Section A, line 1c										

Form 990 (2021)
Part VIII Statement of Revenue

		Check if Schedule O contains a re-	sponse o	r note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns1	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b					
ည် ရှိ			1c	585,908.				
fts,			1d	656,193.				
ij či								
ns, Sirr		3 (1e					
er (Ť	All other contributions, gifts, grants, and		20 265 620				
듗뙲				30,365,638.				
dat	-	_	1g \$	23,666,799.				
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f	<u></u>		331,607,739.			
				Business Code				
မွ	2 a							
Program Service Revenue	b							
Se	С							
am	d							
Bg	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f	-					
	3	Investment income (including dividend						
		other similar amounts)	I	21,612,591.		8,737,791.	12,874,800.	
	4	Income from investment of tax-exempt			, ,		, ,	, ,
	5	Royalties			34,300.			34,300.
	3	noyaities	Real	(ii) Personal				01,000.
	6 -			(ii) i crooriai				
	b	' '''						
	С	Rental income or (loss) 6c -1,02	5,072.		1 005 050			1 005 050
		Net rental income or (loss)			-1,025,872.			-1,025,872.
	7 a		curities	(ii) Other				
		assets other than inventory 7a 28685	19361.					
	b	Less: cost or other basis						
ne		and sales expenses 7b 28519						
/en	С	Gain or (loss) 7c 16,53	1,434.					
ther Revenue		Net gain or (loss)			16,531,434.			16,531,434.
ē		Gross income from fundraising events (not						
₹		including \$ 585,908.	of					
		contributions reported on line 1c). See						
		Part IV, line 18		1,691,742.				
	b	Less: direct expenses		967,347.				
		Net income or (loss) from fundraising e			724,395.			724,395.
		Gross income from gaming activities.		-				
		Part IV, line 19		l				
	b	Less: direct expenses						
		Net income or (loss) from gaming activ						
		Gross sales of inventory, less returns	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	10 a	and allowances	10a					
	h							
		Less: cost of goods sold						
\dashv	C	Net income or (loss) from sales of inver	THOTY	Business Code				
S _I	44 -	Dev. Services Contract	<u> </u>	900099	2,500,000.			2,500,000.
ne e				900099	<u> </u>			594,749.
Miscellaneous Revenue	b	-		200033	594,749.			394,149.
Sce Be	С.							
Ξ̈́		All other revenue			2 004 740			
		Total. Add lines 11a-11d	<u></u>	P	3,094,749.	^	0 727 704	22 222 226
	12	Total revenue. See instructions			372,579,336.	0.	8,737,791.	32,233,806.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a responsificulde amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21	201,667,124.	201,667,124.		
	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
OI	ganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
tr	ustees, and key employees	3,463,391.		1,591,230.	1,872,161
	ompensation not included above to disqualified				
ре	ersons (as defined under section 4958(f)(1)) and				
ре	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	20,913,611.		5,383,088.	15,530,523
	ension plan accruals and contributions (include				
se	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits	7,128,068.		1,847,524.	5,280,544
10 P	ayroll taxes				
	ees for services (nonemployees):				
a M	lanagement				
	egal	503,722.		503,722.	
	ccounting	210,958.		210,958.	
	obbying				
e Pi	rofessional fundraising services. See Part IV, line 17				
f In	vestment management fees	8,264,377.		8,264,377.	
g O	ther. (If line 11g amount exceeds 10% of line 25,				
CC	olumn (A), amount, list line 11g expenses on Sch O.)	2,699,462.		1,446,825.	1,252,637
12 A	dvertising and promotion	193,194.		1,528.	191,666
13 O	ffice expenses	830,025.		381,910.	448,115
	formation technology	695,998.		524,763.	171,235
	oyalties				
16 O	ccupancy	1,876,650.		1,876,650.	
17 Tr	ravel	230,113.		29,081.	201,032
18 P	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials				
19 C	onferences, conventions, and meetings	281,503.		88,158.	193,345
20 In	terest				
21 P	ayments to affiliates				
22 D	epreciation, depletion, and amortization	261,037.		261,037.	
23 In	surance	234,545.		234,545.	
at Iir	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	rofessional Developmen	6,839,513.			6,839,513
~ —	rinting and Publicatio	1,488,532.		5,080.	1,483,452
~ _	onor cultivation	1,012,722.		1,397.	1,011,325
· -	BI Tax	295,921.		295,921.	, =, =, ==
	Il other expenses	634,830.		334,372.	300,458
	other expenses	259,725,296.	201,667,124.	23,282,166.	34,776,006
	pint costs. Complete this line only if the organization	, , ,	, ,,==34	, ,=	, , , , , , , , , , , , , , , , , , , ,
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
U.	neck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

Га	rt A	Daidlice Sileet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	•			33,702,762.	1	31,152,183.
	2				1,185,730,695.	2	641,773,925.
	3	Pledges and grants receivable, net			208,760,918.	3	224,690,411.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		69,683,719.			
	b	Less: accumulated depreciation		23,785,453.	47,749,066.	10c	45,898,266.
	11	Investments - publicly traded securities			636,463,855.	11	861,127,433.
	12	Investments - other securities. See Part IV, line			2,189,803,595.	12	2,365,461,862.
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			54,874.	14	53,161.
	15	Other assets. See Part IV, line 11			117,799,415.	15	94,140,636.
	16	Total assets. Add lines 1 through 15 (must equal line 33)			4,420,065,180.	16	4,264,297,877.
	17	Accounts payable and accrued expenses Grants payable			30,231,153.	17	30,952,314.
	18					18	
	19	Deferred revenue			791.	19	791.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			389,077,427.	21	355,434,648.
Ø	22	Loans and other payables to any current or for	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
abil		controlled entity or family member of any of th	ese perso	ons		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, p	oayables [•]	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			34,218,859.	25	33,005,730.
	26	Total liabilities. Add lines 17 through 25			453,528,230.	26	419,393,483.
		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
ses		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			230,130,197.	27	234,832,400.
Ba	28	Net assets with donor restrictions			3,736,406,753.	28	3,610,071,994.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income, o	or other funds		31	
Net	32	Total net assets or fund balances			3,966,536,950.	32	3,844,904,394.
	33	Total liabilities and net assets/fund balances			4,420,065,180.	33	4,264,297,877.

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		372,	579,	336.
2	Total expenses (must equal Part IX, column (A), line 25)	2		259,	725,	296.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	L12,	854,	040.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,9	966,	536,	950.
5	Net unrealized gains (losses) on investments	5	-2	209,	936,	405.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-24,	550,	191.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,8	344,	904,	394.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** University of Minnesota Foundation 41-6042488 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	262,237,874.	232,329,656.	270,089,105.	241,661,680.	331,607,739.	1337926054.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	262,237,874.	232,329,656.	270,089,105.	241,661,680.	331,607,739.	1337926054.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,295,567.
	Public support. Subtract line 5 from line 4.						1336630487.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	262,237,874.	232,329,656.	270,089,105.	241,661,680.	331,607,739.	1337926054.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,400,639.	30,063,931.	28,383,461.	26,526,644.	19,567,696.	131,942,371.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		638,884.	2,270,469.		6,594,564.	9,503,917.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,840,802.	305,905.		2,500,000.	3,094,749.	7,741,456.
11	Total support. Add lines 7 through 10						1487113798.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	•				. , . ,	
_	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2021 (li					14	89.88 %
	Public support percentage from 2020					15	89.81 %
16a	33 1/3% support test - 2021. If the c						,
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	-					
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		_	. —
	meets the facts-and-circumstances te	-	-	*	-	7	
b	10% -facts-and-circumstances test	· ·				•	10% Or
	more, and if the organization meets the		•				▶ □
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b	, cneck this box a	na see instructions	

Schedule A (Form 990) 2021 University of Minnesota Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	now, picase comp	oicte i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) 2011	(2) 2313	(6) 2010	(4) 2020	(0) 2021	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
_	check this box and stop here						>
Se	ction C. Computation of Public	Support Per	rcentage				
	Public support percentage for 2021 (lin		·	column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2021

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following	ng persons?		
а	a A person who directly or indirectly controls, either alone or together with p	ersons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above?	f "Yes" to line 11a. 11b. or 11c. provide		
	detail in Part VI.	11c		
Sec	Section B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in	their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect			
	directors, or trustees at all times during the tax year? If "No," describe in F			
	effectively operated, supervised, or controlled the organization's activities. I organization, describe how the powers to appoint and/or remove officers, or			
	supported organizations and what conditions or restrictions, if any, applied			
2				
	organization(s) that operated, supervised, or controlled the supporting organization	anization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the support	ed organization(s) that operated,		
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations			
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax ye	ear also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No	" describe in Part VI how control		
	or management of the supporting organization was vested in the same pers	ons that controlled or managed		
_	the supported organization(s).	1		
Sec	Section D. All Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the	last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount	of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date	of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to	the extent not previously provided?		
2	2 Were any of the organization's officers, directors, or trustees either (i) appo	inted or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organiz	ation? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship wi	th the supported organization(s).		
3	3 By reason of the relationship described on line 2, above, did the organizati	on's supported organizations have a		
	significant voice in the organization's investment policies and in directing t			
	income or assets at all times during the tax year? If "Yes," describe in Par	t VI the role the organization's		
<u> </u>	supported organizations played in this regard.	3		
Sec	Section E. Type III Functionally Integrated Supporting Organi	zations		
1				
а				
b				
С		VI how you supported a governmental entity (see instruction	1	
2			Yes	No
а	, ,			
	the supported organization(s) to which the organization was responsive?			
	those supported organizations and explain how these activities directly			
	how the organization was responsive to those supported organizations, and			
	that these activities constituted substantially all of its activities.			
b				
	one or more of the organization's supported organization(s) would have be			
	Part VI the reasons for the organization's position that its supported organization	()		
•	these activities but for the organization's involvement.			
3		of the officers dispetate at		
а				
L	trustees of each of the supported organizations? If "Yes" or "No" provide			
b	3			
	of its supported organizations? If "Yes." describe in Part VI the role played	i by the organization in this regard.	1	

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations (continue	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	5	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Development Services Contract
2017 Amount: \$ 1,835,000.
2020 Amount: \$ 2,500,000.
2021 Amount: \$ 2,500,000.
UBI Fed Refund
2017 Amount: \$ 5,802.
2018 Amount: \$ 305,905.
2021 Amount: \$ 594,749.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

University of Minnesota Foundation

Employer identification number

 $41\!-\!6042488$

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	1					
2	Aggregate value of contributions to (during year)	0.					
3	Aggregate value of grants from (during year)	17,726.					
4	Aggregate value at end of year	494,437.					
5	Did the organization inform all donors and donor advisors in v		ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring				
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		I I				
	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a		I I				
_	listed in the National Register						
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	organization during the tax				
4	year •	annout in Innated •					
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per		□ vaa □ Na				
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,						
6	Starr and volunteer riours devoted to morntoning, inspecting,	rianding of violations, and emorcing cons	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
'	\$ \$	ming of violations, and emoreing conserva	non easements during the year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i)				
Ū	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	·					
	organization's accounting for conservation easements.	Ü					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	l gain, provide				
	the following amounts required to be reported under FASB A	S .					
а	Revenue included on Form 990, Part VIII, line 1						
h	Assets included in Form 900, Part Y		Δ.				

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	c	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets				_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	on Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		•				7		1
	on Form 990, Part X?						」Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				A		
							Amount		
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f O-	Ending balance					X	Yes		l Na
	If "Yes," explain the arrangement in Part XIII.							X	No
Par	- 1/								
	- Complete	(a) Current year		(c) Two years back		years back	(e) Four	vears I	back
1a	Beginning of year balance	2,407,624,926.		+ · · · ·	+ ` '		· ,		
	Contributions	221,961,122.		60,597,739		70,027.		609,	
	Net investment earnings, gains, and losses	-97,765,502.	, ,	-37,692,533	+	18,382.		683,6	
	Grants or scholarships	29,247,149.		29,743,222		97,983.		055,	
	Other expenditures for facilities	, , ,	, , ,	, ,	,	,	<i>'</i>		
Ū	and programs	33,234,069.	26,860,365.	33,613,232	. 37,8	73,659.	29,	516,5	525.
f	Administrative expenses	, ,	, ,	, ,	,		,		
g	End of year balance	2,469,339,328.	2,407,624,926.	1,714,613,264	. 1,755,0	64,512.	1,649,	947,	745.
2	Provide the estimated percentage of the curr				•				
а	Board designated or quasi-endowment	5.0000	%	•					
b	Permanent endowment 60.0000	%	_						
	Term endowment 35.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiza	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	\rightarrow	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm		N David IV/ Proceeded on C	000 Deat	/ l' 40				
	Complete if the organization answere					. 1			
	Description of property	(a) Cost or o	` '		Accumulate lepreciation		(d) Book	value)
	Land	<u> </u>	· ·		,		32.	047,	713.
	Buildings		· -	,824,141.	13,380,	335.		443,8	
	Leasehold improvements			,203,328.	3,064,			139,0	
d	Equipment	I		,442,002.	7,340,			898,8	
	Other			166,535.	·			166,	
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)	<u></u>	•	45,	898,2	266.
	a (Section (S/ Most S	<u> </u>	<u> </u>	<i>;</i>		Schedule			

Part VII	Investments -	Other	Securities

Part VII Investments - Other Securities.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A) Investments Measured at NAV	1,373,789,666.	End-of-Year Market Value					
(B) Hedge Funds	1,373,488.	End-of-Year Market Value					
(C) Investments Held at Cost	55,016,295.	Cost					
(D) Investments at Equity Method	176,747,226.	End-of-Year Market Value					
(E) Consolidated Investments	758,535,187.	End-of-Year Market Value					
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,365,461,862.						
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.					
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1)							
(2)							
(3)							
(4)							

(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8)

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

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

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Gift Annuities Payable	20,365,547.
(3)	Charitable Trust Agreement Liabilities	12,640,183.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	33,005,730.

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

Par	t XI Reconciliation of Revenue per Audited Financial Sta		ıe per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	I I	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1		
Pai	t XIII Supplemental Information.	,	
lines Part	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a IV, line 2b:	ny additional information.	Part V, line 4; Part X, line 2; Part XI,
	Foundation manages certain investments on behalf of other nizations. The management of these investments are subject		
agre	ements with each that govern the arrangements, including	the timing of	
addi	tions and withdrawals.		
Part	V, line 4:		
	V, line 4:	a to student	
Gran	·		
Gran	ts awarded to or on behalf of the University of Minnesota	ch services,	

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Inspection

Employer identification number

University of Minnesota Foundation 41-6042488 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and the Caribbean 0 0 Investments 679,953,519. 0 0 79,464,516. North America Investments East Asia and the 0 0 Investments Pacific 52,639,959. 0 0 57,039,471. Sub-Saharan Africa Investments Europe (Including Iceland & Greenland) 0 0 Investments 35,120,922. 0 0 904,218,387. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 04,218,387. and 3b)

Schedule F (Form 990) 2021 University of Minnesota Foundation

41-6042488

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

(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(h) Description of noncash assistance					Sched
(g) Amount of noncash assistance					
(f) Manner of cash disbursement					ecognized as a tax ivalency letter
(e) Amount of cash grant					oreign country, r
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
(c) Region					s listed above that are re re for which the grantee c
(b) IRS code section and EIN (if applicable)					ecipient organization nization by the IRS, o other organizations or
1 (a) Name of organization					 2 Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021 University of Minnesota Foundation 41-60424x8

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

University of Minnesota Foundation 41-6042488 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or ramananing of the contract and the co	(a) Event #1 Children's Health	(b) Event #2 Diamond Awards (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,800,785.		276,910.	2,277,650.
		Less: Contributions	450,210.	51,573.	84,125.	
	3	Gross income (line 1 minus line 2)	1,350,575.	148,382.	192,785.	1,691,742.
	4	Cash prizes				
ű	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	25,998.	1,500.	67,255.	94,753.
irect E	7	Food and beverages	144,187.		30,201.	174,388.
	8	Entertainment	230,854.	15,124.	77,624.	323,602.
	9	Other direct expenses		9,613.	32,550.	374,604.
	10	Direct expense summary. Add lines 4 throug			>	967,347.
		Net income summary. Subtract line 10 from				724,395.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		Г	1	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	⁷ from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		-	•	Yes No

Sch	edule G (Form 990) 2021 University of Minnesota Foundation	11-6042488	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	News N		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
-	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_

132083 10-21-21 Schedule G (Form 990) 2021

Schedule (G (Form 990)	University of Minnesota Foundation	41-6042488	Page 4
Part IV	G (Form 990) Supplemental Info	rmation _(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021	Open to Public Inspection
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OMB No. 1545-0047

å Clinical Programming at M fund grant to support the und grant to support the und grant per charitable emainder trust agreement endowment **Employer identification number** ecognized foundation of Physicians Mill City and Jniversity of Minnesota. The Minnesota Landscape Arboretum Foundation is Jniversity of Minnesota Jniversity of Minnesota The Foundation provides und grants to and for finnesota Hospital and und grants to support 41-6042488 (h) Purpose of grant Alumni Association. the benefit of the or assistance the University of the University of Broadway Clinics × Yes distribution of to make annual Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance n/a n/a n/a n/a n/a n/a (f) Method of valuation (book, FMV, appraisal, other) n/a n/a n/a n/a 0.n/a 0.n/a 0 o o o (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 198754432 (d) Amount of cash grant 1,796,489. 295,743. 56,414. 657,924 87,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 41-6007513 Gov't entity University of Minnesota Foundation 501(c)3 501(c)3 41-1843943 501(c)3 41-6037089 501(c)3 52-1667358 | 501(c)3 41-0991680 23-7081057 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? University of Minnesota Physicians Foundation - 3675 Arboretum Drive Bowen Center for the Study of the 2221 University Ave SE, Suite 111 1 (a) Name and address of organization Association - 200 Oak Street SE, Family - 4400 MacArthur Blvd NW 720 Washington Ave SE, Ste 200 University of Minnesota Alumni Minnesota Landscape Arboretum suite 200 - Minneapolis, MN Minneapolis, MN 55414-2924 Ste 103 - Washington, DC Fairview Health Services or government University of Minnesota 1700 University Ave W Minneapolis, MN 55414 Name of the organization St. Paul, MN 55104 Chaska, MN 55318 55455-2040 20007-2521 Part I Part II 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions

Enter total number of other organizations listed in the line 1 table

0

Schedule I (Form 990) 2021

132101 10-26-21

	ts (Schedule I (Form 990), Part II.)
lel(Form 990) University of Minnesota Foundation	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments
Schedu	Part

Page 1

41-6042488

90), Part II.) 4 of (g) Description of or assistance or a	Fund grant to support The Carol E. Macpherson n/a Memorial Scholarship.					-
(f) Method of noncash (book, FMV, assistance appraisal, other)	0. n/a					
(d) Amount of cash grant	19,122.					_
(c) IRC section if applicable	501(c)3					
Assistance to Don (b) EIN	51-0180046 501(c)3					
(a) Name and address of craims and Other Assistance to Domestic Organization or government or government or government or government or government (b) EIN (c) IRC section or ganization or government (d) Amount of cash grant or government (a) Amount of cash grant or government (book, FMV, appraisal, other)	Carol E. Macpherson Memorial Scholarship Fund - 937 Cromwell Ave - St. Paul, MN 55114					

41-6042488

מיניים כמון כל ממקרוסמנסט וו מממונטומן כל ווככמכט.				•	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
Part I, Line 2:					
The Foundation holds funds to benefit the University of	zy of Minnesota.	ta. The			
various departments of the University are responsible	for	requesting fund			
grants to be transferred to the University when needed.	eded. The Foundation	ndation			
makes certain the fund grant use matches the fund E	fund purpose and t	then			
disburses the money to the University. The University	ity Office of	Internal			
Audit regularly audits the departments to make sure	the funds	are being			
used for the appropriate purposes. The Foundation ensures		the tax-exempt			
status of any organization to which it is moving grant monies or which a	rant monies o	r which a			

SCHEDULE J (Form 990)

Compensation Information

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number University of Minnesota Foundation 41-6042488

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Kathleen M. Schmidlkofer	<u>(E)</u>	403,892.	181,547.	744.	.000,68	12,361.	687,544.	0.
President/CEO	€	0	0	0	0	0	0	0
(2) Pat Mascia	Ξ	400,000.	33,333.	0	0	45,177.	478,510.	0
UMFREA Managing Director	€	0	0	0	0	0	0	0
(3) Robert J. Burgett	Θ	316,923.	80,842.	1,388.	41,574.	10,253.	450,980.	0
Senior Vice President	⊞	0	0	0	0	0	0	0
(4) Patricia K. Porter	Ξ	288,928.	72,400.	758.	37,700.	12,361.	412,147.	0
Vice President	⊞	0	0	0	0	0	0	0
(5) Christine K Searson	Ξ	236,489.	50,749.	744.	25,072.	33,694.	346,748.	0
Vice President/CFO	⊞	0	0	0	0	0	0	0
(6) James G. Aagaard	Ξ	227,678.	59,400.	1,142.	30,324.	25,627.	344,171.	0
Vice President	€	0	0	0	0	0	0	0
(7) Sarah E. Youngerman	Ξ	192,941.	52,481.	398.	25,965.	25,627.	297,412.	0
Vice President	€	0	0	0	0	0	0	0
(8) Catherine McGlinch	Θ	191,986.	41,247.	398.	25,975.	28,611.	288,217.	0
Associate Vice President	(ii)	0.	0.	0	0	0.	0.	0.
(9) Carol Curoe	(i)	200,513.	46,260.	744.	20,487.	15,827.	283,831.	0.
Vice President	€	0	0	0	• 0	0	0	0
(10) Elizabeth Patty	(i)	196,084.	41,331.	744.	76,044	17,768.	281,971.	.0
Associate Vice President	(ii)	0.	0.	.0	0.	0.	0.	0.
(11) Jan L. Sickbert	(i)	191,925.	41,039.	1,163.	.25,226	10,253.	269,606.	.0
Associate Vice President	(ii)	0.	0.	0	0	0.	0.	.0
(12) Steven M. Corkery	(i)	177,768.	39,468.	260.	.369,82	25,911.	267,403.	0.
Associate Vice President	(ii)	0.	• 0	• 0	*0	0	0.	• 0
(13) Kristi Flanagan Villar	()	181,750.	35,540.	174.	18,163.	490.	236,117.	0
Associate Vice President	⊞	0	• 0	• 0	*0	• 0	0	• 0
	(i)							
	(ii)							
	Ξ							
	Œ							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Types of Property

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

University of Minnesota Foundation

Employer identification number 41-6042488

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormin	ina	
		applicable	contributions or	amounts reported on	noncash contribu		_	S
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	292	23,283,748.	Other			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Land)	Х	1	380,000.	Appraisal			
26	Other (Grain)	Х	1	2,955.	Price			
27	Other (Crytpo)	Х	2	96.	Other			
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			1	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.		•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

University of Minnesota Foundation

Employer identification number 41-6042488

OMB No. 1545-0047

Schedule O (Form 990) 2021 Page **2**

Name of the organization University of Minnesota Foundation	Employer identification number
	41-0042400
The Board of regents of the University of Minnesota shall appoint at least	
one-fourth of the members of the Board of Trustees.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed by the Controller and Chief Financial Officer, as	
well as an external paid preparer. After those reviews are complete, the	
Form 990 is presented to the full Audit Committee. Finally, a copy of the	
form is distributed to the entire Board of Trustees before filing the	
return.	
Form 990, Part VI, Section B, Line 12c:	
Officers, Trustees, Executives and extended leadership are required to read	
the conflict of interest policy and disclose any interests that could be of	
conflict annually. The CFO, Controller, and Director of Board Relations	
review the conflict of interest forms for any potential conflicts. The	
procedures within the conflict of interest policy will be followed for any	
reported conflicts, including the potential use of conflict management	
plans. If a conflict arises during the year, it is the Trustee's	
responsibility to disclose (prior to the meeting where the proposed	
transaction or arrangement is to be considered) to the Board of Trustees or	
the Comittee.	
Form 990, Part VI, Section B, Line 15:	
As a non-profit, the Foundation must demonstrate reasonable compensation	
for executive level positions. The following are in place to document and	
support executive compensation practices; annually the Foundation	
participates in and reviews market salary data, including national	
·	
foundations/university development compensation survey; bi-annually	

Schedule O (Form 990) 2021 Page **2**

Name of the organization University of Minnesota Foundation	Employer identification number
non-profits CEO compensation survey; tracking of Form 990 data of other	
non-profit foundations; local/national surveys.	
Compensation review and approval process consists of:	
1) Executive staff compensation is recommended by the Foundation CEO,	
previewed and discussed with the Board Chair and Human Resources (HR)	
Committee Chair. Compensation for the CEO is prepared by the Board Chair	
and HR Committee Chair for review and approval by the HR Committee.	
2) An external compensation consulting firm provides third party, objective	
advice relative to the overall competitiveness and reasonableness of the	
total compensation of these executives in relation to appropriate and	
comparable market practices. This firm reports directly to the Board of	
Trustees and reviews the reasonableness of the total compensation for	
executives who are disqualified persons under IRC 4958. Performance and	
compensation is reviewed for discussion/questions and approval by HR	
Committee of the Board of Trustees. It is noted the HR Committee members	
are "disinterested" parties under IRS intermediate sanctions.	
3) The CEO and HR Committee Chair then presents the officer compensation	
actions to the Board of trustees Executive Committee for review and	
ratification. Then without the CEO present and in executive session, the	
Board Chair and HR Committee Chair present CEO performance and compensation	
for review and ratification. The approvals of the CEO and officer	
compensation are documented in the meeting notes. These procedures are	
performed annually for the CEO and officers with the most recent being	
performed in July 2022. In executive session of the quarterly Board of	
Trustees meeting each August, the Board Chair and HR Committee Chair report	
to the full board on performance and compensation for executives.	

Schedule O (Form 990) 2021 Page **2**

Name of the organization University of Minnesota Foundation	Employer identification number 41-6042488
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AL,AR,CA,CO,DC,HI,KY,LA,MA,MD,ME,MI,MN,NH,NJ,NY,OH,OK,OR,PA,SC,UT,VA,WA,WV	
Form 990, Part VI, Section C, Line 19:	
The audited consolidated financial statements of the University of	
Minnesota Foundation are available on the Foundation's website or are	
available upon request for the same period of disclosure as set forth in	
the IRC Section 6104(d).	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in carrying value of trusts -24,550,191.	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 41-6042488

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. University of Minnesota Foundation Partl

(a)	(q)	(0)	(p)	(e)	(t)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
University of Minnesota Foundation -					
Dinnaken Housing, LLC - 27-4131769, 900					
Washington Ave SE, Minneapolis, MN 55414	Real Estate Rental	Delaware	211,035.	16,591,056.N/A	N/A
Argyle House LLC - 41-1825444					University of Minnesota
900 Washington Ave SE				<u> </u>	Foundation - Dinnaken
Minneapolis, MN 55414	Real Estate Rental	Delaware	112,500.	8,641,911.	8,641,911. Housing, LLC
Tarrie House - 41-1819964					University of Minnesota
900 Washington Ave SE				щ	Foundation - Dinnaken
Minneapolis, MN 55414	Real Estate Rental	Delaware	-222,311.	1,808,027.	1,808,027. Housing, LLC
Fulton Townhouse - 41-1900912				ַ	University of Minnesota
900 Washington Ave SE				Щ.	Foundation - Dinnaken
Minneapolis, MN 55414	Real Estate Rental	Delaware	-39,637.	931,425. ₺	931,425. Housing, LLC
		L = 2			

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

	(q)	(c)	(p)	(e)	(t)	(g)	6
Prim	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 12(b)((cl)(d);
		foreign country)	section	status (if section	entity	entity?	٤
				501(c)(3))		Yes	9 N
acility to	Facility to support U of M Minnesota		501(c)(3)	Line 12b, II N/A	N/A	×	
Investment Management		Minnesota	501(c)(3)	Line 12b, II	N/A	×	

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

Schedule R (Form 990) 2021

University of Minnesota Foundation

Schedule R (Form 990)

41-6042488

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Stadium Village Mall - 02-0760452 900 Washington Ave SE Minneapolis, MN 55414	Real Estate Rental	Delaware	-296,024.	4,978,143.E	University of Minnesota Foundation - Dinnaken 4,978,143. Housing, LLC
UMFREA PV LLC - 61-1866640 900 Washington Ave SE Minneapolis, MN 55414	Real Estate Rental	Delaware	-637,393.	Universi Foundati -4,722,534. Housing,	University of Minnesota Foundation - Dinnaken Housing, LLC
Go-Innovation Finance Fund - 98-6108840 Level 2, 414 Toorak Road , Victoria, AUSTRALIA	Loan Portfolio	Australia	2,321,810.	7,245,934.	University of Minnesota Foundation

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

Percentage ownership 100% 100% 3 managing partner? General or Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/AN/AΞ Disproportionate Yes No allocations? Ξ 26,375,989 1,241,191 Share of end-of-year assets <u>6</u> 2,108,188. 92,955. Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Investment Investment **e** Direct controlling entity ত্র N/A N/A Legal domicile (state or foreign country) CIΝY Primary activity Investment Investment 9 III 83-2599449, 214 N Tyron St, Ave, Suite 1901, New York, Clear Haven - UMF Fund LP 370 Lexington Bastion Consumer Funding Name, address, and EIN of related organization Corrum Capital UMF, LP Atlantis St, 6th Floor - 84-2461018, one 06901 <u>a</u> CŢ 86-2122603, Stamford, 10017

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

61,17%

N/A

93,433,053.

2,120,853.

Investment

N/A

ΝŽ

Investment

10151

Floor, New York, NY

82-3411250, 745 5th Ave, 25th

Solar Finance LP

99.88%

N/A

13,136,476.

1,002,939.

Investment

N/A

NC

Investment

Charlotte, NC

Ste 1950,

28202

(a)	(q)	(c)	(p)	(e)		(a)	(h)	(E)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	73) 7. lled 7.
		country)		Ol tidet)		823613		Yes	٩
Charitable Remainder Annuity Trusts (1) -									
Trust	st	MN	N/A	TRUST					×
Charitable Remainder Unitrusts (33) -									
Trust	st.	MN	N/A	TRUST					×
41-6042488 Trust	st	MN	N/A	TRUST					×
41-6042488 Trust	st	MN	N/A	TRUST					×

Schedule R (Form 990) 2021

University of Minnesota Foundation

41-6042488

Schedule R (Form 990)

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

(k) Percentage ownership	99.78%	00 00	89.	99.70%	90.76%	87.96%	1008	100%
(j) General or managing partner?	×	× ;	×	×	×	×	×	×
Code V-UBI emount in box 20 of Schedule K-1 (Form 1065)		N/A	N/A	N/A	N/A	N/A	N/A	K.
(h) Disproportionate allocations?	×	×	×	×	×	×	×	×
(g) Share of end-of-year assets	35,832,470.	,070,	13,613,860.	3,345,145.	1,530,508.	2,424,113.	45,015,085.	7 984 945
(f) Share of total income	1,785,558.	676,354.	805,191.	.0	391,884.	10.	5,050,012.	ר ה ה
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Investment	Investment	Investment	Investment	Investment	Investment	Investment	7,770 Tn770 Tm Dan t
(d) Direct controlling entity	N/ A	N/A	N/A	N/A	N/A	N/ A	N/A	و / <u>/</u>
(c) Legal domicile (state or foreign country)	1 1		NV	VN	NY	NY	MN	ر د د د د د د د د د د د د د د د د د د د
(b) Primary activity	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Trvestment
(a) Name, address, and EIN of related organization	Go-Highmore Trade Finance Fund LP - 85-2678688, 750 Lexington, 24th Floor, New York, NY 10022	A-I LLC - 86-3101797 udson Street, Suite 1430 y City, NJ 07311 al UMF Feeder LLC - 67815, 400 S El Camino Ste 1100, San Mateo, CA	Legalist DIP SPV II LP - 85-2776154, 10120 West Flamingo Rd, Ste 4 #3015, Las Vegas, NV 89147	Legalist SPV II LP - 87-2516772, 10120 West Flamingo Rd, Ste 4 #3015, Las Vegas, NV 89147	and US UMINN LP - 3, 452 5th Ave, 27th	MHRA LP - 13-4156814 1345 6th Ave, 42nd Floor New York, NY 10105	MRP SMA II LP - 86-2708712 520 Nicollet Mall, Suite 700 Minneapolis, MN 55402	Northleaf Strategic Capital Fund LP - 38-4201494, 79 Wellington St. West, 6th Floor Toronto Ontario

41-6042488

Schedule R (Form 990) University of Minnesota Foundation

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

(k) Percentage ownership	96.73%	*00*	99.22%	896.66	51.05%	100%	806.66	100%	54.73%
(j) (k) General or Percentage managing ownership partner?	×	×	×	×	×	×	×	×	×
Code V-UBI © amount in box m 20 of Schedule PK-1 (Form 1065) N		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(h) Disproportionate allocations?	×	×	×	×	×	×	×	×	×
(g) Share of end-of-year assets	2,703,577.	0	19,880,709.	1,863,517.	11,805,341.	12,069,026.	6,686,831.	2,338,641.	18,491,320.
(f) Share of total income	410,390.	481,499.	1,379,842.	181,160.	1,445,957.	383,534.	207,854.	-986,359.	2,258,204.
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment
(d) Direct controlling entity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(c) Legal domicile (state or foreign		VA	XF	CA	ТX	NY	NY	CO	Canada
(b) Primary activity	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment
(a) Name, address, and EIN of related organization	Park Cities Institutional Fund I LLC - 85-4226745, 8214 Westchester Drive, Ste. 910, Dallas, TX 75225	PFFP UMF I LLC - 83-1548426 2010 Corporate Ridge, Ste 460 McLean, VA 22102	PSF Viking Lending, LLC - 84-4338717, 1204 S. Congress Avenue, Ste. 201, Austin, TX 78704	Rivonia Road UMFIA LLC - 85-3928339, 2800 28th Street, Suite 125, Santa Monica, CA 90405	Series M - Virage Capital Partners II LP - 35-2567381, 1700 Post Oak Blvd, 2 Blvd Place, Ste 300, Houston, TX	Sound Point Specialty Fund I, LP - 85-3180008, 375 Park Avenue, 33rd Floor, New York, NY 10152	Turning Rock UMF LLC - 82-2528033, 400 Park Ave, Ste 610, New York, NY 10022	W&D Real Estate Opportunities Co-Invest Fund, L.P 86-1651370, 1225 17th St Ste 1660, Denver, CO 80202	Tallinn Capital Energy Limited Partnership, 418-100 4th Avenue SW, Calgary, Alberta, CANADA T2P 3N2

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
1 During the tax year, did the organization engage in any of the following transact	tions with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10	×	
				10		×
				1e		×
f Dividends from related organization(s)				#	\dashv	×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				i-		×
_				1j		×
ومتافه والمتاه					>	
K Lease of facilities, equipment, or other assets from related organization(s)				+	4	
I Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)			+		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nganization(s)			ᄩ	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ization(s)			1h		×
o Sharing of paid employees with related organization(s)				10		×
						:
p Reimbursement paid to related organization(s) for expenses				ا	1	×
q Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				+	\exists	×
s Other transfer of cash or property from related organization(s)				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) University Gateway Corporation	Ж	1,920,367.	Cash Basis			
(2) University Gateway Corporation	S	. 61, 939	Accrual Basis			
(3) University of Minnesota Foundation Investment Advisors	M	.380,038,	Cash Basis			
(4)						
(5)						
(9)						
132163 11-17-21			Schedule R (Form 990) 2021	{Form	(066	2021

41-6042488

Schedule R (Form 990) 2021 University of Minnesota Foundation

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

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

(k) rcentage wnership					Schedule R (Form 990) 2021
9 6	,				ш 9
(j) General or managing partner?					(For
8 2 3					e B
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Percentage (Form 1065).					Schedu
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0195.2 No					
(d) Predominant income particulated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print UNIVERSITY OF MINNESOTA FOUNDATION 41-6042488 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 200 OAK STREET SE, 500 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MINNEAPOLIS, MN 55455-2010 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 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 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) CHRISTINE K. SEARSON • The books are in the care of ▶ 200 OAK STREET SE, 500 - MINNEAPOLIS, MN 55455-2010 Telephone No. ► (612) 624-3333 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ___ , and ending JUN 30 , 2022 ► X tax year beginning JUL 1, 2021 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 3a 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)