Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

Open to Public 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/Form990PF for instructions and the latest information.

For calendar year 2023 or tax year beginning , and ending Name of foundation Employer identification number PATRICK AND AIMEE BUTLER FAMILY 41-6009902 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 2356 UNIVERSITY AVENUE W, SUITE 420 651-222-2565 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. ST PAUL MN 55114 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change $\overline{\mathbf{H}}$ Check type of organization: $\overline{\mathbf{X}}$ Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method: Cash I Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here X Other (specify) MODIFIED CASH end of year (from Part II, col. (c), \$ 101,427,727 | (Part I, column (d), must be on cash basis.) line 16) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment for charitable (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) expenses per books income income purposes (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 Check X if the foundation is not required to attach Sch. B 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 4,727,867 4,727,867 4 Gross rents 5a Net rental income or (loss) Revenue 46,624 Net gain or (loss) from sale of assets not on line 10 6a b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 46,624 7 Net short-term capital gain 0 8 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) C Other income (attach schedule) STMT 1 163,137 214,334 11 4,937,628 4,988,825 0 12 Total. Add lines 1 through 11 ... Administrative Expenses Compensation of officers, directors, trustees, etc. 81,000 81,000 13 245,700 245,700 Other employee salaries and wages 14 34,126 6,911 15 Pension plans, employee benefits Legal fees (attach schedule) SEE STMT 2 16a 2,000 2,000 36,128 20,878 18,384 Accounting fees (attach schedule) STMT 3 Other professional fees (attach schedule) STMT = 4574,461 565,461 9,000 С 17 Taxes (attach schedule) (see instructions) STMT 5 181,533 80,833 18 Depreciation (attach schedule) and depletion 19 37,573 33,690 20 3,883 Occupancy Travel, conferences, and meetings 4,592 4,832 240 Operating and 21 Printing and publications 1,058 1,058 22 Other expenses (att. sch.) STMT 6 192,200 26,374 23 164,509 24 Total operating and administrative expenses. Add lines 13 through 23 1,390,611 924,773 0 339,740 5,134,750 3,779,750 Contributions, gifts, grants paid 25 0 4,119,490 6,525,361 924,773 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: -1,587,733Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 4,064,052 c Adjusted net income (if negative, enter -0-)

41-6009902 Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY Page 2 Balance Sheets Attached schedules and amounts in the description column Beginning of year should be for end-of-year amounts only. (See instructions.) Part II End of year (c) Fair Market Value (a) Book Value (b) Book Value Cash — non-interest-bearing 17,678 11,137 11,137 1 9,399,280 9,897,346 9,897,346 2 Savings and temporary cash investments Accounts receivable 3 Less: allowance for doubtful accounts Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (att. schedule) 7 Less: allowance for doubtful accounts 0 Inventories for sale or use 8 Prepaid expenses and deferred charges 12,368 18,192 18,192 9 10a Investments — U.S. and state government obligations (attach scheduleSTMT 7 9,370,339 6,984,350 6,984,350 Investments — corporate stock (attach schedule) SEE STMT 824,852,087 23,834,053 23,834,053 Investments — corporate bonds (attach schedule) SEE STMT 9 3,490,687 6,470,931 6,470,931 C Investments — land, buildings, and equipment: basis 11 Less: accumulated depreciation (attach sch.) Investments — mortgage loans 1,579,235 2,006,448 2,006,448 12 Investments — other (attach schedule) SEE STATEMENT 10 48,417,406 52,012,314 52,012,314 13 Land, buildings, and equipment: basis 14 Less: accumulated depreciation (attach sch.)

Other assets (describe SEE STATEMENT 11) 282,168 192,956 192,956 15 16 Total assets (to be completed by all filers — see the 97,421,248 101,427,727 101,427,727 instructions. Also, see page 1, item I) 52,038 53,443 17 Accounts payable and accrued expenses 1,240,000 1,755,000 18 Grants payable Liabilities 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule) 21 230,537 161,284 Other liabilities (describe SEE STATEMENT 12) 22 1,522,575 1,969,727 23 Total liabilities (add lines 17 through 22)..... Foundations that follow FASB ASC 958, check here **Fund Balances** and complete lines 24, 25, 29, and 30. 95,898,673 99,458,000 Net assets without donor restrictions 24 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. Capital stock, trust principal, or current funds 26 Assets or Paid-in or capital surplus, or land, bldg., and equipment fund 27 Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 95,898,673 99,458,000 29 Set 30 Total liabilities and net assets/fund balances (see 97,421,248 101,427,727 instructions) Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 95,898,673 2 Enter amount from Part I, line 27a 2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) SEE STATEMENT 13 2 -1,587,7335,147,060 **4** Add lines 1, 2, and 3 99,458,000 4 5 Decreases not included in line 2 (itemize) 5 99,458,000 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29 Form **990-PF** (2023)

		AND AIMEE BUTLER		41-6009902		Page 3
Pa	-	and Losses for Tax on Invest		(b) How convinced	I	<u> </u>
		e kind(s) of property sold (for example, real house; or common stock, 200 shs. MLC Co		(b) How acquired P — Purchase D — Donation	(c) Date acquir (mo., day, yr.)	
1a	PUBLICLY TRADE		4.1	P		
b	PASSTHROUGH CA	PITAL LOSSES	OCT	P	.0	MV—
С	$-\Gamma UU$	10 - 11120	CUL	\cup	UU	WV
d						
е			T			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(0)	r other basis ense of sale		Gain or (loss) us (f) minus (g))
a	17,274,217	(* * * * * * * * * * * * * * * * * * *	<u> </u>	16,835,992	((-)	438,225
b	11,211,211			391,601		-391,601
c				371,001		371,001
d						
е						
(Complete only for assets showing	ng gain in column (h) and owned by the	e foundation on 12/3	1/69.	(I) Gains (Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any	col. (k), but not less than -0-) o	
a				. (),)		438,225
b						-391,601
c						371,001
d						
е						
2	Capital gain not income or (no	ot capital loss) If gain, also enter	r in Part I, line 7			
2	Capital gain net income or (ne	If (loss), enter -0-	· in Part I, line 7 _		2	46,624
3	Net short-term capital gain or	(loss) as defined in sections 1222(5) as	nd (6):			
	If gain, also enter in Part I, lin	e 8, column (c). See instructions. If (los	s), enter -0- in			
_				40.40/b) ar 40	3 40 3 5 5 5 5 5 5 5 5 5	46,624
		sed on Investment Income (S		. ,,	48—see inst	ructions)
1a		described in section 4940(d)(2), check		ter "N/A" on line 1.		E 6 400
L		n letter: (attach co			ctions) 1	56,490
b		s enter 1.39% (0.0139) of line 27b. Exe				
2		ol. (b)stic section 4947(a)(1) trusts and taxab			2	0
3	Add lines 1 and 2		-	others, enter o ,	3	56,490
4		estic section 4947(a)(1) trusts and taxab		others, enter -0-)	· · · · · · · · · · · · · · · · · · ·	0
5		ncome. Subtract line 4 from line 3. If ze		outers, eriter 5 /	5	56,490
6	Credits/Payments:		,			
а		and 2022 overpayment credited to 202	23 6	a 90	,654	
b		— tax withheld at source				
С	Tax paid with application for e	extension of time to file (Form 8868)	6	с		
d	Backup withholding erroneous	sly withheld	6			
7	Total credits and payments. A	dd lines 6a through 6d			7	90,654
8	Enter any penalty for underpa	ayment of estimated tax. Check here	if Form 2220 is atta	ached	8	
9	Tax due. If the total of lines 5	and 8 is more than line 7, enter amou	nt owed		9	
10		re than the total of lines 5 and 8, enter t	~ 4 4 4			34,164
11	Enter the amount of line 10 to	he. Credited to 2024 estimated tax	34 16	4 Refunded	1 11	

Located at ST. PAUL MN

At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of

over a bank, securities, or other financial account in a foreign country?

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16

Yes

No

Χ

ZIP+4 55114-3801

15

16

the foreign country

Forn	990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY 41-6009902		Pa	age 5
Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		X
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2023? N/A	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2023? If "Yes," list the years	2a		X
	20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement — see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		Х
b	If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2023.) N/A	3b		
4a				
	purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	i- 0000	4.		37

.. **4b** X Form **990-PF** (2023)

orm	1990-PF (2023) PATRICK AND AIMEE BUTLER FAMIL		<u>009902</u>			Pa	age 6
	art VI-B Statements Regarding Activities for Which Form	n 4720 May Be	e Required (d	continued)			
5a	During the year did the foundation pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or				5a(2)		7.5
	indirectly, any voter registration drive?						X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?						X
	(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in sec	tion 4945(d)		5 (4)		37
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purp	ooses, or for		E-(E)		v
h	the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify ur	dor the evention			5a(5)		<u>X</u>
b	in Regulations section 53.4945 or in a current notice regarding disaster assista	•		N/A	5b		
c	Organizations relying on a current notice regarding disaster assistance, check	la a una			30		
c d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			·····			
u	maintained evenediture representative for the great?			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				- Ou		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to	pav premiums on a	nersonal				
	benefit contract?	pa) p.oa	•		6a		Χ
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit co			6b		X
-	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	?		7a		Х
b	If "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the trans			7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remu	neration or				
	excess parachute payment(s) during the year?				8		Х
Pa	art VII Information About Officers, Directors, Trustees, F	Foundation Ma	anagers, High	nly Paid Emp	loye	es, a	ınd
	Contractors						
1 L	ist all officers, directors, trustees, and foundation managers and their co	ompensation. See	e instructions.		1		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense ao r allowai	
ŞĒ	E STATEMENT 14						
2	Compensation of five highest-paid employees (other than those include "NONE."	d on line 1 — sec	e instructions). I	f none, enter	•		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense ao r allowai	
RC	BERT HYBBEN ST. PAUL	CO-DIRECTOR					
23	56 UNIVERSITY AVE. W STE 420 MN 55114	32.00	122,850	0			0
JOANNE PETERS ST. PAUL CO-DIRECTOR							
23	56 UNIVERSITY AVE. W STE 420 MN 55114	32.00	122,850	0			0
Γ <u>04</u> 0	L number of other employees poid ever \$50,000						
ota	I number of other employees paid over \$50,000						0

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Part VII Information About Officers, Directors, Trustees, Foundation I	Managers, Highly Paid E	mployees, and
Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See inst		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MONDRIAN INVESTMENT PARTNERS WILMINGTON 1105 N. MARKET ST, SUITE 1300 DE 19801	INVESTMENT FEE	516,210
		7
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informal organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY 41-6009902 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see Part IX instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.. 1 89,528,616 Average monthly fair market value of securities Average of monthly cash balances 8,295,723 1b Fair market value of all other assets (see instructions) 1c С Total (add lines 1a, b, and c) ,824 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0 Acquisition indebtedness applicable to line 1 assets 2 2 Subtract line 2 from line 1d 97,824, 3 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 1,467,365 Net value of noncharitable-use assets. Subtract line 4 from line 3 96,356,974 5 5 6 Minimum investment return. Enter 5% (0.05) of line 5 4,817,849 **Distributable Amount** (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations Part X and certain foreign organizations, check here and do not complete this part.) 4,817,849 1 Minimum investment return from Part IX, line 6 Tax on investment income for 2023 from Part V, line 5 56,490 2a Income tax for 2023. (This does not include the tax from Part V.) 2b b 56,490 C Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4.761 Recoveries of amounts treated as qualifying distributions 4 4 4,761 5 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 7 4,761 359 **Qualifying Distributions** (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 4,119,490 1a Program-related investments — total from Part VIII-B b 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 4 4,119,490

41-6009902 Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY Page 9 Part XII **Undistributed Income** (see instructions) (b) (d) (a) (c) Corpus Years prior to 2022 2022 2023 4,761,359 Distributable amount for 2023 from Part X, line 7 1 Undistributed income, if any, as of the end of 2023: Excess distributions carryover, if any, to 2023: **a** From 2018 **b** From 2019 212,861 **c** From 2020 2,351,146 **d** From 2021 1,875,081 **e** From 2022 f Total of lines 3a through e 4,439,088 Qualifying distributions for 2023 from Part XI, line 4: \$ 4,119,490 a Applied to 2022, but not more than line 2a **b** Applied to undistributed income of prior years (Election required — see instructions) c Treated as distributions out of corpus (Election required — see instructions) **d** Applied to 2023 distributable amount 4,119,490 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) 641,869 641,869 Enter the net total of each column as indicated below: 3,797,219 a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount — see instructions e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount — see instructions Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 0 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a 3,797,219 10 Analysis of line 9: Excess from 2019 а 1,922,138 Excess from 2020 Excess from 2021 1,875,081 Excess from 2022 d

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Pa	rt XIII Private Operating Fo	oundations (see	instructions and F	Part VI-A, question	า 9)	
1a	If the foundation has received a ruling o	r determination letter	r that it is a private ope	erating		
	foundation, and the ruling is effective for		e of the ruling	•		
b	Check box to indicate whether the found		- , , , , , , , , ,	 .	942(j)(3) or 494	l2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tatal
	income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
	investment return from Part IX for				(
	each year listed					\sim y
b	85% (0.85) of line 2a		-			
С	Qualifying distributions from Part XI,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test — enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test — enter 2	/3				
	of minimum investment return shown in					
	Part IX, line 6, for each year listed					
С	"Support" alternative test — enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XIV Supplementary Inform	nation (Comple	ete this part only	if the foundation	had \$5,000 or i	more in assets at
	any time during the	year — see ins	tructions.)			
1	Information Regarding Foundation I	/lanagers:				
а	List any managers of the foundation wh	o have contributed n	nore than 2% of the tot	tal contributions receive	ed by the foundation	
	before the close of any tax year (but on	ly if they have contri	buted more than \$5,00	0). (See section 507(d)(2).)	
	N/A					
b	List any managers of the foundation			•	an equally large po	rtion of the
	ownership of a partnership or other entit	y) of which the found	dation has a 10% or gr	reater interest.		
	N/A					
2	Information Regarding Contribution,		-	_		
		•	ns to preselected charit	-	•	
	unsolicited requests for funds. If the four	=	grants, etc., to individu	uals or organizations u	nder other conditions	
	complete items 2a, b, c, and d. See ins					
а	The name, address, and telephone num	ber or email address	s of the person to who	m applications should	be addressed:	
	SEE STATEMENT 15					
b	The form in which applications should b	e submitted and info	ormation and materials	they should include:		
	SEE STATEMENT 16					
С	Any submission deadlines:					
	SEE STATEMENT 17	augh es hu	phical areas at substitution	fields blade of in-th	tions or other	_
d	Any restrictions or limitations on awards	, such as by geogra	ipnicai areas, charitable	e neius, kinas of institu	uons, or other	
	factors: SEE STATEMENT 18					
	CTT CTTTTTTTTT TO					

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Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution	N /		
a Paid during the year 180 DEGREES, INC. 1301 SEVENTH STREET EAST SAINT PAUL MN 55106	N/A	PC BRITTAI	Y'S PLACE	30,000		
AGATE HOUSING & SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS MN 55404	N/A TECHNOLOGY ANI	PC TRANSPORTAT:	ION UPGRAD	100,000		
AGATE HOUSING & SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS MN 55404	N/A GEN	PC ERAL OPERATII	IG SUPPORT	42,500		
AIN DAH YUNG (OUR HOME) CENTER 1089 PORTLAND AVE SAINT PAUL MN 55104	N/A GEN	PC ERAL OPERATII	G SUPPORI	35,000		
AIN DAH YUNG (OUR HOME) CENTER 1089 PORTLAND AVE SAINT PAUL MN 55104	N/A GEN	PC ERAL OPERATII	IG SUPPORI	1,000		
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY N SAINT PAUL MN 55104	N/A	PC RTIVE HOUSING	S SERVICES	30,000		
ASIAN WOMEN UNITED OF MIN PO BOX 6223 MINNEAPOLIS MN 55406	NESOTA N/A GEN	PC ERAL OPERATII	NG SUPPORT	30,000		
AVENUES FOR YOUTH 1708 OAK PARK AVENUE N MINNEAPOLIS MN 55411	N/A GEN	PC ERAL OPERATII	NG SUPPORT	47,500		
AVIVO 1900 CHICAGO AVENUE MINNEAPOLIS MN 55404	N/A FAMILY INTENSI	PC VE OUTPATIEN	r recovery	30,000		
AYADA LEADS 701 NORTH THIRD STREET, S MINNEAPOLIS MN 55401	N/A	PC DUM	AR PROJECT	10,000		
b Approved for future payment			3a	3,119,130		
180 DEGREES, INC. 1301 SEVENTH STREET EAST SAINT PAUL MN 55106	N/A	PC BRITTAI	VY'S PLACE	30,000		
AGATE HOUSING & SERVICES 2309 NICOLLET AVENUE MINNEAPOLIS MN 55404	N/A GEN	PC ERAL OPERATII	NG SUPPORT	42,500		
AIN DAH YUNG (OUR HOME) CENTER 1089 PORTLAND AVE SAINT PAUL MN 55104	I i	PC ERAL OPERATII				
Total			3b	1,755,000 orm 990-PF (2023)		

Date

Preparer's signature

PAT SIEVERT

PLLP

55425-1547

Title

	Date	Check if self-employed
	10/21/24	
PTIN	P00223	3580
Firm's EIN	41-619	2096
Phone no.	952-85	4-4244
•	Form 99 0	D-PF (2023)

Paid

Preparer

Use Only

Signature of officer or trustee

PAT SIEVERT

Firm's name

Firm's address

Print/Type preparer's name

BOYUM & BARENSCHEER

MINNEAPOLIS, MN

3050 METRO DR STE 200

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During	,	for Future Payment	<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year BREAKING FREE PO BOX 4366 SAINT PAUL MN 55104	N/A GEN	PC ERAL OPERATIN	G SUPPORT	50,000
CENTRO TYRONE GUZMAN 1915 CHICAGO AVENUE MINNEAPOLIS MN 55404	N/A GEN	PC ERAL OPERATII	G SUPPORT	15,000
CLIMATE GENERATION 2801 21ST AVE SOUTH MINNEAPOLIS MN 55413	N/A GEN	PC ERAL OPERATII	G SUPPORT	25,000
CLUES: COMUNIDADES LATINAS 797 EAST SEVENTH STREET SAINT PAUL MN 55106	N/A	PC ECIFIC EARLY	CHILDHOOD	150,000
CLUES: COMUNIDADES LATINAS 797 EAST SEVENTH STREET SAINT PAUL MN 55106	N/A	PC EMICAL HEALTI	F PROGRAMS	25,000
COALITION AGAINST TRAFFICK 121 WEST 27TH STREET NEW YORK NY 10001	N/A	PC ERAL OPERATII	G SUPPORT	40,000
COMMUNITY FOUNDATION OF NO 9 S WENATCHEE AVENUE WENATCHEE WA 98801	W N/A REGRANTIN	PC S IN THE METI	OW VALLEY	45,000
COMPAS 450 SYNDICATE STREET N SAINT PAUL MN 55104	N/A	PC CYBERSECURIT	Y EFFORTS	500
COMPAS 450 SYNDICATE STREET N SAINT PAUL MN 55104	N/A GEN	PC ERAL OPERATII	IG SUPPORT	1,000
MINNEAPOLIS MN 55409	N/A ORGANIZATI	PC DNAL CAPACITY		15,000
Total b Approved for future payment		·····	3a	
AMHERST H WILDER FOUNDATION	N/A	PC RTIVE HOUSING	SERVICES	30,000
ASIAN WOMEN UNITED OF MINI PO BOX 6223 MINNEAPOLIS MN 55406	N/A	PC ERAL OPERATII	G SUPPORT	30,000
AVENUES FOR YOUTH 1708 OAK PARK AVENUE N MINNEAPOLIS MN 55411 Total	•	PC ERAL OPERATII	G SUPPORT	47,500
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Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an ind show any relations	lividual, hip to	F	Coundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation ma or substantial cont		Fi c	recipient	contribution	
a Paid during the year COOKIE CART 1119 WEST BROADWAY AVENUE MINNEAPOLIS MN 55411	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 25,000
CRADLES TO CRAYONS CHICAGO 2500 WEST BRADLEY PLACE CHICAGO IL 60618	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 15,000
DING DARLING WILDLIFE SOC PO BOX 565 SANIBEL FL 33957	ETY N/A HURRICANE	IAN	PC RELII	ef and Gi	ENERAL OP	E 35,000
DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS MN 55407	N/A FAMILY	VIOLE	PC NCE	PREVENTI(N PROGRA	м 20,000
DOMESTIC ABUSE PROJECT 1121 JACKSON STREET NE MINNEAPOLIS MN 55413	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 50,000
EAST SIDE FREEDOM LIBRARY 1105 GREENBRIER STREET SAINT PAUL MN 55106	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 15,000
EMMA NORTON SERVICES 2265 HILLCREST AVENUE SAINT PAUL MN 55116	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 32,500
ENVIRONMENTAL INITIATIVE 807 BROADWAY STREET NE MINNEAPOLIS MN 55413	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 15,000
ESPERANZA UNITED 540 FAIRVIEW AVENUE NORTI SAINT PAUL MN 55104	M/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 42,500
FAMILY HOUSING FUND 310 FOURTH AVENUE S MINNEAPOLIS MN 55415 Total	N/A	GEN.	PC ERAL	OPERATIN	IG SUPPOR 3a	T 50,000
b Approved for future payment					sa	
AVIVO 1900 CHICAGO AVENUE MINNEAPOLIS MN 55404	N/A FAMILY IN	TENSI	PC VE O	UTPATIENT	recover	Y 30,000
BREAKING FREE PO BOX 4366 SAINT PAUL MN 55104	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 50,000
CLUES: COMUNIDADES LATINAS 797 EAST SEVENTH STREET SAINT PAUL MN 55106	UNIDAS E N/A	СН	PC EMICA	AL HEALTI	F PROGRAM	S 25,000
Total					3b	Orm 990-PF (2023)

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution		
a Paid during the year FAMILYWISE SERVICES	N/A GEN	PC ERAL OPERATIN	G SUPPORT	55,000	
FAMILYWISE SERVICES 3036 UNIVERSITY AVENUE SI MINNEAPOLIS MN 55414	N/A CO-DESIGNING W	PC ITH FAMILIES	FOR BETTE	125,000	
FILMNORTH 550 VANDALIA STREET SAINT PAUL MN 55114	N/A	PC CAPITAI	. CAMPAIGN	50,000	
FRIENDS OF THE MISSISSIPP 106 WEST WATER STREET SAINT PAUL MN 55107	RIVER N/A	PC CYBERSECURIT	Y EFFORTS	500	
FRIENDS OF THE MISSISSIPPE 106 WEST WATER STREET. SAINT PAUL MN 55107	RIVER N/A	PC OUR RIVE	R CAMPAIGN	100,000	
FROGTOWN GARDENS 941 LAFOND AVENUE, SUITE SAINT PAUL MN 55104	l .	PC ERAL OPERATII	G SUPPORT	10,000	
GIRLS ON THE RUN MINNESOTA 3433 BROADWAY STREET NE MINNEAPOLIS MN 55413	N/A	PC ERAL OPERATII	IG SUPPORT	15,000	
GIVEMN 200 SOUTHDALE CENTER EDINA MN 55435	N/A	PC	RAISEMN	20,000	
GREATER MINNEAPOLIS CRISIS 4544 FOURTH AVENUE SOUTH MINNEAPOLIS MN 55419	N/A	PC ERAL OPERATII	IG SUPPORT	42,500	
GREATER MINNESOTA HOUSING 332 MINNESOTA STREET SAINT PAUL MN 55101	FUND N/A HEADING HOME M	PC INNESOTA FUNI		10,000	
b Approved for future payment			3a		
COALITION AGAINST TRAFFICE 2475 ECUMENICAL DRIVE NEW YORK NY 10001	N/A	PC ERAL OPERATII	IG SUPPORT	40,000	
DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS MN 55407	N/A FAMILY VIOLE	PC NCE PREVENTIO	N PROGRAM	20,000	
DOMESTIC ABUSE PROJECT 1121 JACKSON STREET NE MINNEAPOLIS MN 55413	N/A GEN	PC ERAL OPERATII	IG SUPPORT	50,000	
Total			3b	rm 990-PF (2023)	

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount	
a Paid during the year GROUNDWORKS COLLABORATIVE PO BOX 370 BRATTLEBORO VT 05302	N/A GEI	PC NERAL OPERATION	IG SUPPORT	18,750	
HEADWATERS FOUNDATION FOR 2801 21ST AVENUE SOUTH MINNEAPOLIS MN 55407	JUSTICE N/A GENERAL OPERAT	PC ING SUPPORT	and regran	60,000	
HEADWATERS FOUNDATION FOR 2801 21ST AVENUE SOUTH MINNEAPOLIS MN 55407	JUSTICE N/A GEI	PC NERAL OPERATII	G SUPPORT	1,000	
HMONG AMERICAN PARTNERSHI 1075 ARCADE STREET SAINT PAUL MN 55106	N/A	PC PLIES TO SUPP	ORT ASCEND	15,000	
HOPE COMMUNITY, INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS MN 55404	N/A GEI	PC NERAL OPERATII	G SUPPORT	37,500	
JEREMIAH PROGRAM 1510 LAUREL AVENUE MINNEAPOLIS MN 55403	N/A GEI	PC VERAL OPERATI	IG SUPPORT	42,500	
KAREN ORGANIZATION OF MIN 2353 RICE STREET ROSEVILLE MN 55113	NESOTA N/A ORGANIZATI	PC ONAL CAPACITY	A BUILDING	15,000	
LA OPORTUNIDAD 2021 HENNEPIN AVENUE EAS MINNEAPOLIS MN 55413	N/A LATINO FAMILII	PC S BREAKING TI	TE CYCLE O	25,000	
LUTHERAN SOCIAL SERVICE OF 2485 COMO AVENUE SAINT PAUL MN 55108	N/A	PC HOMELESS YOUT:	E SERVICES	40,000	
MARILLAC ST. VINCENT FAMIL 2145 NORTH HALSTED STREE CHICAGO IL 60614	N/A	PC NERAL OPERATII	'	20,000	
b Approved for future payment		·····	3a 		
EMMA NORTON SERVICES	N/A GEI	PC JERAL OPERATII	NG SUPPORT	32,500	
ESPERANZA UNITED 540 FAIRVIEW AVENUE NORTH SAINT PAUL MN 55104	i -	PC VERAL OPERATI	NG SUPPORT	42,500	
FAMILY HOUSING FUND 310 FOURTH AVENUE SOUTH MINNEAPOLIS MN 55415 Total	N/A GEI	PC NERAL OPERATII	NG SUPPORT	50,000	
notal				rm 990-PF (2023)	

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individu	ual, to	F	oundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manag or substantial contribut			recipient	contribution	
a Paid during the year METHOW CONSERVANCY 414 RIVERSIDE AVENUE WINTHROP WA 98862	N/A	GEN	PC ERAL	OPERATII	IG SUPPOR	T 15,000
METHOW RECYCLES PO BOX 105712 TWISP WA 98856	N/A	GEN	PC ERAL	OPERATII	G SUPPOR	T 5,000
METRO BLOOMS 3747 CEDAR AVENUE SOUTH MINNEAPOLIS MN 55407	N/A ENVIRONMENTA	AL	PC JUSTI	ICE ADVO	CATE PROG	R 6,000
MINNESOTA CENTER FOR BOOK 1011 WASHINGTON AVENUE S MINNEAPOLIS MN 55415	ARTS N/A		PC CYBI	ERSECURIT	Y EFFORT	S 500
	ROFITS N/A	GEN.	PC ERAL	OPERATII	IG SUPPOR	T 50,000
MINNESOTA COUNCIL ON FOUN 800 WASHINGTON AVENUE N MINNEAPOLIS MN 55401	DATIONS N/A		PC	1	MEMBERSHI	9,750
MINNESOTA ENVIRONMENTAL P 546 RICE STREET SAINT PAUL MN 55103	ARTNERSHIP N/A	GEN.	PC ERAL	OPERATII	IG SUPPOR	T 20,000
MINNESOTA RECOVERY CONNEC' 800 TRANSFER ROAD SAINT PAUL MN 55114	N/A	GEN	PC ERAL	OPERATI	IG SUPPOR	T 30,000
MINNESOTA ZOO FOUNDATION 13000 ZOO BOULEVARD APPLE VALLEY MN 55124	N/A	T	PC REE :	IOP TRAII	L CAMPAIG	N 40,000
MISERICORDIA FOUNDATION 6300 NORTH RIDGE CHICAGO IL 60660	N/A	GEN:	PC ERAL	OPERATII	IG SUPPOR	T 25,000
b Approved for future payment					3a	
FAMILYWISE SERVICES 3036 UNIVERSITY AVENUE SI MINNEAPOLIS MN 55414		GEN	PC ERAL	OPERATIN	IG SUPPOR	T 55,000
GIVEMN 200 SOUTHDALE CENTER EDINA MN 55435	N/A		PC		RAISEM	N 20,000
GREATER MINNEAPOLIS CRISIS 4544 FOURTH AVENUE SOUTH MINNEAPOLIS MN 55419	N/A	GEN:	PC ERAL	OPERATII	G SUPPOR	T 42,500
Total					3b	orm 990-PF (2023)

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
	If recipient is an individ	lual,		ure Payment oundation			
Recipient Name and address (home or business)	show any relationship any foundation manag	ger		status of recipient	Purpose of grant or contribution	Amount	
a Paid during the year	or substantial contribu	itor		m			
MISSISSIPPI PARK CONNECTION 111 EAST KELLOGG BLVD SAINT PAUL MN 55101	N/A	O	PC CYBE	RSECURIT	Y EFFORT	S 500	
MODEL CITIES 839 UNIVERSITY AVENUE W SAINT PAUL MN 55104	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 30,000	
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST SAINT PAUL MN 55107	N/A	HOU	PC SING	STABILIT	TY PROGRA	M 35,000	
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET DULUTH MN 55802	N/A GRANTMAKING	FO:	PC R DOM	MESTIC VI	IOLENCE P	R 50,000	
ONE WORLD SURGERY 569 BROOKWOOD VILLAGE BIRMINGHAM AL 35209	N/A	GEN	PC ERAL	OPERATIN	G SUPPOR	T 20,000	
PARKS & TRAILS COUNCIL OF 275 EAST FOURTH STREET SAINT PAUL MN 55101	MINNESOTA N/A		PC Cybe	RSECURIT	Y EFFORT	S 500	
PEOPLE SERVING PEOPLE CHAI 614 THIRD STREET SOUTH MINNEAPOLIS MN 55415	RITIES, IN N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 32,500	
PRIMARY INFORMATION 232 THIRD STREET BROOKLYN NY 11215	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 10,000	
PROJECT FOR PRIDE IN LIVIN 1035 EAST FRANKLIN AVE MINNEAPOLIS MN 55404	G, INC. N/A EVALUATION	CAP.	PC ACITY	BUILDIN	IG PROJEC	T 15,000	
MINNEAPOLIS MN 55404	NG, INC. N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 75,000	
b Approved for future payment					3a		
HEADWATERS FOUNDATION FOR	JUSTICE N/A GENERAL OPE	RAT	PC ING S	SUPPORT I	AND REGRA	N 60,000	
HOPE COMMUNITY, INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS MN 55404	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 37,500	
MINNEAPOLIS MN 55403	N/A	GEN	PC ERAL	<u>OPERATI</u>	IG SUPPOR	T 42,500	
Total		<u> </u>			3b	orm 990-PF (2023)	

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
a Paid during the year PROOF ALLIANCE 1876 MINNEHAHA AVENUE W SAINT PAUL MN 55104	N/A REACHING AND S	PC UPPORTING WOM	IEN WITH A	20,000				
PROPEL NONPROFITS ONE MAIN STREET SE MINNEAPOLIS MN 55414	N/A GEN	PC ERAL OPERATIN	IG SUPPORT	60,000				
ROOM ONE PO BOX 222 TWISP WA 98856	N/A GEN	PC ERAL OPERATIN	IG SUPPORT	10,000				
SAINT PAUL & RAMSEY COUNT 394 DAYTON AVENUE SAINT PAUL MN 55102	N/A	PC ETY VICTIM SI	ERVICE CEN	32,500				
SAINT PAUL CONSERVATORY OF 100 OXFORD STREET NORTH SAINT PAUL MN 55104	MUSIC N/A	PC CYBERSECURIT	Y EFFORTS	500				
SISTERS' CAMELOT PO BOX 7058 MINNEAPOLIS MN 55407	N/A GEN	PC ERAL OPERATIN	IG SUPPORT	10,000				
SOLID GROUND 3521 CENTURY AVENUE NORTE WHITE BEAR LAKE MN 55110	·	PC OVEMENTS AT I	EAST METRO	100,000				
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE MN 55110	1 '	PC ERAL OPERATIN	IG SUPPORT	42,500				
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVENUE W SAINT PAUL MN 55103	N/A	PC CYBERSECURIT	Y EFFORTS	500				
TECH IMPACT 100 NORTH 18TH STREET PHILADELPHIA PA 19103 Total	N/A NONPROFIT	PC CYBERSECURITY	TRAINING 3a	15,500				
b Approved for future payment			Ja					
LA OPORTUNIDAD 2021 HENNEPIN AVENUE EAST MINNEAPOLIS MN 55413	N/A LATINO FAMILIE	PC S BREAKING TH	E CYCLE O	25,000				
LUTHERAN SOCIAL SERVICE OF 2485 COMO AVENUE SAINT PAUL MN 55108	N/A	PC OMELESS YOUTE	I SERVICES	40,000				
MINNESOTA COUNCIL OF NONP 2314 UNIVERSITY AVENUE W SAINT PAUL MN 55114	N/A	PC ERAL OPERATIN	·	50,000				
Total			3b	ırm 990-PF (2023)				

Part XIV Supplementary Information (continued)							
3 Grants and Contributions Paid During	the Year or App		for Fut	ure Payment			
Recipient	If recipient is an indiv show any relationsh any foundation man	ip to		oundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contril		+16	recipient			
a Paid during the year TEXTILE CENTER OF MINNESOT 3000 UNIVERSITY AVENUE SE MINNEAPOLIS MN 55414	TA N/A		PC	СУВЕ	RSECURITY	500	
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE BOSTON MA 02109	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 20,000	
THE BRIDGE FOR YOUTH, INC. 1111 WEST 22ND STREET MINNEAPOLIS MN 55405	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 50,000	
THE FAMILY PARTNERSHIP 1527 EAST LAKE STREET MINNEAPOLIS MN 55407	N/A		PC	PRII	DE PROGRA	M 45,000	
THE FAMILY PARTNERSHIP 1527 EAST LAKE STREET MINNEAPOLIS MN 55407	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 1,000	
THE FOOD GROUP 8501 54TH AVENUE NORTH NEW HOPE MN 55428	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 30,000	
	AUL PUBLI N/A	E	PC ARLY	LEARNING	PROGRAM	S 15,000	
THE LINK 1210 GLENWOOD AVENUE MINNEAPOLIS MN 55405	N/A		PC SAE	FE HARBOI	R PROGRAM	S 30,000	
THE SCHUBERT CLUB 75 WEST FIFTH STREET LANI SAINT PAUL MN 55102	N/A		PC CYBE	ERSECURIT	Y EFFORT	S 500	
THE TRUST FOR PUBLIC LAND 2610 UNIVERSITY AVENUE W SAINT PAUL MN 55114 Total	N/A CREATING	A CO	PC MMUN]	ITY SCHOO)LYARD FO 3a	R 100,000	
b Approved for future payment					Ja		
MINNESOTA RECOVERY CONNECT 800 TRANSFER ROAD SUITE SAINT PAUL MN 55114	TION N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 30,000	
MODEL CITIES 839 UNIVERSITY AVENUE W SAINT PAUL MN 55104	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 30,000	
SAINT PAUL MN 55107	N/A		PC SING	STABILIT	'Y PROGRA	M 35,000	
Total					3b	Form 990-PF (2023)	

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individu show any relationship to	ıal, to	Foundation status of	Purpose of grant or	Amount	
Name and address (home or business)	any foundation manage or substantial contribute		recipient	contribution	7 III Can	
a Paid during the year TRANSFORMING GENERATIONS	N/A ORGANIZA	P(ATION		BUILDIN	G 15,000	
TUBMAN 4432 CHICAGO AVENUE SOUTI MINNEAPOLIS MN 55407		P(GENER		IG SUPPOR	r 50,000	
TUBMAN 4432 CHICAGO AVENUE SOUTI MINNEAPOLIS MN 55407	N/A	P(C GREAT DREAMS	CAMPAIG	N 125,000	
TWIN CITIES HABITAT FOR HI 1954 UNIVERSITY AVENUE W SAINT PAUL MN 55104	N/A	P(GENER		IG SUPPOR	Г 70,000	
VALLEY OUTREACH 1911 CURVE CREST BLVD STILLWATER MN 55082	N/A	P(GENER		IG SUPPOR	Г 25,000	
VERMONT COMMUNITY FOUNDAT 3 COURT STREET MIDDLEBURY VT 05753	ON N/A CLOSING	P(THE	C OPPORTUNITY	GAP FUN) 18,750	
VERMONT FOODBANK 33 PARKER ROAD BARRE VT 05641	N/A	P(GENER		IG SUPPOR	Г 18,750	
WAYSIDE RECOVERY CENTER 3705 PARK CENTER BLVD SAINT LOUIS PARK MN 55416	N/A	P(GENER		IG SUPPOR	T 35,000	
WILD RIVERS CONSERVANCY 1015 NORTH CASCADE STREET OSCEOLA WI 54020	l ·	P(GENER	C AL OPERATIN	IG SUPPOR	Г 10,000	
SAINT PAUL MN 55113	N/A	P(GENER	C AL OPERATIN		Г 75,000	
b Approved for future payment		······		3a		
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET DULUTH MN 55802	N/A GRANTMAKING	P(FOR		OLENCE P	R 50,000	
PEOPLE SERVING PEOPLE CHAI 614 THIRD STREET SOUTH MINNEAPOLIS MN 55415	N/A	P(GENER	C AL OPERATIN	IG SUPPOR	Г 32,500	
PROJECT FOR PRIDE IN LIVII 1035 EAST FRANKLIN AVE MINNEAPOLIS MN 55404	N/A	P(GENER	C AL OPERATIN		Γ 75,000	
Total				3b	orm 990-PF (2023)	

	Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individ show any relationship	ual,		oundation	Purpose of grant or			
Name and address (home or business)	any foundation managor substantial contribu	ger	4: -	status of recipient	contribution	Amount		
a Paid during the year WOMEN'S ADVOCATES PO BOX 4039 SAINT PAUL MN 55104	N/A	C	PC ERAL	OPERATII	NG SUPPOR	T 30,000		
WOMEN'S FOUNDATION OF MIN 105 FIFTH AVENUE SOUTH MINNEAPOLIS MN 55401	NESOTA N/A GENERAL OPE	RAT:	PC ING	SUPPORT .	AND REGRA	N 80,000		
WOMEN'S FREEDOM CENTER PO BOX 933 BRATTLEBORO VT 05302	N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 18,750		
YOUTHLINK 41 NORTH 12TH STREET MINNEAPOLIS MN 55403	N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 30,000		
CATHOLIC CHARITIES- ST. PA 1007 EAST 14TH STREET MINNEAPOLIS MN 55404	UL & MPLS N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 50,000		
COLLEGEVILLE INSTITUTE 2475 ECUMENICAL DRIVE COLLEGEVILLE MN 56321	N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 50,000		
HAZELDEN BETTY FORD FOUND. PO BOX 11 CENTER CITY MN 55012	AITON N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 50,000		
MINNEAPOLIS INSTITUTE OF 2 2400 THIRD AVENUE SOUTH MINNEAPOLIS MN 55404	ART N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 50,000		
MINNESOTA HISTORICAL SOCI 345 KELLOGG BLVD WEST SAINT PAUL MN 55102	TY N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 50,000		
RAMSEY COUNTY HISTORICAL 75 WEST FIFTH STREET SAINT PAUL MN 55102 Total	SOCIETY N/A	GEN	PC ERAL	OPERATI	NG SUPPOR 3a	T 50,000		
b Approved for future payment	<u> </u>							
PROOF ALLIANCE 1876 MINNEHAHA AVENUE W SAINT PAUL MN 55104	N/A REACHING AN	ID S	PC UPPOI	RTING WOI	MEN WITH	A 20,000		
PROPEL NONPROFITS ONE MAIN STREET SE MINNEAPOLIS MN 55414	N/A	GEN	PC ERAL	OPERATII	NG SUPPOR	T 60,000		
SAINT PAUL & RAMSEY COUNT 394 DAYTON AVENUE SAINT PAUL MN 55102	Y DOMESTIC N/A BRIDGES TO	SAF	PC ETY	VICTIM S	•	N 32,500		
Total		<u> </u>	<u></u>		3b	orm 990-PF (2023)		

Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY

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Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an indivi-	dual,	F	oundation	Purpose of grant or	
Name and address (home or business)	any foundation mana or substantial contrib	iger	4:	status of recipient	contribution	Amount
a Paid during the year THE TRUSTEES OF RESERVATION 200 HIGH STREET BOSTON MA 02110	NS N/A	CEN	PC ERAL	ODEDATIA	IC SUDDOR	T 50,000
BOSION MA UZIIU		GEIN	LKAL	OPERATIN	IG SUPPOR	1 30,000
WORCESTER ART MUSEUM 55 SALISBURY STREET WORCESTER MA 01609	N/A	GEN	PC ERAL	OPERATIN	G SUPPOR	T 50,000
Total						
b Approved for future payment			<u> </u>			
SOLID GROUND 3521 CENTURY AVENUE NORTE WHITE BEAR LAKE MN 55110	N/A	GEN	PC ERAL	OPERATIN	IG SUPPOR	T 42,500
THE BRIDGE FOR YOUTH, INC 1111 WEST 22ND STREET MINNEAPOLIS MN 55405	N/A	GEN	PC ERAL	OPERATIN	G SUPPOR	T 50,000
THE FAMILY PARTNERSHIP 1527 EAST LAKE STREET MINNEAPOLIS MN 55407	N/A		PC	DRTI	DE PROGRA	M 45,000
Total					3b	
DAA					I	Form 990-PF (2023)

Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY

Part XIV Supplementary Information (continued)

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Page **11**

Part XIV Supplementary Information	(continued)				
3 Grants and Contributions Paid During	the Year or		for Future Paymer	nt	
Recipient	If recipient is a show any rel	an individual, ationship to	Foundation	Purpose of grant or	
	any foundation	on manager	status of recipient	contribution	Amount
Name and address (home or business) a Paid during the year N/A	or substantia	Contributor	tion	C 0	
N/A					
Total	1		I		
b Approved for future payment					
THE LINK] ,				
1210 GLENWOOD AVENUE	N/A		PC		20 000
MINNEAPOLIS MN 55405			SAFE HARBO	ROGRAM	S 30,000
TUBMAN					
4432 CHICAGO AVENUE SOUT	N/A		PC		
MINNEAPOLIS MN 55407		GEN	ERAL OPERATI	NG SUPPOR	T 50,000
muin armina manin na	T	T			
TWIN CITIES HABITAT FOR HI 1954 UNIVERSITY AVENUE W		Τ	PC		
SAINT PAUL MN 55104	IN / A	GF:N	PC ERAL OPERATI	NG STIPPOR	T 70,000
Total				3b	, , , , , , ,
DAA					Form 990-PF (2023)

Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY

Part XIV Supplementary Information (continued)

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Page **11**

Part XIV Supplementary Information (continued)						
3 Grants and Contributions Paid During					t T	<u> </u>
Recipient	If recipient is a show any rela	tionship to (oundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation or substantial	n manager contributor		recipient	contribution	
Name and address (home or business) a Paid during the year N/A	show any rela any foundation	itionship to (status of	Purpose of grant or contribution	Amount
Total					3a	
b Approved for future payment					Ju	
WAYSIDE RECOVERY CENTER 3705 PARK CENTER BOULEVA SAINT LOUIS PARK MN 55416			PC ERAL	OPERATIN	G SUPPOR	T 35,000
WOMEN'S ADVOCATES PO BOX 4039 SAINT PAUL MN 55104	N/A		PC ERAL	OPERATIN	G SUPPOR	T 30,000
105 FIFTH AVENUE SOUTH MINNEAPOLIS MN 55401	VESOTA N/A GENERAL		PC ING S	SUPPORT A	AND REGRA	N 80,000
Total DAA					3b	 Form 990-PF (2023)

41-6009902 Form 990-PF (2023) PATRICK AND AIMEE BUTLER FAMILY Page **11** Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A Total 3a **b** Approved for future payment YOUTHLINK N/A РC 41 NORTH 12TH STREET MINNEAPOLIS MN 55403 GENERAL OPERATING SUPPORT 30,000

3b

Total

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Federal Statements

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Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
LITIGATION SETTLEMENT PASSTHROUGH TAX EXEMPT INCOME	\$ 12,705 986	\$ 12,705	\$
PASSTHROUGH OTHER INCOME PASSTHROUGH OTHER UBI INCOME PASSTHROUGH ORDINARY INC. UBI	201,629 271 -52,454	201,629	
TOTAL	\$ 163,137	\$ 214,334	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	_	Total	Net stment	 usted Net	haritable Purpose
	\$	2,000	\$	\$	\$ 2,000
TOTAL	\$	2,000	\$ 0	\$ 0	\$ 2,000

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	_ In	Net vestment	Ad	ljusted Net	 Charitable Purpose
ACCOUNTING SERVICES	\$ 36,128	\$	20,878	\$		\$ 18,384
TOTAL	\$ 36,128	\$	20,878	\$	0	\$ 18,384

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Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 Total	lı	Net nvestment	■ Adju N		_	naritable Purpose
CONSULTANTS	\$ 9,000	\$		\$		\$	9,000
INVESTMENT FEES	 565,461		565,461				
TOTAL	\$ 574,461	\$	565,461	\$	0	\$	9,000

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	_ In	Net nvestment	 ısted let	haritable Purpose
FOREIGN TAX PAID FEDERAL EXCISE TAX	\$ 80,833 100,700	\$	80,833	\$	\$
TOTAL	\$ 181,533	\$	80,833	\$ 0	\$ 0

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Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
INSURANCE	7,020	5,816		1,204
SUBSCRIPTIONS & PUBLICATIONS	6,858	1,340		5,518
ADMINISTRATIVE	5,536	400		5,136
GRANT MANAGEMENT SOFTWARE	4,893			4,893
OFFICE EXPENSES	3,127	281		2,846
MEMBERSHIP AND ASSOCIATION EX	3,000	429		2,571
OFFICE EQUIPMENT	1,935			1,935
TELEPHONE	1,843	147		1,696
MISCELLANEOUS	634	634		
OTHER PASSTHROUGH DEDUCTIONS	155,174	155,174		
PASS THROUGH TAX EXEMPT DEDUC	1,317			
INTERNET SERVICES	863	288		575
TOTAL	\$ 192,200	\$ 164,509	\$0	\$ 26,374

Statement 7 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	_	Beginning of Year	 End of Year	Basis of Valuation		Fair Market Value
MUNICIPAL BONDS-TAXABLE-SEE ATTACHED	\$	4,116,246	\$ 2,684,252	MARKET	\$	2,684,252
AGENCY MORTGAGE-BACKED SECSEE ATTA		1,556,406	1,687,431	MARKET		1,687,431
AGENCY POOLS-SEE ATTACHED SCH.		1,512,711	2,052,832	MARKET		2,052,832
US TREASURY BONDS & NTS-SEE ATTACHED		2,059,824	453,632	MARKET		453,632
MUNICIPAL BONDS-TAX EXEMPT-SEE ATTAC		125,152	 106,203	MARKET		106,203
TOTAL	\$	9,370,339	\$ 6,984,350		\$_	6,984,350

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Federal Statements

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Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	_	Beginning of Year	_	End of Year	Basis of Valuation		Fair Market Value
COMMON STOCKS -SEE ATTACHED SC HANSEN ENGINE CORPORATION-7,200 SHAR PREFERRED STOCKS-SEE ATTACHED SCH.	\$	24,750,377 360 101,350	\$	23,833,693	MARKET MARKET MARKET	\$	23,833,693 360
TOTAL	\$_	24,852,087	\$_	23,834,053		\$_	23,834,053

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
CORPORATE BONDS AND NOTES-SEE ATTACH MUTUAL BOND FUNDS-SEE ATTACHED SCH.	\$	2,840,537 650,150	\$	4,238,710 2,232,221	MARKET MARKET	\$	4,238,710 2,232,221
TOTAL	\$	3,490,687	\$	6,470,931		\$	6,470,931

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Statement 10 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
NORTH HAVEN OFFSHORE INFRASTRUCTURE	\$ 458,973	\$ 485,927	MARKET	\$ 485,927
NORTH HAVEN REAL ESTATE FUND VII OFF	24,763	25,820	MARKET	25,820
GATEWAY PARTNERSHIP	431,075	431,075	MARKET	431,075
MONDRAIN ALL WORLD EX-US EQUITY FD	22,970,029	21,956,157	MARKET	21,956,157
NORTHSTAR MEZZANINE PARTNERS VI, LP	979,960	886,132	MARKET	886,132
NORTH HAVEN REAL ESTATE FUND VIII GL	742,004	452,711	MARKET	452,711
WASTEWATER OPPORTUNITY FUND, LLC	978,702	1,005,022	MARKET	1,005,022
TEMPLETON GLOBAL	3,049,299	3,045,040	MARKET	3,045,040
VANGAURD SMALL CAP INDEX	13,535,607	10,490,372	MARKET	10,490,372
NORTHSTAR MEZZANINE VII LP	2,647,391	2,528,702	MARKET	2,528,702
NORTH HAVEN INFRASTRUCTURE PARTNERS	2,252,595	2,397,557	MARKET	2,397,557
COLLECTIVE BALANCED FUNDS	72,534	151,470	MARKET	151,470
BLACKROCK CREDIT ALLOCATION INCOME	75,750	180,600	MARKET	180,600
BLACKROCK ENHANCED GOVERNMENT FUND	54,325	36,835	MARKET	36,835
NUVEEN AMT-FREE MUNICIPAL INCOME	144,399	192,500	MARKET	192,500
VANGUARD TOTAL INTERNATIONAL STOCK		7,623,784	MARKET	7,623,784
WESTERN ASSET PREMIER BD FD		82,080	MARKET	82,080
NUBEEN PENNSYLVANIA QUALITY MUNIC		40,530	MARKET	40,530
TOTAL	\$ 48,417,406	\$ 52,012,314		\$ 52,012,314

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Statement 11 - Form 990-PF, Part II, Line 15 - Other Assets

Description Description	Beginning of Year	End of Year	Fair Market Value
FEDERAL EXCISE TAX RECEIVABLE S	90,654 191,514	\$ 34,156 158,800	\$ 34,156 158,800
TOTAL	282,168	\$ 192,956	\$ 192,956

Statement 12 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	 Beginning of Year	 End of Year
LEASE LIABILITIES UNRELATED BUSINESS TAX PAYABLE	\$ 193,111 37,426	\$ 161,284
TOTAL	\$ 230,537	\$ 161,284

Statement 13 - Form 990-PF, Part III, Line 3 - Other Increases

Description		Amount
UNREALIZED GAINS	\$	5,126,643
CHANGE IN UBI PAYABLE	_	20,417
TOTAL	\$	5,147,060

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Federal Statements

Statement 14 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc

Name and	Spoot	Average	OOPy	'	
Address	Title	Hours	Compensation	Benefits	Expenses
JOHN K. BUTLER 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	CHAIR/TREASU	22.00	81,000	0	0
BRIDGET O'BRIEN 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	VICE CHAIR	2.00	0	0	0
MADELINE BUTLER 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	SECRETARY	2.00	0	0	0
PAUL BUTLER 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0
ANDREW LEFEVOUR 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0
KATHLEEN LEFEVOUR 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0
SUZANNE A. LEFEVOUR 2356 UNIVERSITY AVE. W, SUITE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0
TEMPLE PETERSON 2356 UNIVERSITY AVE. W. STE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0
SARA ROTTUNDA 2356 UNIVERSITY AVE. W STE 420 ST PAUL MN 55114	TRUSTEE	2.00	0	0	0

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Statement 15 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications

Description

ROBERT HYBBEN, FOUNDATION CO-DIRECT 651-222-2565 2356 UNIVERSITY AVENUE W, SUITE 420 ST PAUL MN 55114 ROBERTH@BUTLERFAMILYFOUNDATION.ORG

Statement 16 - Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

Description

ONLINE APPLICATION SYSTEM - CONTACT THE FOUNDATION OFFICE AT 651-222-2565, OR BY EMAIL AT ROBERTH@BUTLERFAMILYFOUNDATION.ORG

Statement 17 - Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

APRIL 15, 2023 - COMMUNITY GRANTS, - APR 1-JUN 1, 2023 - INVITED GRANTS (ALL MUST BE ELECTRONIC).

Statement 18 - Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

Description

THE FOUNDATION'S GRANTING PRIORITY IS GIVEN TO ORGANIZATIONS THAT SERVE THE ST. PAUL AND MINNEAPOLIS AREA. THE FOUNDATION DOES NOT MAKE GRANTS TO ORGANIZATIONS THROUGH FISCAL AGENTS. THE FOUNDATION DOES NOT MAKE LOANS OR GRANTS OR PROVIDE SCHOLARSHIPS TO INDIVIDUALS. THE FOUNDATION DOES NOT SPONSOR EVENTS. NO GRANTS ARE MADE OUTSIDE THE UNITED STATES. CAPITAL GRANTS ARE MADE ONLY THROUGH THE SPECIAL PROJECTS OR FOUNDATION INITIATIVE FUND PROGRAMS BY INVITATION OF THE FOUNDATION.

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Féderal Statements

FYE: 12/31/2023

Statement 19 - Form 990-PF, Part XV-A, Line 11 - Other Revenue

Description		SOE			,()()V
	iness ode	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
LITIGATION SETTLEMENT					
DAGGEROUGH EAV EVENDE INCO	\$		1 \$	12,705	\$
PASSTHROUGH TAX EXEMPT INCO			1	986	
PASSTHROUGH OTHER INCOME			_	200	
			1	201,629	
PASSTHROUGH OTHER UBI INCOM	000	271	3		
PASSTHROUGH ORDINARY INC. U		271	3		
523	000 _	-52,454	1		
TOTAL	\$	-52,183	\$	215,320	\$ 0

				Exempt Orga	mimatian Dua			T D-	4		OMB No. 1545-0047
Forn	₁ 990-T			2023							
			For cal	lendar year 2023 or other tax			d ending				Open to Public Inspection
	artment of the Treas nal Revenue Service	,	Do no	Go to www.irs.g ot enter SSN numbers o	gov/Form990T for ins					:)(3).	for 501(c)(3) Organizations Only
Α [Check box if		γ I	Name of organization (Check box if name	changed and see	e instructions.		D Emplo	yer ider	ntification number
_	address changed.	_			1200	5 661					
B 1	Exempt under section	.	Print	PATRICK AN	ID AIMEE B	UTLER I	PAMIL		41-	<u>600</u>	9902
[<u>X</u> 501(C)(3	· I	or	Number, street, and room or	•		~	- 400			tion number
[408(e)	220(e)	Type	2356 UNIVE	RSITY AVE	NUE W,	SUITE	420	(see ii	nstruction	ns)
Γ	408A	530(a)		City or town, state or provi	nce, country, and ZIP or fo	• .					
ř	= =	529A	•	ST PAUL			5114	7 707	F		k box if
				ook value of all assets				7,727			nended return.
G	Check organization	n type		X 501(c) corporation		401(a)	trust	Other tr	ust	State	college/university
ш.	Chook if filing only	, to alai	m	6417(d)(1)(A) Appl Credit from Form 8		shown on For	m 2420 [Floativo	navmant	omou	at from Form 2000
	Check if filing only							_			nt from Form 3800
				on filing a consolidated Schedules A (Form 990-							1
				orporation a subsidiary i							Yes X No
				entifying number of the		or a parent-s	subsidial y	controlled g			[163 Z NO
	ii 103, Critor trio	Tiarric	ana iac	critifying number of the	parcin corporation						
L	The books are in o	care of	F	PATRICK & Al	MEE BUTLE	R FA		Telepl	none num	ber	651-222-2565
				d Business Taxal							001 111 1000
1				axable income compute		trades or bus	sinesses (s	see instructi	ons)	1	0
2	Reserved			·			,		′	2	
3	Add lines 1 and	2								3	
4	Charitable contri			instructions for limitation	n rulos)					4	
5	Total unrelated b	busines	s taxal	ble income before net						5	
6	Deduction for ne	et opera	ating lo	oss. See instructions						6	0
7	Total of unrelate	ed busii	ness ta	axable income before s	pecific deduction and	d section 199	A deduction	on.			
	Subtract line 6 fr									7	0
8				\$1,000, but see instruc						8	1,000
9	Trusts. Section	199A	deduct	tion. See instructions						9	
10	Total deduction	ns. Ad	d lines	8 and 9						10	1,000
<u>11_</u>				income. Subtract line	10 from line 7. If lin	e 10 is greate	er than line	7, enter ze	ro	11	0
		Com									0
1	_			corporations. Multiply F						1	0
2			_	s. See instructions for t	_ '						0
2			_		Schedule D (For					3	U
3 4	Other tax amoun	nte Sa	, inetri							4	
5	Alternative minin			ructions						5	
6				ty income. See instruc						6	
7				to line 1 or 2, whicheve						7	0
		and F									
				ns attach Form 1118; tr	rusts attach Form 11	16)	1a				
b	Other credits (se	ee insti	ructions	s)			1b	<u> </u>			
С	General busines	s credi	it. Attao	ch Form 3800 (see ins	tructions)		1c				
d	Credit for prior y	ear mir	nimum	tax (attach Form 8801	or 8827)		1d				
е	Total credits. A	Add line	es 1a th	hrough 1d						1e	
2	Subtract line 1e	from P	art II, I	line 7						2	
3a	Amount due from	m Form	4255				3a				
b	Amount due from	m Form	1 8611				3b				
C							3c				
d	Amount due from						3d				
e	Other amounts of	aue (se	e instr	ructions)			3e			24	
f 4	Total amounts d	iue. Ad	a lines	3a through 3e	Chook if include	tov president		under		3f	
4				(see instructions)							0
5	section 1294.			ount nere	art II. column (k)					5	U
5	Current fiet 905	ıax IIdl	υπιν με	aiu iiuiii Fuiiii 900-A, P	arr II, COIUIIIII (K)					ı	

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<u>Part</u>		•		Г			
	ayments: Preceding year's overpayment						
	urrent year's estimated tax payments. Ch						
ap	oplies		[6b	20,000			
C Ta	ax deposited with Form 8868		6c	nn i		\	
	oreign organizations: Tax paid or withheld	d at source (see instructions				V	
	ackup withholding (see instructions)		6e				
	redit for small employer health insurance						
g El	ective payment election amount from For	rm 3800	6g		-		
h Pa	ayment from Form 2439				-		
	redit from Form 4136		6i				
J 0	ther (see instructions)				7	20,00	\cap
	otal payments. Add lines 6a through 6j stimated tax penalty (see instructions). Cl				8	20,00	00
9 Ta	ax due. If line 7 is smaller than the total of	of lines 4 5 and 8 onter an	eu	Ц	9		0
	verpayment. If line 7 is larger than the to				10	20,00	_
	nter the amount of line 10 you want: Crec			Refunded	11	20,00	
Part					••	20,00	00
	any time during the 2023 calendar year,					Yes	No
	ver a financial account (bank, securities, o						
	nCEN Form 114, Report of Foreign Bank	, ,	•	•			
	ere		,	, , , , , , , , , , , , , , , , , , ,			Χ
	uring the tax year, did the organization re	eceive a distribution from, or	was it the grantor of	or transferor to, a foreign	trust?		X
	"Yes," see instructions for other forms the		_				
3 E	nter the amount of tax-exempt interest re-	ceived or accrued during the	e tax year	\$			
4 E	nter available pre-2018 NOL carryovers h	here \$. Do not include	e any post-2017 NOL carr	yover		
	nown on Schedule A (Form 990-T). Don't						
Pa	art I, line 6.						
5 Po	ost-2017 NOL carryovers. Enter the Busi	iness Activity Code and ava	ilable post-2017 NOL	carryovers. Don't reduce			
<u>th</u>	e amounts shown below by any NOL clai		art II, line 17 for the t	ax year. See instructions.		_	
_	Business Activity (Code		able post-2017 NOL carry		_	
			\$				
-			\$				
-							
			\$			_	
6a R	eserved for future use						
	eserved for future use						
	V Supplemental Information						
Provide							
	V Supplemental Information any additional information. See instruction						
	= =						
	any additional information. See instruction	ons.	uding accompanying sch	nedules and statements and	to the hest of my	knowledge ar	
	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	onshave examined this return, inclu	. , ,		•	•	nd
	any additional information. See instruction	onshave examined this return, inclu	. , ,		arer has any know	ledge.	
Provide	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	onshave examined this return, inclu	. , ,		arer has any know	ledge. S discuss this re	eturn
Provide	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	onshave examined this return, inclu	. , ,		arer has any know	ledge. S discuss this re	eturn
	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	onshave examined this return, inclu	. , ,		May the IR with the pr	ledge. S discuss this reeparer shown bections)?	eturn
Provide	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	ons. have examined this return, including the state of preparer (other than	. , ,	all information of which prepa	May the IR with the pr	ledge. S discuss this reeparer shown bections)?	eturn low
Provide	any additional information. See instruction. Under penalties of perjury, I declare that I have a second control of the second contr	ons. have examined this return, including the state of preparer (other than	taxpayer) is based on	all information of which prepa	May the IR with the pr	ledge. S discuss this reeparer shown bections)?	eturn low
Provide	Under penalties of perjury, I declare that I I belief, it is true, correct, and complete. Dec	have examined this return, includeration of preparer (other than CHAI	taxpayer) is based on R/TREASUREI	all information of which prepa	May the IR with the process (see instru	ledge. S discuss this reeparer shown bections)?	eturn low
Sign Here	under penalties of perjury, I declare that I I belief, it is true, correct, and complete. Dec	have examined this return, including including the control of preparer (other than been control of the control	taxpayer) is based on R/TREASUREI	all information of which prepared	May the IR with the process (see instru	ledge. S discuss this reparer shown be ctions)? Yes	eturn Iow No
Sign Here	Under penalties of perjury, I declare that I helief, it is true, correct, and complete. Decisions Signature of officer Print/Type preparer's name PAT SIEVERT Firm's name	chave examined this return, includaration of preparer (other than the character of the character) CHAI Date Title Preparer's signature	taxpayer) is based on R/TREASUREI	all information of which prepared to the prepa	May the IR with the pr (see instru	ledge. S discuss this re eparer shown be ctions)? Yes PTIN	eturn Iow No
Sign Here Paid Prepar	Under penalties of perjury, I declare that I helief, it is true, correct, and complete. Dec Signature of officer Print/Type preparer's name PAT SIEVERT Firm's name BOYLIM & BARFINSCHEI	chave examined this return, includeration of preparer (other than belaration of preparer). CHAI	taxpayer) is based on R/TREASUREI	all information of which prepared to the prepa	May the IF with the pr (see instru	ledge. S discuss this re eparer shown be ctions)? Yes PTIN P00223580	eturn Iow No
Sign Here	Under penalties of perjury, I declare that I helief, it is true, correct, and complete. Dec Signature of officer Print/Type preparer's name PAT SIEVERT Firm's name BOYLIM & BARFINSCHEI	chave examined this return, includeration of preparer (other than belaration of preparer). CHAI	taxpayer) is based on R/TREASUREI	all information of which prepared to the prepa	May the IR with the pr (see instru	ledge. S discuss this re eparer shown be ctions)? Yes PTIN P00223580	eturn Iow No
Sign Here Paid Prepar	Under penalties of perjury, I declare that I is belief, it is true, correct, and complete. Decided belief, it is true, correct, and complete. Decided belief. Signature of officer Print/Type preparer's name PAT SIEVERT Firm's name BOYUM & BARENSCHEE Firm's address 3050 METRO DR STE	chave examined this return, includeration of preparer (other than better than	taxpayer) is based on R/TREASUREI	all information of which prepared to the prepa	May the IR with the pr (see instru X Check if self-employed Firm's EIN 41-6192	ledge. S discuss this re eparer shown be ctions)? Yes PTIN P00223580	eturn Iow No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

202

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

B Employer identification number A Name of the organization PATRICK AND AIMEE BUTLER FAMILY 41-6009902 **C** Unrelated business activity code (see instructions) 523000 D Sequence: PASSTHROUGH UBI E Describe the unrelated trade or business (A) Income (B) Expenses (C) Net Part I **Unrelated Trade or Business Income** 1a Gross receipts or sales Less returns and allowances h **c** Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts C 4c Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1 5 -52,454-52.454Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 271 Other income (see instructions; attach statement) SEE STMT 2 12 271 12 -52,183 -52,183 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 Repairs and maintenance 3 3 Bad debts 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a 8b 8 9 9 Contributions to deferred compensation plans 10 10 11 Employee benefit programs 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 14 Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 -52,183 16 Deduction for net operating loss. See instructions 17 17 -52,18318 Unrelated business taxable income. Subtract line 17 from line 16

Sche	dule A ((Form 990-T) 202	23 PATRICK	AND	AIMEE	BUTLEF	R FAMILY	41-	6009902		Page 2
Par	t III		oods Sold				ntory valuation				
1	Invento	ory at beginning of	of year						1		
2	Purcha								2		
3	Cost of										
4	Additio	nal section 263A	costs (attach state	ment)			4		4		
5	Other	costs (attach sta	tement)		7.03.1				5		
6	Total.	Add lines 1 throu	ıgh 5			المسادان			6	\mathcal{W}	
7	Invento	ory at end of year	Culturant line 7 from 1			in Doubline			7	-	
8			Subtract line 7 from li 263A (with respect to							Yes	No
9 Par	t IV		me (From Real								NO
1			(property street add							,,	
	A		(11)		,,	,					
	в 🖂										
	с □										
	рΠ										
	_				Α		В		С	D	
2	Rent re	eceived or accrue	ed								
а	-		(if the percentage of								
			rty is more than 10%	6							
		more than 50%)									
b		eal and personal pro									
			sonal property exceeds								
_			on profit or income)								
С			accrued by property	′·							
			olumns A through D								
3	Total re	ents received or	accrued. Add line 2d	c, column	s A through	D. Enter here	e and on Part I, li	ne 6, column	(A)		
4	Deduction	ons directly connec	ted with the income								
	in lines	2a and 2b (atta	ch statement)								
5	Total	deductions . Add	d line 4, columns A t	hrough D) Enter here	and on Part	I line 6 column ((B)			
								. /			
Par 1			Debt-Financed nced property (stree					o Soo inetri	etions		
•	A	Dilon of dept-lina	nced property (stree	i address	s, city, state,	Zir code). C	TIECK II a dual-us	se. See msuc	Clioris.		
	ŝН										
	сH										
	ĎΗ										
					Α		В		С	D	
2	Gross in	ncome from or alloc	cable to debt-financed								
	property										
3		•	cted with or allocable								
		financed property									
а			on (attach statement								
b			ch statement)								
С		leductions (add li									
A			ition dobt on or allocable								
4			ition debt on or allocabl								
5			(attach statement)								
J	-	•	ch statement)								
6						%		%	%		%
7			Multiply line 2 by line 6			<u> </u>		79	/(
		•			D) = : :			(A)			
8			add line 7, columns /		וט). Enter h	ere and on P	art I, line 7, colun	nn (A)			
9	Allocable	e deductions. Multip	ply line 3c by line 6								
10	Total a	allocable deduc	ctions. Add line 9, o	olumns A	through D.	Enter here ar	nd on Part I, line	7, column (B)			
11	Total o	dividends — re	ceived deductions	included	in line 10						

Schedule	A (Form 990-T) 2023	BPATRICK	AND AI	MEE BUTI	LER FAM	ILY	41-	-60099	02	Page	e 3
Part V	'I Interest, Ar	nnuities, Roy	alties, and	Rents From	n Controlle	ed Organ	izatior	is (see in	structio	ns)	
						Exempt	Controll	ed Organiza	ition		
	1. Name of controlled	t l	2. Employer	3. Net	unrelated	4. Total of sp	ecified	5. Part of c	olumn 4	6. Deductions directl	ly
	organization		identification	incor	ne (loss)	payments n	nade	that is includ	led in the	connected with	
			number	(see in	nstructions)			controlling org		income in column 5	j
	I)ıık				\sim			gross in	come		
(1)) (;		SIDE	-(-1						
(2)	1 UN	7110					-			У у	
(3)				-							
(4)											
		•	No	nexempt Contro	olled Organiza	tions				•	
	7. Taxable income	8. Net ui	nrelated	9. Total o	f specified	10.	Part of col	umn 9	11	. Deductions directly	
		income	(loss)		its made		is included			connected with	
		(see inst	tructions)			contro	olling organ	nization's	ir	come in column 10	
							gross income				
(1)											
(2)											
(3)											
(4)											
Totals .						Enter	columns 5 here and c e 8, column	on Part I,	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B).	
Part V	Investment	Income of a	a Section 5	01(c)(7), (9),	or (17) Or	ganizatio	n (see	instruction	ons)		
	1. Description of in	ncome	2. Amo	ount of income	3. Dedu	ctions	4	1. Set-asides		5. Total deductions	
					directly co	nnected	(att	ach statement)		and set-asides	
					(attach sta	atement)				(add columns 3 and 4)	
(1)											
(2)											
(3)											
(4)											
			Add amo	unts in column 2.					,	Add amounts in column 5	5.
			Enter her	re and on Part I,						Enter here and on Part I,	,
			line 9	, column (A).						line 9, column (B).	
Totals .											
Part \	III Exploited E	xempt Activ	ity Income	, Other Tha	n Advertisi	ing Incon	ne (se	e instructi	ons)		
1 De	scription of exploited	activity:	-				-				
2 Gr	oss unrelated business	s income from tra	ade or business	s. Enter here ar	nd on Part I, lir	ne 10, colum	nn (A)		2		
3 Ex	penses directly connec	cted with product	tion of unrelate	d business inco	me. Enter her	e and on Pa	art I,				
line	e 10, column (B)								3		
4 Ne	t income (loss) from u	nrelated trade or	business. Sub	tract line 3 from	n line 2. If a ga	ain, complete	Э				
									4		
5 Gr	oss income from activi	ity that is not un	related busines	s income					5		
6 Ex	penses attributable to	income entered	on line 5						6		
7 Ex	cess exempt expenses	s. Subtract line 5	from line 6, bu	ıt do not enter r	more than the	amount on I	ine				
4	Enter here and on Par	t II line 12							7		

Schedule A (Form 990-T) 2023

	dule A (Form 990-T) 2023 PATRICK A	ND AIMEE	BULLE	R FAMI	шт		009902		Page 4
	rt IX Advertising Income				4				
1	Name(s) of periodical(s). Check box if reporti	ing two or more p	periodicais o	n a consolida	ited basis.				
	<u> </u>								
	B -								
	c Dilbio		10 0	-4					
F-sta-									
⊨nter	amounts for each periodical listed above in t		column.	В	$\overline{\mathbf{U}}$	-		/	/
_	Cross advantising income	A	-	В			С	-	D
2	Gross advertising income								
а	Add columns A through D. Enter here and or	n Part I, line 11, c	column (A)						
3	Direct advertising costs by periodical								
а	Add columns A through D. Enter here and or	n Part I, line 11, c	column (B)						
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8								
5	Readership costs								
6	Circulation income								
7	Excess readership costs. If line 6 is less than								
	line 5, subtract line 6 from line 5. If line 5 is less								
	than line 6, enter -0-								
8	Excess readership costs allowed as a								
	deduction. For each column showing a gain on								
	line 4, enter the lesser of line 4 or line 7								
а	Add line 8, columns A through D. Enter the g			total or -0- r					
	Part II, line 13								
Pai	rt X Compensation of Officers								
Pai							3. Percentage of time devote to business		Compensation attributable to unrelated business
	rt X Compensation of Officers			ees (see			3. Percentage of time devote	d	
(1)	rt X Compensation of Officers			ees (see			3. Percentage of time devote	d %	attributable to
(1) (2)	rt X Compensation of Officers			ees (see			3. Percentage of time devote	% %	attributable to
(1) (2) (3)	rt X Compensation of Officers			ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2)	rt X Compensation of Officers			ees (see			3. Percentage of time devote	% %	attributable to
(1) (2) (3) (4)	Tt X Compensation of Officers 1. Name			ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	Tt X Compensation of Officers 1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to
(1) (2) (3) (4)	1. Name	, Directors, a	and Trust	ees (see			3. Percentage of time devote	% % %	attributable to

41-6009902 Federal Statements

FYE: 12/31/2023

Passthrough UBI

Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	ect (Part. only)	Net Income
PASSTHROUGH ORDINARY INC. UBI	\$_		\$ 52,454	\$ -52,454
TOTAL	\$	0	\$ 52,454	\$ -52,454

Passthrough UBI

Statement 2 - Schedule A (990T), Part I, Line 12 - Other Income

	 Amount				
PASSTHROUGH	OTHER	UBI	INCOME	\$:	271
TOTAL				\$:	271