Form	qqn
FOIIII	220

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.

م مالم مرح الم م



Department of the Treasury Internal Revenue Service

А	For th	e 202 i calendar year, or tax year beginning	and	a enaing							
в	Check if applicab	C Name of organization			D Employer iden	tification number					
	Addre	ANN BANCROFT FOUNDATIO	N								
	Name				41-1691	L868					
	Initial returr	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone num	ıber					
	Final returr	2356 UNITVEDCTEV AVE W	,	404	612-338						
	termii ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	741,796.					
	Amer	SI. FAUL, MN JJII4			H(a) Is this a grou						
Applica- tion F Name and address of principal officer: JACKIE HARTMAN for subordinates? Yes X											
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
	I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions										
		te: NWW . ANNBANCROFTFOUNDAT			H(c) Group exemp						
			ssociation Other ►	L Year	of formation: 1989	M State of legal domicile: MN					
Ρ	art I	Summary									
q	, 1	Briefly describe the organization's mission or mos									
Activities & Governance		INSPIRES AND ENCOURAGES G									
arn	2	Check this box 🕨 🛄 if the organization disco			1	1 4 -					
Š	3	Number of voting members of the governing body	· · · · · · · · · · · · · · · · · · ·			<u>3 15</u> 4 15					
د م	4	Number of independent voting members of the go									
a a	5	Total number of individuals employed in calendar									
ivit	6	Total number of volunteers (estimate if necessary)				-					
Δc	5 7a	Total unrelated business revenue from Part VIII, co	(),			7a 0. 7b 0.					
	d	Net unrelated business taxable income from Form	990-1, Part I, line 11	<u></u>							
		Contributions and grants (Dart)/III line 1b)			<u>Prior Year</u> 640,197	Current Year 7. 703,105.					
٩	8). 0.					
Revenue			L and 7d)		36						
р В	5 10	Investment income (Part VIII, column (A), lines 3, 4			40,617						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			680,850						
	-	Total revenue - add lines 8 through 11 (must equa Grants and similar amounts paid (Part IX, column			31,829						
	14	Benefits paid to or for members (Part IX, column)). 0.					
	40	Salaries, other compensation, employee benefits (202,661							
a a a	162	Professional fundraising fees (Part IX, column (A),			3,761						
Fxnenses		Total fundraising expenses (Part IX, column (D), lir		30.	57701						
Ě		Other expenses (Part IX, column (A), lines 11a-11c	148,230	305,179.							
		Total expenses. Add lines 13-17 (must equal Part			386,481						
	19	Revenue less expenses. Subtract line 18 from line	294,369								
J.	21 21		12		ginning of Current Ye						
ets (u 12 12 12 12 12 12 12 12 12 12 12 12 12	Total assets (Part X, line 16)			792,529						
Ass	21	Total liabilities (Part X, line 26)			86,876						
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	1 line 20		705,653						
Ρ	art II	Signature Block			-	•					
Un	der pen	alties of perjury, I declare that I have examined this return	, including accompanying schedule	es and stateme	ents, and to the best of	f my knowledge and belief, it is					
true	e, corre	ct, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge.						
		PUBLIC DISCLO	SURE COP	Y							
Sig	jn	Signature of officer			Date						
He	re	JACKIE HARTMAN, CHAIR									
		Type or print name and title	T								
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN					
Pai		NEAL EVERT	NEAL EVERT		.1/09/22 self-er						
	parer		· · ·	LTD.	Firm's EIN	41-1534805					
Use	e Only	Firm's address 7760 FRANCE AVE									
		BLOOMINGTON, MN			Phone no.	(952) 831-0085					
		RS discuss this return with the preparer shown abo				X Yes No					
132	001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructi	ons.		Form 990 (2021)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ANN BANCROFT FOUNDATION	41-1691868	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE ANN BANCROFT FOUNDATION INSPIRES AND ENCOURAGES GIRLS SOMETHING BIGGER. WE STRIVE TO BUILD CONFIDENCE AND OFF WILL ALLOW A GIRL TO GO AFTER HER DREAMS AND FEEL SUPPOR'	ER TOOLS THAT	
	WAY. THROUGH GRANTS, MENTORSHIP, AND ONGOING DEVELOPMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses, an	
4a	(Code:) (Expenses \$ 407,739. including grants of \$ 97,418.) (Revenue of \$ 100,000,000,000,000,000,000,000,000,000	ue\$4,2	2 98.)
	HEADQUARTERED IN ST. PAUL, MINNESOTA, THE ANN BANCROFT FOR		
	CONTINUES TO PROVIDE GRANTS (PAIRED WITH MENTORSHIP) AND		
	TOOLS TO K-12 GIRLS ACROSS MINNESOTA. FOLLOWING THE CLOS		
		N BANCROFT	
	FOUNDATION RECOMMITTED TO INVESTING IN THE DREAMS AND HO		
	ACTIVITIES REOPENED. TO THAT END, GRANTS TO GIRLS INCREAS		<u>IN</u>
	2020 TO 202 IN 2021 TO SUPPORT GIRLS TO CONTINUE DREAMING	G, PURSUING	
	THOSE DREAMS, AND DEVELOPING SKILLS THAT FOSTER FUTURE S	UCCESS.	
	ADDITIONALLY, THE ANN BANCROFT FOUNDATION PROVIDED VIRTU	AL PROGRAMMIN	NG
	TO YOUTH GIRLS TO FACILITATE CONNECTION AND PEER LEARNING	G. WE ALSO	
	CONTINUED TO SHARE RESOURCES ON EMERGENCY RESOURCES, MEN'	TAL HEALTH, A	AND
	COMMUNITY SERVICES.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			·
40	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	¢ 9)
14	Other program services (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	١.	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 407,739.)	
4e	Total program service expenses ► 407,739.	Earm Q	90 (2021)
10000-		Form 3	•• (2021)
132002	2		

14441109 310390 001263

2021.05000 ANN BANCROFT FOUNDATION 001263_1

 Form 990 (2021)
 ANN
 BANCROFT
 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	Х	
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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	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	<u> </u>
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		X
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		X
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
130000			990	(2021)
102003	12-09-21			(

132003 12-09-21

3 2021.05000 ANN BANCROFT FOUNDATION

Par	t 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
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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	1		
	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		X
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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00		v
~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization indudate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part 1 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	52		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		
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		x
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21 4	Form	990	(2021)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

14441109 310390 001263

2021.05000 ANN BANCROFT FOUNDATION 001263_1

Yes No. 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2 2 1 2	Form	990 (2021) ANN BANCROFT FOUNDATION		41-1691	868	Р	age 5
generation of the complexes reported on Form W3. Transmittal of Wage and Tax Statements. g <t< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th><th></th><th></th><th></th><th></th><th></th></t<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Interference Lange Z b if at least one sevents of mice all expands on the abs provide the deal employment is returne? As a X b Descense As a X a As any time during the calendary seven, differed and account is entities account is a toreign occurry (such as a back account is entities account is	-		1 1			Yes	No
b If a least one is responsed on line 2a, dot the arganization field regulated to 4±.65 so instructions. gb X 3a Did the organization have unrelated business gross income of \$1000 or more during the year? gb Xa 3b Did the organization have unrelated business gross income of \$1000 or more during the year? gb Xa 4a Aray time during the calendar year, did the organization intere at in, or a Signature or other aubitoty over, a financial account? gb Xa b If "res", instructions to filing requirements for FinCEN Form 114, Report of Proreign Bank and Financial Accounts (FBAF), Ga Xa Xa b Was the organization have an outpainted in the transmitter on the signature or other aubitoty over, a financial account? ga Xa b If "res", in the foreign country buch as a bank the transmitter on the signature of the good on the signature of the sisset sin signature of the signature of the signature of the signa	2a			2			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> , <i>fac</i> . See instructions. Image: See instructionstruction. Image: See instructions	h				2h	x	
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4b M ''''''''''''''''''''''''''''''''''''	D				20		
b If Yes, 'Insa if Hed a Form B90.1 for this year, dif the organization have an interaction of schedule or differ automyte construction of the automyte or differ automyte or	3a				3a		х
4a Are ytime during the calendary year, dat the organization have an interest in, or a signature or other authority over, a 4a X b If "Yes," enter the name of the foreign country (securities account, a countries account, or other functial accounts (FEAR), 5a X 5a wish the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a bit of years to line 6a or 5b, of the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6b Dot any taxable party notify the organization include with every solicitation an express statement that such contributions or gits were not tax deductible a contributions under section TV(c). 5a X 6b Did the organization meak party main the year (and the year) collability or main and year and the year or collability or main and year and the year or collability or ginatizet on expression tax deductible a contributions and ersection TV(c). 5a X 7 Organization tax deductible a contribution an express tatement that such contribution arguing the year organization netwer approximation meak approximation meak approximation meak approximation an expression bernoted provided to the party organization and the year organization and express at contribution or any entropy which it was required to the form 8282? 7b X 10 Was indicable the number of Forms 8282 field during the year. 2d 7a X							
Intractal account in the origin county (such as a bank account, securities account, or other financial account)? 4a X bit ("Ves," enter the name of the foreign county, securities account, event in the during the tax year? 5a X 5a Was the organization in party to a prohibited tax shells that any time during the tax year? 5a X 5a D any taxable party noity the organization that it was or is a party to a prohibited tax shells tax shells tax shells tax shells taxable or in the organization solit any contributions that may encode to account of the organization nucled with every solicitation acceptes statement that such contributions or gifts were not tax deductible? 6a X bit ("Ves," to line four Dist) the down of the very solicitation acceptes statement that such contributions or gifts were not tax deductible? 7a X bit ("Ves," to line four Dist) the down of the very solicitation acceptes statement that such contributions or gifts were not tax deductible? 7a X bit ("Ves," to line four Dist) the down of the value of the pools or services provided? 7a X bit ("Ves," to line four Dist) the down of the value of the pools or services provided? 7a X c) If ("Ves," inclusion that may control or down of the specific down on the pool or services provided? 7a X c) If ("Ves," inclusion the acception to origo the value of the pool or services provided? 7a X c) If ("Ves," inclusion the acception to origo the value of the pool or services provided? <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
See instructions for timing requirements for FindEN. Form 114. Report of Foroign Bank and Financial Accounts (FBAR). Sa X 59 Was the organization apply to a prohibited are softener transaction at any time during the tax year? Sa X 50 Dot any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? Sa X 50 Distributions that may encode that are normally greater than \$100,000, and did the organization solicit any contributions that are normally greater than \$100,000, and did the organization near normal gross nearby to a prohibited tax sheller transaction? Sa X 51 I'YSs; of the organization nearby to a ponsibited on any proses statement that such contributions or gifts were not tax deductible? Sa X 60 I'YSs; of the organization nearby the done of the value of the goale or services provided 1 the payor? Ta X 70 Organization nearby a payment in excess of \$37 made party as a contribution on a personal benefit contract? Te Ta 71 Did the organization nearby day, directly or indirectly, to pay prenume on a personal benefit contract? Te Te 74 Did the organization nearby as contribution of audified intelectual property, did the organization face and contribution of audified intelectual property, did the organization face and contribution of audified intelectual property. Te Te 75 Did the organization nearby as contribution of audified intelectual property.		financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization file Form 8886-17? So X Ga Dess the organization have annual gross receipts that are normally greater than \$100,000, and di the organization solicit any contributions that were not tax deductible? So X B T*es," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? So X C Transition receive aparization and solicit any contribution state eaction 170(c). So X D Dift the organization notify the donor of the value of the goods or services provided? To Ta C Dift the organization notify the donor of the value of the goods or services provided? To Ta C Dift the organization notify the donor of the value of the goods or services provided? To Ta D Dift the organization neceve any funds, directly or indirectly, on a personal benefit contract? Te Ta D Dift the organization neceve any funds, directly or indirectly, on a personal benefit contract? To Ta D Dift the organization neceve any funds, directly or indirectly,	b	· · · · · · · · · · · · · · · · · · ·					
b Did any tazabe party notry the organization that it was or is a party to a prohibited tax shelter transaction? Bo X c If Yes' to line 5a or 5b, did the organization file from 6886 T? Bo So So d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution with every solicitation an express statement that such contributions or gifts So So 0 Uf Yes, 'i di the organization necke sequence solicitation an express statement that such contributions or gifts So So 0 Uf Yes, 'i di the organization neckes of 575 mode partly as a contribution and partly for poots and services provided to the paro? Ta X 10 Uf Yes, 'i di the organization neckes of 575 mode partly as a contribution and partly for poots and services provided ? Ta X 11 Yes, 'i di the organization neckes a contribution such as personal property for which it was required to the form 8282? Ta X 12 Uf the organization neckes a contribution of damis, directly or indirectly, on a personal benefit contract? To Ta 13 Uf the organization neckes a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1038-C? Ta Ta 14 If the organization neckes a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1038-C? Ta Ta 15 Sponsoring organiz	F -						v
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were to tax deductible 5c b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization that may receive deductible contributions under section 170(c). 7a X 8 If "Yes," did the organization netly the donor of the value of the goods or services provided? 7a X 9 If "Yes," indicate the number of Forms 8282 filed during the year 7d 7a 7a 9 Did the organization neceive any funds, directly or indirectly, to pay premiums, or a personal benefit contract? 7a 7a 9 If the organization neceive accombination or advised funds. Did a donor advised fund maintained by the sponsoring organization neave excess busineses, or other vehicles, clid the organization file a Form 1086/C? 7a 9 Sonosoring organization make any taxable distributions under section 496/C? 9a 9 Sonosoring organization make any taxable distributions under section 496/C? 9a 9 Sonosoring organization make any taxable distributions under section 496/C? 9a 9 Sotion 501(c)(21) organizations. Enter: 10a 10 10	-						<u> </u>
Ga Does the organization have annual gross receipts that are normally groater than \$100,000, and did the organization solicit any contributions that were not tax deductibles acharable contributions Ga b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga c Did the organization that my receive deductible contributions under section 170(c). Both erganization that my receive deductible contributions and partly for goods and services provided to the partly and the organization notify the doors or the value of the goods or services provided to the partly and the organization notify the doors or the value of the goods or services provided to the partly and the organization notify the doors or the value of the goods or services provided to the partly and the organization notify the doors and the goods or services provided to the part of the value of the doors and the organization file form 8282? Te c Did the organization creaves any funds, directly or indirectly, on parsonal benefit contract? Te d If "the organization creaves any funds, directly or indirectly, on parsonal benefit contract? Te d If the organization creaves any tunds, directly or indirectly, on parsonal benefit contract? Te d If the organization creaves any tunds, directly or indirectly, on parsonal benefit contract? Te d If the organization creaves any tunds, directly or indirectly, on parsonal benefit contract? Te d If the organization creaves any table distributions on under section 4966?							
any contributions that were not tax deductible as chartable contributions? 6a X b If "Yes," (di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 7c X b If "Yes," (di the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Form 8282 filed during the year Zd 7c X d Did the organization received a contribution of qualified intelectual property, (dir the organization received a contribution of qualified intelectual property, (dir the organization mealwest provided in the year)? 7d X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for services provided in the year? 7d 7h 8 Sponsoring organization make at strabel distributions under section 4966? 9a 9b 9a 9 Did the sponsoring organization necelved a contribution included on Part VIII, line 12, for public use of club facilities 10a 11a 10a 10 Section 501(c)(12) organizations. Enter: 10a 11a 10a 11 Section 501(c)					50		<u> </u>
were not tax deductible? 60 7 Organizations that may receive deductible contributions under section 170(c). 77 8 Did the organization neutry a payment in excess of \$75 made parhy as a contribution and parhy for goods and services provided to the payor? 77 8 Types," did the organization neutry the donor of the value of the goods or services provided? 70 9 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 76 10 Types," indicate the number of Forms 8282? filed during the year 174 76 Did the organization neutro and particity, to pay premiums on a personal benefit contract? 77 77 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 76 8 Sponsoring organization make any taxable distributions under section 4966? 98 9 Sponsoring organizations. Enter: 118 9 Section 501(c)(2) organizations. Enters: 118 9 Section 501(c)(2) organizations. Enter: 118 9 Socions from members or shareholders 118 10 Section 501(c)(2) organizations. Enter: 118 9 Socions floci(2) organizations. Enter: 118 11 Section 501(c)(2) organizations. Enter: 128	u				6a		x
7 Organizations that may receive deductible contributions under section 170(c). a) bit the organization neetive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7 b) if 'Yes,' id dice to caparization neetive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7 b) if 'Yes,' id dice to caparization on top't the door of the value of the goods or services provided? 7c X 6 b) di the organization onety the door of the value of the goods or services provided? 7c X 7 b) di the organization receive any funds, directly or indirectly, on a personal benefit contract? 7c 7c 7 if the organization receive a contribution of cars, boats, antipanes, or other values (di the organization file Form 1098.C? 7a if the organization neceive a contribution of cars, boats, antipanes, or other values (di the organization file Form 1098.C? 7a if the organization maintaining door advised funds. if a) is possible organization maintaining door advised funds. if a) is possible organization make any taxable distributions under section 4966? 9a if a) is possible organization. if a) is possible organization maintaining door advised funds. if a) is possible organization for form 400.P if a) is possible organization make any taxable distributions under section 4966? 9a if a) is possible organization make any taxable distributions under section 4966? 9a if	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gif	ts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," idi the organization notify the donor of the value of the goods or services provided? 7b 7c X b If "Yes," idi the organization on exchange, or otherwise dispose of tangible personal property for which it was required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d d If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d d If the organization neceive al contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h 7d h If the organization make access business holdings at any time during the year? 8 8 Sponsoring organization make any taxable distributions under section 4966? 9a 9b D id the sponsoring organizations make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 11 Section 601(c)(2) organizations. Enter: 11a 11a 12 Section 501(c)(2) organizations. Enter: 10a 10b 13 Section 501(c)(2) organization. Sectin: 11a 11a		were not tax deductible?			6b		
b If Yes,* did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d d If Yes,* indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h if the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Gross income form members or shareholders 10a b Gross income form members or shareholders 11a c Soction 501(c)(2) organizations. Enter: 11a a 11b 11b 11b 12a 12a 11a 12a 12a 12a 13a 13a 13a 14b 13b 13a 14b 13a 13a	7						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d f' Yee, 'Indicate the number of Forms 8282 filed during the year 7d 7e X d f' Yee, 'Indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract? 7e X d f' He organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7f d f' the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 7f d Sponsoring organizations maintaining doora dvised funds. Did a doora dvised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organizations maintaining doora dvised funds. Did a doora of used fund maintained by the sponsoring organizations. Enter: 8 a fores income from members or shareholders 10a 10a f Section 501(c)(7) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 10a f Section 501(c)(2) qualizations. Enter: 11a 10a a Gross income from members or shareholders 11a 10a f Section 501(c)(2) gualizations. Enter: 10a 10b a <td></td> <td></td> <td>vices prov</td> <td>ided to the payor?</td> <td></td> <td></td> <td></td>			vices prov	ided to the payor?			
to file Form 8282? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7e X f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089.C? 7n 8 Sponsoring organizations maintaining donor advised funds. Bid the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 12 Gross income from members or shareholders 11a 10a 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 13a 13a 13a					7b		<u> </u>
d If Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract? Te f If the organization increative and submitted or indirectly or indirectly, on a personal benefit contract? Te g If the organization increative a contribution of qualified intellectual property, did the organization file Form 8899 as required? Tg g If the organization increative a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0? Sponsoring organizations maintaining doon advised funds. g Sponsoring organizations maintaining doon advised funds. Boots of the organization make and istribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor fund maintained by the sponsoring organization make and istribution to a donor, donor advisor fund maintained by the sponsoring organizations included on Part VIII, line 12 10a b Id the sponsoring organizations. Enter: 10a 10b g Cross income from mothers or shareholders 11a 10b b Gross income from mothers or shareholders 11a 11a b If Yes," enter the amount of tax exempt interest received or accrued during the year? 12b 12a 12 Section 501(c)[2) qualified noarthylable trusts. Is the organization inclusced to lissue qualified heathp plans 13a 13a<	С		is require	d	70		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization cecived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a g Sponsoring organization make any taxable distributions under section 4966? 9a 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b Gross income from members or shareholders 11a 10a 10b 10b Section 501(c/12) organizations. Enter: 11a 12a 12a 12a 12a Gross income from members or shareholders 11a 10b 10b 12a 12a 12a 12a 12a 12a	d		7d		10		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n 7d 8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 9a 9b 9c			· · · ·		7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 1 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8a 1 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 1 10 Section 501(c)(7) organization. Enter: 10a 10b 1 9b 1 11 Section 501(c)(12) organizations. Enter: 10b 10b 1	f				7f		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 49667 9a 9 Did the sponsoring organization make any taxable distributions under section 49667 9a 10 Bection 501(c)(7) organizations. Enter: 10a 11 Initiation fees and capital contributions included on Part VIII, line 12 10a 12 Bection 501(c)(12) organizations. Enter: 10b 13 Gross income from members or shareholders 11a 14 Did the received from them.) 12a 12a Bection 501(c)(12) organizations. Enter: 11a 14 Tib 11a 15 Gross income from members or shareholders 11a 13 Bection 501(c)(29) qualified nonprofit health insurance issuers. 12b 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 14 Bit organization liconsed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information must report on Schedule O. 13a 14 <td>g</td> <td>If the organization received a contribution of qualified intellectual property, did the organization file Fo</td> <td>rm 8899</td> <td>as required?</td> <td>7g</td> <td></td> <td></td>	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution is a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a a Gross income from members or shareholders 11a a Gross income from members or shareholders 11a a 11b 12a 2 2 12a 3 Section 501(c)(29) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paoid to other sources against amounts due or received from them.) 12a 12a Section 501(c)(29) qualified nealth insurance issuers. 13a 13 Section 501(c)(29) qualified nealth plans in more than one state? 13a Note: See the instructions for indoor tanning	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a	Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a) Did the sponsoring organization make any taxable distributions under section 4966? b) Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a) Initiation fees and capital contributions included on Part VIII, line 12. b) Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(7) organizations. Enter: a) Gross income from members or shareholders b) Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a) If "Yes," enter the amount of tax exempt interest received or accrued during the year 13 Section 501(c)(22) qualified nonprofit health insurance issuers. a) Is the organization licensed to issue qualified health plans in more than one state? 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 organization is locensed to issue qualified health plans c) Enter the amount of reserves an hand 14a 15 16 17 18 19 19 19 19 114 126 127 138 139 130 130 131 132	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(7) organizations. Enter: 11a a 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 b ff "Yes," enter the amount of tax exempt interest received or accrued during the year 12b a 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 0. 14d X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0 14d X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 X f 'Yes," see the instructions and file Form 4720, Schedule N. 16 X if 'Yes," see the instructions and file Form 4720, Schedule N. 16 X if 'Yes," see the instructions and		sponsoring organization have excess business holdings at any time during the year?			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 10b 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 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 X 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: 10a 10a 11 Bittation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(7) organizations. Enter: 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 10b 10b 10c 13 Section 501(c)(12) organizations. Enter: 11a 11b 11c 13 Gross income from members or shareholders 11a 11b 11c 14 Derses, "enter the amount of tax-exempt interest received or accrued during the year 12a 12a 14 If Yes," enter the amount of tax-exempt interest received or accrued during the year 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O 14a X 14a Did the organization and file Form 4720, Schedule N. 15 X 14b 15 15 If "Yes," has it filed a Form 720	а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders 11a 11b 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b fi "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a b Enter the amount of reserves on hand 13a 13a 13a 14a X 14a X 14b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 X 15 X If "Yes," see the instructions and	b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13 It is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X 15 Is the organization and dile Form 4720, Schedule N. 15 15 X 16 Is the organization and during thrust, any disqualified person, or mine operator engage in any activities th							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a 14a 15 15 16 17 "Yes," see the instructions and file Form 4720, Schedule N. 16 17 "Yes," complete Form 4720, Schedule O. 17 18 19. "Yes," complete Form 4720, Schedule O.	-						
a Gross income from members or shareholders 11a 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 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization and file Form 4720, Schedule N. 16 X 16 X 16 "Yes," complete Form 4720, Schedule O. 16 X 17 17 17 "Yes," complete Form 6069. 17 17 17 17			106				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a X b If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 15 X if "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X if "Yes," complete Form 4720, Schedule O. 17 17 17 17 if "Yes," complete Form 6069. 17 17 17 17 if "Yes," complete Form 6069. 12 12 17 17 if "Yes," complete Form 6069. 12			440				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 14b 15 Is the organization and file Form 4720, Schedule N. 16 X 16 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 16 X 16 Is the organization institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14a X 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 If "Yes," complete Form 4720, Schedule O. 17 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 17	D		116				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition	12a	,			12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 14a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 18 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 18 12-000-21 5 Form 990 (2021) 12021 17 </td <td></td> <td></td> <td>1 1</td> <td></td> <td></td> <td></td> <td></td>			1 1				
a 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. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 1mmm to freeseves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 1mm to freeseves on hand							
Note: See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Constraint of the serves on hand Image: Constraint on the					13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 18 If "Yes," complete Form 6069. 17 17 132005 12-09-21 17 17							
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 I X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 132005 12-09-21 5 Form 990 (2021)	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 132005 12-09-21 5 Form 990 (2021)			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 5 Form 990 (2021)	с		13c				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 132005 12-09-21 5 Form 990 (2021)					14a		
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 132005 12-09-21 5 Form 990 (2021)	b				14b		<u> </u>
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 132005 12-09-21 132005 12-09-21	15				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. If Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If If "Yes," complete Form 6069. If I					_		
If "Yes," complete Form 4720, Schedule O. If "Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "It is the imposition of an excise tax under section 4951, 4952 or 4953? 132005 12-09-21 If "Yes," complete Form 6069.	16		income?		16		X
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 5 132005 12-09-21 5							
If "Yes," complete Form 6069. Image: Complete Form 6069. 132005 12-09-21 5 Form 990 (2021)	17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
132005 12-09-21 5 Form 990 (2021)		activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
						0.00	
							` '

14441109 310390 001263	14441109	310390	001263
------------------------	----------	--------	--------

Form	990	(2021)
------	-----	--------

144

ANN BANCROFT FOUNDATION

41-1691868 Page 6

X

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	
Section 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 1a	15							
	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 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X				
5	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of	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, stockhol	ders, or							
	persons other than the governing body?		7b		X				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the								
	The governing body?		<u>8a</u>	X					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X				
c	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	Code.)							
				Yes					
	Did the organization have local chapters, branches, or affiliates?		10a		X				
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						
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
a	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 conf	licts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de	escribe							
	on Schedule O how this was done		12c	Х					
3	Did the organization have a written whistleblower policy?		13	Х					
ŀ	Did the organization have a written document retention and destruction policy?		14	Х					
5	Did the process for determining compensation of the following persons include a review and approval by inc	lependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi	th 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 pa	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	s							
	exempt status with respect to such arrangements?		16b						
ect	ion C. Disclosure								
,	List the states with which a copy of this Form 990 is required to be filed								
3	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 X Another's website X Upon request Other (explain on Sc.	hedule O)							
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	,	d finano	cial					
	statements available to the public during the tax year.								
	State the name, address, and telephone number of the person who possesses the organization's books and	records							
)									
)	THE ORGANIZATION - 612-338-5752								
	THE ORGANIZATION - 612-338-5752 2356 UNIVERSITY AVE W, SUITE 404, ST. PAUL, MN 55114								

Form 990 (2021)	ANN BANCROFT FOUNDATION	41-1691868 Page 7								
Part VII Compe	ensation 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 Emplo	byees								
1a Complete this tab	le for all persons required to be listed. Report compensation for the calenda	r year ending with or within the organization's tax year.								
 List all of the or 	• 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			(do not check more than one		Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per Id a di	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	Institutional trustee	_	mploy	st col	L.	1000 1120)		organizations
	line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Former			5
(1) ETHELIND B. KABA	40.00									
EXECUTIVE DIRECTOR		1		х				42,135.	Ο.	1,750.
(2) AMY BERGSTROM	1.00									
DIRECTOR		X						0.	0.	0.
(3) AMY WATTERS	1.00									
DIRECTOR		X						0.	0.	0.
(4) ANALEISHA VANG	1.00									
DIRECTOR		X						0.	0.	0.
(5) ANN BANCROFT	1.00									
FOUNDER		Х						0.	0.	0.
(6) CARLEY KNOX	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRIS CHAPMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) JACKIE HARTMAN	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) JOLENE HART	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) JULIANNE BYE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KARI KEHR-DZIEWECZYNSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(12) LAURA FINGERSON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) LIBBY MURA	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARA PROELL	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SARA KILIAN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) SHARON OLSON	1.00									
DIRECTOR EMERITUS		Х						0.	0.	0.
(17) TERESA THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)	ANN BANCE	<u>ROFT FOU</u>	IND)AT	10	Ν				41-16	<u>918</u>	868	Page	; 8
Part VII Section A. Offic	cers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(A) Name and title					C) ition more rson i		one i an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
		week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	ensatior m the nization related nizations	
(18) PLENETTE PIERSON		1.00												
DIRECTOR			X						0.		0.		0).
1b Subtotal		•							42,135.		0.	1	,750	
c Total from continuati	ion sheets to Part VI	, Section A							0.		0.		-).
d Total (add lines 1b ar									42,135.		0.	1	,750	•
		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from th	e organization											,	Yes N	-
•		-			•			Ŭ	hest compensated empl	•		3	X	
									ner compensation from th		···· -			-
									or such individual			4	X	2
• •						-			ed organization or individ					7
rendered to the organ Section B. Independent C		plete Schedule	e J fo	or su	ch p	bers	on .					5	X	<u> </u>
· · · · ·		mpensated ind	ene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comp	ensati	on fror	n	
									the organization's tax ye					
	(A) Name and business	address	NC	ONE	1				(B) Description of s	ervices	Cc	(C) mpens		
2 Total number of indep \$100,000 of compens			ot lin	nited	l to t	thos (ted	above) who received mo	ore than				
· · ·		r.									F	orm 9	90 (202	21)

132008 12-09-21

		2021) ANN BANCROFT FOUNDATI	ON		41-1691	868 Page 9
Ра	rt VI		no in this Dort VIII			
		Check if Schedule O contains a response or note to any li	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f f	Fundraising events 1c 119,112. Related organizations 1d 1d Government grants (contributions) 1e 91,000. All other contributions, gifts, grants, and similar amounts not included above 1f 492,993. Noncash contributions included in lines 1a-1f 1g \$	703,105.			
Program Service Revenue	2a b c d					
ā	f	All other program service revenue Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	30.			30.
	6a b c	Rental income or (loss) 6c				
venue	7 a b	Gross amount from sales of assets other than inventory (i) Securities (ii) Other Less: cost or other basis and sales expenses 7b	-			
		Gain or (loss)				
Other Re	8 a	Gross income from fundraising events (not including \$ <u>119,112.</u> of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8a 34,363. 8b 24,653.				
	c		9,710.			9,710.
	9 a b	Gross income from gaming activities. See Part IV, line 19 9a				
	с 10 а	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	_			
		Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
leous ue		OTHER INCOME	4,298.	4,298.		
Miscellaneous Revenue	b c d	All other revenue				
	е	Total. Add lines 11a-11d	4,298.	4 000	^	0 740
13200	12 9 12-09	Total revenue. See instructions	717,143.	4,298.	0.	9,740. Form 990 (2021)

ANN BANCROFT FOUNDATION 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	97,418.	97,418.		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	43,885.	21,943.	8,777.	13,165
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	47,919.	28,440.	1,529.	17,950.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	335.		175.	160.
0	Payroll taxes	7,143.	3,928.	786.	2,429
1	Fees for services (nonemployees):	,,	0,5201	,	
a		3,554.	1,954.	391.	1,209
b		5,551	1,5510		1,205
		26,274.	14,449.	2,887.	8,938.
	Accounting	20,271.	11,11,	2,007.	0,5500
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		164,268.	164,268.		
	column (A), amount, list line 11g expenses on Sch O.)	32,590.	32,590.		
12	Advertising and promotion		12,850.	1,950.	5 660
13	Office expenses	20,460. 15,506.	8,124.	1,706.	5,660. 5,676.
14	Information technology	15,500.	0,124.	1,700.	5,0/0.
15	Royalties		14 617	2 251	0 607
16	Occupancy	26,575.	14,617.	2,351.	9,607.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	735.	405.	81.	249.
23	Insurance	2,724.	1,499.	256.	969.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
~	MISCELLANEOUS	6,952.	3,476.	1,290.	2,186.
a b	BANK FEES	3,576.	266.	1,506.	1,804
~	DUES AND SUBSCRIPTIONS	1,813.	1,360.	325.	128
c d	MEALS	152.	152.	545•	1200
		± J 2 •	±J2•		
	All other expenses	501,879.	407,739.	24,010.	70,130.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JUI,0/J.	407,739.	24,UIU•	10,130.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Form 990 (2021)

14441109 310390 001263

Form **990** (2021)

ANN	BANCROFT	FOUNDATION
-----	----------	------------

		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		430,013.	1	629,713.
	2	Savings and temporary cash investments		300,782.	2	300,812.
	3	Pledges and grants receivable, net		17,252.	3	10,463.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualif	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
۷	9	Prepaid expenses and deferred charges		39,909.	9	25,197.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				1 050
		Less: accumulated depreciation			10c	1,959.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets	1 970	14	1 070	
	15	Other assets. See Part IV, line 11		<u>1,879</u> . 792,529.	15	<u> </u>
	16	Total assets. Add lines 1 through 15 (must equa		C 0.41	16	
	17	Accounts payable and accrued expenses		<u>6,941.</u> 34,435.	17	<u>6,480.</u> 42,626.
	18	Grants payable	54,455.	18	42,020.	
	19 20	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20 21	
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form			21	
ies	22	trustee, key employee, creator or founder, substa				
Liabilities		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay			~ 1	
		parties, and other liabilities not included on lines				
		of Schedule D	, ,	45,500.	25	0.
	26			86,876.	26	49,106.
		Organizations that follow FASB ASC 958, check				
ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		605,653.	27	820,917.
Bal	28	Net assets with donor restrictions		100,000.	28	100,000.
pu		Organizations that do not follow FASB ASC 95				
Fu		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31	
Net	32	Total net assets or fund balances		705,653.	32	920,917.
_	33	Total liabilities and net assets/fund balances		792,529.	33	970,023.

Form 990 (2021)
Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 717,143. 2 Total expenses (must equal Part IX, column (A), line 25) 2 501,879. 3 Revenue less expenses. Subtract line 2 from line 1 3 2115,264. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705,653. 5 Mournealized gains (losses) on investments 6 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 14 Accounting method used to prepare the Form 990: Cash Accrual Other 2a	Form	1990 (2021) ANN BANCROFT FOUNDATION	41-	1691868	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 717,143. 2 Total expenses (must equal Part IX, column (A), line 25) 2 501,879. 3 Revenue less expenses. Subtract line 2 from line 1 3 215,264. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705,653. 5 6 6 7 7 7 7 8 6 7 7 7 8 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 920,917. Part XII Financial Statements and Reporting 7 7 Check if Schedule O contains a response or note to any line in this Part XII 7 7 2 1 Accounting method used to prepare the Form 990: Cash <x accrual<="" td=""> Other 7 If the organization's financial statements compiled or reviewed by an independent accountant? 2a X X If "Yes," check a box below to</x>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 501, 879. 3 Revenue less expenses. Subtract line 2 from line 1 3 215, 264. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705, 653. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 7 7 8 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 920, 917. 9 0. 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 2a X Check if Schedule O contains a response or note to any line in this Part XII 10 2a X Ch		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 501, 879. 3 Revenue less expenses. Subtract line 2 from line 1 3 215, 264. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705, 653. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 7 7 8 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 920, 917. 9 0. 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 920, 917. Check if Schedule O contains a response or note to any line in this Part XII 10 2a X Check if Schedule O contains a response or note to any line in this Part XII 10 2a X Ch						
3 Revenue less expenses. Subtract line 2 from line 1 3 215, 264. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705, 653. 5 Donated services and use of facilities 5 6 7 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Part XII Financial Statements and Reporting 10 920, 917. Part XII Financial Statements and Reporting 10 920, 917. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the form 990: Cash X Accrual<	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 705, 653. 5 Net unrealized gains (losses) on investments 5 5 6 0 7 6 7 1 6 6 7 7 7 8 7 7 7 8 Prior period adjustments 8 7 7 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 920,917. 10 920,917. Check if Schedule O contains a response or note to any line in this Part XII 10 920,917. Check if Schedule O contains a response or note to any line in this Part XII 10 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X X 1	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 8 9 9 9 9 0.1 Net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 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, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis, or consolidated basis Separate basis Consolidated basis Consolidated basis Separate basis Consolidated basis <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td>21</td> <td>5,2</td> <td>64.</td>	3	Revenue less expenses. Subtract line 2 from line 1	3	21	5,2	64.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial statements compiled or reviewed by an independent accountant? If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements and dependent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Wree the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X If "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70!	5,6	<u>53.</u>
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <th>5</th> <td>Net unrealized gains (losses) on investments</td> <td>5</td> <td></td> <td></td> <td></td>	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <th>6</th> <td></td> <td>6</td> <td></td> <td></td> <td></td>	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 920,917. Part XII Financial Statements and Reporting 10 920,917. Check if Schedule O contains a response or note to any line in this Part XII 10 920,917. 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 O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited basis Both consolidated and separate basis 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bot	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 920,917. Part XII Financial Statements and Reporting 10 920,917. Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other " we preparation changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis E Vere, " check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated ba	8		8			
column (B) 10 920,917. Part XII Financial Statements and Reporting	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X 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? 2c 2c If "Yes" to line 2a or 2b, does the organization have a collow of an independent accountant? 2c 2c 2c If the organization chang	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: the second		column (B))	10	920),9:	<u>17.</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis, or both: Separate basis 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis consolidated basis consolidated basis Both consolidated and separate basis consolidated basis consolidated basis <td< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c 2c c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection process during the tax year, explain on Schedule O.	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both: Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 1 1 c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 1 1		separate basis, consolidated basis, or both:				
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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit If the organization did not undergo the required audit	b	Were the organization's financial statements audited by an independent accountant?		2b		X
 Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit If the organization did not undergo the required audit If the organization did not undergo the required audit		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit If the organization did not undergo the required audit		Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit X						L
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit Image: Control of the organization of the organization did not undergo the required audit						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		1
		Act and OMB Circular A-133?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name	e of t	he organization						Employer	identification number				
	ANN BANCROFT FOUNDATION						4	1-1691868					
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete tr	nis part.) S	ee instruction	S.					
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)							
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
-	city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).						
7 [An organization that normal	•	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in				
г		section 170(b)(1)(A)(vi). (C											
8 [A community trust describe											
9 [An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
10	v	university:		No. 00 1/00/					1				
10	Δ	An organization that normal											
		activities related to its exem							-				
		income and unrelated busin		(less section 511 tax) ind	m busines	ses acqui	red by the org	anization a	iller June 30, 1975.				
11 [See section 509(a)(2). (Cor An organization organized a	-	volu to tost for public sat	aty Soo	soction 50	Q(a)(4)						
12		An organization organized a	-	•	•			m out the	nurnoses of one or				
		more publicly supported or	-	-				•					
		lines 12a through 12d that	-										
а		Type I. A supporting orga	•••					-	aivina				
		the supported organization	-	-	• • • •	-							
		organization. You must c											
b		Type II. A supporting orga	-		ion with its	s supporte	d organizatio	n(s). bv hav	rina				
		control or management of	-				-		-				
		organization(s). You mus			·			, ii					
с] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	d with,				
		its supported organizatior	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.							
		r the number of supported o	•										
g		ide the following informatior) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(1) Amount of	monoton	(vi) Amount of other				
	(I	organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		support (see instructions)				
				above (see instructions))	Yes	No							
Total													

Schedule A	(Form	990	202
		550	1202

Part II

ANN BANCROFT FOUNDATION

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.)

Se	ction 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.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
13	First 5 years. If the Form 990 is for the		,			501(c)(3)	
	organization, check this box and stor	-			-		
Se	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly :	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2021. If the orc	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	organization	-	▶□
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

ANN BANCROFT 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.)

Section A. Public Support (c) 2019 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 505,052 523,839. 630,007. 640,197. 703,105. 3002200. 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 630,007. 640,197. 703,105. 505,052. 523,839. 3002200. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 3002200. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 505,052 523,839. 640,197. 703,105 630,007. 3002200. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 60. 81. 61. 36. 30. 268. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 81. 60. 61. 36. 30. 268. c Add lines 10a and 10b 11 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 3,763. 2,311. 4,043. 8,855. 4,298. 23,270. assets (Explain in Part VI.) 509,176. 532,754. 632,379. 643,996. 707,433. 3025738. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.22 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 98.50 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .01 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % 17 .02 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 15

14441109 310390 001263

^{2021.05000} ANN BANCROFT FOUNDATION

ANN BANCROFT FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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.)

16

132024 01-04-21

Schedule A (Form 990) 2021 ANN BANCROFT FOUNDATION

1

2

No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

30				ine supp		yanizalion.	
Sectio	n C.	Type I	I Suppo	orting (Organi	zations	

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

 1
 the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Schedule A (Form 990) 2021

14441109 310390 001263

17

1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete	e Sections A through E.	1
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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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-function	nally integrat	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

ANN BANCROFT FOUNDATION

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

41-1691868 Page 6

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sect	ion 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	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.	5		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) 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				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	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)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

ANN BANCROFT FOUNDATION

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

Schedule A (Form 990) 2021

01-04-22

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 ANN	BANCROFT	FOUNDATION		41-1691868	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F	3c, 4b, 4c, 5a, 6, 9a and 3; Part IV, Sectio	, 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b,	d 11c; Part IV, Section B, lines ' 3a, and 3b; Part V, line 1; Part '	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C,
	(See instructions.)					
_						
132028 01-04-2	2		20		Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

41-1691868	
------------	--

Al	NN BA	NCROFT	FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

41-1691868

ANN BANCROFT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

14441109 310390 001263

Schedule B (I	Form 990)	(2021)
---------------	-----------	--------

Name of organization

Page 3

Employer identification number

41-1691868

ANN BANCROFT FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

23

Schedule E	3 (Form 990) (2021)			Page 4
Name of or	ganization			Employer identification number
ANN BA	ANCROFT FOUNDATION			41-1691868
Part III	Exclusively religious, charitable, etc., contributi			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ntry. For organizations ' less for the year. (Enter this info. on	
()	Use duplicate copies of Part III if additional	space is needed.	- ,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ŀ		(e) Transfer of git	 ït	
	Transferee's name, address, ar			ansferor to transferee
(a) No. from	-			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of git		
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	ft	
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
F		(e) Transfer of gif	it l	
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

Schedule B (Form 990) (2021)

24 2021.05000 ANN BANCROFT FOUNDATION 001263_1

SCHEDULE D	Supplementa	I Financial Statements	5	OMB No. 1545-0047
(Form 990)	Complete if the organ	nization answered "Yes" on Form 990,		2021
Department of the Treasury	A	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t ttach to Form 990.		Open to Public
nternal Revenue Service	Go to www.irs.gov/Form990) for instructions and the latest informa		Inspection
Name of the organizati		T T 011		er identification number
	ANN BANCROFT FOUNDA			41-1691868
	ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line		or Accounts.	Complete if the
organizatio			(h) Euroda	
	-	(a) Donor advised funds	(D) Funds a	and other accounts
	nd of year			
	f contributions to (during year)			
	f grants from (during year)			
	t end of year			
-	on inform all donors and donor advisors in wi	-		
	on's property, subject to the organization's ex			Ves No
-	on inform all grantees, donors, and donor adv		-	
	poses and not for the benefit of the donor or o	, , , , , , , , , , , , , , , , , , ,	0	
	ate benefit?			Ves No
	ation Easements. Complete if the orga		art IV, line 7.	
	servation easements held by the organization		- historia - II., inc.	
	n of land for public use (for example, recreation	, <u> </u>	a historically imp	
	of natural habitat n of open space		a certified histori	c structure
		d conservation contribution in the form o	f a conservation	assement on the last
2 Complete lines 2a	through 2d if the organization held a qualifie	ed conservation contribution in the form o		
2 Complete lines 2a day of the tax yea	through 2d if the organization held a qualifie r.		He	
2 Complete lines 2a day of the tax yeaa Total number of complete lines 2a day of the tax yea	through 2d if the organization held a qualifie r. onservation easements		2a	
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements		Hel 2a 2b	
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct	sture included in (a)	2a 40 40 40 40 40 40 40 40 40 40 40 40 40	
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft	oture included in (a) ter 7/25/06, and not on a historic structur	He 2a 2b 2c re	easement on the last d at the End of the Tax Yea
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aff nal Register	ture included in (a) ter 7/25/06, and not on a historic structur	He 2a 2b 2c 7e 2d	d at the End of the Tax Yea
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aft	ture included in (a) ter 7/25/06, and not on a historic structur	He 2a 2b 2c 7e 2d	d at the End of the Tax Yea
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser year ► 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired affi nal Register vation easements modified, transferred, relea	eture included in (a) ter 7/25/06, and not on a historic structur ased, extinguished, or terminated by the	He 2a 2b 2c 7e 2d	d at the End of the Tax Yea
 2 Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser listed in the Nation 3 Number of conser year ▶ 4 Number of states 	through 2d if the organization held a qualifie r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired aff nal Register	eture included in (a) ter 7/25/06, and not on a historic structur ased, extinguished, or terminated by the ment is located ►	He 2a 2b 2c 7e 2d	d at the End of the Tax Yea

	violations, and enforcement of the conservation easements it holds?		Yes]
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	durin	g the ye	ar	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements duri	ng the	e year		

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

balan	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
orgar	ization's accounting for conservation easements.					
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the	organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works					

ed, as p o report in its revenue statement and 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 958, to report in its revenue statement and balance s	heet	t works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f pu	blic service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990. Part VIII, line 1		\$	

HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1	►	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X	►	\$
	(I) Revenue included on Form 990, Part VIII, line I		ъ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

25 2021.05000 ANN BANCROFT FOUNDATION 001263_1

No

Sche	dule D (Form 990) 2021 ANN BAN								41-16	91868	8 р	age 2
Par	t III Organizations Maintaining C	ollecti	ons of Ar	t, Hist	orical Tre	easures, or	Other	Similar	^r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and o	other record	ls, checł	any of the	following that	make sig	nificant u	use of its			
	collection items (check all that apply):					Ū.						
а	Public exhibition		c	a 🗌	Loan or exc	change progra	m					
b	Scholarly research		e			FICE DE						
c	Preservation for future generations											
4	Provide a description of the organization's co	llections	and explair	n how th	nev further th	ne organizatio	n's exemr	ot purpos	se in Part	XIII		
5	During the year, did the organization solicit o		-		-	-						
•	to be sold to raise funds rather than to be ma					-				Yes	X	No
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Par				organizatio	on answered		0111 000	, i aitiv,	in ic 0, 0i		
10	Is the organization an agent, trustee, custodi			lian/for	contribution	s or other ass	ets not in	cluded				
Id										Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								∟			
D			piere rue ioi	nowing i	able.					Amoun	ł	
_								4.		Amoun		
	Beginning balance							1c				
	Additions during the year							1d				
e	Distributions during the year							1e				
Ť	Ending balance									7.4		.
	Did the organization include an amount on Fo						-	y?		Yes		No
-	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete i	-		1						() [h 1.
		(a) Cu	rrent year	(d) F	Prior year	(c) Two year	S DACK (C	a) Three y	ears back	(e) Four	years	раск
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year	end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	-		%								
b	Permanent endowment	%										
с	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c show	uld equa	100%.									
3a	Are there endowment funds not in the posse			ation tha	t are held a	nd administere	ed for the	organiza	ation			
	by:		5					5]	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza									3b		
4	Describe in Part XIII the intended uses of the									00		
Par	t VI Land, Buildings, and Equipm			WITIEIT	unus.							
	Complete if the organization answered		on Form 990). Part IV	/. line 11a. S	See Form 990.	Part X, lii	ne 10.				
			a) Cost or o		, I	t or other			a	(d) Rec		
	Description of property	· · ·	asis (investr		• •	(other)	• •	cumulate reciation		(d) Boo	k valu	e
	Land			nony	Dasis		uepi	SCIALIOIT				
-	Land								-			
b	Buildings					2 672		1 7	1 4		1 0	<u> </u>
	Leasehold improvements					3,673.		1,71	L 4 •		1,9	59.
d	Equipment											
-	Other											
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Fori	<u>n 990, Part</u>	<u>X. colun</u>	nn (B), line 1	0c.)	<u></u>				1,9	59.
									Schedule	D (Forn	n 990)	2021

Schedule D (Form 990) 2021 ANN BANCROFT FOUNDAT	ION	1
---	-----	---

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (Part IX	b) must equal Form 990, Part X, col. (B) line 13.)			
Faitin	Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d Soc Form 000 Part V line 15	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fec	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	<i>ımn (b) must equal Form 990, Part X, col. (B) line</i> / for uncertain tax positions. In Part XIII. provide :	,	the organization's financial statements th	at 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

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 ANN BANCROFT FOUNDATION			Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d		2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		
Pa	rt 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			
1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements		1	
1 2				
	Total expenses and losses per audited financial statements		1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a	2e	
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d 4a 4b	2e 3	
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	

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

PART III, LINE 1A:

THE ANN BANCROFT FOUNDATION DOES NOT REPORT WORKS OF ART OR HISTORICAL

TREASURES ON THE BALANCE SHEET. THE ORGANIZATION DOES NOT ISSUE FOOTNOTES

TO FINANCIAL STATEMENTS AS ORGANIZATION IS NOT AUDITED NOR REVIEWED.

PART III, LINE 4:

FROM 1997 TO 2011 THE ANN BANCROFT FOUNDATION CONFERRED THE DREAMMAKER

AWARD IN FOUR CATEGORIES, RESULTING IN 53 HONOREES, GIRLS, WOMEN AND

ORGANIZATIONS WHO CONTRIBUTED TO THE ADVANCEMENT OF WOMEN AND GIRLS.

ACCLAIMED PHOTOGRAPHER ANN MARSDEN PHOTOGRAPHED 50 OF OUR HONOREES, AND

28

THOSE PORTRAITS ARE RETAINED AS A COLLECTION BY THE ANN BANCROFT

FOUNDATION.

132054 10-28-21

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury		organization entered more than \$15 Attach to Form 990		Open to Public					
Internal Revenue Service	sasury								
Name of the organization									
Part I Fundrais		Complete if the organization answe	red "Y	es" or	Form 990 Part IV I	ine 1'	41-1691		
	complete this part			00 01					
		ed funds through any of the followin							
a Mail solicitat	email solicitations				overnment grants nment grants				
c Phone solicitations g Special fundraising events									
d In-person solicitations									
		or oral agreement with any individual art VII) or entity in connection with p				tees,	or Ye	s 🗌 No	
		viduals or entities (fundraisers) pursu			U U	ne fur			
compensated at le	east \$5,000 by the	organization.		•					
	a af in dividual		(iii) fundr	Did			Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization	
			contrib			lis	ted in col. (i)		
			Yes	No					
 List all states in white or licensing. 	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021	

132081 10-21-21

ANN BANCROFT FOUNDATION

41-1691868 Page 2

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

		of fundraising event contributions and gro	bss income on Form 990-	EZ, lines I and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CELEBRATION	(avent type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	153,475.			153,475.
	2	Less: Contributions	119,112.			119,112.
	3	Gross income (line 1 minus line 2)	34,363.			34,363.
	4	Cash prizes				
s	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
		Entertainment				
	9	Other direct expenses	24,653.			24,653.
	10	Direct expense summary. Add lines 4 through				24,653.
	11	Net income summary. Subtract line 10 from li				9,710.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac		states?		Yes No
D	IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
	22 10)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	ANN BANCROFT	FOUNDATION	41-1691868 Page 3
11	Does the organization conduct g	aming activities with nonme	mbers?	Yes No
12			or a member of a partnership or other entity formed	
				Yes No
	Indicate the percentage of gamir			
			organization's gaming/special events books and rec	
14		le person who prepares the	organization's gaming/special events books and rec	
	Name 🕨			
	Address 🕨			
15a	Does the organization have a con	ntract with a third party from	whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gan	ning revenue received by the	e organization 🕨 💲 and the a	imount
	of gaming revenue retained by th			
с	If "Yes," enter name and address	s of the third party:		
	Nama 🕨			
	Address 🕨			
16	Gaming manager information:			
	Nome N			
	Name			
	Gaming manager compensation	▶ \$		
	Description of services provided	▶		
	Director/officer	Employee	Independent contractor	
	Mandatory distributions:			
а	•	r state law to make charitab	le distributions from the gaming proceeds to	
L	retain the state gaming license?		be distributed to other events even instance or one	
D	organization's own exempt activi	•	be distributed to other exempt organizations or spen	ni in the
Ра			anations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide a	ny additional information. See instructions.	
13200	33 10-21-21			Schedule G (Form 990) 2021
13208	JU IU-EI-EI		32	

Schedule C	
Dort IV	Cumple

Part IV	Supplemental Informatio	(continued)		
132084 11-18-2	21			Schedule G (Form 990)

SCHEDU		G	Grants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 99	0)		vernments, ar lete if the organizatio					2021
Department	of the Treasury	Comp	lete ir the organizatio	Attach to For		rt IV, line 2 i or 22.		Open to Public
	enue Service		Go to www.i	rs.gov/Form990 fo		nation.		Inspection
Name of the organization Employer i ANN BANCROFT FOUNDATION								Employer identification number 41-1691868
Part I	General Information on Grants a							
1 Do	es the organization maintain records t	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	
crit	eria used to award the grants or assis	stance?						X Yes No
	scribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
						(f) Method of		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a			e line 1 table				········· •
	ter total number of other organizations							

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

Schedule I (Form 990) 2021

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DARE TO DREAM GRANTS	202	97,418.	0.		

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

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



ANN BANCROFT FOUNDATION

Employer identification number 41-1691868

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

TO BUILD CONFIDENCE AND OFFER TOOLS THAT WILL ALLOW A GIRL TO GO AFTER

HER DREAMS AND FEEL SUPPORTED ALONG THE WAY. THROUGH GRANTS,

MENTORSHIP, AND ONGOING DEVELOPMENT OPPORTUNITIES, THE ANN BANCROFT

FOUNDATION IS GIVING MINNESOTA GIRLS STRENGTH TO ACHIEVE THEIR FULL

POTENTIAL

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

OPPORTUNITIES, THE ANN BANCROFT FOUNDATION IS GIVING MINNESOTA GIRLS

STRENGTH TO ACHIEVE THEIR FULL POTENTIAL.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND

THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE FILING.

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

MAINTENANCE OF A SPREADSHEET DETAILING CONFLICTS, THEN REVIEWED WHEN MAKING DECISIONS TO ENSURE ABSENCE OF CONFLICT.

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

EXECUTIVE COMMITTEE MEETS TO DISCUSS COMPENSATION AND COMPARES TO OTHER

STAFF SALARIES AT COMPARABLE NONPROFITS AS WELL AS WHAT THE FOUNDATION CAN

AFFORD. RECOMMENDATION IS MADE BY THE HIRING COMMITTEE TO THE BOARD OF

DIRECTORS FOR FINAL APPROVAL.

EXECUTIVE COMMITTEE MEETS TO DISCUSS COMPENSATION AND COMPARES TO OTHER

 EXECUTIVE DIRECTOR SALARIES AT COMPARABLE NONPROFITS AS WELL AS WHAT THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

36

Schedule O (Form 990) 2021 Name of the organization ANN BANCROFT FOUNDATION	Page : Employer identification number 41-1691868
FOUNDATION CAN AFFORD. RECOMMENDATION IS MADE BY THE HIR	
THE BOARD OF DIRECTORS FOR FINAL APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS, SUCH AS OUR ANNUAL REPORT, ARE AVAILABLE ON OU	R WEBSITE AT
WWW.ANNBANCROFTFOUNDATION.ORG	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	164,268.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	164,268.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	164,268.
132212 11-11-21	Schedule O (Form 990) 202