Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Ā	For t	ne 2012 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ and ending	g MAR 31, 201	3
В	Check applica	C Name of organization	D Employer identi	fication number
		I VODING, VYEDYN, MIDDEY VND CIVEDI		
	Add	ess FOUNDATION FOR CHILDREN		
	Nan	ge Doing Business As	41-:	1955286
	initia retu		suite E Telephone numb	er
	Tern	800 IDS CENTER 80 S EIGHTH STREET	(61:	
	Ame retur	City, town, or post office, state, and ZIP code	G Gross receipts \$	31,948,810.
	App tion pend	MINNEAPOLIS, MN 55402	H(a) Is this a group	
	pend	F Name and address of principal officer; MICHAEL V. CIRESI	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates in	rcluded? Yes No
I	Тах-е	rempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach	a list. (see instructions)
		ite: ► WWW.RKMCFOUNDATIONFORCHILDREN.ORG	H(c) Group exempti	
			Year of formation: 1992	M State of legal domicile: MN
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: TO ACHIE	EVE A LONG-TE	RM IMPACT IN
ည္အ		PROMOTING EDUCATION AND EQUAL OPPORTUNITIES	FOR ALL MINNE	ESOTANS.
Activities & Governance	2	Check this box If the organization discontinued its operations or disposed of		
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
8	5	Total number of Individuals employed in calendar year 2012 (Part V, line 2a)		0
差	6	Total number of volunteers (estimate if necessary)		9
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		.0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34		
	1		Prior Year	Current Year
ഉ	8	Contributions and grants (Part VIII, line 1h)	0.	1
iu.	9	Program service revenue (Part VIII, line 2g)	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,096,695.	
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,096,695.	8,919,926. 1,011,230.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	970,000.	1,011,230.
	14	Benefits pald to or for members (Part IX, column (A), line 4)	0.	0.
Ses		Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ë		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		EWAD LALING CONTROL OF A COLOR
Expenses		total initiational assessment from the first and	406,141.	449,512.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,376,141	1,460,742.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,720,554	
- 10	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances		m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25,826,835.	32,781,614.
SSS	20	Total assets (Part X, line 16)	338,950.	
in the	21	Total liabilities (Part X, line 26)	25,487,885.	
P	22 (r . 11	Net assets or fund balances. Subtract line 21 from line 20	23/10/7000	1 02//02/022
Hade	r nan	Ities of partury, I declare that I have examined this return including accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief. It is
true	COFFE	it, and complete the heating of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	,, ,
11 11 11	00110			0-13
Sigr	,	Signature of office)	Date	<u> </u>
'Her		MICHAEL V. CIRESI, PRESIDENT		
1,01		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pald		XIAOYAN LUO	10/9/13 If self-empto	
	arer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749
Use		Firm's address 220 SOUTH SIXTH STREET, SULTE 300		
		MINNEAPOLIS, MN 55402	Phone no. 6	12-376-4500
May	the I	3S discuss this return with the preparer shown above? (see instructions)		X Yes No

Forr	m 990 (2012) FOUNDATION FOR CHILDREN	41-1955286	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	********************************	🗀
1	Briefly describe the organization's mission:		
	TO SERVE AS A CATALYST FOR CREATIVE, INNOVATIVE, AND SY	STEM-CHANGIN	G
	PROGRAMS TO ACHIEVE A LONG-TERM IMPACT IN PROMOTING EDU		
	EQUAL OPPORTUNITIES FOR ALL MINNESOTANS.		
	TOTAL OLIGICALITAD TOTALISM TATALIBOTATIO.		
2	Did the organization undertake any significant program services during the year which were not listed on	□Yes	[₹]
	the prior Form 990 or 990-EZ?	Yes	Γ Σ 1Νο
	If "Yes," describe these new services on Schedule O.		1771
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?Yes	I No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	ì.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,230,868 • including grants of \$ 1,011,230 •) (Rever	nue \$	0.)
	PROVIDED GRANTS IN THE AREAS OF CHILDREN'S EDUCATION AN		
	,		
4b	(Code:) (Expenses \$	nue \$	1
710	(Code:) (Expenses #	lue y	

4c	(Code:) (Expenses \$) (Reven	ue \$)
		AND THE RESERVE OF THE PARTY OF	
4d	Other program services (Describe in Schedule O.)	 -	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,230,868.		
		Form 99	0 (2012)

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN Form 990 (2012) FOUNDATION F Part IV Checklist of Required Schedules

25-00	·		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	↓	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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	- <u>-</u> -	 	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11,	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	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	х	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
40		13	-23	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 assistance to any organization	145		
	or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	- X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
'n	11 165 to line 20d, violatic organization attach a copy of its addition infancial statements to this feturiti	· · · · · ·	990 (2012)

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Form 990 (2012)

Form 990 (2012)

FOUNDATION FOR CHILDREN 41-1955286 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable O b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? _____ If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6h were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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 Х 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 X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, 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 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 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)(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? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand _______ 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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Form 990 (2012) FOUNDATION FOR CHILDREN 41-1955286 Page 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 in Schedule O. See Instructions.

	Check if Schedule O contains a response to any question in this Part VI				A				
Sec	ction 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	9		and the second				
	If there are material differences in voting rights among members of the governing body, or if the governing				Kiin				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		. 2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		. 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 as	sets?	5		X				
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:							
a	The governing body?		8a	X	erroser.				
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
v			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
	tion by a district (mis seed on by to queen mornitation about pointed not required by the morning re			Yes	No				
102	Did the organization have local chapters, branches, or affiliates?		10a	700	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such of		100						
b	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y boloto ming a to forth:	110						
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12.0						
С			12c	x					
40	in Schedule O how this was done		13	X					
13	Did the organization have a written whistleblower policy?		14	X	··				
14	•		19988	2X 2330	Herei				
15	Did the process for determining compensation of the following persons include a review and approve	и ру індерендент							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				X				
	The organization's CEO, Executive Director, or top management official		15a	\dashv	<u>X</u>				
a	Other officers or key employees of the organization		15b	1000000	21 48948				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger								
	taxable entity during the year?		16a	1818 AL	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?		16b						
	ion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed MN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	availab	е					
	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	•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of interest policy, ar	nd finan	cial					
	statements available to the public during the tax year.								
	State the name, physical address, and telephone number of the person who possesses the books ar		ation: 🕨	·					
	GREG WENZ - THE MINNEAPOLIS FOUNDATION - (612) 672								
	800 IDS CENTER, 80 SOUTH 8TH STREET, MINNEAPOLIS,	MIN 55402							

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	l organization compensa					nsa	sated any current officer, director, or trustee.				
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	[de	not c	Pos	itior	1 Shan	one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				th an	compensation	compensation	amount of	
	week	}	icer ar	nd a d	rect	or/tru:	stee)	from	from related	other	
	(list any	ector					1	the	organizations	compensation	
	hours for	or di	a			ated		organization	(W-2/1099-MISC)	from the	
	related	stee	asa			bens		(W-2/1099-MISC)		organization	
	organizations	al fc	Jag		oloye	E 22				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MICHAEL V. CIRESI	0.70					Г					
PRESIDENT	0.00	Х		X				0.	0.	0.	
(2) JOHN F. EISBERG	0.70										
VICE PRESIDENT	0.00	X		Х				0.	0.	0.	
(3) SANDRA L. VARGAS	1.00	Γ					П				
SECRETARY & TREASURER	39.00	X		X			L	0.	309,549.	32,761.	
(4) ELLIOT KAPLAN	0.50									_	
DIRECTOR	0.00	Х				_	<u> </u>	0.	0.	0.	
(5) MAUREEN KUCERA-WALSH	0.50					ļ		_		•	
DIRECTOR	0.00	X				ļ		0.	0.	0.	
(6) FR. MICHAEL J. O'CONNELL	0.50					ĺ			_	0	
DIRECTOR	0.00	X				ļ		0.	0.	0.	
(7) KATHLEEN FLYNN PETERSON	0.50	,,						0.	0.	0.	
DIRECTOR	0.00	X		\vdash		ļ	-	0.	0.	<u> </u>	
(8) ROBERTA WALBURN	0.00	х		ıl				0.	0.	0.	
DIRECTOR	0.50	Δ							0.		
(9) LOUIS KING II	0.00	х						0.	0.	0.	
DIRECTOR	2.00	Δ		 		_		0.	0.		
(10) JEAN ADAMS VP. FINANCE & ADMINISTRATI	38.00				X			0.	192,453.	40,428.	
(11) LUZ FRIAS	2.00							Ŭ.	25272331	20/2201	
VP. COMMUNITY PHILANTHROPY	38.00					x		0.	114,967.	118.	
(12) KAREN KELLEY-ARIWOOLA	2.00			\Box							
VP, COMMUNITY PHILANTHROPY	38.00						Х	0.	187,167.	12,044.	
				-		-	\vdash	,			
				\dashv							
H-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<u> </u>									E 000 (0040)	

Form 990 (2012)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	plo	yees	, an	d H	ighe	st	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per	(do	o not c	Pos heck ss pe	C) sition more erson		one th a	(D) Reportable compensation	(E) Reportat compensa	tion	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated employee	Γ	the organization (W-2/1099-MISC)	from relat organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
			_								
											i
									.,		
1b Sub-total c Total from continuation sheets to Part VI						A		0.	804,1	0.	85,351. 0.
d Total (add lines 1b and 1c)								0.	804,1		85,351.
 Total number of individuals (including but no compensation from the organization 		ose	uste	u ac	ove	.) WI	י טו	eceived more man \$ 100	out of reportal		0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so										ii ĉ	Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	nsa	tion	and	ot	her compensation from t	he organizatior	n 🖁	4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp.	ccrue compen	sati	on fr	om :	any	unre	elat	ed organization or Individ	dual for service	s i	5 X
Section B. Independent Contractors										*******	
 Complete this table for your five highest cor the organization. Report compensation for t 	•									mpensa	tion from
(A) Name and business a								(B) Description of se	ervices	Ca	(C) empensation
THE MINNEAPOLIS FOUNDATION STREET, MINNEAPOLIS, MN 5				8	TH			MANAGEMENT SI	ERVICES		252,674.
	,										
	····										
Total number of independent contractors (in \$100,000 of compensation from the organization from the organization).	~	t lirr	nited	to t	hos 1		ted	above) who received mo	ore than		
										F	form 990 (2012)

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 513, or 514 revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 672,904, 672,904. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other 25,535,415 assets other than inventory b Less: cost or other basis 23,028,884 and sales expenses 2,506,531. c Gain or (loss) 2,506,531 2 506 531 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a LITIGATION PROCEEDS 5,740,491. 900099 5,740,491 d All other revenue 5,740,491. e Total. Add lines 11a-11d 8,919,926. 8,919,926. Total revenue. See instructions. 12 232009 12-10-12 Form 990 (2012)

41-1955286 Page 10 FOUNDATION FOR CHILDREN Form 990 (2012) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 1,011,230 1,011,230 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): 252,674. 154,131 98,543 Management _____ Legal _____ 8,286 8,286. c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 122,429 122,429. Investment management fees _____ g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 64,274. 64,274. Advertising and promotion 292 292. 13 Office expenses 324. 324. 14 Information technology 15 Royalties 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,233. 1,233. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates _____ 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) e All other expenses 1,230,868. 229,874. 0. 1,460,742. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720) Form 990 (2012)

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,919,926						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,460,742						
3	Revenue less expenses. Subtract line 2 from line 1	7,459,184							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,487,885						
5	Net unrealized gains (losses) on investments	5	-165,455						
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	32,781,614.						
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
			Yes No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
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	l on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	3,						
	consolidated basis, or both:								
	Separate basis Consolidated basis X 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	e audit	.						
	review, or compilation of its financial statements and selection of an independent accountant?		2c X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C	o.						
За	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 requi	red au	dit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form 990 (2012)						

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number

					LION FOR CHI							± д — ,	1900	200)
Par	t I	Reasor	for	Public Cha	rity Status (All organ	izations m	ust comple	ete this pa	rt.) See in:	structions.					
The o	rgan	ization is not	a priv	ate foundation	because it is: (For lines	1 through	11, check	only one	box.)						
1		A church, c	onver	ntion of churche	es, or association of chu	ırches des	cribed in s	ection 17	O(b)(1)(A)(i).					
2		A school de	scribe	ed in section 1	70(b)(1)(A)(ii). (Attach S	chedule E	.)								
3		A hospital c	r a co	operative hosp	ital service organization	described	d in section	n 170(b)(1	!)(A)(iii).						
4		A medical re	esearc	ch organization	operated in conjunction	n with a ho	spital desc	cribed in s	ection 17	0(b)(1)(A)(iii). Ente	r the h	ospita	l's nar	ne,
		city, and sta													
5		An organiza	tion o	perated for the	benefit of a college or u	university o	owned or a	perated b	y a govern	nmental ur	nit descri	bed ir	1		
_		section 17	1)(d)0)(A)(îv). (Comp	lete Part II.)										
6		A federal, st	ate, o	r local governn	nent or governmental ur	nit describe	ed in sectio	on 170(b)	(1)(A)(v).						
7 [An organiza	tion th	nat normally red	ceives a substantial part	of its sup	port from a	a governm	ental unit	or from the	e genera	l publ	ic desc	ribed	in
		section 170	(b)(1)	(A)(vi). (Comple	ete Part II.)										
8		A communit	y trus	t described in s	section 170(b)(1)(A)(vi).	(Complete	e Part II.)								
9		An organiza	tion th	nat normally red	ceives: (1) more than 33	1/3% of it	s support	from cont	ributions, r	membersh	ip fees,	and gr	ross re	ceipts	from
		activities rel	ated t	o its exempt fu	nctions - subject to cert	ain except	tions, and ((2) no mor	e than 33	1/3% of it	s suppo	t from	gross	inves	tment
		income and	unrela	ated business t	taxable income (less sec	ction 511 t	ax) from bu	usinesses	acquired l	by the org	anizatior	after	June 3	0, 197	75.
		See section	509(a)(2). (Complet	e Part III.)										
10 L		An organiza	tion o	rganized and o	perated exclusively to te	est for pub	lic safety.	See secti	on 509(a)(4).					
11	X	An organiza	tion o	rganized and o	perated exclusively for t	he benefit	of, to perf	orm the fu	inctions of	, or to car	ry out th	e purp	oses o	f one	or
		more public	y sup	ported organiza	ations described in sect	ion 509(a)	(1) or secti	on 509(a)	(2). See s e	ction 509	(a)(3). Cl	neck ti	he box	that	
		describes th	e type	e of supporting	organization and comp		_								
_		a Type					unctionally			d X Typ					
e [at the organization is no										เท
		foundation r	nanag	ers and other t	than one or more publicl	ly support	ed organiza	ations des	scribed in s	section 50	9(a)(1) o	secti	on 509	(a)(2).	
f					tten determination from										F
					nis box										. 🖳
g		Since Augus	t 17, :	2006, has the o	organization accepted a	ny gift or c	contribution	n from any	of the foll	lowing per	sons?				,
				•	lirectly controls, either a	_	=	•						Yes	No
		the gov	eming	g body of the si	upported organization?								11g(i)		X
					n described in (i) above?								11g(ii)		X
					person described in (i)							1	1 g(iii)		Х
h		Provide the t	ollowi	ing information	about the supported or	ganization	ı(s).								
			·							1 / 11 /					
(I) Na	ame d	of supported		(II) EIN	(III) Type of organization		organization			Torganization	on in col.	(vii) A	Amount	of mor	netary
	orgai	nization			(described on lines 1-9 above or IRC section		sted in your document?	(i) of you	tion in col. r support?	(i) organiz U.S	ed in the		sup	ort	
					(see Instructions))				·	ļ	·				
	****		<u> </u>			Yes	No	Yes	No	Yes	No				
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otal		_	15年以秦韓	SELECTED PROPERTY OF THE SELECT		166721478	450年高级的政治		1600	经产业的	14424444			., .	J J .

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

Schedule A (Form 990 or 990-EZ) 2012

232021

Schedule A (Form 990 or 990-EZ) 2012						Page 2
Part II Support Schedule for	Organization	s Described i	n Sections 170	0(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
(Complete only if you check	ed the box on line	5, 7, or 8 of Part I	or if the organizati	on failed to qualify	under Part III. If the	organizatlon
fails to qualify under the test	s listed below, ple	ase complete Par	t III.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				45 HG No.25		
on line 1 that exceeds 2% of the						
amount shown on line 11,	500					
column (f)		1-4-5-6	line same			
6 Public support, Subtract line 5 from line 4.	复数游戏			Massing 1994		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on				ļ		
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 IV.)						
11 Total support. Add lines 7 through 10			12.5		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12 Gross receipts from related activities,	etc. (see Instruction	ons)			12	
13 First five years. If the Form 990 is for			rd, fourth, or fifth to	ax year as a section	1 501(c)(3)	
organization, check this box and stop	here			-		▶□
Section C. Computation of Publ	ic Support Pei	centage				
14 Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15 Public support percentage from 2011	Schedule A, Part	II, line 14	.,,		15	%
16a 33 1/3% support test - 2012. If the c					ore, check this box	and
stop here. The organization qualifies						
b 33 1/3% support test - 2011. If the c						
and stop here. The organization quali						
17a 10% -facts-and-circumstances test						
and if the organization meets the "fac						
meets the "facts-and-circumstances"		-	•	•	=	. \Box
b 10% -facts-and-circumstances test	-	•				
more and if the organization meets th						

Schedule A (Form 990 or 990-EZ) 2012

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ______ >

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

P	art III Support Schedule for	Organizations	Described in	Section 509(a	a)(2)		
	(Complete only if you checke	d the box on line 9	of Part I or if the	organization failed	to qualify under l	Part II. If the organiz	ation fails to
	qualify under the tests listed l	below, please com	plete Part II.)				
Se	ction A. Public Support						,
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-				İ		
	formed, 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 bus-						
	iness under section 513						
			 		 		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to]	
	or expended on its behalf	<u> </u>			ļ		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	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						
8	Public support (Subtract line 7c from line 6.)			Week or said of			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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					1	
13	assets (Explain in Part IV.)						*
	First five years. If the Form 990 is for	the organization's	firet second thir	d fourth or fifth to	x vear as a section	on 501(c)(3) organiza	ation.
14	check this box and stop here						
Sec	tion C. Computation of Publ						
	Public support percentage for 2012 (I			rolumn (fl)		15	%
	Public support percentage from 2011					16	<u> </u>
	tion D. Computation of Inves				***************************************	7101	
	Investment income percentage for 20			ne 13 column (fl)		17	%
						18	%
	Investment income percentage from 2 33 1/3% support tests - 2012. If the					1 . · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n ald not check a	box on line 14, 19	a, or 19b, check th	is oox and see in	structions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number 41-1955286

Pa	organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts.Complete if the
Parada Sa	organization answered "Yes" to Form 990, Part IV, line 6	•	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in write	ting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor advi		
•	for charitable purposes and not for the benefit of the donor or d		
	impermissible private benefit?		
Pa	TILL Conservation Easements. Complete if the organ		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	•	storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	au, or we have, our		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
c	Number of conservation easements on a certified historic struct		
	Number of conservation easements included in (c) acquired afte		******
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, releas		
	year >	,	
4	Number of states where property subject to conservation easem	nent is located ➤	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements de	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfo		-
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990), Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtherar	nce 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 SFAS 116 (ASC 9	58), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		🕨 \$
2	If the organization received or held works of art, historical treasur	res, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Sche	edule D (Form 990) 2012 FOUNDAT	ION FOR	CHILI	REN			41	-195528	6 Page 2
	rt III Organizations Maintaining (Collections of	Art, H	istorical T	reasures	, or Oth	er Similar /	Assets(contir	nued)
3	Using the organization's acquisition, access	ion, and other red	cords, ch	eck any of the	e following t	that are a s	ignificant use	of its collection	n items
	(check all that apply):			_					
а	Public exhibition		d 📙	Loan or ex	change pro	grams			
b	Scholarly research		e L	Other					
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and ex	plain how	they further	the organiz	ation's exe	mpt purpose i	n Part XIII.	
5	During the year, did the organization solicit of	or receive donatio	ns of art,	historical tre	asures, or o	ther simila	r assets		
	to be sold to raise funds rather than to be m	aintained as part	of the or	ganization's c	ollection?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Yes	No.
Pa	rt IV Escrow and Custodial Arran	i <mark>gements.</mark> Cor	nplete if t	he organizati	on answere	d "Yes" to	Form 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		•					
1a	Is the organization an agent, trustee, custod	lian or other interr	nediary f	or contributio	ns or other	assets not	included	-	,
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the	e followin	g table:					
								Amount	
c	Beginning balance						1c		
d	Additions during the year						. 1d		
е	Distributions during the year								,
f	Ending balance	·					1f		
	Did the organization include an amount on Fe								∐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in	f the organization	answere	d "Yes" to Fo	rm 990, Pa	rt IV, line 1	0.		
		(a) Current year	r (b)	Prior year	(c) Two ye	ears back	(d) Three years	back (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
C	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 bala	ınce (line	1g, column (a	a)) held as:				
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
c	Temporarily restricted endowment ▶	%	,						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the orgar	nization tl	nat are held a	nd adminis	tered for th	ie organizatior	ı	
	by:							`	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations					·····		3a(ii)	
	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the								
Par	tVI Land, Buildings, and Equipm	ent. See Form 9	90, Part	X, line 10.					
	Description of property	(a) Cost o	r other	(b) Cost	or other		cumulated	(d) Book	value
		basis (inve	stment)	basis	(other)		reciation		
1a	Land								
	Bulldings								
	Leasehold improvements					<u></u>			
d	Equipment								
е	Other			L		<u> </u>			
Total	Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Pa	art X. colu	ımn (B), line 1	O(c).)			1	0.

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (I	orm 990) 2012 FOUNDATION FOR CHILDREN				1955286 Page 4				
Part XI	Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per I	Returi	n				
1 Total re	venue, gains, and other support per audited financial statements			1	2,891,551.				
2 Amoun	s included on line 1 but not on Form 990, Part VIII, line 12:								
a Net unr	palized gains on investments	2a	-165,455.						
	services and use of facilities			1					
	ies of prior year grants								
	escribe in Part XIII.)		•						
	s 2a through 2d			2e	-165,455.				
	line 2e from line 1			3	3,057,006.				
	s included on Form 990, Part VIII, line 12, but not on line 1:		***************************************		· · · · · · · · · · · · · · · · · · ·				
	ent expenses not included on Form 990, Part VIII, line 7b	4a	122,429.						
	•		5,740,491.	10000019550					
	escribe in Part XIII.)			4c	5,862,920.				
	s 4a and 4b			5	8,919,926.				
5 Total re	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	onto M	lith Evponess por						
	econciliation of Expenses per Audited Financial Statem			1	1,338,313.				
	penses and losses per audited financial statements			1 155516500	1,330,313.				
	s included on line 1 but not on Form 990, Part IX, line 25:								
a Donated	services and use of facilities	1 1							
b Prior ye	r adjustments								
c Other lo	ses	2c							
d Other (D	escribe in Part XIII.)	2d			_				
e Add line	s 2a through 2d			2e	0.				
	line 2e from line 1			3	1,338,313.				
	included on Form 990, Part IX, line 25, but not on line 1:								
	ent expenses not included on Form 990, Part VIII, line 7b	4a	122,429.						
	escribe in Part XIII.)								
•				4c	122,429.				
	1 160 742								
	upplemental Information								
	part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	Il lines 1	a and 4: Part IV. lines 1	b and 2	Pb: Part V. line 4: Part				
	I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				,				
DADM Y	LINE 2: THE ORGANIZATION FOLLOWS THE	ንግግል ነግግል	HINTING STAN	DARI	OS FOR				
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RECOGNI	TION OF TAX POSITIONS TAKEN OR EXPECT	ED TO	DE TAKEN U	IN A	TAY VETOVIA				
			, 113 C DELLE D	T 000	NATED DAY				
THAT AR	E NOT CERTAIN TO BE REALIZED. NO LIAB	TT-T.T.7	HAS BEEN R	ECOG	NIZED BY				
THE ORG	ANIZATION AS A RESULT OF THE IMPLEMEN	rati(ON OF THIS S	TANL	DARD. THE				
ORGANIZ	TION'S TAX RETURNS ARE SUBJECT TO RE	VIEW	AND EXAMINA	TIOL	1 BA				
FEDERAL	AND STATE AUTHORITIES. THE TAX RETUR	NS FC	OR THE YEARS	201	LO THROUGH				
				School	ule D (Form 990) 2012				

ROBINS, KAPLAN, MILLER AND CIRESI 41-1955286 Page 5 Schedule D (Form 990) 2012 FOUNDATION Part XIII Supplemental Information (continued) FOUNDATION FOR CHILDREN 2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES. PART XI, LINE 4B - OTHER ADJUSTMENTS: 5,740,491. LITIGATION PROCEEDS

Schedule D (Form 990) 2012

SCHEDULE! (Form 990) Department of the Treasury Internal Revenue Service

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

2012

OMB No. 1545-0047

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

- Open to Public Inspection

& [] Employer identification number 41-1955286X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Name of the organization ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN criteria used to award the grants or assistance? Particle General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Path | States | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be	\$5,000. Part car		duplicated if additional space is needed.	leď.		•	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKTHROUGH SAINT PAUL 2051 LARPENTEUR AVE E SAINT PAUL, MN 55109	41-1420915	501(C)(3)	10,000.	• 0	. A/N-0	N/A	STUDENTS TEACHING STUDENTS
CHILDREN'S THEATRE COMPANY AND SCHOOL - 2400 THIRD AVENUE SOUTH - MINNEAPOLLS, MN 55404	41-1254553	501(C)(3)	50,000.	0.	0.N/A	N/A	NEIGHBORHOOD BRIDGES
EDUCATORS 4 EXCELLENCE, INC. 333 W. 39TH STREET, SULTE 703 NEW YORK, NY 10018	27-3382030	501(0)(3)	17,500.	0.	N/a	N/A	OUTREACH WORK TO SUPPORT FULL EXPANSION INTO MINNESOTA
GREATER TWIN CITIES UNITED WAY 404 S EIGHTH ST MINNEAPOLIS, MN 55404	41-1973442	501(c)(3)	100,000.	.0	. N/A	N/A	CHILDCARE ACCREDITATION PROGRAM
NORTHSIDE ACHIEVEMENT ZONE 1542 HILLSIDE AVENUE NORTH MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	150,000.		N/A	N/A	THE NORTHSIDE ACHIEVEMENT ZONE FAMILY ENGAGEMENT PROJECT
PEOPLE SERVING PEOPLE 614 SOUTH 3RD STREET MINNEAPOLIS, MN 55415	41-1965067	501(C)(3)	10,000.	.0	4/N.0	N/A	FSP'S BARLY CHILDHOOD EDUCATION FOR HOMELESS KIDS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	rganizations listed in th 1 table	le line 1 table				12.

232101 12-18-12

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

21

Schedule I (Form 990) (2012)

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ing a figure of the formal declaration and the second control of the property of the second control of the sec

FOUNDATION FOR CHILDREN Schedule I (Form 990)

Schedule I (Form 990) Page 1 SENERAL OPERATING SUPPORT CREATING SPACE FOR YOUNG THE VOTE YES FOR STRONG PARTIAL REFUND OF GRANT MINDS TO HEAL AND GROW PAID IN A PRIOR YEAR. (h) Purpose of grant or assistance SCHOOLS COMMITTEE SENERAL OPERATING THE DREAMERS FUND CLOSING THE GAP 41-1955286 (g) Description of non-cash assistance N/A N/A Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A (e) Amount of non-cash assistance 400,000. -63,149. (d) Amount of cash grant 20,000 65,000 150,000 50,000 48,379 GOVERNMENT ENTITY (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 26-1221063 501(C)(3) 501(C)(3) 41-1425264 13-3541913 41-0711618 71-0956749 41-6029402 (b) EIN 800 IDS CENTER, 80 SOUTH EIGHTH STR 401 SECOND AVENUE NORTH, SUITE 200 125 W BROADWAY AVENUE, SUITE 110 111 THIRD AVENUE SOUTH, SUITE 5 WASHBURN CENTER FOR CHILDREN (a) Name and address of organization or government 1300 OLSON MEMORIAL HIGHWAY VOTE YES FOR STRONG SCHOOLS 2430 NICOLLET AVENUE SOUTH THE MINNEAPOLIS FOUNDATION MINNEAPOLIS, MN 55411 MINNEAPOLIS, MN 55402 MINNEAPOLIS, MN 55404 MINNEAPOLIS, MN 55411 MINNEAPOLIS, MN 55401 MINNEAPOLIS, MN 55401 THE BEST ACADEMY INC. SAINT PAUL, MN 55117 ACHIEVE MINNEAPOLIS 888 IVY AVENUE WEST TEACH FOR AMERICA WAY TO GROW

FOUNDATION FOR CHILDREN

Schedule I (Form 990) (2012)

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

Page 2

41-1955286

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE BE GRANT APPROVAL DATE. GRANTEES WITH MORE THAN ONE YEAR OF SUPPORT ARE REQUIRED TO SUBMIT ANNUAL INTERIM REPORTS. ADDITIONAL REPORTING MAY FROM TIME TO TIME, COMPETITIVE COMMUNITY GRANTS TO SUBMIT FINAL REPORTS ONE YEAR FROM GRANT PROGRAMS THE FOUNDATION REQUIRES RECIPIENTS (d) Amount of non-cash assistance (c) Amount of cash grant FOUNDATION COMMISSIONS INDEPENDENT EVALUATIONS OF REQUIRED AND DESCRIBED IN GRANT AGREEMENT FORMS. (b) Number of recipients 2: (a) Type of grant or assistance LINE PART I, SCHEDULE

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury Name of the organization

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number 41-1955286

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

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

Schedule J (Form 990) 2012

FOUNDATION FOR CHILDREN

Schedule J (Form 990) 2012 FOUNDATION FOR CHILDREN 41–1955286

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	. benefits	(a)-(j)(a)	
(1) SANDRA L. VARGAS	ε	0	0	0	0	C	- (
SECRETARY & TREASURER	E	307,459.	0	2,09	20,00	12.761.	342,31	
(2) JEAN ADAMS	Ξ	0	0			٠l	, , , ,	
VP, FINANCE & ADMINISTRATI	Ξ	190,986.	0	1,46	16,01	24.414.	232.88	
(3) KAREN KELLEY-ARIWOOLA	Ξ		0			٠l		
VP, COMMUNITY PHILANTHROPY	Ξ	40,81	0	146,355	3,430	8,614.	199.21	
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FOUNDATION FOR CHILDREN Part III Supplemental Information

Schedule J (Form 990) 2012

Page 3 41-1955286

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012 WHICH APPROVES EXECUTIVE COMPENSATION, AS WELL AS A COMPENSATION SURVEY AND SECRETARY/TREASURER BY THE MINNEAPOLIS FOUNDATION, A RELATED ORGANIZATION THE MINNEAPOLIS FOUNDATION USED A COMPENSATION COMMITTEE COMPENSATION THROUGH THE APPROPRIATE PROCESS, WHICH INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS THE ORGANIZATION RELIED ON THE MINNEAPOLIS FOUNDATION TO DETERMINE THE ORGANIZATION'S THE ORGANIZATION DOES NOT COMPENSATE ITS OFFICERS AND KAREN KELLEY ARIWOOLA, VP COMMUNITY PHILANTHROPY, COMPENSATION IS PAID TO OTHER ORGANIZATIONS' FORMS 990. \$145,679 OFF SEVERANCE PAYMENT SUBSTANTIATION. BOARD MEMBERS.

1.14.2.25

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.

2012 Open to Rublic Inspection

OMB No. 1545-0047

Name of the organization

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Employer identification number 41-1955286

FORM 990, PART VI, SECTION A, LINE 1: THE BOARD OF DIRECTORS MAY

DESIGNATE AN EXECUTIVE COMMITTEE COMPOSED OF AT LEAST THREE DIRECTORS. THE

EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN

THE MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN

MEETINGS OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE COMMITTEE SHALL AT

ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2: MICHAEL V. CIRESI, JOHN F. EISBERG,

ELLIOT KAPLAN, KATHLEEN FLYNN PETERSON, ROBERTA WALBURN AND SANDRA L.

VARGAS - BUSINESS RELATIONSHIPS WITH EACH OTHER.

FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENT OF THE BYLAWS REQUIRES

APPROVAL BY THE EXECUTIVE COMMITTEE OF THE MINNEAPOLIS FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED BY THE MANAGEMENT OF THE MINNEAPOLIS FOUNDATION, THE SUPPORTED ORGANIZATION OF ROBINS, KAPLAN, MILLER & CIRESI FOUNDATION FOR CHILDREN. IT WAS THEN REVIEWED BY THE OFFICERS AND BOARD OF DIRECTORS OF ROBINS, KAPLAN, MILLER & CIRESI FOUNDATION FOR CHILDREN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION DOES NOT ENTER INTO ANY CONTRACT WITH ITS DIRECTORS, FAMILY MEMBERS OF DIRECTORS, DIRECTORS OF RELATED ORGANIZATIONS, FAMILY MEMBERS OF DIRECTORS OF RELATED ORGANIZATIONS OR ANY ORGANIZATION (OTHER RELATED ORGANIZATIONS) IN WHICH THIS

CORPORATION'S DIRECTORS OR FAMILY MEMBERS OF DIRECTORS HAS A MATERIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
232211
01-04-13

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

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

→ Attach to Form 990.

OMB No. 1545-0047

2012 Open to Rubild Inspection Employer identification number 41-1955286

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN Name of the organization Parti

Direct controlling £ End-of-year assets (e) Total income Ē Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partil

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

(a)	(q)	(c)	(p)	(e)	(£)	٤	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section \$12(b)(13) controlled entity?	12(5)(13) oiled ty?
				501(c)(3))		Yes	Š
THE MINNEAPOLIS FOUNDATION - 41-6029402							
800 IDS CENTER, 80 SOUTH 8TH STREET							
MINNEAPOLIS, MN 55402	GRANT MAKING	MINNESOTA	501(C)(3)	LINE 7	N/A		×
		·					
	1						

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

ROBINS, KAPLAN, MILLER AND CIRESI Schedule R (Form 990) 2012 FOUNDATION FOR CHILDREN

| Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 41-1955286

Page 2

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	i i	(f) Share of total income	(g) Share of end-of-year assets		ortion- attions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
								2				
	·											
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	as a Corport	oration or Trust (Co year.)	omplete if th	e organization	answered "	Yes" to Form	1990, Part IV	√, line 34	because it had o	one or mo	e related
(a) Name, address, and EIN of related organization	N Lic	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Peend-of-year on assets	(h) Percentage ownership	Section 512(b)(3) controlled entity?
								THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY A				
232162 12-10-12				30						Schedu	le R (Forn	Schedule R (Form 990) 2012

CHILDREN FOUNDATION FOR Schedule R (Form 990) 2012 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Page 3

41-1955286

Yes ξ 두 유 ဗု 5 무 ï ₩ = 우 4 (d) Method of determining amount involved 4 ₽ 4 Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. e Loans or loan guarantees by related organization(s) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) 1 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) o p Ξ <u>(2</u> <u></u> <u>£</u> (2) Schedule R (Form 990) 2012

232163 12-10-12

9

ROBINS, KAPLAN, MILLER AND CIRESI FOUNDATION FOR CHILDREN

Schedule R (Form 990) 2012

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

Page 4

41-1955286

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

1	1	1	1	1	1	ı	1	ſ
(h) (i) (j) (k) Ustrapor Code V-UB General or Percentage allocations amount in box paragen ownership Yes No (Form 1065)								
(j) General or managing partner?								
X 20 9 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				<u> </u>				
(i) ode V-UE unt in bo: ichedule orm 1068								\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
amo of So								
(h) Disproportionate allocations?	3							
of year ts								
(g) Share of end-of-year assets				****	77.0			
e of al				110				
(f) Share of total income								
()(3) (2)(3) (2)(3)								
(e) Are all Are all 501(c)(3) 000s.7 4) Yes No								
income elated, om tax 512-514								
(d) minant ted, unr uded fro								
Predominant income (related, included from tax under section 512-514) y								
nicile oreign cy)								
(c) Legal domicile (state or foreign country)								
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(b) Primary activity								
Prim								
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and Eil								
(a) dress, a entity								
(a) Name, address, and EIN of entity								
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Schedule R (Form 990) 2012

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ROBINS, KAPLAN, MILLER AND CIRESI 41-1955286 Page 5 FOUNDATION FOR CHILDREN Schedule R (Form 990) 2012 FOUN Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).