Form **990-PF** Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 15, 2023

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

For c	alend	dar year 2022 or tax year beginning		, and ending		
		foundation			A Employer identification	number
_ F	LE3	CHER FAMILY FOUNDATION	<u>[</u>		56-2393836	
Num	ber an	d street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_		OHMS LANE, SUITE 125			(952) 920-0	5700
		wn, state or province, country, and ZIP or foreign NA, MN 55439	postal code		C If exemption application is pe	nding, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations,	check here
_		Final return	Amended return		2	tion the DED/ test
		Address change	Name change		Foreign organizations mee check here and attach con	nputation
H C	heck	type of organization: X Section 501(c)(3)	exempt private foundation		E If private foundation stat	
			Other taxable private founda		under section 507(b)(1)(	A), check here
		rket value of all assets at end of year   J   Accour		Accrual	F If the foundation is in a 6	
(fr		art II, col. (c), line 16)	Other (specify) MODIFII	ED CASH	under section 507(b)(1)(	B), check here
se.	\$	5,672,199. (Part I, col	ımn (d), must be on cash basi			(4)
Pä	rt:I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
		Contributions, gifts, grants, etc., received	154,333.			
	2	Check if the foundation is not required to attach Sch. B	_			1 V 10 \$18
	3	Interest on savings and temporary cash Investments				
	_	Dividends and interest from securities	86,394.	86,394.		STATEMENT 15
	5a	Gross rents		151,629.	151,629.	STATEMENT 2
	b	Net rental income or (loss) 41,623.	·			STATEMENT 3:
_	6a		-62,677.		·	
2	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 314,837.				, r sh = [
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
ă	8	Net short-term capital gain			N/A	* * * * * * * * * * * * * * * * * * *
		Income modifications				
	10a	Gross sales less returns and allowances				A STATE OF THE STA
	Ь	Less: Cost of goods sold	,	>	`-	47.00
	C	Gross profit or (loss)			<del></del>	202 1984
	11	Other income			000 000	
	12	Total. Add lines 1 through 11		238,023.		
	13	Compensation of officers, directors, trustees, etc.		0.	0.	0.
	14	Other employee salaries and wages				
,	15	Pension plans, employee benefits	-	<u> </u>		
Sesu		Legal fees		<del></del>	<del> </del>	
ğ	Ь	Accounting fees	400	100	0.	0.
Exper		Other professional fees STMT 4		488.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		Interest STMT 5	1 201	1,384.	0.	0.
Administrative	18			26,323.	26,323.	
, c	19	Depreciation and depletion		40,343.	20,323.	
Ē	20	Occupancy		<del>-</del>	1	
		Travel, conferences, and meetings			<del> </del>	
and a	22	Printing and publications	91,174.	91,166.	91,166.	0.
	23	Other expenses STMT 6	91,114.	) <u>)                                  </u>	JI, 100 *	<u> </u>
Onerating	24	Total operating and administrative	119,369.	119,361.	117,489.	0.
څ		expenses. Add lines 13 through 23	202			293,475.
•	2.0	Contributions, gifts, grants paid	4,3,413.			
	26	Total expenses and disbursements.	412,844.	119,361.	117,489.	293,475.
_	07	Add lines 24 and 25	414,044.			CILETON MARK
	1	Subtract line 26 from line 12;	-83,165.	×		
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	•	118,662.		in the state of the
		Adjusted net Income (# negative, enter -0-)			120,534.	\$4000 A. X. X.

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

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Dort III.	Analysis c	of Changes	in Net A	Assets or I	Fund Balances

30 Total liabilities and net assets/fund balances

_			1
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		1
	(must agree with end-of-year figure reported on prior year's return)	1	5,6 <u>47,630.</u>
	Enter amount from Part I, line 27a	7	-83.165.
Z		۴	
3	Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	9,000.
-	Add lines 1, 2, and 3	4	5,573,465.
	Decreases not included in line 2 (itemize) BUILT IN GAIN ON STOCK DONATION	5	109,251.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	5,464,214.
•	Total flot about of fame balaness at one of few times and the same of the same		

5,647,630.

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5,464,214

	and Losses for Tax on Inv					
	the kind(s) of property sold (for exar	·	(b).	How acquired	(c) Date acquired	(d) Date sold
2-story brick wa	rehouse; or common stock, 200 shs.	. MLC Co.)	6	- Purchase - Donation	`(mo., day, yr.)	(mo., day, yr.)
1a CHARLES SCHWAB	2222 LT	<u></u>		P	01/01/21	12/31/22
b CHARLES SCHWAB				P	01/01/22	12/31/22
c ENERGY TRANSFER				P	01/01/22	12/31/22
d ENERGY TRANSFER				P	01/01/21	12/31/22
e CAPITAL GAINS I		·				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (fo ((e) plus (f) min	
a 150,510.		155,	434.			-4,924.
ь 164,284.	<u> </u>	222,	080.			-57,796.
c 11.						11.
d 24.						24.
8.	*,					8.
	g gain in column (h) and owned by t	he foundation on 12/31/69	١.		(I) Gains (Col. (h) g	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if an	(i)	C	ol. (k), but not less t Losses (from co	han -0-) <b>or</b>
a	<u>.</u>	·				-4,924.
b		-			, , , , , , , , , , , , , , , , , , ,	-57,796.
C	· <del></del>				-	11.
d	, <del></del>				*	24.
e						8.
Dart I line 8	ss) as defined in sections 1222(5) an column (c). See instructions, If (los	- in Part I, line 7 Id (6): s), enter -0- in	}	3		-62,677. -57,785.
Part V Excise Tax Bas	sed on Investment Incom	e (Section 4940(a)	, 4940(	b), or 4948	- see instruct	ions)
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here and en	ter "N/A" o	n line 1.	) ;	
Date of ruling or determination					1	1,649.
	enter 1.39% (0.0139) of line 27b. Ex			•	**	Will and the
	[2, col. (b)					
2 Tax under section 511 (domest	tic section 4947(a)(1) trusts and taxa	ble foundations only: other	rs. enter -C	)-)	2	0.
						1,649.
4 Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations only: othe	ers. enter -	0-)		0.
• • •	me. Subtract line 4 from line 3. If ze				1 1	1,649.
6 Credits/Payments:						7 / "A
	and 2021 overpayment credited to 20	22 <b>6a</b>		12,91	1.	Free grant market
	tax withheld at source			·	0.	
	tension of time to file (Form 8868)				0.	
	ly withheld		-		<u> </u>	
·	ld lines 6a through 6d		<del></del>		<u> </u>	12,911.
	ment of estimated tax. Check here					0.
	and 8 is more than 7, enter amount			** ********		****
	than the total of lines 5 and 8, enter					11,262.
• •	be: Credited to 2023 estimat <u>e</u> d <u>tax</u>		11,26			0.
14 Luter the amount of the 10 to	DO. COUNTED TO ECCO COMMUNICULTAX	<u> </u>		- 1101411	1 · · · · · · · · · · · · · · · · ·	Form 990-PF (2022)

"A, C	THE TI-A CHARACTER TOTAL TRANSPORT			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		(12°) Christon	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	- ***		
	distributed by the foundation in connection with the activities.			· `
C	Did the foundation file Form 1120-POL for this year?	1c	2r- 1met	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	100	300	
	(1) On the foundation. \$ (2) On foundation managers, \$ 0.	' 5	12.6	4.0
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	240	4,000	花草
	managers. \$ <u>U •</u>	7 gg	3000	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			.36
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		. B :	1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.	36		意艺
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			17 - 1554
	By language in the governing instrument, or	. /	4	رود . مو المراجع المراجع
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	production to the	. F 5	122
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	<u> </u>
		178	變	25
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1 1		
	MN	- Evil		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	_8b_	X	<u>.</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	4		
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII, If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement, See instructions	12	L	Х
13		13	Х	
	Website address FLETCHERFAMILYFOUNDATION.ORG			
14	The books are in care of RONALD FLETCHER  Telephone no. (612)	578	-29	30
	Located at 7301 OHMS LANE, SUITE 125, EDINA, MN ZiP+4 5	5439		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			12 10-10
	foreign country			360
		orm 990	)-PF	/2022\

	-2393836		Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required  File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):		7 7	بالمراجع والمراجع
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1-(0)	i	x
a disqualified person?			X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	A74 1.4	
(5) Transfer any income or assets to a disqualified person (or make any of either available			ر مستخد <b>ت</b>
for the benefit or use of a disqualified person)?	1a(5)	, 4° e 70	X
(6) Agree to pay money or property to a government official? (Exception. Check "No"	ر. د	1	1. The second
if the foundation agreed to make a grant to or to employ the official for a period after	عشا		1000
termination of government service, if terminating within 90 days.)	1a(6)	. "%"	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	المداعلات	- 200	20
section 53,4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A 1b	* Y	0.00000
c Organizations relying on a current notice regarding disaster assistance, check here	📙 📗	tes t	
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	n+ (in *)*	7.5744	
before the first day of the tax year beginning in 2022?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	*4.	4 500	1900
defined in section 4942(j)(3) or 4942(j)(5)):	6.0	100	
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines	. 43	100	200
6d and 6e) for tax year(s) beginning before 2022?	2a	X	
If "Yes," list the years	in the second	9	HANK BY
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	1000
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	312		
statement - see instructions.)	2b	X	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	4 =	, ,	中海
	,	. 45	1 4
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	17.	• •	_ ~~
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after	70	Mary.	20
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	. l 🕸		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	4		
Schedule C, to determine if the foundation had excess business holdings in 2022.)	N/A 3b		· · · · · · · · · · · · · · · · · · ·
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1 11/2	1250
had not been removed from jeopardy before the first day of the tax year beginning in 2022?		- K	X
nad not been tempered norn people of service me most very of the tax year beginning in teater	Form 99	0-PF	

Part VI-B   Statem	ents Regarding Activities for Which F	orm 4/20 May Be Re	equirea <sub>(contini</sub>	ued)			
• , ,	foundation pay or incur any amount to:				\$6	Yes	
(1) Carry on propagan	da, or otherwise attempt to influence legislation (section	1 4945(e))?			5a(1)		X
(2) Influence the outco	me of any specific public election (see section 4955); o	r to carry on, directly or indire	ctly,		Mil.		
any voter registrati	on drive?			************	5a(2)		X
	an individual for travel, study, or other similar purposes				5a(3)		X
	an organization other than a charitable, etc., organization				1		
4945(d)(4)(A)? Se	e instructions	***************************************	*********	************	5a(4)	u tor. V.	X
	rpose other than religious, charitable, scientific, literary,						
the prevention of c	ruelty to children or animals?				5a(5)	11 St. 11 St.	X
	5a(1)-(5), did any of the transactions fail to qualify und				4	1.00	Sac.
	current notice regarding disaster assistance? See instru				5b	4555 PLJ-3	X
	n a current notice regarding disaster assistance, check h				1000. 1000. 1000.	3,15,43	を
	question 5a(4), does the foundation claim exemption fr			NT / N	- 2		
expenditure responsibil	ity for the grant?	.,,,	4	N/A	5d		25. 3° °
	ment required by Regulations section 53.4945-5(d).					9:	200
	ing the year, receive any funds, directly or indirectly, to proceed				6a		X
a personal penent control	act? ing the year, pay premiums, directly or indirectly, on a p	arangi hangit aantrasta	**********************	***************	6b		X
If "Yes" to 6b, file Form		EISOURI DEHEHI COHHACIA	****** *** ** *** **********		1 00	V z vej	A.
•	oo/u. ax year, was the foundation a party to a prohibited tax s	haltar transaction?			7a	_/	X
	ion receive any proceeds or have any net income attribu				7b	<del>                                     </del>	- 22
	ct to the section 4960 tax on payment(s) of more than \$			+.4.6+.+	E +11 5 1	Zanada w	
· ·	ent(s) during the year?				8	Andrea San	X
Part VII Informa	ation About Officers, Directors, Truste	es, Foundation Mar	agers, Highly	***************************************	<u> </u>	•	
Paid Er	nployees, and Contractors	-					
<ol> <li>List all officers, direc</li> </ol>	tors, trustees, and foundation managers and th	neir compensation.					
	(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions t employee benefit pla and deferred	ns a	(e) Exp	ense other
		to position	'enter'-0-)	compensation		allowa	nces
RONALD FLETCH		CHAIRMAN & TR	EASURER	ļ			
7301 OHMS LAN				١ ,			^
EDINA, MN 554		3.00	0.	0	•		0.
NANCY FLETCHE		PRESIDENT					
7301 OHMS LAN EDINA, MN 554		2 00	۸ ا	0			Λ
EDINA, MN 554 KATE MORGAN	צכ	3.00 VICE PRESIDEN	<u>0.</u>		•		0.
7301 OHMS LAN	יר פוודייה 125	AICE EKERIDEN	E & BECKE.	LUXI			
EDINA, MN 554	<del></del>	2.00	0.	l o			0.
DDINE, EN 554	<u></u>	2.00		· · · · · ·	╁		<del>.</del>
		1					
		1			l		
2 Compensation of five	highest-paid employees (other than those inc		enter "NONE."	T 4 D			
(a) Name and addr	ess of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions employee benefit pla and deterred compensation	ns a	(e) Exp occount, allowa	, other
NONE		develor to position		COMPENSATION		-,,-,,-	
					1		
					-		
		-					
<b></b>		.,	<u> </u>	<u> </u>	+		0
Total number of other empl	oyees paid over \$50,000			En	rm <b>9</b> 9	0-PF	(2022)
				10	,,,,		1

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,445,990.
	Average of monthly cash balances	1b	1,427,820.
	Fair market value of all other assets (see instructions)	1c	1,020,000.
	Total (add lines 1a, b, and c)	1d	5,893,810.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,893,810.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	88,407.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	5,805,403.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	290,270.
P	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	I
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	290,270.
2a	Tax on investment income for 2022 from Part V, line 5 2a 1,649.		
b		,	
¢	Add lines 2a and 2b	2c	1,649.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	288,621.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	288,621.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	288,621.
P	Part:XI: Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	, , , , , , , , , , , , , , , , , , , ,	1a	<u>293,475.</u>
Ъ	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · -
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	293,475.
			Form <b>990-PF</b> (2022)

223571 12-06-22

Part:XII Undistributed Income (see instructions)

tine 7  20 Multishidated bissers, it any, as of the rend of SEDE: a Exter amount for 2021 only b Total for prior years.  0.  Services distributions carryover, if any, to 2002: a From 2018 From 2018 From 2019 From 2019 From 2019 1 Total of lake 3a through b 1 Qualifying distributions for 2022 from Part XI, line 4 \$ 293 3, 475. a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a Applied to 2021, but not more than line 2a  Corpus, Applied to 4021, but not more than line 2a  Claim than amount of prior years' undistributed income for which a notice of didicting has been street/only  a Corpus, Applied and Applied and the street line 4  If undistributed income for 2022, Subtract line 4b from line 2b  Claim than amount of prior years' undistributed income for 2022. Subtract line 4b from line 2a  Claim than amount of prior years' undistributed income for 2022. Subtract line 4b from line 2a and than line 2a  Claim than amount of prior years' undistributed income for 2022. Subtract line 4b from line 2a and than line 6b  3 Cares statishutoria additional of and and than line 6b  3 Cares statishutoria and stributions on of compus to statisty requirements imposed by section 17(1)(1)(1) or 492(2)(3) (lactolon may be required as elinists to the section 17(1)(1)(1) or 492(2)(3) (lactolon may be required as elinists to the section 17(1)(1)(1) or 492(2)(3) (lactolon may be required as elinists to the sect					
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d Subtract line 6c from line 6b. Taxable amount - see instructions  e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2018 c Excess from 2019 c Exc			0.		
amount - see instructions a Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr  † Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019  10 Excess from 2019 10 Excess from 2019 11 Excess from 2019 12 Excess from 2019 13 Excess from 2019 14 Excess from 2019 15 Excess from 2019 16 Excess from 2019 17 Excess from 2019 18 Excess from 2019 18 Excess from 2019 19 Excess from 2019 10 Excess from 2019 15 Excess from 2019 16 Excess from 2019 17 Excess from 2019	***************************************	<u> </u>		^ y	PART : " 2 MAY 20
a Undistributed income for 2021. Subtract line Aa from line 2a. Taxable amount - see instr.  1 Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2018 b Excess from 2019	amount - see instructions	v sky	0.		The state of the s
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements Imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 b Excess from 2019  b Excess from 2019  Fivere from 2009		***			
lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019  • Excess from 2019 • Excess from 2019 • Excess from 2019	4a from line 2a, Taxable amount - see instr		4	9,991.	N. Alexander Contraction
be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 bexcess from 2019 corpus and a second c	f Undistributed income for 2022, Subtract	ATTEMATICAL TO A	,		
7 Amounts treated as distributions out of corpus to satisfy requirements Imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 b Excess from 2019  b Excess from 2019 c Excess		×5			200 601
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 be Excess from 2019 contact from 2009.	· · · · · · · · · · · · · · · · · · ·			9	288,521.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019  - Excess from 2019					in.
may be required - see instructions)  8 Excess distributions carryover frem 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 - Excess from 2019	• • • • • • • • • • • • • • • • • • • •				1990
8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2019	* * * * * * * * * * * * * * * * * * * *	0			
not applied on line 5 or line 7		U.			A CONTRACTOR
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 Figure from 2000			ĺ		
Subtract lines 7 and 8 from line 6a		<u> </u>			***************************************
Analysis of line 9:  a Excess from 2018 b Excess from 2019  Figure from 2000		n	,	** **	
a Excess from 2018 b Excess from 2019 Figure from 2000	***************************************	· · · · · · · · · · · · · · · · · · ·			
b Excess from 2019	· · · · · · · · · · · · · · · · · · ·			* J;	9.34.37.49
- Fuerce from 2020	The state of the s	<b>-</b>	;	L.	
		<b>c.</b> ,	<sup>®</sup> V <sub>e</sub> t <sub>tik</sub>		Life to the collection of the
d Excess from 2021		- pa <sup>w*</sup> <sub>ye</sub>	Fk.	**************************************	
e Excess from 2022	· · · · · · · · · · · · · · · · · · ·		-		

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Form 990-PF (2022)

Total

nter gross amounts unless otherwise indicated.	Unrelated by	usiness income		ed by section 512, 513, or 514	(e)
not gross amounts amoss culturate maistress.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue;	Business   code	Amount	sion code	Amount	function income
a					***************************************
b					
	-				
<del></del>		***************************************			
4	- <del>                                    </del>				•
- Face and positional from appropriate approise	- <del>  </del>				
g Fees and contracts from government agencies					
Membership dues and assessments	···		<del>  -</del>		
Interest on savings and temporary cash					
investments	211110	797.	14	85,597.	
Dividends and interest from securities	<u> </u>	191.	1 4 H	03,397.	اهاي استادان ياد
Net rental income or (loss) from real estate.					س ياقب ي
a Debt-financed property			1.	41 (22	
b Not debt-financed property			16	41,623.	
Net rental income or (loss) from personal					
property					· <del></del>
Other investment income			<u> </u>		
Gain or (loss) from sales of assets other		_	الما		
than inventory		8.	18	-62,685.	
Net income or (loss) from special events		<u></u> _			
Gross profit or (loss) from sales of inventory					=
Other revenue:					
a					
b	_	· <b>-</b>			
				i i	
	_				
				**	
d		805.		64,535.	
e Subtotal. Add columns (b), (d), and (e)					
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)					
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part:XV-B Relationship of Activities	to the Accom	plishment of Exc	empt 1	Purposes	65,340
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part:XV-B Relationship of Activities	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No. Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV,-B Relationship of Activities line No. Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No. Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV,-B Relationship of Activities line No. Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No. Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,340
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XVB Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV-B Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV-B Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV-B Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV-B Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations, Part:XV-B Relationship of Activities line No.   Explain below how each activity for which in	to the Accompanded in come is reported in come	plishment of Excolumn (e) of Part XV-A	empt 1	Purposes	65,34

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FORM 990			UCK CHMIT						4333636	Pa	ige 13
:Part	<b>\V.L</b> <sub>5,*</sub> ,	Exempt Organ	egarding Frans Izatione	siers to a	nd Transactions	and Kei	ationshij	os with Non	cnaritable		
4 0:4	سم معله			of the fallensin		*!!	inad in asstic	n E01/a)	State &	Yes	No
	_	janization directly or indi: n section 501(c)(3) organ					idea in Sectio	n 50 i(c)	3, 777	163	140
-		r section 30 ((c)(3) organ from the reporting founda				1191			i,		, <sub>ref</sub> e
		·							1a(1)		х
		assets								<del> </del>	X
		sactions:		<	***************************************	***************			18(2)	. ' u	4.46
_		of assets to a noncharital	hle exemnt organizat	ion					16(1)	<del></del>	X
(2)	Purch	ases of assets from a no	ncharitable exempt o	rganization	••••••	••••••	***************************************		1b(2)		X
		l of facilities, equipment,									х
		ursement arrangements									Х
		or loan guarantees									Х
(6)	Perfor	mance of services or me	mbership or fundrais	sing solicitatio	ns				1b(6)		Х
		facilities, equipment, ma									Х
		er to any of the above is								ets,	
ors	services	given by the reporting fo	oundation. If the four	idation receive	ed less than fair market	value in any	transaction o	or sharing arrange	ment, show in		
col	umn (d	) the value of the goods,	other assets, or servi	ices received.							_
( <b>a</b> ) Line n	D.	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	{(	1) Description (	of transfers, transactio	ns, and sharing arr	angemer	ıts
				N/A							
				<del>,</del>							
									=	_	
	_										
	_				****						
	-										
	-										
	-		<u>-</u>								
					<del></del> ;	1 1					
		dation directly or indirec							□ vaa	T	No
		501(c) (other than sectio		CUON 5277		**************		•••••	Yes	īv	_ NO
וו פ	res, co	mplete the following sch (a) Name of org			(b) Type of organizati	inn I		c) Description of r	elationshin		
		N/A	junization		(B) Type of organizati	1011		o possipilon or s	orano no mp		
		11/21									
								=			
			•								
	Unde	r penalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules	and statement	s, and to the be	st of my knowledge	May the IRS	discuss.	ihis
Sign	and b	elief, it is true, correct, and co	mplete. Declaration of pr	eparer (other tha	ın taxpayer) is based on all ir	nformation of w	hich preparer h	as any knowledge.	return with the	e ptepat	er
Here						CHA	AIRMAN		X Yes		No
	Sign	ature of officer or trustee	<del></del>		Date	Tit					
,		Print/Type preparer's na	ame	Preparer's s	ignature	Date		Check if	PTIN		
						- 1		self- employed			
Paid		PATRICIA MO	SKALIK						P00954		
Prep	arer	Firm's name E.T.		ASSOCI	ATES, LLC			Firm's EIN 41	-199068	0	
Use (	Only								_		
		1	1 OHMS LA		ITE 125						
		EDT.	NA. MN 55	439				Phone no. 95	2-548-9	150	

Form 990-PF (2022)

FLETCHER FAMILY FOUNDATION 56-2393836

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HICAGO BOTANIC GARDEN	N/A	₽C	GENERAL PURPOSES	
1000 LAKE COOK ROAD				
SLENCOE, IL 60612				2,500
CHRIST LUTHERAN CHURCH	N/A	₽C	GENERAL PURPOSE	
.50 FIFTH ST				
MARINE ON ST. CROIX, MN 55047				5,000
CITY OF BREEZY POINT	N/A	₽C	GENERAL PURPOSES	
3139 CO. RD. 11				
BREEZY POINT, MN 56472				10,000
COMMUNITY CHURCH	N/A	PC	GENERAL PURPOSES	
117 E SCRANTON AVE				
LAKE BLUFF, IL 60044				5,000
DEPAUL UNIVERSITY	N/A	₽C	GENERAL PURPOSE	
1 E JACKSON				
CHICAGO, IL 60604				1,000
DRAGON DIVAS	N/A	₽C	GENERAL PURPOSES	
17425 NORTHERN LIGHTS TRAIL	.,,			
EDEN PRAIRIE, MN 55347				3,000
DRAKE LAW SCHOOL	N/A	PC	GENERAL PURPOSES	
2507 UNIVERSITY AVENUE				5 00.
DES MOINES, IA 50311				5,00
everytown for gun safety	N/A	PC	GENERAL PURPOSES	
P.O. BOX 3886 NEW YORK, NY 10163				1,00
ELAWA FARM FOUNDATION	N/A	PC	GENERAL PURPOSES	
LAKE FOREST, IL 60045				93,60
GORTON COMMUNITY CENTER	N/A	₽C	GENERAL PURPOSES	
400 E. ILLINOIS ROAD LAKE FOREST, IL 60045				5,00
Total from continuation sheets				273,47

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor IOWA STATE BAR FOUNDATION N/A GENERAL PURPOSES 625 E COURT AVE 250. DES MOINES, IA 50309 GENERAL PURPOSES PC LAKE FOREST OPEN LANDS N/A 350 NORTH WAUKEGAN ROAD 65,000. LAKE FOREST, IL 60045 LAKESIDE ELEMENTARY SCHOOL РC GENERAL PURPOSES N/A 29678 KARMEL AVE CHISAGO CITY, MN 55013 5,000. PC GENERAL PURPOSE MAYFLOWER SOCIETY N/A PO BOX 3297 500. PLYMOUTH, MA 02361 MIDTOWN EDUCATIONAL FOUNDATION PC. GENERAL PURPOSE 718 SOUTH LOOMIS STREET 1,000. CHICAGO, IL 60607 GENERAL PURPOSES MOTHERS TRUST FOUNDATION N/A PC 400 E. ILLINOIS ROAD 10,000. LAKE FOREST, IL 60045 GENERAL PURPOSES PC NATIONAL CATHEDRAL N/A MT. ST. ALBAN 5,000. WASHINGTON, DC 20016 NEIGHBORHOOD OUTREACH CONNECTION N/A PC GENERAL PURPOSES 4 DUNMORE CT BLDG A SUITE 102 10,000. HILTON HEAD ISLAND, SC 29926 GENERAL PURPOSES N/A P¢ NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE, 3RD FLOOR 10,000. EVANSTON, IL 60208 PC GENERAL PURPOSES OAK GROVE PRESBYTERIAN N/A 2200 W OLD SHAKOPEE RD 2,500. BLOOMINGTON, MN 55431 Total from continuation sheets

Part XIV Supplementary Informati	<u>ER FAMILY FOUNDA</u> on	1201	<u>56-23</u>	
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	741100111
PELICAN LAKES ASSOCIATION P.O. BOX 823	N/A	PC	GENERAL PURPOSES	
NISSWA, MN 56468				10,000
PLANNED PARENTHOOD OF ILLINOIS	N/A	PC	GENERAL PURPOSES	
17 N. STATE STREET 5TH FLOOR				
CHICAGO, IL 60602		<u> </u>	-	2,500
RAVINIA FESTIVAL 418 SHERIDAN ROAD	N/A	PC	GENERAL PURPOSES	
HIGHLAND PARK, IL 60035				10,000
RAVINIA NURSERY SCHOOL	N/A	PC PC	GENERAL PURPOSES	
686 RED OAK LANE				
HIGHLAND PARK, IL 60035				5,000
SALVATION ARMY	N/A	₽C	GENERAL PURPOSES	
5040 N. PULASKI RD. CHICAGO, IL 60630				125
SURVIVAL TO STRENGTH	N/A	PC	GENERAL PURPOSES	
1317 SUMMIT AVE				
ST.PAUL, MN 55105				3,000
THE LOFT	N/A	PC	GENERAL PURPOSES	į
1011 WASHINGTON AVE S MINNEAPOLIS, MN 55401				1,500
TRINITY EPISCOPAL CHURCH	N/A	₽C	GENERAL PURPOSES	
218 E BENTON ST				
AURORA, IL 60505				1,00
		1		
Total from continuation sheets	1			

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO	
CHARLES SCHWAB - DIVIDENDS	68,736.	0.	68,736.	68,73	6. 68,736.
CHARLES SCHWAB - INTEREST ENERGY TRANSFER LP	16,861.	0.	16,861.	16,86	16,861.
K-1	805.	8.	797.	79	797.
TO PART I, LINE 4	86,402.	8.	86,394.	86,39	86,394.
FORM 990-PF		RENTAL INCOM	E		STATEMENT 2
KIND AND LOCATION O	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING; BURNSVILL	E, MN			1	151,629.
BUILDING; BURNSVILL TOTAL TO FORM 990-P		LINE 5A		1	151,629.
	F, PART I,	LINE 5A RENTAL EXPENS	ES	1	
TOTAL TO FORM 990-P	F, PART I,	RENTAL EXPENS	VITY	1 MOUNT	151,629.
TOTAL TO FORM 990-P	F, PART I, I	RENTAL EXPENS	VITY		151,629. STATEMENT 3 TOTAL
TOTAL TO FORM 990-P.  FORM 990-PF  DESCRIPTION  DEPRECIATION LEGAL AND PROFESSIO MANAGEMENT FEES GROUNDS TAXES UTILITIES TENANT IMPROVEMENTS	F, PART I, I	RENTAL EXPENS ACTI NUM	VITY BER A	MOUNT  26,323. 2,285. 11,400. 8,842. 27,357. 27,246. 1,926.	151,629.

DESCRIPTION	(A) EXPENSES	(5)		
	PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES OTHER	461. 27.	461. 27.	0.	0. 0.
TO FORM 990-PF, PG 1, LN 16C	488.	488.	0.	0.
FORM 990-PF	TAX	ES	Sī	ATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAX FEDERAL TAXES	634. 750.	63 <b>4.</b> 750.	0.	0. 0.
TO FORM 990-PF, PG 1, LN 18	1,384.	1,384.	0.	0.
FORM 990-PF	OTHER EX	KPENSES	Sī	'ATEMENT 6
DESCRIPTION  BANK CHARGES ENERGY TRANSFER LP K-1 LEGAL AND PROFESSIONAL FEES	(A) EXPENSES PER BOOKS 168. 7,323. 2,285.	(B) NET INVEST- MENT INCOME  168. 7,315. 2,285.	(C) ADJUSTED NET INCOME  168. 7,315. 2,285.	(D) CHARITABLE PURPOSES  0. 0.
MANAGEMENT FEES GROUNDS TAXES UTILITIES TENANT IMPROVEMENTS FIRE AND SECURITY	11,400. 8,842. 27,357. 27,246. 1,926. 4,627.	11,400. 8,842. 27,357. 27,246. 1,926. 4,627.	11,400. 8,842. 27,357. 27,246. 1,926. 4,627.	0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	91,174.	91,166.	91,166.	0.

FORM 990-PF OTHER INCREASES IN NE	T ASSETS OR FUN	D BALANCES	STATEMENT 7
DESCRIPTION			TRUOMA
AI DISTRIBUTIONS THE CONNOR GROUP DEBT FUND		_	2,268. 6,732.
TOTAL TO FORM 990-PF, PART III, LIN	E 3	- -	9,000.
FORM 990-PF COR	PORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK - SCHWAB	_	2,230,209.	2,445,795.
TOTAL TO FORM 990-PF, PART II, LINE	10B	2,230,209.	2,445,795.
FORM 990-PF COR	PORATE BONDS		STATEMENT 9
	··· =		
·		· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION  CORPORATE BONDS - SCHWAB	_	BOOK VALUE 1,366,996.	
	- - : 10C		VALUE
CORPORATE BONDS - SCHWAB  TOTAL TO FORM 990-PF, PART II, LINE	<u> </u>	1,366,996. 1,366,996.	VALUE 1,329,300. 1,329,300.
CORPORATE BONDS - SCHWAB	<u> </u>	1,366,996. 1,366,996.	VALUE 1,329,300.
CORPORATE BONDS - SCHWAB TOTAL TO FORM 990-PF, PART II, LINE	<u> </u>	1,366,996. 1,366,996.	VALUE 1,329,300. 1,329,300.
CORPORATE BONDS - SCHWAB  TOTAL TO FORM 990-PF, PART II, LINE  FORM 990-PF DEPRECIATION OF ASSE	TS HELD FOR INC	1,366,996. 1,366,996. VESTMENT	DOOK VALUE  591,487. 63,325. 306,615.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER EQUITIES - SCHWAB ENERGY TRANSFER PARTNERS	COST COST	98,000. 63,296.	100,000. 85,464.
TOTAL TO FORM 990-PF, PART II,	LINE 13	161,296.	185,464.

# 2022 DEPRECIATION AND AMORTIZATION REPORT

ING, BURNSVII			Mathod	aji	0 o	Unadjusted		Section 179	Reduction In	Basis For	Beginning Accumulated	Current Sec 179	Current Year	Ending
	Method Life o No.	Life o No.	o c >	o Z		Cost Or Basis	%ZC	Expense			Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
BUILDINGS LANDTRAVELER'S TRAIL  1 BUILDING SL 39.00 MM17	ST 39,00 MALT	ST 39,00 MALT	7. CT		pr Mr. W	927,348.				927,348.	312,083.	+	23,778.	335,861.
2 TRAVELER'S TRAIL IMPROVMT 11/01/08 SL 39.00 MM17 * 9901PP RENTAL TOTAL	1/01/08 SL 39.00	39.00	1	XIX 117		99,274.		i i		99,274.	33,404.	: !	2,545,	35,949.
						026,622:		V	and a community of	,026,622.	345,487.	And the second s	26,323.	371, 810.
LAND  TRAVELER'S TRAIL LAND 11/01/08 L	/01/08 L		£		1	306,615.	i	the state of the s		306,615,	!		0	ſ
* 990-PF RENTAL TOTAL LAND	- ;	and the second s	1 2 3 4 1 1 1 1	,	1	306,615.	>- -	ļ	ļ	306,615.	•		0	0
OTHER COTHER CONTRACTOR CONTRACTO	· ·	· ·	AND	4	á	Page 1						4	5	
4 TT LEASE COMMISSIONS 11/01/14 SL 3.00	SL 3.00	3,00		16		27,276.				27,276.	27,276.			27,276.
					,	27,276.			*	27,276.	27, 276.		0	27,276.
TOTAL 330-FE KENTAL			# 1 		<u>, 3, 1</u>	360,513.				360,513.	372,763.	-	26,323.	399,086.
	£	. ;	. ;	. ;		* 1		* * * * * * * * * * * * * * * * * * *	, per 4	<i>‡</i>		•		,
	ì	ì	1	1	·	•	,	Š.			i de			
tradical base common de desemble service de la common de desemble service de la common de desemble de la common della common de la common della common de la common della common dell					. 1	and deposit of the second second			atomic microsoft as		Smithten A. It destroys every to			,
	10 mg	÷ 1	÷ 1	· • · · ·		+	t' '		endine or a	- 14 -14 64				A Section of the sect
					1.3									
226111 04-01-22 (D)	(a)	(Q)	(a)	<u>O</u>	0	(D) - Asset disposed	posed		*	ITC, Salvage,	Bonus, Comm	ercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

## IRS e-file Signature Authorization for a Tax Exempt Entity

8879-TF For calendar year 2022, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 56-2393836 FLETCHER FAMILY FOUNDATION RONALD FLETCHER Name and title of officer or person subject to tax CHAIRMAN Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ....... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_1b 1a b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b Form 990-EZ check here ... 2a b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b Form 1120-POL check here За b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b Form 990-T check here ..... 6a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) \_\_\_\_\_\_ 7b 7a b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 9а Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 9h Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 55437 to enter my PIN X Lauthorize E.T. KELLY & ASSOCIATES, LLC Enter five numbers, but ERO firm name as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41466655437 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

OMB No. 1545-0047

202521 12-16-22

# Form **4720**

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Department of the Treasury Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

2022

OMB No. 1545-0047

or ca	endar year 2022 or other tax year beginning , 2022, and ending	,	
Name	of organization, entity, or person subject to tax	EIN or SSN	
		<u> 56-23</u>	
	TCHER FAMILY FOUNDATION		ded return
	er, street, and room or suite no. (or P.O. box if mail is not delivered to street address)		r type of annual return:
	1 OHMS LANE, SUITE 125	Form 9	
•	town, state or province, country, and ZIP or foreign postal code	X Form 9	
EDI	NA, MN 55439	Form 5	Yes No
			<del>- 1</del>
	the organization a foreign private foundation within the meaning of section 4948(b)?		
S	now conversion rate to U.S. dollars. See instructions		
	ntity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to		x
m	ore than one organization in the current tax year? See instructions		
lf	"Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the curr	ent tax year.	
J Pa	Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1),	4945(a)(1), 4	955(a)(1), 4959, 4960(a),
20 A	4965(a)(1), 4966(a)(1), and 4968(a))	()( -)	(-)(-)
1	Tax on undistributed income - Schedule B, line 4	. 1	2,997.
2	Tax on excess business holdings - Schedule C, line 7		
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)		
4	Tax on taxable expenditures - Schedule E, Part I, column (h)	. i	
5	Tax on political expenditures - Schedule F, Part I, column (1)	1 1	
6	Tax on excess lobbying expenditures - Schedule G, line 4	1 1	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)		
8	Tax on premiums paid on personal benefit contracts	1 1	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)		
10	Tax on taxable distributions - Schedule K, Part I, column (f)	1 1	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement		
12	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2		
13	Tax on excess executive compensation - Schedule N	13	
14	Tax on net investment income of private colleges and universities - Schedule 0	14	<u></u>
15	Total (add lines 1 - 14)	15	2,997.
.Pa	Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor,	or Relate	ed Person
	(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)(2), 4968(a)(2), 4		
Name	and address of related organization; city or town, state or province, country, ZIP or foreign	Employ	er identification
posta		number	·
1	Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)		
2	Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)		
3	Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4	Tax on political expenditures - Schedule F, Part II, column (d)		<del></del>
5	Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)		
6	Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)		
7	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	1 .	
8	Tax on taxable distributions - Schedule K, Part II, column (d)		<u> </u>
9	Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)		<del></del>
10	Total - Add lines 1 through 9	10	<u> </u>
₹Ľa	t III Tax Payments	-1,1	2,997.
1	Total tax (Part I, line 15 or Part II, line 10)	1 - 1	4,331.
2	Total payments including amount paid with Form 8868 (see instructions)		2,997.
3	Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)		
4	Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4 1	Form <b>4720</b> (2022
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		TOTAL TIES (EVER)

(Daint)	si Antoné	Call Day			A - Initial Taxes	on Self-D	eal	ling (Section 4941)		
(Part I	ACTS OT			d lax C	omputation			···		
(a) Act number	(b) Date of act	(c) Correcti Yes	ion made? No			(d) Descri	ptior	n of act		
1										
2								<del></del>		
3										· · · · ·
4										
5								_		
	Form 99 or Form	ion number to the control of the con	II-B, /III,		(f) Amount involv	ved in act	<u> </u>	(g) Initial tax on self-dealer (10% of col. (f))	(h) T (lesse	fax on foundation managers (if applicable) r of \$20,000 or 5% of col. (f))
•									_	
•								<del>"</del>	$\vdash$	
								, <u></u>		
Part I	Summa	ry of Tax	k Liabilit	v of Se	If-Dealers and I	Proration (	of F	Payments	ı	
		Names of sel				(b) Act no. fr Part I, col. (	om	(c) Tax from Part I, col. (g), or prorated amount	liab	(d) Self-dealer's total tax ility (add amounts in col. (c)) (see Instructions)
					<del></del> ,		$\dashv$		$\top$	(000 Mids Bostons)
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							$\neg$		ヿ	
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							$\neg$		7	
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									floor	
Part I	II Summa	ry of Tax	k Liabilit	y of Fo	undation Mana	gers and F	,101	ration of Payments		
	(a) Namo	es of foundat	tion manage	ers liable fo	r tax	(b) Act no. fr Part I, col. (	om a)	(c) Tax from Part I, col. (h), or prorated amount	(d)	) Manager's total tax liability (add amounts in col. (c)) (see instructions)
									Ц_	
							_		_	
							_		_	
							_			
							_		_	
									_	
						<u>L</u>	لِــ		Щ.	
								ncome (Section 4942)		
							•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
					2022, Part XII, line 6e)			•	2	9,991.
				-	eginning in 2022 and s	-			1	0 001
									3	9,991. 2,997.
4 Ta	x - Enter 30% of I	ine 3 here an	id on Part I,	line 1			·····		4	Form 4720 (2022)
										101111 41 40 (4044)

56-2393836

### SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax	<del></del>	<del></del>				
If you have taxable excess holdings in more than one business enterprise	se, attach a s	eparate schedule fo	or each enterprise. Re	fer to the inst	ructions for	•
each line item before making any entries.  Name and address of business enterprise						
Name and address of dusiness emerprise						
Facilities idealification combined						
Employer identification number Form of enterprise (corporation, partnership, trust, joint venture, sole p						
		(a) Voting stoc (profits interes beneficial inter	stor	(b) Value		(c) Nonveting stock (capital interest)
Foundation holdings in business enterprise	1				,,w	
2 Permitted holdings in business enterprise	2					
3 Value of excess holdings in business enterprise	3					
4 Value of excess holdings disposed of within 90						
days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4					
5 Taxable excess holdings in business enterprise -	····   <del>-*- </del> -					
line 3 minus line 4	5					
6 Tax - Enter 10% of line 5	6					
7 Total tax - Add amounts on line 6, columns (a), (b),	···   •				-1.	
and (c); enter total here and on Part I, line 2	7		r .			
8 Did the organization dispose of excess holdings subject to tax repo	orted on line 6	5?				Yes No
Attach a statement explaining (i) corrective action taken, or (ii) wh						
SCHEDULE D - Initial Taxes on Inves	stments 7	hat Jeopard	ize Charitable	Purpose	(Section	4944)
Part Investments and Tax Computation	_					
(e) Correction				(f) Initial tax		(g) Initial tax on foundation
Investment (b) Date of made? (d) Descript	ion of investn	nent	(e) Amount of investment		ndation col. (e))	managers (if applicable) - (lesser of \$10,000
Yes No				(10% 01		or 10% of col. (e))
1 2						
3				_		
4 5				-		<del> </del>
Total - Column (f). Enter here and on Part I, line 3						Y FEW THE
Total - Column (g). Enter total (or prorated amount) here and in Part II	, column (c),	below		.,,,,		<u>L</u>
Part II Summary of Tax Liability of Foundati	ion Mana	gers and Pro	ration of Payn	nents		
(a) Names of foundation managers liable for tax		(b) Investment no. from Part I, col. (a)	(c) Tax from Part or prorated a		(d) Mana (add a (s	nger's total tax liability amounts in col. (c)) ee instructions)
					-	
						· =
			<u></u>	_	-	
			<u> </u>	<del></del> _	1	
				<del>-</del>	<u> </u>	
		-			4	
224081 12-09-22		1	<u> </u>	<del></del>	1	Form 4720 (2022)

### SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures a	nd Computa	tion of	Tav						
	Expenditures a	<del>.                                      </del>			_					
(a) Item number	(b) Amount	(c) Date paid or incurred	1	ction made	<b>'</b>	(e)	Name and ad	dress of recipier	ıt	
		or meaned	Yes	No						
1			<del> </del>		<u> </u>					
2			ļ		<u> </u>					
3			<u> </u>	<del> </del>	<u> </u>					
4	_									
5		<u> </u>	<u> </u>		4.1.0				1 20 3 2	
	(f) Description of exp for wh	penditure and purp lich made	ooses		from Form 9 or Form 9 applie	stion number 1990-PF, Part VI-B, 5227, Part VIII, cable to the eenditure	`´ on fo	tax imposed undation of col. (b))	`four (le	tial tax imposed on dation managers (if applicable)- sser of \$10,000 r 5% of col. (b))
	•	_								
ratal C	dune (h) Estavhara and an	D-+1 ! 4								
	olumn (h). Enter here and on		and in De-		(a) hele	***************************************	J	·	· `	で、大学の大学の大学の大学
Part I	olumn (i). Enter total (or prora	ated amount) nere	and in Par	<u>t II, column</u> ation M	(C), 0810W	nd Proration	of Payme	ante		
icai rii	. Junimiary of Ta	X Liability Of	Found	auon w	anayers a				[ (d) M:	anager's total tax liability
	(a) Names of fo	undation manager	s liable for	tax		(b) Item no. from Part I, col. (a)		n Part I, col. (i), ted amount		d amounts in col. (c)) (see instructions)
						<u></u>			1	
									ļ	
									1	
									4	
									4	
						<u> </u>				
	٤	SCHEDULE I	- Initia	l Taxes	on Politic	al Expenditu	res (Sectio	n 4955)		
							(00011			
Part	Expenditures a	nd Compute	tion of	iax				1		
(a) Item number	(b) Amount	(c) Date paid or incurred	1 ' '	1		(f) Initial tax in on organiza or foundati (10% of col.		tion on	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))	
1										
2										
3										
4										
5										
Total - C	olumn (f). Enter here and on l	Part I, line 5								数据主要"TLEGA
	olumn (g). Enter total (or pro		and in Pa	rt II, columi	n (c), below .					
Part I	Summary of Tax Li	ability of Organ	ization N	lanagers	or Foundatio	n Managers and	d Proration	of Payments		
	(a) Names	of organization n	nanagers o				m (c) Tax fr	om Part I, col. (g	), (d) <u>;</u>	Manager's total tax liability add amounts in col. (c))
	founda	tion managers liab	le for tax			Part I, col. (a	) or pro	orated amount	10	(see instructions)
									_	
						-	<del> </del>	=		-
	· · · · · · · · · · · · · · · · · · ·					<del> </del>			+	
									$\dashv$	
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										1 01111 7160 (6066)

224091 12-09-22

Form 4720 (2	2022) FLE	ICHER FAM	ILY FOUNDATION			Ĩ	56-	-2393836	Page 5
	5	SCHEDULE (	i - Tax on Excess Lob	bying Expend	diture	<b>S</b> (Section 4911)			
Part II	-A, column (b), line 1h). s of lobbying expenditure	(See the instructions over lobbying no	ots nontaxable amount (from Sci ns before making an entry.) intaxable amount (from Schedul	e C (Form 990),	*********		1		
			is before making an entry.)				3		
4 Tax -	Enter 25% of line 3 here	and on Part I, line	5			*****************	4		
•	sch	EDULE H - T	axes on Disqualifying	Lobbying Ex	pendi	tures (Section 4	912)	·	
Part I	Expenditures a	and Computa	ation of Tax			·			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	g expenditures	(e) organiz	Tax imposed on ation (5% of col. (b)		(f) Tax imposed on orga managers (if applica (5% of col. (b))	anization ble) -
1	· · · · · · · · · · · · · · · · · · ·						$\perp$		
3							╁		
4	i i i i i i i i i i i i i i i i i i i								
5							1		S . I P . Charles
Total - Colum	nn (f). Enter total (or pro	rated amount) here	and in Part II, column (c), below	N					
		anization managers		(h) Item no from (e) Tay from Part I col (				(d) Manager's total tax (add amounts in col (see instructions	l. (c))
				-					
	sc	HEDULE I - I	nitial Taxes on Excess	Benefit Tran	nsacti	ons (Section 49	58)		
Part	<del>~</del>		ns and Tax Computati	on					
(a) Transaction number	(b) Date of transaction	(c) Correction mad Yes No	le?	<b>(d)</b> De	scription	of transaction			
1			· · · · · · · · · · · · · · · · · · ·						
2	<del>                                     </del>							• • • • • • • • • • • • • • • • • • • •	
4			***************************************						
5									
	(e) Amount of excess t	benefit	(f) Initial tax on disq (25% of co					n managers (if appl 00 or 10% of col. (e)	

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Part III

(a)

Transaction

number

2

3

FLETCHER FAMILY FOUNDATION 56-2393836 Page 6 SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments (d) Disqualified person's total tax (b) Trans, no, from (C) Tax from Part I, col. (f), liability (add amounts in col. (c)) (a) Names of disqualified persons liable for tax Part I, col. (a) or prorated amount (see instructions) Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (d) Manager's total tax liability (b) Trans. no, from (C) Tax from Part I, col. (g), (add amounts in col. (c)) (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax Part I. col. (a) or prorated amount (see Instructions) SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Partil Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (c) Type of transaction 1 - Listed (b) Transaction (d) Description of transaction 2 - Subsequently listed date 3 - Confidential 4 - Contractual protection (e) Did the tax-exempt entity know or have (h) Tax imposed on reason to know this transaction was a PTST (g) 75% of proceeds attributable (f) Net income attributable the tax-exempt entity when it became a party to the transaction? to the PTST to the PTST (see instructions) No

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Total - Column (h). Enter here and on Part I, line 9

Yes

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224103 12-09-22

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	SCHEDULE L -	Taxes on Prol	nibited Benefits Distrib See the instru		nor Advised Funds	(Section 4967).
≱Part 1	Prohibited Be	nefits and Tax		iotiona.		··
(a) Item number	(b) Date of prohibited benefit		<del>_</del> :	scription of benefit		<u>,</u>
1		<del> </del>	<del>,,</del> ,			<del></del>
2			<del></del>			····
3					· -	<del>-</del> -
4			· •••			
5						<u> </u>
	d) Amount of prohibited	i benefit	(e) Tax on donors, donor advis (125% of col (see instruct	L (d))	10% of col.	ers (if applicable) (lesser of (d) or \$10,000) structions)
	<del> </del>					
∻Part II	Summary of T	ax Liability of	Donors, Donor Adviso	rs, Related Per	sons, and Proration	of Payments
	(a) Names of donors, do	onor advisors, or related	persons liable for tax	(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see Instructions)
						<u> </u>
				<del></del>		
					<u>-</u>	-
					- <del></del>	1
			·			
Part III.	Summan, of T	av Liability of	Fund Managers and P	Proposition of Pou	monto	
FIXCHTHING	Guilliary Cr	ax clability Of	runu managers anu r	1	ments	Lin
	(a) Names	s of fund managers liable	o for tax	(b) Item no. from Part I. col. (a)	(C) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax flability (add amounts in col. (c)) (see instructions)
						-
						<del> </del>
						1
						1

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# 22) FLETCHER FAMILY FOUNDATION 56-2393836 Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs

			Requirements	(Sections 4959 and 5	01(r)(3)). (Se	e instructio	ns.)			
<b>Par</b>	t I 🚆 Failu	res to Meet Section 50	)1(r)(3)							
(a) Iter numbe		lame of hospital facility	(c) Description of the failure			(d) Tax year hospital facility last conducted a CHNA			(e) Tax year hospital facility last adopted an implementation strategy	
1										
2	<del></del>									
3										
4	_		-	-	<del></del>					
5	-				<del></del>					
<b>Par</b>	til Com	putation of Tax	<del></del>							
		ital facilities operated by the hosp	ital organization that fai	iled to meet the Commu	nitu			-		
					-					
Health Needs Assessment requirements of section 501(r)(3)  Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12										
	SC	HEDULE N - Tax on Ex	cess Executive	Compensation	(Section	4960) (S	ee ir	etric	tions	<u>.                                      </u>
					COCCION				1	o.,
(a) Iter numbe		me of covered employee	(c) Excess remuneration			(d) Excess parachute payment			(e) Total. Add column (c) and (d)	
1									1	
2	1								1	
3										
4	T .									· · · · · · · · · · · · · · · · · · ·
5				<del></del>						
6	Attachment	, if necessary. See instructions								
		(e) items 1 - 6)							<del></del>	
		the amount above here and on Pa								
		HEDULE O - Excise Tax			Private C	olleges a	and I	Jnive	rsiti	es
				ction 4968)						
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income		(e) Administrative expenses allocable to income included in cols. (c) and (d)		able uded	(f) Net investment income (See instructions.)
1	Filing Organization		**************************************							
2	Related Organization									
3	Related Organization						•			
4	Related Organization									
5	Total from atta	chment, if necessary								
6	Total									
7	Excise Tax on I	Vet Investment Income. Enter 1.49	% of the amount in 6(f)	here and on Part I. line	14					

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	Under penalties of perjury, declare that I have and belief it is true; correct, and complete. Dec	claration of preparer (other than taxpayer)	anying schedules and is based on all infor	mation of which pre	parer has any kno	wiedge.	
Sign	Signature of officer or trustee			Title	/	Date *	
Here							
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person						
	May the IRS discuss this return with the prepa	1	1	X Yes			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
	PATRICIA MOSKALIK			self- employed	P009544	13	
Preparer	Firm's name			Firm's EIN	41-19906	80	
Use Only	E.T. KELLY & ASSOCIATES, LLC						
	Firm's address 7301 OHMS LA	Phone no. 952-548-9150					
	EDINA, MN 55	1					

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SCHEDULE B - CORRECTIVE ACTION STATEMENT

STATEMENT 1

WAS SECTION 4942(H)(2) ELECTION MADE ON 990-PF

DATE

NO

12/31/23

CORRECTIVE ACTION DESCRIPTION

WILL MAKE ADDITIONAL DONATION IN 2023