PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change ANN BANCROFT FOUNDATION Name change 41-1691868 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2356 UNIVERSITY AVE W 404 612-338-5752 1,052,948. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return ST. PAUL, MN 55114 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ETHELIND B. for subordinates? Yes X No SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ANNBANCROFTFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1997 M State of legal domicile: MN ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ANN BANCROFT FOUNDATION Activities & Governance ENVISIONS A WORLD IN WHICH ALL WHO IDENTIFY AS A GIRL HAVE A CHANCE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 870,835. 863,794. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 474. 15,707. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,702. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,198. 11 880,699. 874,011. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 139,997. 258,015. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 290,241. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 411,700. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 220,804. 206,723. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 876,438. 651,042. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 222,969. 4,261. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,259,804. 1,289,979. Total assets (Part X, line 16) 115,916. 141,830. 21 Total liabilities (Part X, line 26) 三年 143,888. 148,149 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. PUBL Signature of officer Date Sign ETHELIND B. KABA, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 10/16/24 P00046853 NEAL EVERT self-employed Paid NEAL EVERT Firm's name CARPENTER, EVERT & ASSOCIATES, Firm's EIN 41-1534805 Preparer 7760 FRANCE AVE S, SUITE 940 Use Only Firm's address Phone no. (952) 831-0085BLOOMINGTON, MN 55435 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ANN BANCROFT FOUNDATION INSPIRES AND ENCOURAGES GIRLS TO IMAGINE
	SOMETHING BIGGER. WE STRIVE TO BUILD CONFIDENCE AND OFFER TOOLS THAT
	WILL ALLOW A GIRL TO GO AFTER HER DREAMS AND FEEL SUPPORTED ALONG THE
	WAY. THROUGH GRANTS, MENTORSHIP, AND ONGOING DEVELOPMENT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$664,364. including grants of \$258,015.) (Revenue \$1,198.)
	HEADQUARTERED IN ST. PAUL, MINNESOTA, THE ANN BANCROFT FOUNDATION
	CONTINUES TO PROVIDE GRANTS (PAIRED WITH MENTORSHIP) AND DEVELOPMENT
	TOOLS TO K-12 GIRLS ACROSS MINNESOTA. IN 2023, THE ANN BANCROFT
	FOUNDATION AWARDED 288 GRANTS, WITH THE NEW INCREASE OF SEED GRANTS UP
	TO \$1000. SEED GRANTS REQUESTS WERE UP TO \$500 UNTIL INCREASED IN
	MARCH 2023. ADDITIONALLY, THE ANN BANCROFT FOUNDATION PROVIDED IN
	PERSON AND VIRTUAL PROGRAMMING TO YOUTH GIRLS TO FACILITATE CONNECTION
	AND PEER LEARNING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FOLLOWING COMPLETE STAFF TURNOVER IN 2021 AND ITS 25TH ANNIVERSARY IN
	2022, THE ANN BANCROFT FOUNDATION CONDUCTED A YEAR-LONG STRATEGIC
	PLANNING PROCESS. THIS INCLUDED LISTENING SESSIONS WITH GRANTEES,
	INTERVIEWS WITH SUPPORTERS AND VOLUNTEERS, AND SURVEYS TO STRATEGIC
	PARTNERS. IN DECEMBER 2022, THE BOARD APPROVED A NEW ADAPTIVE STRATEGIC
	PLAN FOCUSING ON THREE KEY GOALS:
	STRENGTHENING GRANTMAKING, MENTORSHIP, AND DEVELOPMENT OPPORTUNITIES
	AMPLIFYING AND CELEBRATING IMPACT STORIES
	ENHANCING FINANCIAL AND ORGANIZATIONAL SUSTAINABILITY
	THE PLAN WAS PUBLICLY LAUNCHED IN SPRING 2023 WITH A VIRTUAL TOWN HALL.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	IN 2023, THE ORGANIZATION GREW BY ADDING THREE NEW ROLES TO SUPPORT THE
	STRATEGIC PLAN'S GOALS: A DEVELOPMENT DIRECTOR AND A COMMUNICATIONS
	SPECIALIST. ADDITIONALLY, NEW BENEFITS WERE INTRODUCED, INCLUDING A
	SIMPLE IRA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 664,364.
	Form 990 (2023)

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	, , ,	8	х	
9	Schedule D, Part III	۳		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10		x
44	or in quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	- 25	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1 🕰

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Part IV | Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	—
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	N ₂
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	990 (2023) ANN BANCROFT FOUNDATION	41-1691	868	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
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	2 a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad				7.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		X
С	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				
	any contributions that were not tax deductible as charitable contributions?		6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contribution		ا ۵.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	oo roquirod	10		
С	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the annual in a constitution and a constant to distribution and according 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا بمر ا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	14-		Х
14a			14a		^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		"		
17	Section 501(c)(21) organizations. Did the trust or any disqualified or other person engage in any ac-	tivities			

If "Yes," complete Form 6069. Form **990** (2023) 332005 12-21-23

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed. Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? Bud the organization contemporaneously document the meetings held or written actions undertaken during the year by the folic a The governing body? b Each committee with authority to act on behalf of the governing body?	ervision	2 3 4 5 6	Yes	No X
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body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed bid the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the folional the governing body?	ther ervision d?	3 4 5		
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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed. Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the folion. The governing body? 	ther ervision d?	3 4 5		
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 Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed. Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the folion. The governing body? 	ervision d?	3 4 5		
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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed. Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the folional the governing body? 	d? or	4 5		X
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant of the governing body? 	or	5		
 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant of the governing body? 	 Dr			X
 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant to governing body? a The governing body? 	or	6		X
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant of the governing body?				X
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followance the governing body? 				
persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant the governing body?	, or	7a		X
 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followant the governing body? 				
a The governing body?		7b		_X_
	wing:			
b Each committee with authority to act on behalf of the governing body?		8a	Х	
		8b	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	э.)			
	,		Yes	No
10a Did the organization have local chapters, branches, or affiliates?		10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affil	iates,			
and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	g the form?	11a	Х	<u></u>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	<u> </u>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	<u> </u>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri-	be			
on Schedule O how this was done		12c	Х	
13 Did the organization have a written whistleblower policy?		13	Х	
14 Did the organization have a written document retention and destruction policy?		14	Х	
15 Did the process for determining compensation of the following persons include a review and approval by indepe	ndent			
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official		15a	Х	
b Other officers or key employees of the organization		15b	Х	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
taxable entity during the year?		16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particle	pation			
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
		16b		
exempt status with respect to such arrangements?				
exempt status with respect to such arrangements? Section C. Disclosure				
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MN				
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see	ection 501(c)(3)s	only) a	availat	ole
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply.		only) a	 availat	ole
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule).	ıle O)			ole
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedulary Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the status with respect to such arrangements?	ıle O)			ole
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedulary Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of integrated available to the public during the tax year.	ule O) erest policy, and			ole
exempt status with respect to such arrangements? Section C. Disclosure 17 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 (1024 or 1024-A, if applicable), 990, and 990-T (see for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedulary Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the status with respect to such arrangements?	ule O) erest policy, and			ole

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate			
(A)	(B)			((Posi	C)			(D)	(E)	(F)
Name and title	Average		not c	heck ı	more	than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation from	compensation from related	amount of other
	week (list any	tor						the	organizations	compensation
	hours for	direc				9		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Inst	Offi	Key	E High	For			
(1) ETHELIND B. KABA	40.00	ļ						1.55 0.44		7 044
EXECUTIVE DIRECTOR	1 00	Х		Х				165,941.	0.	7,844.
(2) AMY BERGSTROM	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(3) JACKIE HARTMAN	1.00	ļ								•
BOARD CHAIR	1 00	Х						0.	0.	0.
(4) ANN BANCROFT	1.00								•	•
FOUNDER	1 00	Х			_			0.	0.	0.
(5) SARA KILIAN	1.00								•	•
DIRECTOR	1 00	Х			_			0.	0.	0.
(6) SHARON OLSON	1.00								•	•
DIRECTOR EMERITUS	1 00	Х			_			0.	0.	0.
(7) LEE VUE	1.00								•	•
SECRETARY EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(8) CARLEY KNOX	1.00	ļ								•
DEVELOPMENT COMMITTEE CHAIR	1 00	Х						0.	0.	0.
(9) KELLY MCNAMARA	1.00								•	•
BOARD MEMBER	1 00	Х			_			0.	0.	0.
(10) SARAH STREHL	1.00	.,								0
BOARD MEMBER PROGRAM COMMITTEE	1 00	Х						0.	0.	0.
(11) JADE DENSON	1.00	. ,							0	0
PROGRAM CHAIR (12) LAURA FINGERSON	1.00	Х						0.	0.	0.
BOARD CHAIR EXECUTIVE COMMITTEE	1.00	Х						0.	0.	0.
(13) JAN MALCOLM	1.00	Λ						0.	0.	0.
DIRECTOR EMERITA	1.00	Х						0.	0.	0.
(14) VEDA PAI PANADIKER	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) ANDY STEINER MANNING	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) AMY WATTERS	1.00	25							0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
			\vdash		\vdash					J •
		1								
		<u> </u>			I		l	<u> </u>	l	000

Form 990 (2023) ANN BANCI									41-16	918	368	Р	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	st C		` ′				
(A) Name and title	(B) Average hours per week	(do not check more than one			n an	(D) Reportable compensation from	(E) Reportable compensatior from related	- 1	an	(F) timate nount other	of		
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	r	Key employee	Highest compensated employee	Ja.	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fr org and	pensa om th anizat d relat anizati	e tion ted
	line)	Indivi	Instit	Officer	Key er	Highe emplo	Former						
		•											
1b Subtotal								165,941.		0.		7 . 8	44.
c Total from continuation sheets to Part VI	I, Section A							165,941.		0.	0.		0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable			Vaa	1
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•		•	•	•		•		•		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl 0,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth	ner compensation from tor such individual	he organization		4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com Section B. Independent Contractors					-						5		Х
1 Complete this table for your five highest co	•	•								ensat	ion fro	om	
the organization. Report compensation for (A) Name and business			ndir ONE		ith c	or wi	thin 	the organization's tax y (B) Description of s			(C ompe		
	<u>aaareee</u>	140)INI	<u> </u>				Description of a	ol vices		on poi	Tourio	··
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
									· 		Eorm.	990 /	3U33)

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c 2	297,360.				
fts,		d Related organizations 1d	237,3001				
ij gi							
ons,		Government grants (contributions)					
utic	'	All other contributions, gifts, grants, and	566 131				
ĕ			566,434.				
ont		Noncash contributions included in lines 1a-1f		062 704			
O g		n Total. Add lines 1a-1f		863,794.			
	_		Business Code				
Program Service Revenue	2 8						
	ŀ						
n S	•						
ran 3ev	•	i					
og F	•						
Ē		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		15,707.			15,707.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
ē		and sales expenses 7b					
en		Gain or (loss) 7c					
Şe		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
ᅙ		including \$ 297,360. of					
		contributions reported on line 1c). See					
			172,249.				
	ŀ	Less: direct expenses 8b	172,249.				
	(Net income or (loss) from fundraising events		0.			
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	D Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
		i	Business Code				
sno.	11 a	OTHER INCOME	900099	1,198.	1,198.		
ane Duc	ŀ						
Miscellaneous Revenue	(
<u>is</u>	(All other revenue					
≥	(e Total. Add lines 11a-11d		1,198.			
	12	Total revenue. See instructions		880,699.	1,198.	0.	15,707.

332009 12-21-23

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 or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 258,015. 258,015. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 173,785. 116,436. 24,330. 33,019. 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) 198,874. 133,245. 27,842. 37,787. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,170. 7,484. 1,564. 2,122. Other employee benefits 9 27,871. 18,674. 3,902. 5,295. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 90,645 58,722. 15,271. 16,652. column (A), amount, list line 11g expenses on Sch O.) 17,060.28,326. 3,565. 7,701. Advertising and promotion 12 39,248. 26,297. 5,494. 7,457. Office expenses 13 22,268. 14,920. 3,117. ,231. Information technology 14 15 Royalties 16 Occupancy 5,751. 212. 5,539. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,797. 1,204. $\overline{341}$. 252. Depreciation, depletion, and amortization 22 7,175. 4,807. 1,005. 363. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 9,060. 6,070. 1,269. 1,721. DUES AND SUBSCRIPTIONS **MISCELLANEOUS** 2,453. 1,430. 618. 405. С d All other expenses 876,438. 664,364. 88,441. 123,633. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	804,877.	1	675,003		
	2	Savings and temporary cash investments			377,221.	2	552,599
	3	Pledges and grants receivable, net	5,000.	3	5,000		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ns		5		
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
ε	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			23,332.	9	30,796
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,451.			
	b	Less: accumulated depreciation	10b	4,611.	6,637.	10c	4,840
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		42,737.	15	21,741	
	16	Total assets. Add lines 1 through 15 (must equal to 15)	ual line 3	3)	1,259,804.	16	1,289,979
	17	Accounts payable and accrued expenses			11,129.	17	23,711
	18	Grants payable		63,352.	18	91,254	
	19	Deferred revenue			19	10,000	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	s 17-24)	Complete Part X	41 425		16 065
				·····	41,435.		16,865
	26	Total liabilities. Add lines 17 through 25			115,916.	26	141,830
S		Organizations that follow FASB ASC 958, ch	eck her	X			
JCe		and complete lines 27, 28, 32, and 33.			017 500		01/ 250
<u>a</u>	27				817,588.	27	814,350 333,799
Ö	28	Net assets with donor restrictions			326,300.	28	333,133
ڃ		Organizations that do not follow FASB ASC	958, cne	CK nere			
卢		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,143,888.	31	1,148,149
ž	32	Total net assets or fund balances			1,259,804.	32	
	33	Total liabilities and net assets/fund balances			1,433,004.	33	1,289,979

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,14	4,2				
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,14	8,1	49.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line 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 on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, 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	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection
Employer identification number

OMB No. 1545-0047

ANN BANCROFT FOUNDATION		4	1-1691868								
Part I Reason for Public Charity Status. (All organizations must complete this part.) Se	ee instructions	s.									
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii	i).										
4 A medical research organization operated in conjunction with a hospital described in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,								
city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a go	vernmental ur	nit describe	ed in								
section 170(b)(1)(A)(iv). (Complete Part II.)											
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)((v).										
7 An organization that normally receives a substantial part of its support from a governmental u	unit or from th	e general p	oublic described in								
section 170(b)(1)(A)(vi). (Complete Part II.)											
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city,	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
university:											
10 X An organization that normally receives (1) more than 33 1/3% of its support from contribution											
activities related to its exempt functions, subject to certain exceptions; and (2) no more than		• •	· ·								
income and unrelated business taxable income (less section 511 tax) from businesses acquir	red by the org	anization a	Ifter June 30, 1975.								
See section 509(a)(2). (Complete Part III.)											
An organization organized and operated exclusively to test for public safety. See section 50											
An organization organized and operated exclusively for the benefit of, to perform the function		•									
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).			neck the box on								
lines 12a through 12d that describes the type of supporting organization and complete lines		-	air in a								
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s) the power to regularly appoint or clost a majority of the discount											
the supported organization(s) the power to regularly appoint or elect a majority of the direct organization. You must complete Part IV, Sections A and B.	tors or trustee	55 01 1116 51	ipporting								
b Type II. A supporting organization supervised or controlled in connection with its supporter	d organization	n(s) by bay	vina								
control or management of the supporting organization vested in the same persons that cor	-		-								
organization(s). You must complete Part IV, Sections A and C.	itror or manag	jo ti io oupp	Jortod								
c Type III functionally integrated. A supporting organization operated in connection with, a	and functionall	lv integrate	ed with.								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, I		, 9	,								
d Type III non-functionally integrated. A supporting organization operated in connection w		ted organiz	zation(s)								
that is not functionally integrated. The organization generally must satisfy a distribution req		-									
requirement (see instructions). You must complete Part IV, Sections A and D, and Part IV	-										
e Check this box if the organization received a written determination from the IRS that it is a	Type I, Type I	I, Type III									
functionally integrated, or Type III non-functionally integrated supporting organization.											
f Enter the number of supported organizations											
g Provide the following information about the supported organization(s).											
(ii) Name of supported (iii) EIN (iii) Type of organization (described on lines 1-10 (iv) Is the organization in your governing document?	(v) Amount of	•	(vi) Amount of other								
organization (described on lines 1-10 above (see instructions)) Yes No	support (see in	structions)	support (see instructions)								
Total											

332021 12-21-23

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support subsettiles 5 ten like 4. Section B. Total Support 5 ten like 5 ten like 4. Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
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organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	ciow, picase comp	ictor art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			• •	879,889.	• •	3716992.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	030,007.	040,197.	703,103.	079,009.	003,734.	3710992.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	630,007.	640,197.	703,105.	879,889.	863,794.	3716992.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
(Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						3716992.
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	630,007.	640,197.	703,105.		863,794.	3716992.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	61.	36.	30.	474.	15,707.	16,308.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	61.	36.	30.	474.	15,707.	16,308.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,311. 632,379.	3,763. 643,996.	4,298. 707,433.	2,702. 883,065.	1,198. 880,699.	14,272. 3747572.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the						
				•			
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	99.18 %
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,				16	99.34 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	023 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.44 %
	Investment income percentage from					18	.02 %
19a	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organizat	tion	X
k	33 1/3% support tests - 2022. If the	•				,	
00	line 18 is not more than 33 1/3%, che		-	•		-	
ZU	Private foundation. If the organization	in did not check a l	oox on line 14-192	a or iyo checkith	is dox and see inst	HUCHOUS	1 1

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Oh-		
3b		
3с		
4a		
4b		
4c		
5a		
		
5b 5c		
30		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		

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Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Bb		

Pa	T V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	inatrustiana	, ,		,

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2023

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a) contributor, du	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributi is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

ANN BANCROFT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 67,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$\$1,786.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>21,559.</u>	Person X Payroll

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

ANN BANCROFT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>22,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 27,168.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

ANN BANCROFT FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, dudress, and Zii + 4	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

ANN BANCROFT FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** ANN BANCROFT FOUNDATION 41-1691868 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

323454 12-26-23

Schedule B (Form 990) (2023)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ANN BANCROFT FOUNDATION

Employer identification number 41-1691868

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	(continu	ued)	90
3	Using the organization's acquisition, accession								(OOTHER)	<u> </u>	
	collection items (check all that apply).	.,	o, oo	u, o			,				
а	Public exhibition	d		oan or exc	hange prograi	m					
	b Scholarly research e X Other OFFICE DECOR										
c											
4											
5											
3	to be sold to raise funds rather than to be main								Yes	X	No
Par	t IV Escrow and Custodial Arrang										110
1 0	reported an amount on Form 990, Part		te ii tile t	Jigariizatioi	ranswered r	es on	01111 990,	i aitiv, ii	116 3, 01		
12	Is the organization an agent, trustee, custodial		diany for (contribution	ns or other ass	ets not i	ncluded				
Iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII ar								_ 103	ш	110
b	ii res, explain the arrangement iirr art xiii ai	ia complete the for	lowing to	abic.					Amount		
•	Beginning balance						1c				
q											
u	Additions during the year Distributions during the year										
f											
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. C						у:		_ 163	H	140
Par											
		(a) Current year		rior year	(c) Two years		d) Three y	ears back	(e) Four	vears t	ack
1a	Beginning of year balance	(L) Carrotti your	(2):	,	(5) your	y suon ((,	ouro suon	(5) : 54:	, ou. o .	
	Contributions										
b	Net investment earnings, gains, and losses										
4											
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
t 	Administrative expenses										
g	End of year balance	-4	- /I: -1		\\						
2	Provide the estimated percentage of the curre	nt year end balance	`	, column (a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
D	Permanent endowment	%									
С	Term endowment										
_	The percentages on lines 2a, 2b, and 2c shoul	•									
За	Are there endowment funds not in the possess	sion of the organiza	ition that	are neid ar	na administere	ea for the	9		Г	Yes	No
	organization by:									163	NO
	(i) Unrelated organizations?								3a(i)	-	
	(ii) Related organizations?								3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organizati								3b		
Dai	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipme		wment fu	inas.							
ı aı	Complete if the organization answered		Dort IV	lino 11a S	coo Form 000	Dort V I	ino 10				
	<u> </u>		1		T T						
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	
		basis (investr	nent)	Dasis	(other)	aep	reciation				
_	Land	I									
b	Buildings				0 451		1 (1	11	A	0.4	_
C	Leasehold improvements				9,451.		4,61	<u> </u>	4	, 84	U •
d	Equipment										
	Other								1	. 84	^
Lota	Add lines 1a through 1e (Column (d) must on	! C 000 D	V P 41		(D))				- 4	. ~ 4	

Schedule D (Form 990) 2023

	Form 990) 2023 ANN BANCROF! Investments - Other Securities	r FOUNDATION	41	-1691868 Page 3
		on Form 000 Port IV line 1	1h Coo Form 000 Port V line 10	
	Complete if the organization answered "Yes"		(c) Method of valuation: Cost or end	d of year market yelve
	ion of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial				
	neld equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		()		, , , , , , , , , , , , , , , , , , , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, line 15, col Other Liabilities	. (B))		
		F 000 B+ IV I' 4	1 111 O F 000 P 1 V P 05	
_	Complete if the organization answered "Yes" (on Form 990, Part IV, line I	Te or TH. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	eral income taxes			16 065
	ASE LIABILITY			16,865.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

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

Schedule D (Form 990) 2023

16,865.

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

Part	Reconciliation of Revenue per Audited Financial Sta		ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			000 600
			1	880,699.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants Other (Describe in Part XIII.)			
	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			880,699.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••		000,000
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5				880,699.
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 XIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	876,438.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a l	Donated services and use of facilities	2a		
	Prior year adjustments			
c (Other losses			
	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d			876,438.
	Subtract line 2e from line 1		3	0/0,430.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
	nvestment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			876,438.
Part	XIII Supplemental Information	, <u>, , , , , , , , , , , , , , , , , , </u>	, -	•
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, li	ne 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
D 3 D 1	n			
PAR'	Γ III, LINE 1A:			
mur	ANN BANCROFT FOUNDATION DOES NOT REPO	סת אייטהגי טב צם	т ∩р итст∩р	TCAT
Inc	ANN BANCKOFT FOUNDATION DOES NOT KEFO	AA 10 GAAOW IA	1 OK HISTON	ICAL
TRE	ASURES ON THE BALANCE SHEET.			
111111	IDONED ON THE BILLINGE BILLET.			
PAR	Γ III, LINE 4:			
FRO	M 1997 TO 2011 THE ANN BANCROFT FOUNDA	TION CONFERRED	THE DREAMM	AKER
<u>AWAI</u>	RD IN FOUR CATEGORIES, RESULTING IN 53	HONOREES, GIR	LS, WOMEN A	ND
050				~
ORG	ANIZATIONS WHO CONTRIBUTED TO THE ADVA	NCEMENT OF WOM	EN AND GIRL	S.
7 001	ATMED DUOMOCDADUED ANN MADCDEN DUOMOC	DYDRED EU OE O	IID HOMODEEC	7 NT)
ACC.	LAIMED PHOTOGRAPHER ANN MARSDEN PHOTOG	WYLUFD OA OL O	OK HONOKEES	, AND
тноя	SE PORTRAITS ARE RETAINED AS A COLLECT	ION BY THE ANN	BANCROFT	
FOUI	NDATION.			

Schedule 0 from 990, 2023 ANN BANCROFT FOUNDATION 41-1691868 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2023	ANN BANCROFT	FOUNDATION	41-1691868 Page 5
	Part XIII Supplemental Info	rmation (continued)		
		,		

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

to Form 990.

Internal Revenue Service Name of the organization

Department of the Treasury

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

ANN BANCROFT FOUNDATION

Employer identification number 41-1691868

OMB No. 1545-0047

Open to Public

Inspection

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	<u>6a</u>		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ETHELIND B. KABA	(i)	165,941.	0.	0.	0.	7,844.	173,785.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

Part III Supplemental Information
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 O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ANN BANCROFT FOUNDATION

Employer identification number 41-1691868

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

TO LIVE THEIR DREAMS AND REACH THEIR FULL POTENTIAL. WE ACHIEVE OUR

MISSION BY PROVIDING GRANTS, MENTORSHIP, AND ONGOING DEVLOPMENT K-12

GIRLS IN MN.

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

OPPORTUNITIES, THE ANN BANCROFT FOUNDATION IS GIVING MINNESOTA GIRLS

STRENGTH TO ACHIEVE THEIR FULL POTENTIAL.

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

LINE 11B EXPLANATION - FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BEFORE FILING.

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

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

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

EXECUTIVE COMMITTEE MEETS TO DISCUSS COMPENSATION AND COMPARES TO OTHER

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

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

DIRECTORS FOR FINAL APPROVAL.

EXECUTIVE COMMITTEE MEETS TO DISCUSS COMPENSATION AND COMPARES TO OTHER

EXECUTIVE DIRECTOR SALARIES AT COMPARABLE NONPROFITS AS WELL AS WHAT THE

FOUNDATION CAN AFFORD. RECOMMENDATION IS MADE BY THE HIRING COMMITTEE TO

THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page
Name of the organization ANN BANCROFT FOUNDATION	Employer identification number 41-1691868
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS, SUCH AS OUR ANNUAL REPORT, ARE AVAILABLE ON OUR	WEBSITE AT
WWW.ANNBANCROFTFOUNDATION.ORG	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	58,722.
MANAGEMENT AND GENERAL EXPENSES	15,271.
FUNDRAISING EXPENSES	16,652.
TOTAL EXPENSES	90,645.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	90,645.