

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2020 Open to Public Inspection

Part I Summary: Form of organization: [X] Corporation; Website: N/A; Tax-exempt status: [X] 501(c)(3); Name and address of principal officer: ANOKA, MN 55303; 2727 FERRY STREET NORTH; ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.

Part II Revenue and Expenses: Table with columns for Revenue (8-12) and Expenses (13-19). Total revenue: 304,841; Total expenses: 262,609; Net assets: 415,241.

Sign Here: Signature of officer: JOEL VERDUN; Signature of preparer: Robert Murphy; Date: 11/11/2021.

Preparer Paid: Preparer's name: Robert Murphy; Firms name: ROBERT M MURPHY PA; Firms address: 10650 COUNTY ROAD 81 SUITE 203; Firms EIN: P01040515.

4e Total program service expenses **193,733** (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4a (Code:) (Expenses \$ including grants of \$ 193,733) (Revenue \$ 64,356)

- 1 Briefly describe the organization's mission:
 Check if Schedule O contains a response or note to any line in this Part III
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
- 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.

1 AHEF CULTIVATES EQUITABLE AND INNOVATIVE EXPERIENCES FOR STUDENTS THROUGH PARTNERSHIPS WITH COMPASSIONATE PEOPLE WHO HAVE GENEROUS HEARTS.

Part III Statement of Program Service Accomplishments

Part IV Checklist of Required Schedules

Table with 2 columns: Question number and Yes/No response. Questions range from 1 to 21, covering various organizational requirements and financial reporting details.

Part IV Checklist of Required Schedules (continued)

Table with 22 rows (22-38) and 2 columns (Yes/No). Each row contains a question number and a corresponding 'Yes' or 'No' checkbox. Questions cover various organizational requirements and reporting details.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 4 rows (1a-1c) and 2 columns (Yes/No). Each row contains a question number and a corresponding 'Yes' or 'No' checkbox. Questions relate to Form 1096, Form W-2G, and reportable gaming.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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	
2a		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
3a		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3a	X
3b		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3b	
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
4b		If "Yes," enter the name of the foreign country		4a	X
5a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		5a	X
5b		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
5c		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		5c	
6b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6a	X
7a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		6b	
7b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a	
7c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7b	
7d		If "Yes," indicate the number of Forms 8282 filed during the year		7c	
7e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7d	
7f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e	
7g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7f	
7h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7g	
8a		Sponsoring organizations maintaining donor advised funds.		7h	
8b		Sponsoring organization have excess business holdings at any time during the year?		8a	
9a		Did the sponsoring organization make any taxable distributions under section 4966?		8b	
9b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a	
10a		Section 501(c)(7) organizations. Enter:		9b	
10b		Initiation fees and capital contributions included on Part VIII, line 12		10a	
10c		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11a		Gross income from members or shareholders		10c	
11b		Gross income from other sources (Do not net amounts due or paid to other sources		11a	
11c		against amounts due or received from them.)		11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		11c	
12b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a	
13a		Section 501(c)(29) qualified nonprofit health insurance issuers.		12b	
13b		Is the organization licensed to issue qualified health plans in more than one state?		13a	
13c		Note: See the instructions for additional information the organization must report on Schedule O.		13b	
14a		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13c	
14b		Enter the amount of reserves on hand		14a	
14c		Did the organization receive any payments for indoor tanning services during the tax year?		14b	
14d		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14c	X
15a		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		14d	
15b		If "Yes," see instructions and file Form 4720, Schedule N.		15a	
16a		Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		15b	X
16b		If "Yes," complete Form 4720, Schedule O.		16a	X

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

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

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	21	1a	
1b	Enter the number of voting members included in line 1a, above, who are independent committee, explain on Schedule O	21	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	X
6	Did the organization have members or stockholders?		6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		8a	X
a	The governing body?		8b	X
b	Each committee with authority to act on behalf of the governing body?		9	X
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			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		12c	X
13	Did the organization have a written whistleblower policy?		13	X
14	Did the organization have a written document retention and destruction policy?		14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		15a	X
b	Other officers or key employees of the organization		15b	X
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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed Minnesota

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

HERESA DEGEST (763) 506-1107, 2727 FERRY STREET NORTH, ANOKA, MN 55303

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and other related organizations
		Former	Highest compensated employee	Key employee	Officer	Individual trustee or director			
(1) THERESA DEGEST	40.00			X			71,615	0	
(2) IMANI HARRIS	1.00	X					0	0	
DIRECTOR									
(3) TERRY DOE	1.00	X					0	0	
STUDENT DIRECTOR									
(4) ISABEL HOBOT	1.00	X					0	0	
STUDENT DIRECTOR									
(5) JULIA DE LOS RIOS	1.00	X					0	0	
DIRECTOR									
(6) MARIA LA HOZ	1.00	X					0	0	
DIRECTOR									
(7) ELIE PRUSS	1.00	X					0	0	
DIRECTOR									
(8) NICOLE HAYES	1.00	X					0	0	
DIRECTOR									
(9) DA MIAH JONES	1.00	X					0	0	
DIRECTOR									
(10) RACHAEL SULLIVAN	1.00	X					0	0	
DIRECTOR									
(11) SAM MWANGI	1.00	X					0	0	
DIRECTOR									
(12) NATHAN ELLIOTT	1.00	X					0	0	
DIRECTOR									
(13) ROBIN CHAMBERS	1.00	X					0	0	
DIRECTOR									
(14) LYNN MONTGOMERY	1.00	X					0	0	
DIRECTOR									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(15) DEB SHEPARD DIRECTOR	1.00	X					0	0	0	
(16) GWYN SHERBURNE DIRECTOR	1.00	X					0	0	0	
(17) JAMES RENNERT DIRECTOR	1.00	X					0	0	0	
(18) JÜLIE KJUND-SCHUBERT CHAIR	1.00			X			0	0	0	
(19) STACEY BUCHANAN TREASURER	1.00			X			0	0	0	
(20) JOEL VERDUN CHAIR ELECT	1.00			X			0	0	0	
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
Subtotal							71,615	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									0	

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
Section B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								0

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	
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Part VIII

Statement of Revenue

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

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514																																																																												
304,841																																																																															
<table border="1"> <tr> <td>1a</td> <td>Federated campaigns</td> <td>240,643</td> <td></td> </tr> <tr> <td>1b</td> <td>Membership dues</td> <td></td> <td></td> </tr> <tr> <td>1c</td> <td>Fundraising events</td> <td>64,198</td> <td></td> </tr> <tr> <td>1d</td> <td>Related organizations</td> <td></td> <td></td> </tr> <tr> <td>1e</td> <td>Government grants (contributions)</td> <td></td> <td></td> </tr> <tr> <td>1f</td> <td>All other contributions, gifts, grants, and similar amounts not included above</td> <td></td> <td></td> </tr> <tr> <td>1g</td> <td>Noncash contributions included in lines 1a-1f</td> <td></td> <td></td> </tr> <tr> <td>1g</td> <td>Total, Add lines 1a-1f</td> <td></td> <td></td> </tr> </table>				1a	Federated campaigns	240,643		1b	Membership dues			1c	Fundraising events	64,198		1d	Related organizations			1e	Government grants (contributions)			1f	All other contributions, gifts, grants, and similar amounts not included above			1g	Noncash contributions included in lines 1a-1f			1g	Total, Add lines 1a-1f																																														
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Miscellaneous Revenue

Other Revenue

Program Service Revenue

Contributions, Gifts, Grants and Other Similar Amounts

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 4 columns: (A) Total expenses, (B) Program services expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Payroll taxes, and Total functional expenses.

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

		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	162,009	339,935
2	Savings and temporary cash investments	290,100	297,146
3	Pledges and grants receivable, net		
4	Accounts receivable, net	9,969	7,024
5	Loans and other receivables from 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		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	5,334	5,891
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	11,428	
	Less: accumulated depreciation	4,645	
b			
11	Investments - publicly traded securities	9,011	6,783
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 33)	476,423	656,779
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		300
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other 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		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,400	
26	Total liabilities. Add lines 17 through 25		
27	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>	197,326	241,538
28	Net assets without donor restrictions		
29	Net assets with donor restrictions	246,827	382,187
30	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>	32,270	
31	Capital stock or trust principal, or current funds		
32	Paid-in or capital surplus, or land, building, or equipment fund		
33	Total liabilities and net assets/fund balances	476,423	656,779

Part XI Reconciliation of Net Assets

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

1	2	3	4	5	6	7	8	9	10
1	Total revenue (must equal Part VIII, column (A), line 12)	362,350							
2	Total expenses (must equal Part IX, column (A), line 25)	226,206							
3	Revenue less expenses. Subtract line 2 from line 1	136,144							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	279,097							
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities								
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	415,241							

Part XII Financial Statements and Reporting

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

1	2a	b	c	3a	3b
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Department of the Treasury
Internal Revenue Service

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

Public Charity Status and Public Support

OMB No. 1545-0047
2020
Open to Public Inspection

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

Employer identification number
41-1691433

ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (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 unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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).

(A)	(B)	(C)	(D)	(E)	Total	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
									Yes	No		

- 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
- 15 Public support percentage for 2019 Schedule A, Part II, line 14
- 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))
- 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

organization, check this box and stop here

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7						
8						
9						
10						
11						
12						
13						
14						
15						
16a						
17a						
b 33 1/3%						
b 10%						
18						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16a						
17a						
b 33 1/3%						
b 10%						
18						

Section A. Public Support

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.
 (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.)

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.)

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,403	115,722	122,140	262,609	304,841	899,715
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	871	1,115	1,164	12,325	24,127	39,602
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	95,274	116,837	123,304	274,934	328,968	939,317
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
95,274	116,837	123,304	274,934	328,968	939,317	
90	64	64	6,476	7,333	14,027	
90	64	64	6,476	7,333	14,027	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	90	64	6,476	7,333	14,027	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	76,232	96,628		19,895	14,270	207,025
12 Other income. Do not include gain or loss from the sale of capital assets						
13 Total support. (Add lines 9, 10c, 11, and 12)	171,596	213,529	123,368	301,305	350,571	1,160,369
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 80.95 %

Public support percentage from 2019 Schedule A, Part III, line 15 72.75 %

Section D. Computation of Investment Income Percentage

Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 1.00 %

Investment income percentage from 2019 Schedule A, Part III, line 17 1.00 %

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Section A. All Supporting Organizations	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 or 990-EZ).
8	Did the organization make a loan to a disqualified person (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.
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 in 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 in 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 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.)
10b	
Yes	No

Part IV Supporting Organizations (continued)

11		Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.
Yes	No	
11a	11b	11c

Section B. Type I Supporting Organizations

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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Yes	No	
2		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, supervised, or controlled the supporting organization.
Yes	No	
1	2	

Section D. All Type III Supporting Organizations

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).
Yes	No	
1		

Section E. Type III Functionally Integrated Supporting Organizations

1		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
Yes	No	
2		Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
Yes	No	
3		By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.
Yes	No	
3	2	

Section F. Type III Functionally Integrated Supporting Organizations

1		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
Yes	No	
2		Activities Test. Answer lines 2a and 2b below.
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3		Parent of Supported Organizations. Answer lines 3a and 3b below.
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
3b	3a	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		

Section 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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by 0.035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.

Employer identification number
41-1691433

Organization type (check one):

Filers of:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization: ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.
 Employer identification number: 41-1691433

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	CONNEXUS ENERGY FOUNDATION 14601 RAMSEY BLVD RAMSEY MN 55303	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RAMSEY LIONS P O BOX 771 ANOKA MN 55303	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ST PAUL MN FOUNDATION 101 5TH STREET EAST SUITE 2400 SAINT PAUL MN 55101	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	METRO SALES 1640 E 78TH STREET MINNEAPOLIS MN 55423	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ARROW GIVING FOUNDATION 650 3RD AVE S SUITE 1500 MINNEAPOLIS MN 55402	\$ 10,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ELIZABETH SMITH 10805 GRAELACH ROAD LAUREL MD 20723	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.
 Employer identification number: 41-1691433

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	RUDY JOHNSON SCHOLARSHIP 10805 GRAELACH ROAD LAUREL MD 20723	\$ 9,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

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.

2020

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Part I Organizations Maintaining Donor Advised Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values and row 5 for total number at end of year.

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Table with 2 columns: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. Rows a, b, c, d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f
Beginning balance				
Additions during the year				
Distributions during the year				
Ending balance				

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial liability? Yes No

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,270	30,725	30,725	30,725	20,000
b Contributions					10,725
c Net investment earnings, gains, and losses	784	1,545			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	33,054	32,270	30,725	30,725	30,725

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations Yes No
- (ii) Related organizations Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,428	4,645	6,783
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,783

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other.

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9).

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9).

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) through (9).

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) through (9).

Part XIII Supplemental Information

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

5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	226,206
4c	Add lines 4a and 4b	
b	Other (Describe in Part XIII.)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
3	Subtract line 2e from line 1	226,206
e	Add lines 2a through 2d	
d	Other (Describe in Part XIII.)	
c	Other losses	
b	Prior year adjustments	
a	Donated services and use of facilities	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	226,206
1	Total expenses and losses per audited financial statements	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	362,350
4c	Add lines 4a and 4b	
b	Other (Describe in Part XIII.)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
3	Subtract line 2e from line 1	362,350
e	Add lines 2a through 2d	
d	Other (Describe in Part XIII.)	
c	Recoveries of prior year grants	
b	Donated services and use of facilities	
a	Net unrealized gains (losses) on investments	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	362,350
1	Total revenue, gains, and other support per audited financial statements	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	362,350
4c	Add lines 4a and 4b	
b	Other (Describe in Part XIII.)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
3	Subtract line 2e from line 1	362,350
e	Add lines 2a through 2d	
d	Other (Describe in Part XIII.)	
c	Recoveries of prior year grants	
b	Donated services and use of facilities	
a	Net unrealized gains (losses) on investments	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	362,350
1	Total revenue, gains, and other support per audited financial statements	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 a Mail solicitations
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

Department of the Treasury
Internal Revenue Service
(Form 990 or 990-EZ)

SCHEDULE G
Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/form990 for instructions and the latest information.

Name of the organization: ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, INC.
 Employer identification number: 41-1691433

OMB No. 1545-0047
2020
 Open to Public Inspection

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I ANOKA-HENNEPIN EDUCATIONAL FOUNDATION, I
General Information on Grants and Assistance

Employer identification number
41-1691433

OMB No. 1545-0047

2020

Open to Public
Inspection

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANOKA HENNEPIN SCHOOL DISTR 403 JACKSON STREET SUITE 20 ANOKA MN 55303			64,356				GRANTS FOR AMOUNTS NOT FUNDED BY
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1691433

ANOKA-HERNBEIN EDUCATIONAL FOUNDATION, INC.

01. Form 990 governing body review (Part VI, line 11)

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 FIRST. IT IS THEN REVIEWED BY THE EXECUTIVE

COMMITTEE OF THE BOARD, WHO THEN PRESENTS IT TO THE FULL BOARD FOR FINAL REVIEW AND

APPROVAL BEFORE FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD MEMBERS SIGN OFF ON ANY CONFLICT THAT MAY ARISE. THERE HAVE BEEN NO CONFLICTS

OF INTEREST SINCE THE POLICY WAS ESTABLISHED.

03. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION IS BENCHMARKED WITH SIMILAR ORGANIZATIONS IN BOTH THE AREA AND THE STATE.

04. Other officer or key employee compensation (Part VI, line 15b)

ANNUAL REVIEWS OF STAFF ARE COMPLETED BY THE EXECUTIVE DIRECTOR WITH CONSIDERATION OF

ACCOMPLISHMENTS OF PERSONAL AND ORGANIZATIONAL GOALS. COMPENSATION IS BENCHMARKED WITH

SIMILAR ORGANIZATIONS IN BOTH THE AREA AND THE STATE.

05. Form 990 availability to public (Part VI, line 18)

FORM 990 IS AVAILABLE AT THE OFFICE UPON REQUEST AND ONLINE.

06. Governing documents, etc, available to public (Part VI, line 19)

THE GOVERNING DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST OR ONLINE.

07. Audited by an independent accountant (Part XII, line 2b)

THE FINANCIAL STATEMENTS OF THE ORGANIZATION HAVE BEEN AUDITED FOR THE FISCAL YEAR ENDED

