



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

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

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

Department of the Treasury
Internal Revenue Service

Open to Public

Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending

B Check if applicable		D Employer Identification Number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		41-1957358	
F Name and address of principal officer		E Telephone number	
ISAIAH 2720 EAST 22ND STREET MINNEAPOLIS, MN 55406		612-333-1260	
G Gross receipts \$		1,958,469.	

I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---------------------	---	---	--	------------------------------	---	------------------------------	--

J Website:	► ISAIAH-MN.ORG				H(b) Are all affiliates included? If 'No,' attach a list (see instructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------	-----------------	--	--	--	--	------------------------------	-----------------------------

K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other	L Year of Formation	1999	M State of legal domicile	MN
------------------------	---	--------------------------------	--------------------------------------	--------------------------------	---------------------	------	---------------------------	----

Part I Summary

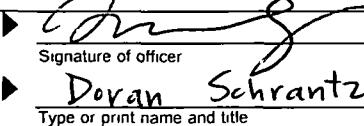
1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION SEEKS TO BUILD RELATIONAL POWER FOR COLLECTIVE, FAITH-BASED ACTIONS IN THE NAME OF JUSTICE AND THE COMMON GOOD.

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	11
3 Number of voting members of the governing body (Part VI, line 1a)	4	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	16
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	400
6 Total number of volunteers (estimate if necessary)	7a	0.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
b Net unrelated business taxable income from Form 990-T, line 34		

Activities & Governance Revenue Expenses Net Assets & Fund Balances SCANNED NOV 17 2011	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	819,668.	1,862,566.
	9 Program service revenue (Part VIII, line 2g)	158,110.	84,078.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68.	31.
	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c-9c, 10c, and 11e)	126,086.	11,794.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,103,932.	1,958,469.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		637,539.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		51,393.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 172,703.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,025,920.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,714,852.	
19 Revenue less expenses Subtract line 18 from line 12		1,103,932.	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	446,667.	893,379.	
22 Net assets or fund balances Subtract line 21 from line 20	81,942.	285,037.	
	364,725.	608,342.	

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.

Sign Here	► 	10-17-11
	Signature of officer	Date
	► Doran Schrantz	Executive Director
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NEAL O EVERET		10/3/11		P00048853
	Firm's name	► CARPENTER EVERET & ASSOCIATES			
	Firm's address	► 7760 FRANCE AVE. S. #940 BLOOMINGTON, MN 55435			
		Firm's EIN ► 41-1534805		Phone no	(952) 831-0085

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission.THE ORGANIZATION SEEKS TO BUILD RELATIONAL POWER FOR COLLECTIVE, FAITH-BASED ACTIONS IN THE NAME OF JUSTICE AND THE COMMON GOOD.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

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 No
If 'Yes,' describe these changes on Schedule O4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code) (Expenses \$ 1,254,026 including grants of \$) (Revenue \$)
SEE SCHEDULE O4b (Code) (Expenses \$ including grants of \$) (Revenue \$)4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ► 1,254,026

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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 X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b 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 any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	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	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	15		
1b	0		
1c	X		
2a	16		
b			
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			
4a	X		
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a	X		
14b			
15a			
15b			
15c			
15d			
15e			
15f			
15g			
15h			
15i			
15j			
15k			
15l			
15m			
15n			
15o			
15p			
15q			
15r			
15s			
15t			
15u			
15v			
15w			
15x			
15y			
15z			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			
15ga			
15ha			
15ia			
15ja			
15ka			
15la			
15ma			
15na			
15pa			
15qa			
15ra			
15sa			
15ta			
15ua			
15va			
15wa			
15xa			
15ya			
15za			
15aa			
15ab			
15ac			
15ad			
15ae			
15af			
15ag			
15ah			
15ai			
15aj			
15ak			
15al			
15am			
15an			
15ao			
15ap			
15aq			
15ar			
15as			
15at			
15au			
15av			
15aw			
15ax			
15ay			
15az			
15ba			
15ca			
15da			
15ea			
15fa			

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** **11**

b Enter the number of voting members included in line 1a, above, who are independent **1b** **10**

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 Does the organization have members or stockholders? **SEE SCHEDULE O** **6** **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a** **X**

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b** **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? **8a** **X**

b Each committee with authority to act on behalf of the governing body? **8b** **X**

9 Is there any officer, director or 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 in Schedule O **9** **X**

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

10a Does the organization have local chapters, branches, or affiliates? **10a** **X**

b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? **10b**

11a Has the organization provided a 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 **SEE SCHEDULE O** **12a** **X**

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b** **X**

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done **SEE SCHEDULE O** **12c** **X**

13 Does the organization have a written whistleblower policy? **13** **X**

14 Does 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?

a The organization's CEO, Executive Director, or top management official **SEE SCHEDULE O** **15a** **X**

b Other officers of key employees of the organization **15b** **X**

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) **16a** **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?

b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► **MN**

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

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public **SEE SCHEDULE O**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
► **MICHAEL WATKINS** **612-333-1260**

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) JEANNE AYERS SECRETARY	2	X		X			0.	0.	0.
(2) LAURIE BECKMAN YETZER	2	X					0.	0.	0.
(3) JAMES BEHNKE	2	X					0.	0.	0.
(4) JACQUELINE BELZER	2	X					0.	0.	0.
(5) CARMEN BERRIOS	2	X					0.	0.	0.
(6) MARGARET BONSACK TREASURER	2	X		X			0.	0.	0.
(7) STEPHEN COOK	2	X					0.	0.	0.
(8) ARLINE DATU	2	X					0.	0.	0.
(9) MARY GRUBER	2	X					0.	0.	0.
(10) MARY HOWARD	2	X					0.	0.	0.
(11) DORAN SCHRANTZ EXECUTIVE DIREC	40	X		X			57,750.	0.	6,811.
(12) PAUL SLACK	2	X					0.	0.	0.
(13) GRANT STEVENSEN PRESIDENT	2	X		X			0.	0.	0.
(14) JIM TOWLER	2	X					0.	0.	0.
(15)									
(16)									
(17)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)				(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
		Individual trustee or director	Institutional trustee	Officer	Key employee			
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
1b Sub-total						► 57,750.	0.	6,811.
c Total from continuation sheets to Part VII, Section A						► 0.	0.	0.
d Total (add lines 1b and 1c)						► 57,750.	0.	6,811.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or 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

Yes	No
3	X
4	X
5	X

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,862,566.			
	g Noncash contributions included in line 1a-1f. \$					
h Total. Add lines 1a-1f		1,862,566.				
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES	Business Code	84,078.	84,078.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		84,078.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		31.		31.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18.	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS		11,794.	11,794.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		11,794.				
12 Total revenue. See instructions		1,958,469.	95,872.	0.	31.	

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,561.	39,382.	16,786.	8,393.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	434,639.	265,130.	113,006.	56,503.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	102,158.	62,317.	26,561.	13,280.
10 Payroll taxes	36,181.	22,070.	9,407.	4,704.
11 Fees for services (non-employees).				
a Management				
b Legal	450.		450.	
c Accounting	48,058.		48,058.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	51,393.			51,393.
f Investment management fees				
g Other	223,255.	203,586.	12,669.	7,000.
12 Advertising and promotion				
13 Office expenses	24,507.	18,673.	3,777.	2,057.
14 Information technology				
15 Royalties				
16 Occupancy	14,260.	9,167.	3,395.	1,698.
17 Travel	46,453.	35,760.	2,055.	8,638.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,090.	665.	283.	142.
23 Insurance	2,828.	830.	1,821.	177.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROGRAM SUB-CONTRACTORS	476,799.	476,799.		
b MEETINGS	83,576.	70,592.	1,056.	11,928.
c BAD DEBT	39,355.		39,355.	
d TRAINING	23,819.	22,457.	912.	450.
e PRINTING AND PUBLICATIONS	17,839.	15,552.	1,165.	1,122.
f All other expenses	23,631.	11,046.	7,367.	5,218.
25 Total functional expenses. Add lines 1 through 24f	1,714,852.	1,254,026.	288,123.	172,703.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	49,690.	1	223,983.
	2 Savings and temporary cash investments		2	15,960.
	3 Pledges and grants receivable, net	342,209.	3	631,965.
	4 Accounts receivable, net	42,044.	4	1,221.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,056.	9	15,044.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	34,954.		
	b Less accumulated depreciation.	10b 30,148.	268.	10c 4,806.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	400.	15	400.
	16 Total assets Add lines 1 through 15 (must equal line 34)	446,667.	16	893,379.
LIABILITIES	17 Accounts payable and accrued expenses	81,942.	17	135,037.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	150,000.
	26 Total liabilities. Add lines 17 through 25	81,942.	26	285,037.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	35,934.	27	65,860.
	28 Temporarily restricted net assets	328,791.	28	542,482.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	364,725.	33	608,342.
	34 Total liabilities and net assets/fund balances	446,667.	34	893,379.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,958,469.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,714,852.
3 Revenue less expenses Subtract line 2 from line 1	3	243,617.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	364,725.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	608,342.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
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?	2a	X
2b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

BAA

Form 990 (2010)

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

2010**Open to Public Inspection**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

ISAIAH

Employer identification number

41-1957358

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 11, 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)
 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 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)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III – Functionally integrated d Type III – Othere By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	641,976.	537,364.	1,229,916.	923,671.	1,947,431.	5,280,358.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	641,976.	537,364.	1,229,916.	923,671.	1,947,431.	5,280,358.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,767,870.
6 Public support. Subtract line 5 from line 4						3,512,488.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	641,976.	537,364.	1,229,916.	923,671.	1,947,431.	5,280,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV						11,794.
11 Total support. Add lines 7 through 10						5,292,152.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five 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**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	66.4 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	77.0 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input checked="" type="checkbox"/>
16b 33-1/3% support test – 2009. 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	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17b 10%-facts-and-circumstances test – 2009. 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, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

BAA

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 **Total support.** (Add lines 9, 10c, 11, and 12)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
b						
c						
11						
12						
13						

14 **First five 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b **33-1/3% support tests – 2009.** 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

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

OMB No. 1545-0047

Supplemental Financial Statements

► Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

ISAIAH

41-1957358

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 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? Yes No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? Yes No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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

(i) Revenues included in Form 990, Part VIII, line 1
► \$ _____

(ii) Assets included in Form 990, Part X
► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1
► \$ _____

b Assets included in Form 990, Part X
► \$ _____

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 are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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 organization answered 'Yes' to 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance 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
 (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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				
e Other		34,954.	30,148.	4,806.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 4,806.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) SUB-GRANTEE FUNDS HELD	150,000.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►	150,000.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1,958,469.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,714,852.
3 Excess or (deficit) for the year Subtract line 2 from line 1	243,617.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	243,617.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	1,959,256.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	787.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	787.
3 Subtract line 2e from line 1	3	1,958,469.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,958,469.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	1,715,639.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	787.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	787.
3 Subtract line 2e from line 1	3	1,714,852.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,714,852.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X-FIN48 FOOTNOTE

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY
DONORS ARE TAX DEDUCTIBLE.

Part XIV **Supplemental Information (continued)**

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Name of the organization

ISAIAH

Employer identification number

41-1957358

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

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

(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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1 PAUL MARINCEL 5315 HUGO ROAD WHITE BEAR MN 55110			X	21,500.	
2 JUDITH BARISH 107 TAMALPAIS BERKELEY CA			X	10,962.	
3					
4					
5					
6					
7					
8					
9					
10					
Total				32,462.	0.

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.

MN

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

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				►
	11 Net income summary Combine line 3, column (d), and line 10				►

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV: Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

ISAIAH

Employer identification number

41-1957358**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

HEALTH EQUITY - LAUNCHED PROCESS FOR CONDUCTING HEALTH IMPACT ASSESSMENT OF THE ZONING AND LAND USE DECISIONS AROUND THE CENTRAL CORRIDOR LIGHT RAIL PROJECT: BUILT 22 MEMBER COMMUNITY STEERING COMMITTEE, BUILT 19 MEMBER TECHNICAL ADVISORY PANEL AND ACCOMPLISHED SCREENING AND SCOPING PHASE OF THE PROCESS. BUILT TEAM OF GRASSROOTS LEADERS TO CONDUCT RESEARCH PROCESS AT THE MINNESOTA DEPARTMENT OF HEALTH CONDUCTED 12 RESEARCH MEETINGS AND BUILT BROAD VISION AROUND HEALTH FOR GATHERING WITH GOVERNOR DAYTON.

TRANSPORTATION AND JOBS - AS PART OF COALITION, SECURED THE 3 MISSING STOPS FOR THE CENTRAL CORRIDOR LIGHT RAIL. CHAIRED MNDOT COLLABORATIVE FOR DIVERSIFICATION OF WORKFORCE AROUND TRANSPORTATION PROJECTS. COLLABORATIVE COMMUNITY LEADERS TO ENGAGE AROUND THE ALIGNMENT DECISION FOR THE SOUTHWEST LIGHT RAIL CORRIDOR TO ENSURE IT CONNECTED TO NORTH MINNEAPOLIS. LAUNCHED PILOT PROJECT FOR INCREASING WORKFORCE DIVERSIFICATION WITH MNDOT COLLABORATIVE.

RACIAL EQUITY - BUILT INTEGRATED PROGRAM FOR ENGAGING PEOPLE OF FAITH ACROSS THE STATE IN DIALOGUE AROUND RACIAL EQUITY. TRAINED 400 HOUSE MEETING LEADERS. ENGAGED 4000 PEOPLE IN HOUSE MEETINGS. CONSTRUCTED 2 REPORTS WITH KIRWAN INSTITUTE FOR RACIAL ETHNICITY AROUND THE STATE OF RACIAL DISPARITIES IN MINNESOTA. BUILT RACIAL EQUITY AGENDA FOR THE NEW GOVERNOR'S ADMINISTRATION. MOVED PARTNERSHIP WITH DENOMINATIONAL LEADERS TO PRESENT AGENDA TO GOVERNOR DAYTON AND HIS TRANSITION TEAM IN LATE 2010. ORGANIZING GATHERING OF 1600 PEOPLE OF FAITH FROM 110 CONGREGATIONS TO MEET WITH GOVERNOR DAYTON AND HIS TRANSITION TEAM ABOUT HEALTH EQUITY, JOBS EQUITY, EDUCATION EQUITY AND TRANSPORTATION EQUITY.

Name of the organization

ISAIAH

Employer identification number

41-1957358

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

90 CHURCH CONGREGATIONS IN TWIN CITIES & ST. CLOUD

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A SYSTEM OF ORGANIZATIONAL CHECKS, BALANCES & APPROVALS PREVENT CONFLICTS OF

INTERESTS PEOPLE IN PERCEIVED CONFLICTS ARE ASKED TO RECUSE THEMSELVES

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

BOARD MEMBERS FILLED OUT A PERFORMANCE SURVEY ABOUT THE PERFORMANCE OF THE EXECUTIVE DIRECTOR.

A SUB-COMMITTEE OF THE BOARD MET TO CONDUCT A PERFORMANCE REVIEW OF EX. DIRECTOR.

SUB-COMMITTEE PROPOSED A COMPENSATION PACKAGE BASED ON MN COUNCIL OF NON-PROFITS

SALARY LEVELS

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

2010

FEDERAL WORKSHEETS

PAGE 1

CLIENT 009215

ISAIAH

41-1957358

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
EQUIPMENT	7,795.	5,125.	1,780.	890.
MISCELLANEOUS	12,855.	4,039.	4,793.	4,023.
POSTAGE AND SHIPPING	2,981.	1,882.	794.	305.
TOTAL	<u>\$ 23,631.</u>	<u>\$ 11,046.</u>	<u>\$ 7,367.</u>	<u>\$ 5,218.</u>

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

NAME	2006	2007	2008	2009	2010	TOTAL	2% AMT	EXCESS
UNITERIAN UNIVERSALIST VEATCH								
	\$ 30,000.	\$ 50,000.	\$ 35,000.	\$ 40,000.	\$ 40,000.	\$ 195000.	\$ 105843.	\$ 89,157.
W.K. KELLOGG FOUNDATION	0.	0.	0.	0.	390000.	390000.	105843.	284,157.
HOUSING PRESERVATION PROJECT	0.	0.	20,000.	20,000.	20,000.	60,000.	0.	0.
CAMPAIGN FOR COMMUNITY CHANGE	0.	0.	37,500.	75,000.	10,000.	122500.	105843.	16,657.
TIDES FOUNDATION	0.	0.	0.	0.	30,000.	30,000.	0.	0.
SAINT PAUL FOUNDATION	0.	0.	0.	0.	40,000.	40,000.	0.	0.
F.R. BIGELOW FOUNDATION	0.	0.	0.	0.	50,000.	50,000.	0.	0.
MCKNIGHT FOUNDATION	255000.	0.	250000.	0.	250000.	755000.	105843.	649,157.
BYDALE FOUNDATION	20,000.	25,000.	25,000.	25,000.	25,000.	120000.	105843.	14,157.
OTTO BREMER FOUNDATION	0.	120000.	0.	0.	30,000.	150000.	105843.	44,157.
TAKE ACTION MN	0.	0.	62,400.	132600.	0.	195000.	105843.	89,157.
ONE WORLD FUND	0.	0.	40,000.	40,000.	0.	80,000.	0.	0.
MINNEAPOLIS FDTN	0.	0.	0.	40,000.	0.	40,000.	0.	0.
ROBERT JOHNSON FDTN	0.	0.	0.	223800.	0.	223800.	105843.	117,957.
FORD FOUNDATION	0.	0.	0.	0.	525000.	525000.	105843.	419,157.
THE PEW CHARITABLE TRUSTS	0.	0.	0.	0.	150000.	150000.	105843.	44,157.
TOTAL	<u>\$ 305000.</u>	<u>\$ 195000.</u>	<u>\$ 469900.</u>	<u>\$ 596400.</u>	<u>\$ 1560000.</u>	<u>\$ 3126300.</u>	<u>\$ 1058430.</u>	<u>\$ 1767870.</u>

2010

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 009215

ISAIAH

41-1957358

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE 2010 2009 2008 2007 2006

MISCELLANEOUS

MISCELLANEOUS	<u>11,794.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>
TOTAL	<u><u>\$ 11,794.</u></u>	<u><u>\$ 0.</u></u>	<u><u>\$ 0.</u></u>	<u><u>\$ 0.</u></u>	<u><u>\$ 0.</u></u>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of exempt organization ISAIAH	Employer identification number 41-1957358
	Number, street, and room or suite number. If a P O box, see instructions CARPENTER EVERET & ASSOCIATES 7760 FRANCE AVE. S. #940	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BLOOMINGTON, MN 55435	
		Enter the Return code for the return that this application is for (file a separate application for each return) 01

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► MICHAEL WATKINS
Telephone No ► 612-333-1260 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15 , 20 11
- 5 For calendar year 2010 , or other tax year beginning , 20 , and ending , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension AUDIT OF THE ORGANIZATION IS NOT COMPLETE. RETURN IS BASED ON THE AUDIT.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <input type="text"/>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <input type="text"/>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <input type="text"/>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► 

Title ► CPA

BAA

FIFZ0502L 11/15/10

Date ► 8/10/11

Form 8868 (Rev 1-2011)