efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491198000198

2017

OMB No 1545-0052

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 01-01-20	017 , a	nd ending 12-31	-2017	
		indation MILLA ISAACSON		A Employer is	lentification numb	er
		BLE FOUNDATION		46-4345795		
		street (or P O box number if mail is not delivered to street address; ST NO 1500	) Room/suite	<b>B</b> Telephone n	umber (see instruction	ons)
,	3 3 0111	31 140 1300		(952) 474-303	1	
City MINI	or town NEAPOL	, state or province, country, and ZIP or foreign postal code IS, MN 554021498		C If exemption	application is pendi	ng, check here
G Cł	neck al	I that apply Initial return Initial return of a	former public charity	<b>D 1.</b> Foreign o	rganizations, check h	nere
		☐ Final return ☐ Amended return			rganizations meeting	
		$\square$ Address change $\square$ Name change		,	ck here and attach c	–
H C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation		oundation status was on 507(b)(1)(A), che	
	Section	4947(a)(1) nonexempt charitable trust  Other taxable	le private foundation			
		set value of all assets at end  J Accounting method	☑ Cash ☐ Accru		ation is in a 60-mon	
		rom Part II, col (c), \$ 216,462	the on cash basis )	under section	on 507(b)(1)(B), che	ck nere
			T Cash basis )	1	T	T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions) )	books	income	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	29,812	)		
	_	schedule)  Check  If the foundation is <b>not</b> required to attach				
	2	Sch B				
Reverue	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	2,519	2,519	9	
	5a	Gross rents	<u> </u>			
	b	Net rental income or (loss)	-			-
	6a	Net gain or (loss) from sale of assets not on line 10	730	1		
	_ь	Gross sales price for all assets on line 6a 730	2	72/		-
ã	7	Capital gain net income (from Part IV, line 2)		730	,	1
	8	Net short-term capital gain				
	10a	İ				+
	b	Gross sales less returns and allowances Less Cost of goods sold	1			
	c	Gross profit or (loss) (attach schedule)	<u></u>			+
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	33,061	3,249	9	
	13	Compensation of officers, directors, trustees, etc		) (	)	
	14	Other employee salaries and wages				+
Š	15	Pension plans, employee benefits				
156	16a	Legal fees (attach schedule)				
Expenses	ь	Accounting fees (attach schedule)	3,551	. (		3,551
	c	Other professional fees (attach schedule)				
tive	17	Interest				
Administrative	18	Taxes (attach schedule) (see instructions)	1,075	5 (		
<u>=</u>	19	Depreciation (attach schedule) and depletion				
Ē	20	Occupancy				
Ž	21	Travel, conferences, and meetings				
and	22	Printing and publications				
j	23	Other expenses (attach schedule)	<b>9</b> 3 85	5	)	(
Operating	24	Total operating and administrative expenses.				
<u>pe</u>		Add lines 13 through 23	4,711	. (		3,551
0	25	Contributions, gifts, grants paid	27,000			27,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	24.744			30.55
	27	Subtract line 26 from line 12	31,711	. (	,	30,551
	a	Excess of revenue over expenses and	1,350			
		disbursements	·			
	b	Net investment income (if negative, enter -0-)		3,249	,	
Ee::	C	Adjusted net income(If negative, enter -0-)			<u></u>	000 PF (00)
-or	raper	work Reduction Act Notice, see instructions.		Cat No 11289	x Fc	rm <b>990-PF</b> (2017

	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	170,376	<b>%</b> J	168,117	168,117
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	41,266	<b>9</b>	47,064	47,064

216,462

216,462

216,462

216,462

216,462

213,119

1,350

1,993

0

216,462

216,462 Form **990-PF** (2017)

1

2

3

4

5

6

213,119

213,119

213,119

## 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶ Other assets (describe > \_ 15 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 213,119 17 Accounts payable and accrued expenses . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Other liabilities (describe ▶\_

Unrestricted . . .

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 . . . . . . .

Enter amount from Part I, line 27a

Temporarily restricted

18

19 20

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

Liabilities

Fund Balances

ō

Net Assets

Page **3** 

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1 a CAPITAL GAINS DIVIDEN	DS		Р			
b						
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
а	730				730	
b						
С						
d						
е						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation of	on 12/31/69		I)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col(ı) (յ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))	
a					730	
b						
c						
d						
e						
If gain, also enter in Pai in Part I, line 8	jain or (loss) as defined in sections: rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	2 3	730	
	rivate foundations subject to the sec					
if section 4940(d)(2) applies, le		ction +340(a) tax on he	et investment incom	ie <i>)</i>		
	e section 4942 tax on the distributa It qualify under section 4940(e) Do		in the base period	7 Y	es 🗹 No	
	ount in each column for each year,	see instructions before	making any entrie			
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitabl		<b>(d)</b> Distribution rati (col (b) divided by c	ol (c))	
2016	25,975		253,935		0 102290	
2015	31,638		345,458		0 091583	
2014	39,956		499,935		0 079922	
2013	1,500		603,943		0 002484	
2012				T		
2 Total of line 1, column (c	<i>'</i>		2		0 276279	
number of years the foun	for the 5-year base period—divide dation has been in existence if less incharitable-use assets for 2017 from	than 5 years 🔒 🐍	or by the		0 069070 211,569	
<b>5</b> Multiply line 4 by line 3			5		14,613	
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		32	
<b>7</b> Add lines 5 and 6			7		14,645	
	ons from Part XII, line 4 , later than line 7, check the box in Pa			ng a 1% tax rate Se	30,551 e the Part VI	
mon decions				Г.	rm QQQ-DE (2017)	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Dir	rectors Trustees I	Foundation Managers	Highly Daid Employees
Deat WITT	Initiniation About Officers, Dir	rectors, rrustees, r	i oundation managers,	inging raid Employees,
Part VIII	and Contractors			

1 List all officers, directors, truste	es foundation managers a	nd their compensation	(see instructions)	
List an officers, unectors, truste			(d)	T
(a) Name and address	Title, and average hours per week  (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	
PHILIP ISAACSON	DIRECTOR	0	'	1 .
6633 HORSESHOE CURVE	1 00			ή
CHANHASSEN, MN 553179526				
LUDMILLA ISAACSON	DIRECTOR	0	(	o c
6633 HORSESHOE CURVE	1 00			
CHANHASSEN, MN 553179526				
2 Compensation of five highest-pa	id employees (other than t	those included on line 1		ne, enter "NONE."
(a) Name and address of each employee p more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
	<del></del>			
			_	
Total number of other employees paid ov	ver \$50.000.			
3 Five highest-paid independent c				
(a) Name and address of each perso	•	•	e of service	(c) Compensation
	in paid more than \$50,000	(D) Typ	ve or service	(c) Compensation
NONE		_		
Total number of others recovers over #F	0.000 for professional comuse			
Total number of others receiving over \$5			· · · · · •	
	Charitable Activities			
List the foundation's four largest direct charitable organizations and other beneficiaries served, cor			nation such as the number of	Expenses
1	merences convened, research pape	13 produced, etc		
<b>-</b>				
2				
3				
-				
4				
•				
		,		
	m-Related Investments	<u> </u>		
Describe the two largest program-related inv	estments made by the foundation	during the tax year on lines 1	and 2	Amount
1				
2				
All other program related investor into	Coo instructions			
All other program-related investments	See IIISU UCUONS			
3				
- 1 All 1 - 2 - 2 - 2 - 2				
Total. Add lines 1 through 3 .				
				E 000 DE (2017

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

30,551

30.551

30.519

Form 990-PF (2017)

32

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

10,546

10,546

Form 990-PF (2017)

0

(d)

2017

(b)

Years prior to 2016

Corpus

45.180

20.005

65,185

65,185

424 15,047

16.381

13.328

20.005

0

(c)

2016

•	
XIII	u

**b** Total for prior years

**b** From 2013. . . . c From 2014. . .

From 2015. . . .

a From 2012. . . . .

e From 2016. . . . .

Form	990-PF (2	017)
Pa	rt XIII	Un

PF (2	017)		
000	Undistributed Income (see instruc	tions)	
			(a)

424

15 047

16.381 13,328

Undistributed Ir	ncome	(see	ınstruc	t
				L

Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. .

**b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

Enter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
2 Membe	and contracts from government agencies rship dues and assessments.					
ınvest	st on savings and temporary cash ments					
	ds and interest from securities tal income or (loss) from real estate			14	2,519	
	financed property					
	ebt-financed property					
6 Net re	ntal income or (loss) from personal property					
	nvestment income					
	r (loss) from sales of assets other than ory			14	730	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue <b>a</b>					
12 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		3,249	0 3,249
(See wo	orksheet in line 13 instructions to verify calcu	lations )		13	·	3,249
	-B Relationship of Activities to th		ment of Exem	ot Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					

orm 9	990-PF	(2017)											Pa	ge <b>13</b>
Par	t XVII	Information Re Exempt Organi		ransf	fers To a	and Transacti	ions	and F	Relatio	nships With Nor	ncharita	able		
		rganization directly or in Code (other than section									on 501		Yes	No
a Tr	ansfers	from the reporting foun	dation to a n	oncha	rıtable exe	empt organizatio	on of							
(1	) Cash										. [	1a(1)		No
(2	) Othe	er assets									. [	1a(2)		No
<b>b</b> Ot	her tra	nsactions												
(1	) Sale	s of assets to a nonchar	itable exemp	t orga	nızatıon.		•					1b(1)		No
-	-	hases of assets from a r					•					1b(2)		No
-	-	al of facilities, equipmer	•				•				F	1b(3)		No
-	-	nbursement arrangemen					•				F	1b(4)		No
•	-	s or loan guarantees.									F	1b(5)		No
•	-	rmance of services or m	•		_						.	1b(6)		No
	_	f facilities, equipment, r wer to any of the above			-						• [	1c		No
	any tra	ods, other assets, or ser insaction or sharing arra (b) Amount involved	ngement, sho	ow in	column (d		he go	ods, ot	her asse		ved		ngemen	ts
de	scribed	indation directly or indire in section 501(c) of the complete the following s (a) Name of organization	Code (other		section 50		ectioi		_			Yes	✓	No
		., .			,	, ,,				, , ,				
	of r	der penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co											
Sigr Her	<b>1</b>	*****				2018-06-06		_	****		return with th	e IRS dı		
		Signature of officer or t	rustee			Date		<b>7</b> T	ıtle		below (see ins	str)? 🕻	Z Yes	□ No
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature		ate		Check if self-	PTIN			

Pai Pre

	Trinity Type prep	Jui Ci J I
Paid	RYAN VETTR	
Preparer Use Only	Firm's name ▶	OLSEN

OLSEN THIELEN & CO LTD

Firm's address ▶ 300 PRAIRIE CENTER DRIVE SUITE 300

EDEN PRAIRIE, MN 553447908

Firm's EIN ▶41-1360831 Phone no (952) 941-9242

P01243596

employed ightharpoonup

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

PHILIP ISAACSON

LUDMILLA ISAACSON

efile GRAPHIC print - DO NOT PROCESS	As Filed D	ata -	D	LN: 93491198000198			
TY 2017 Accounting Fees Schedule							
Nam	e: PHIL ANI	D MILLA ISAACSON					
	CHARITA	ABLE FOUNDATION					
EII	<b>N</b> : 46-4345	795					
Accounting Fees Schedule							
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	3,551	0		3,551			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491198000198
TY 2017 Investments Corporat	e Stock Schedule	
Name: F	PHIL AND MILLA ISAA	CSON

77,197

77,197

EIN: 46-4345795	ATION	
Name of Stock	End of Year Book Value	End of Year Fair Market Value
10000 SHRS TRINITY BIOTECH PLC ADR	51,000	51,000
2000 SHRS STRATASYS	39,920	39,920

CLIADITADLE EQUINDATION

956 SHRS MEDTRONIC PLC

eille GRAPHIC PIIIIL - DO NOT PROCESS	AS Filed Data -	DEN: 93491198000198
TY 2017 Investments - Other	Schedule	
Name:	PHIL AND MILLA ISAACSON	
	CHARITABLE FOUNDATION	
EIN:	46-4345795	
Investments Other Schedule 2		

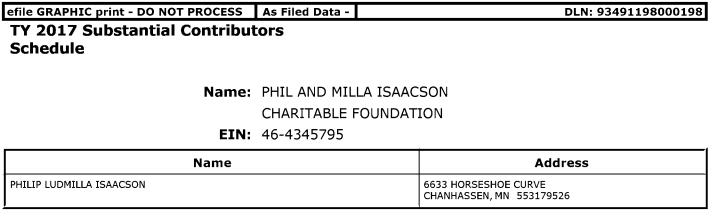
DI N. 93491198000198

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
1843.051 SHRS FIRST EAGLE	FMV	47,064	47,064

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491198000198	
TY 2017 Other Expenses Schedule					
Name:	PHIL AND MILL	A ISAACSON			
	CHARITABLE FO	DUNDATION			
EIN:	46-4345795				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
STATE FEES	75	0		0	
MISCELLANEOUS	10	0		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491198000198		
TY 2017 Other Increases Schedule					
Name:	PHIL AND MIL	LA ISAACSON			
	CHARITABLE F	FOUNDATION			
EIN:	46-4345795				
De	escription		Amount		
ADJUSTMENT TO FAIR MARKET VALUE			1,993		



efile GRAPHIC print - DO NOT PROC	CESS	As Filed Data	-	DLI	N: 93491198000198	
TY 2017 Taxes Schedule						
			ILLA ISAACSON FOUNDATION			
Category	Α	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL TAXES		1,075	0		0	

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				DLN: 93491198000198
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-F <u>ww <i>u</i>rs <i>gov/form990</i></u>		ons is at	2017
Name of the organization PHIL AND MILLA ISAACSON	1				Employer id	dentification number
CHARITABLE FOUNDATION					46-4345795	
Organization type (check	. one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	☐ 4947(a)(1	1) nonexempt char	ritable trust <b>not</b> treated a	s a private founda	tion	
	☐ 527 politi	cal organization				
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation			
	☐ 4947(a)(1	1) nonexempt char	ritable trust treated as a	private foundation		
	☐ 501(c)(3)	taxable private fo	undation			
			PF that received, during omplete Parts I and II S			
Special Rules						
under sections 509	(a)(1) and 170(b) one contributor, d	(1)(A)(vı), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year, tot	al contributions of	f more than \$1,000	or (10) filing Form 990 of the control of the contr	s, charitable, scien		
during the year, co If this box is check purpose Don't con	ntributions exclusions exclusions ed, enter here the applicate any of the p	<i>ively</i> for religious, total contributions parts unless the <b>G</b> o	or (10) filing Form 990 of charitable, etc., purpose that were received duri eneral Rule applies to the or more during the year	s, but no such con ng the year for an nis organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
Caution. An organization of 990-EZ, or 990-PF), but it Form 990-EZ or on its Fori 990-EZ, or 990-PF)	must answer "No	on Part IV, line 2	, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number PHIL AND MILLA ISAACSON 46-4345795 CHARITABLE FOUNDATION Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 PHILIP AND LUDMILLA ISAACSON Person **Payroll** 6633 HORSESHOE CURVE \$ 29,812 Noncash CHANHASSEN, MN 553179526 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)		Page 4
Name of organizat PHIL AND MILLA ISA CHARITABLE FOUND	ACSON		Employer identification number 46-4345795
Part III Exclusion than \$1, organizathe year	vely religious, charitable, etc., contribution 000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, charit ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	delationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	delationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	delationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP 4 F	delationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)