Return of Private Foundation

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

DLN: 93491133013479 OMB No 1545-0052

2018

Open to Public Inspection

Form 990-PI
Department of the Treasury
Internal Revenue Service

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

		ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd er	nding 12-31-		
ST	ILL AIN	indation 'T SATISFIED - A FOUNDATION		entification numbe	ır		
		TTUDE (SAS)			41-1906698		
		d street (or P O $$ box number if mail is not delivered to street address) MES AVE SOUTH NO 101	Room/suite		B Telephone nu	mber (see instructio	ns)
C.L.		about a supplier and ZID as foreign and add		(612) 822-1548			
		n, state or province, country, and ZIP or foreign postal code IS, MN 554083327		C If exemption	application is pendin	g, check here	
G Ch	neck al	l that apply \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere 🕨 🗀
		Final return Amended return				ganizations meeting k here and attach co	
		☐ Address change ☐ Name change				ındatıon status was i	
		rpe of organization ✓ Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
			e private foundation Cash Accru		E If the founds	ation is in a 60-mont	h tarmination —
of '	year (f	rrom Part II, col (c), ▶\$ 1,971,102 ☐ Other (specify) (Part I, column (d) must		ai		n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		1		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
	_	schedule) Check ▶ ☑ If the foundation is not required to attach					
	2	Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	55,754		55,754		
	5a b	Gross rents					
a)	6a	Net gain or (loss) from sale of assets not on line 10	114,881				
Revenue	b	Gross sales price for all assets on line 6a	,				
ŞeV.		303,381			114.001		
ш	7 8	Capital gain net income (from Part IV, line 2)			114,881		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	13		13		
	12	Total. Add lines 1 through 11	170,648		170,648		
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0		0		(
ν	14 15	Other employee salaries and wages					
15e	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	9 5,720		2,860		2,860
Ω Θ	С	Other professional fees (attach schedule)	9 21,514		19,339		2,175
Ě	17	Interest					
Administrative	18	Taxes (attach schedule) (see instructions)	2,016		716		1,300
<u>=</u>	19	Depreciation (attach schedule) and depletion					
A E	20	Occupancy					
pu u	21	Travel, conferences, and meetings					
ਰ ਹ	22	Other expenses (attach schedule)	9 506		0		506
Ę	24	Total operating and administrative expenses.	- L				
Operating and		Add lines 13 through 23	29,756		22,915		6,841
0	25	Contributions, gifts, grants paid	181,381				181,38
	26	Total expenses and disbursements. Add lines 24 and 25	211,137		22,915		188,222
	27	Subtract line 26 from line 12	211,137		22,513		100,222
	а	Excess of revenue over expenses and	40.400				
	ь	disbursements Net investment income (if negative, enter -0-)	-40,489		147,733		
	С	Adjusted net income (If negative, enter -0-)			,.33		

Form 990-PF (2018) Page 2 End of year Attached schedules and amounts in the description column Beginning of year Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash—non-interest-bearing 38.472 47,209 47,209 2 Savings and temporary cash investments 306,835 119,308 119,308 3 Accounts receivable ▶ Less allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Receivables due from officers, directors, trustees, and other

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

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) .

Analysis of Changes in Net Assets or Fund Balances

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

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Temporarily restricted

Permanently restricted .

Unrestricted

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) -

Enter amount from Part I, line 27a

5,365

364,921

479,653

263,500

75,000

25,000

1.558.746

1,558,746

1.558.746

1,558,746

<u>رچه</u>

5,585

435,442

422,386

387,942

75,000

25,000

1.517.872

1,517,872

1.517.872

1,517,872

1

2

3

4

5

6

1,558,746

1,520,197

1,517,872 Form **990-PF** (2018)

-40,489

1,940

2,325

5,585

445,176

879,146

374,678

75,000

25,000

1,971,102

	4
	5
	6
	7
S	8
Assets	9
As	10a
	Ь
	С

11

12

13 14

15

16

17 18

19 20

21

22 23

24

25

28

29

31

Part III

2

3

4

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

	e the kınd(s) of property sold (e g , irehouse, 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 MORGAN STANLEY(AVAI	LABLE UPON REQUEST)	D	2018-01-01	2018-12-31	
b MORGAN STANLEY(AVAI	LABLE UPON REQUEST)		D	2018-01-01	2018-12-31
c MORGAN STANLEY(AVAI	LABLE UPON REQUEST)		D	2018-01-01	2018-12-31
d					
e					
(e) Gross sales price	(f) Depreciation allowed	Cost or	(g) other basis	Gain o	h) r (loss)
	(or allowable) 9,009	pius expe	ense of sale 18,860) minus (g) 149
	9,583		111,64		77,940
	4,789		57,99		36,792
	4,789		37,99	<u> </u>	30,792
d					
e			10/01/10		
Complete only for assets	s showing gain in column (h) and ow	<u> </u>		- (5-1)	l)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(ı) (ɪ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					149
b					77,940
С					36,792
d					
e					
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi • • • • • • • •	ons) If (loss), enter -0	· }	3	114,881
<u> </u>	Jnder Section 4940(e) for Re				
, ,	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incor	ne)	
if section 4940(d)(2) applies, le	eave this part blank e section 4942 tax on the distributal	hle amount of any year	in the base period	γ Υ	es 🗸 No
if "Yes," the foundation does no	ot qualify under section 4940(e) Do	not complete this part	<u> </u>		
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c	
2017	214,130		2,090,178		0 102446
2016	275,994		1,938,567		0 142370
2015	298,522		2,336,396		0 127770
2014	5,835		2,400,062		0 002431
2013	21,728		2,143,416		0 010137
2 Total of line 1, column (d)		2		0 385154
number of years the four	o for the 5-year base period—divide addition has been in existence if less	than 5 years 🔒 🐍	3		0 077031
	ncharitable-use assets for 2018 fron	•		+	1,547,848
				-	119,232
	ent income (1% of Part I, line 27b)				1,477
				1	120,709
	ons from Part XII, line 4 , eater than line 7, check the box in Pa			 ng a 1% tax rate Se	188,222 e the Part VI

Page **6**

5a	During the year did the foundation						Yes	No		
	(1) Carry on propaganda, or other	ition (section 4945(e))?		Yes	✓ No					
	(2) Influence the outcome of any s	on 4955), or to carry		1 163 1	<u>. 140</u>					
	on, directly or indirectly, any vo			Yes [✓ No					
	(3) Provide a grant to an individual for travel study or other similar nurposes?						Z 100			
	(4) Provide a grant to an organization other than a charitable, etc., organization described									
	In section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other t	ıfıc, lıterary, or								
	educational purposes, or for the	e prev	ention of cruelty to childre	en or anımals?	•	Yes	✓ No			
b	If any answer is "Yes" to $5a(1)-(5)$, dıd a	ny of the transactions fai	I to qualify under the exc	eptions describe	ed in				
	Regulations section 53 4945 or in a	curre	nt notice regarding disast	er assistance? See instru	ctions			5b		
	Organizations relying on a current i	notice	regarding disaster assista	nce check here		. ▶				
C	If the answer is "Yes" to question 5	a(4),	does the foundation claim	exemption from the		,				
	tax because it maintained expendit	ure re	sponsibility for the grant?			Yes [□ No			
	If "Yes," attach the statement requ	red by	/ Regulations section 53 4	1945–5(d)						
6a	Did the foundation, during the year	, rece	ve any funds, directly or	indirectly, to pay premiur	ms on					
	a personal benefit contract?					Yes	✓ No			
b	Did the foundation, during the year	, pay	premiums, directly or indi	rectly, on a personal ben	efit contract? .		<u>. 140</u>	6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa	s the	foundation a party to a pi	ohibited tax shelter trans	saction?	Yes [✓ No			
b	If yes, did the foundation receive a	ny pro	ceeds or have any net inc	come attributable to the t	ransaction? .			7 b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) of	more than \$1,000,000 ii	n remuneration	or				
	excess parachute payment during t	he yea	ar?			Yes [✓ No			
	Information About	Office	ers, Directors, Trust	ees, Foundation Mar	nagers, High					
Pa	and Contractors		•	•	5 , 5	•	•	•		
1	List all officers, directors, truste	es, fo	undation managers an	d their compensation.	See instructio	ns				
			b) Title, and average	(c) Compensation (If	(d) Contrib		1) Evnor		ount
	(a) Name and address		b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contrib employee bene	utions to fit plans	and	e) Exper		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib	utions to fit plans	n I	e) Exper other a		es
SHAY	(a) Name and address	(b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter	(d) Contrib employee bene	utions to fit plans	and			
SHAY 3540	(a) Name and address	PRES:	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	n I			es
SHAY 3540 MINN	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101	PRES: 12 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	n I			es
SHAY 3540 MINN PHYLL 3540	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101	PRES: 12 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	n 0			0
SHAY 3540 MINN PHYLI 3540 MINN	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408	PRES: 12 00 VICE 5 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	0 0			0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ	PRES. 12 00 VICE 5 00	b) Title, and average hours per week devoted to position IDENT/TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	n 0			0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JIS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE	PRES: 12 00 VICE 5 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene	utions to fit plans	0 0			0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ	PRES: 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee bene deferred com	utions to fit plans i pensatio	0 0	other a	llowand	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE ILE, WA 98122	PRES: 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY aployees (other than the	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee bene deferred com	utions to fit plans i pensatio	0 0	other a	llowand	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE 1LE, WA 98122 Compensation of five highest-pa	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY aployees (other than the (b) Title, and average	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contribu employee	pensations to pensations. If utions to benefit	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 IS WIENER JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE ILE, WA 98122 Compensation of five highest-pa	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY aployees (other than the	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions pensitions pensitions pensitions pensitions pensitions pensitions	0 0 0 none,	other a	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contribu employee	pensatio pensatio pensitions pensitions pensitions pensitions pensitions pensitions pensitions pensitions	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a)	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 00 VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY hployees (other than the hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1-	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and co	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0
SHAY 3540 MINN PHYLI 3540 MINN MAYA 1416 SEAT 2 (a) NON	(a) Name and address NA M BERKOWITZ JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 JAMES AVE SOUTH APT 101 EAPOLIS, MN 55408 BERKOWITZ 24TH AVENUE TLE, WA 98122 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRES. 12 0C VICE 5 00 SECR 2 00	b) Title, and average hours per week devoted to position IDENT/TREASURER PRESIDENT ETARY Iployees (other than the hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1- (c) Compensation	(d) Contrib employee bene deferred com -see instructi (d) Contrib employee plans and c compens	pensatio pensatio pensitions pensitions benefit eferred	0 0 0 none,	enter "	NONE.	0 0

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relev organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		P 0
		Form 990-PF (2018)

1b

2

3a 3h

4

5

188.222

1.477

186.745

Form 990-PF (2018)

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

b Total for prior years

a From 2013.

b From 2014. . . . c From 2015. . .

d From 2016.

e From 2017.

2018

Page 9

75,915

75,915

Form **990-PF** (2018)

0

Form	990-PF	(201
Pa	rt XIII	

9	0-	PF	(2	01	8
•	ζ	П	_		7

0-PF	(20	18)
	ı	_	_

Undistributed Income (see instructions) Par Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

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

6 Enter the net total of each column as

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

indicated below:

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions).

17,795

184 108

181.072 112,225

184,108

181.072

112,225

112.307

(a)

Corpus

495.200

9

112,307

607,507

17.795

589,712

(b)

Years prior to 2017

(c)

2017



Enter gross amounts unless otherwise indicated		Unrelated bu	usiness income	Excluded by section	(e) Related or exempt	
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
d						
_	and contracts from government agencies rship dues and assessments.					
	t on savings and temporary cash					
4 Dividen	ds and interest from securities			14	55,754	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property tal income or (loss) from personal property					
	nvestment income.			14	13	
	(loss) from sales of assets other than					
invento	•			14	114,881	
	ome or (loss) from special events profit or (loss) from sales of inventory					
11 Other r	evenue a					
	-					
		I I				
е			0		170.648	0
e 12 Subtota 13 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		170,648	170,648
e 12 Subtota 13 Total. (See wo	Al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	<u> </u>	
e 12 Subtota 13 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish Income is report	nment of Exempled in column (e) of	13 pt Purposes Part XVI-A contribut	ted importantly to	

, , , , , , , ,	,10)		
(VII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Lair VATI	Exempt Organi	zations							
1 Did the or		directly engage				on described in section 5 ns?	501	Yes	No
a Transfers	from the reporting foun	dation to a none	haritable exe	empt organization	of				
(1) Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
b Other tran	sactions								
(1) Sales	of assets to a nonchar	table exempt or	ganızatıon.				1b(1)		No
	ases of assets from a r						. 1b(2)		No
	al of facilities, equipmer						. 1b(3)		No
	bursement arrangemen						1b(4)		No
• ,	s or loan guarantees.						1b(5)		No
` '	mance of services or m		-				1b(6)		No
_	facilities, equipment, n	-	•			ways show the fair mark	1c		No
of the goo	ds, other assets, or ser	vices given by the ngement, show	ne reporting in column (d	foundation If the	foundation receive goods, other asse	ed less than fair market ets, or services received f transfers, transactions, and	value	ngemen	ıts
2a Is the four	ndation directly or indire	ectly affiliated w	ith, or relate	d to, one or more t	tax-exempt organ	uzations			
	in section 501(c) (other					_	✓ No		
	omplete the following s		, (() () , () , ()	3000.01. 327					
D 11 103, 0	(a) Name of organization		(E) Type of organizatio	n	(c) Description of r	elationship		
			,	· · · · · · · · · · · · · · · · · · ·		,,			
1									
of m whic		, it is true, corre				ing schedules and stater than taxpayer) is based	l on all info	rmatior	n of
Sign Here	*****			2019-05-03	*****		lay the IRS d eturn oth the prepa		
	Signature of officer or t	rustee		Date	Title		elow see instr)? [✓ Yes	□ No
	Print/Type preparer's	name Pr	eparer's Sıgr	nature	Date	Check if self-			
Paid	LISA G BEHAN					employed ▶ □	P0063	3676	
Preparer	Firm's name ► MP F	PC					n's EIN ▶04	_31017	780
Jse Only		IE MONES OF THE	105 075 0			171111	. 5 LIN F 04	J1J1/	
		NE MONARCH PL PRINGFIELD, MA				Pho	ne no (413) 739-:	1800
	1								

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AFRICAN CAREER EDUCATION & NONE PUBLIC **GENERAL OPERATING** 8,000 RESOURCE INC CHARITY COOD ZOTH AVENUE NICTE 101

ALLIANCE FOR METROPOLITAN STABILITY 2525 FRANKLIN AVENUE E STE 200 MINNEAPOLIS, MN 55406	NONE	PUBLIC CHARITY	GENERAL OPERATING	7,140
BROOKLYN PARK, MN 55430				

▶ 3a

181,381

1	STABILITY 2525 FRANKLIN AVENUE E STE 200 MINNEAPOLIS, MN 55406	HONE	CHARITY	SERENAL OF ENATING	/,±1
	CAIR MN 2511 E FRANKLIN AVENUE STE 100	NONE	PUBLIC CHARITY	GENERAL OPERATING	9,00

MINNEAPOLIS, MN 55406				
CAIR MN 2511 E FRANKLIN AVENUE STE 100 MINNEAPOLIS, MN 55406	NONE	PUBLIC CHARITY	GENERAL OPERATING	9,00

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLIMATE GENERATION NONE 5.100 PUBLIC GENERAL OPERATING 2801 21ST AVE S STE 110 CHARITY MINNEAPOLIS MN 55407

CTUL3715 CHICAGO AVENUE MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	10,000
GRASSROOTS POLICY PROJECT 1515 OXFORD STREET	NONE	PUBLIC CHARITY	GENERAL OPERATING	8,000

MINNEAPOLIS, MN 55407		CHARITY		,
GRASSROOTS POLICY PROJECT 1515 OXFORD STREET BERKELEY, CA 94709	NONE	PUBLIC CHARITY	GENERAL OPERATING	8,
Total			▶ 3a	181,381

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HISPANIC OUTREACH OF GOODHUE NONE PUBLIC GENERAL OPERATING 10,000 COUNTY CHARITY 1407 W 4TH STREET RED WING MN 55066

Lieb Harro, Fill Cocco				
ILLUSION THEATER 528 HENNEPIN AVE N MINNEAPOLIS, MN 55403	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,500
IN THE HEART OF THE BEAST 1500 E LAKE STREET	NONE	PUBLIC CHARITY	GENERAL OPEARTING	8,160

181,381

528 HENNEPIN AVE N MINNEAPOLIS, MN 55403	NONE	CHARITY	GENERAL OF ERATING	2,-
IN THE HEART OF THE BEAST 1500 E LAKE STREET MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPEARTING	8,1

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year				
JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVENUE ST PAUL, MN 55114	NONE	PUBLIC CHARITY	GENERAL OPERATING	9,180
LAND STEWARDSHIP	NONE	PUBLIC	GENERAL OPERATING	15,000

LAND STEWARDSHIP 821 E 35TH STREET 200 MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	15,000
MIDWEST MIXED 2801 21ST AVE SOUTH STE 132B	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,040

MINNEAPOLIS, MN 55407		0.11.11.11		
MIDWEST MIXED 2801 21ST AVE SOUTH STE 132B MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,040
Total			▶ 3a	181,381

MINNEAPOLIS, MIN 55407				
MIDWEST MIXED 2801 21ST AVE SOUTH STE 132B MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Total .

a Paid during the year				
MINNESOTA UNITARIAN UNIVERSALIST SOCIAL JUSTICE ALLIANCE 900 MT CURVE AVENUE	NONE	PUBLIC CHARITY	GENERAL OPERATING	5,000

900 MT CURVE AVENUE MINNEAPOLIS, MN 55403				
MN 3502104 STEVENS AVENUE MINNEAPOLIS, MN 55404	NONE	PUBLIC CHARITY	GENERAL OPERATING	

MN 3502104 STEVENS AVENUE MINNEAPOLIS, MN 55404	NONE	PUBLIC CHARITY	GENERAL OPERATING	5,000
NAVIGATE MN 1515 EAST LAKE ST STE 202 MINNFAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	10,000

MINNEAPOLIS, MN 55404		CHARITY		
NAVIGATE MN 1515 EAST LAKE ST STE 202 MINNEAPOLIS, MN 55407	NONE	PUBLIC CHARITY	GENERAL OPERATING	10,000
				1

181,381

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	or substantial contributor			
a Paid during the year				
NAWAYEE CENTER SCHOOL 2421 BLOOMINGTON AVE SO	NONE	PUBLIC CHARITY	GENERAL OPERATING	10,200

MINNEAPOLIS, MN 55414		CHARITT		
NORTHFIELD UNION OF YOUTH PO BOX 481	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,550

	1		l .	
NORTHFIELD UNION OF YOUTH PO BOX 481 NORTHFIELD, MN 55057	NONE	PUBLIC CHARITY	GENERAL OPERATING	2,550
PANGEA WORLD THEATER	NONE	PUBLIC	GENERAL OPERATINGGENERAL	2,550

PO BOX 481 NORTHFIELD, MN 55057		CHARITY		
PANGEA WORLD THEATER 711 WEST LAKE ST STE 101 MINNEAPOLIS, MN 55408	NONE	PUBLIC CHARITY	GENERAL OPERATINGGENERAL OPERATING	2,550

NORTH ILLD, PIN 33037				
PANGEA WORLD THEATER 711 WEST LAKE ST STE 101 MINNEAPOLIS, MN 55408	NONE	PUBLIC CHARITY	GENERAL OPERATINGGENERAL OPERATING	2,550
Total			▶ 3a	181.381

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PESTICIDE ACTION NONE PUBLIC GENERAL OPERATING 8,160 2420 CHELLING AVENUE CHARTTY

MINNEAPOLIS, MN 55406		CHARITY		
PROPEL NONPROFITS 1 SE MAIN ST STE 600 MINNEAPOLIS, MN 55414	NONE	PUBLIC CHARITY	GENERAL OPERATING	5,559
TAKE ACTION MINNESOTA EDUCATION FUND 705 RAYMOND AVE 100 ST PAUL, MN 55114	NONE	PUBLIC CHARITY	GENERAL OPERATINGGENERAL OPERATING	7,000

1 SE MAIN ST STE 600 MINNEAPOLIS, MN 55414		CHARITY		
TAKE ACTION MINNESOTA EDUCATION FUND 705 RAYMOND AVE 100 ST PAUL, MN 55114	NONE	PUBLIC CHARITY	GENERAL OPERATINGGENERAL OPERATING	7,0

TAKE ACTION MINNESOTA EDUCATION FUND 705 RAYMOND AVE 100 ST PAUL, MN 55114	NONE	PUBLIC CHARITY	GENERAL OPERATINGGENERAL OPERATING	7,00
Total			▶ 3a	181,381

Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VOICES FOR RACIAL JUSTICE NONE 15.300 PUBLIC GENERAL OPERATING 2525 E FRANKLIN AVE STE 301 CHARITY

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

MINNEAPOLIS, MN 55406				
WATER LEGACYPO BOX 3276 DULUTH, MN 55803	NONE	PUBLIC CHARITY	GENERAL OPERATING	6,542
WOMEN'S DONOR NETWORK 565 COMMERCIAL ST STE 300 SAN FRANCISCO CA 94111	NONE	PUBLIC CHARITY	GENERAL OPERATING	3,400

▶ 3a

181,381

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

recipient

181,381

a Paid during the year				
WOMEN'S ENVIRONMENTAL INSTITUTE 15714 RIVER ROAD	NONE	PUBLIC CHARITY	GENERAL OPERATING	5,000

NORTH BRANCH, MN 55056		CHARITY		
YOUTH RESOURCES451 N FIRST AVE	NONE	PUBLIC	GENERAL OPERATING	

any foundation manager

or substantial contributor

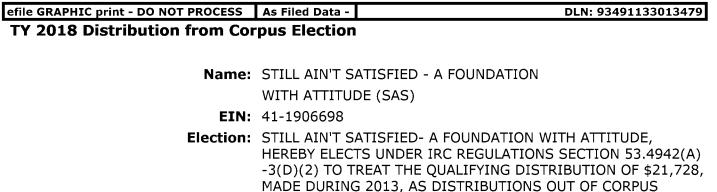
Name and address (home or business)

Total.

YOUTH RESOURCES451 N FIRST AVE EVANSVILLE, IN 47710	NONE	PUBLIC CHARITY	GENERAL OPERATING	1,000

YOUTH RESOURCES451 N FIRST AVE	NONE	PUBLIC	GENERAL OPERATING	1,0
EVANSVILLE, IN 47710		CHARITY		

efile GRAPHIC print - DO NO	T PROCESS	As Filed D	ata -		DLN: 93491133013479	
TY 2018 Accounting Fees Schedule						
Name: STILL AIN'T SATISFIED - A FOUNDATION WITH ATTITUDE (SAS) EIN: 41-1906698						
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		5,720	2,860	1	2,860	



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133013479
TY 2018 Investments Corporat	to Ronds Scho	dulo	
11 2016 Investments Corporat	le bollus Sche	uule	
Name:	STILL AIN'T SATI	SFIED - A FOUNDA	TION
	WITH ATTITUDE		

Name of Bond	End of Year Book	End of Year Fai
Investments Corporate Bonds Schedule		
EIN: 41-1906698		

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE FIXED INCOME - MORGAN STANLEY	387 942	374.678

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133013479
TY 2018 Investments Corpora	ate Stock Schedule	
Name:	STILL AIN'T SATISFIED - A FOUNTH ATTITUDE (SAS)	UNDATION
EIN:	41-1906698	

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
PUBLICLY TRADED - MORGAN STANLEY	422,386	879,146

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133013479
TY 2018 Investments Governr	nent Obligat	ions Schedule	
Name:	STILL AIN'T S	ATISFIED - A FOUNDATION	
	WITH ATTITUE	DE (SAS)	
EIN:	41-1906698		
US Government Securities - End of Year Book Value:		159,532	
US Government Securities - End of Year Fair Market Value:		160,748	
State & Local Government Securities - End of Year Book Value:		275,910	
State & Local Government Securities - End of Year Fair Market Value:		284,428	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133013479
TY 2018 Investments - Other S	Schedule		
Name: S	STILL AIN'T SATI	SFIED - A FOUNDATION	

WITH ATTITUDE (SAS)

EIN: 41-1906698

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
BOSTON COMMUNITY	AT COST	25,000	25,000			
BCC SUN INVESTOR II	AT COST	25,000	25,000			
ZIONS CORPORATE TRUST(FKA BELLWETHER)	AT COST	25,000	25,000			

Name: STILL AIN'T SATISFIED - A FOUNDATION

DLN: 93491133013479

WITH ATTITUDE (SAS)

EIN: 41-1906698

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

Other Assets Calcadal

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
NOTE RECEIVABLE - THE NEIGHBORHOOD RECYCLING CORP , DBA EUREKA RECYCLING	25,000	25,000	25,000		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133013479
TY 2018 Other Decreases Sch			
Name:	STILL AIN'T S	ATISFIED - A FOUNDATION	
	WITH ATTITUE	DE (SAS)	
EIN:	41-1906698		
	escription		Amount
OTHER INCREASE/DECREASE (U.S. GOV	T INT)		239
OTHER INCREASE/DECREASE (OID)			2,086

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491133013479		
TY 2018 Other Expenses Schedule						
-						
Name:	STILL AIN'T SA	TISFIED - A FOUN	NDATION			
WITH ATTITUDE (SAS)						
EIN:	41-1906698					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
MISC EXPENSES	224	0		224		
FEES	98	0		98		
WEBSITE DESIGN	184	0	<u> </u>	184		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133013479				
TY 2018 Other Income Schedule						

Name: STILL AIN'T SATISFIED - A FOUNDATION

WITH ATTITUDE (SAS)

EIN: 41-1906698

- (Other Income Schedule				
	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
	OTHERINCOME	13	13	13	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133013479
TY 2018 Other Increases Sche			
Name:	STILL AIN'T S	ATISFIED - A FOUNDATION	
	WITH ATTITUE	DE (SAS)	
EIN:	41-1906698		
D	escription		Amount
OTHER INCREASE/DECREASE (BOND AMORTIZATION)			
OTHER INCREASE/DECREASE (BOND AM	'ORTIZATION)		1,576

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DL	N: 934911330134 7 9		
TY 2018 Other Professional Fees Schedule						
Name: CTILL AINIT CATICFIED A FOUNDATION						
Nd	Name: STILL AIN'T SATISFIED - A FOUNDATION					
WITH ATTITUDE (SAS)						
1	EIN: 41-1906698					
		·		1		
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable		
Purposes Purposes						
INVESTMENT FEES	19,339	19,339		0		
CONSULTING FEES	2,175	0		2,175		

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491133013479		
TY 2018 Taxes Schedule						
Name: STILL AIN'T SATISFIED - A FOUNDATION						
WITH ATTITUDE (SAS)						
		, ,				
E	IN: 41-1906698					
Category Amount Net Investment Adjusted Net Disbursements Income Income For Charitable Purposes						
FOREIGN TAXES PAID	716	716		0		
TAXES AND LICENSES	1,300	0		1,300		