Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2018

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	Information.		Inspection	
A	For the	e 2018 cale	ndar year, or tax year beginning , 2018, and endi	ng	, 20		
В	Check I	f applicable	C Name of organization Ralph K. Morris Foundation	D Employ	er identification number		
\checkmark	Address	change	Doing business as			41-1981038	
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/st	ilte	E Telepho	ne number	
	Initial re	turn	c/o David Swanson, 50 South Sixth Street	1500		(612) 343-8275	
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code			<u> </u>	
		ed return	Minneapolis, MN 55402-1498		G Gross re	aceipts \$	
	Applicat	tion pendina	F Name and address of principal officer William J. Nelson,	H(a) Is this a q	roup return for	subordinates? Yes Vo	
_			1204 Hawthorne Avenue East, St. Paul, MN 55106	1		s included? Yes No	
1	Tax-exe	mpt status				a list (see instructions)	
J	Website	******	v.ralphkmorrisfoundation.org (H(c) Group	exemption	number ►	
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma			of legal domicile MN	
Ρ	art 1	Summ			•	<u></u>	
_	1		scribe the organization's mission or most significant activities: The Re	alph K. Morri	s Foundat	ion provides develop-	
ø	i -		ent and leadership opportunities for emerging leaders expressing an inter				
ä	1		of cooperation and in promoting farmland preservation, land stewardship				
Ē	2		is box ▶☐ if the organization discontinued its operations or disposed			its net assets.	
Activities & Governance	3		of voting members of the governing body (Part VI, line 1a)		1 - 1	12	
98	4		of independent voting members of the governing body (Part VI, line 1b)			12	
es.	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
3	6		nber of volunteers (estimate if necessary)	• • • •	6		
₽ ct	7a				7a	0	
•	Б.	Net unrel	ated business taxable income from Form 990-T-line 38	• • • •	7b	0	
	 	1101 011101	ated business taxable income from Form 990-Nine 12	Prior Ye		Current Year	
	8				35,691	25,125	
age.	9		ions and grants (Part VIII, line 1h)		33,031	25,125	
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		53,297	12,491	
æ	11		nt income (Part VIII, column (A), lines 3, 4, and 7d)		33,237	12,431	
	12		nue-add lines 8 through 11 (must equal Part VIII) Solumn (A), line 12)		88,988	37,616	
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		58,439	34,373	
	14		paid to or for members (Part IX, column (A), line 4)		30,433	34,313	
70	15	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)				
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)				
De d	ь		draising expenses (Part IX, column (D), line 25) 2,696		Marie .	and Against House & Company and	
ងី	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	CHARLES OF THE PARTY OF THE PAR	6,461	3,299	
	18	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·	64,900	37,672	
	19		less expenses. Subtract line 18 from line 12	***************************************	24,088	(56)	
<u>> χ:</u>		Hovenae		Beginning of Cu		End of Year	
ance	20	Total assi	ets (Part X, line 16)		431,654	385,330	
\$₽	21		lities (Part X, line 26)	· · · · · · · · · · · · · · · · · · ·	731,037	303,330	
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21 from line 20		431,654	385,330	
	art II		ure Block		731,037	303/330	
	_		y, I declare that I have examined this return, including accompanying schedules and state	ments, and to ti	he hest of n	ov knowledge, and bellef, it is	
tru	e, correç	t and comple	te Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowl	edge	, mondage and acres, me	
			Chora & SULAMANA				
Sig	ın 🗷	Signa	iture of officer	, Da	te .	1/ -	
He	1	4	Treasures, DAVID SWANSO	\sim	11-	14-19	
		Туре	or print name and title		······································		
	٠ ٢	Print/Tyr		ite	Check [PTIN	
Pa	ia d	<u> </u>	[self-emp		
rr(eparé	Firm's na	ime >	Firm	's EIN ▶		
US	e Onl	Firm's ac		1	ne no		
Ma	y the IF		this return with the preparer shown above? (see instructions)			Yes No	
_				o. 11282Y	•	Form 990 (2018)	

Form 99	
Part	Check if Schedule O contains a response or note to any line in this Part III
<u>U</u>	Briefly describe the organization's mission:
1	The Ralph K. Morris Foundation provides development and leadership opportunities for emerging leaders expressing an interest
	in applying and advancing the principles of cooperation, and in promoting farmland preservation, land stewardship and sustainability
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 26,873 including grants of \$ 26,873) (Revenue \$)
74	The Foundation's principal activity has been, through its Raiph K. Morris Foundation Cooperative Leadership Fund, to provide
	financial support, in the form of scholarships, to help cover costs associated with training, professional development and educational programs for emerging cooperative leaders expressing an interest in applying and advancing the principles of cooperation, and in promoting farmland preservation, land stewardship and sustainability.
	The scholarships are primarily intended for students or individuals who do not have substantial experience in working for cooperative
	cooperatives; scholarships are generally not made to individuals with extensive cooperative industry experience.
	In 2018, the Foundation awarded such scholarships to 38 individuals, in the aggregate amount of \$13,548.
	In addition, the Foundation made grants to 6 other organizations, in the aggregate amount of \$13,325, to support their educational
	activities relating to cooperatives, primarily to fund individual scholarships to attend educational conferences.
4b	,
	The Foundation sponsors the annual Raiph K. Morris Foundation Cooperative Leadership Symposium, which is open without charge
	to all people interested in cooperative leadership. Symposium attendees include members of the Cooperative Network and previous scholarship recipients, who receive special invitations to attend. In 2018, the Symposium was held on November 13 in LaCrosse,
	Wisconsin. The keynote speaker was Doug O'Brien, President and CEO of National Cooperative Business Association CLUSA
	International. Approximately 150 people attended. Most of the Foundation's expenses were paid in 2019.
	In addition, the Foundation co-sponsored a Land and Water Stewardship Symposium held on April 19, 2018 at the
	University of Wisconsin - Stevens Point. The keynote speaker was Clare Lindahl, chief executive officer of the Soil and Water
	Conservation Society. Approximately 100 people attended. The Foundation's expenses for this event were paid in 2017.
4c	(Code:) (Expenses \$ 7,500 including grants of \$ 7,500) (Revenue \$)
	Through its Elroy Webster Cooperatives Studies Fund, the Foundation also awards \$2,500 scholarships annually to one or more
	individuals pursuing a master's, doctoral or law degree to pursue a career in cooperatives or agriculture.
	In 2018, 2 such scholarship grants were made. In addition, the Foundation awarded a \$2,500 scholarship to an individual
	pursuing a graduate program in land use.
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

34,476

4e Total program service expenses ▶

Form 990 (2018) Page 3 **Checklist of Required Schedules** Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts In such funds or accounts? If 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
,			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
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 or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	38	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	c mark		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2018)
				\~~·~/

Part	Statements Regarding Other IHS Filings and Tax Compliance (continued)			
20.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	E:	Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		F-Marie
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1541	1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶			
~ _	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		1.
9	Sponsoring organizations maintaining donor advised funds.		(Y) v	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	W. Car		
a	Initiation fees and capital contributions included on Part VIII, line 12	- 1		4
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1.
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			*
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			12
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	13		: #
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		100	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	1.22.01	✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2018)
		1 0/11		~~ (0)

Form 9	90 (2018)				Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	<u> </u>	<u>. </u>
Secti	on A. Governing Body and Management				Т-:
10	Enter the number of voting members of the governing body at the end of the tax year	م ما	-	Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	1a 12			, "
	if the governing body delegated broad authority to an executive committee or similar		10		-5
	committee, explain in Schedule O.		ž		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 12	1000		Ė
2	Did any officer, director, trustee, or key employee have a family relationship or a business				
	any other officer, director, trustee, or key employee?	•	2		1
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		3_		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		I,
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		V
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during		77.6	
	the year by the following:				P 55.
8	The governing body?	• • • • •	8a	/	
b	Each committee with authority to act on behalf of the governing body?		8b	_	├──
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by th			ode.)	1
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy		11a	<u> </u>	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	•	1
c	Did the organization regularly and consistently monitor and enforce compliance with the p				
	describe in Schedule O how this was done		12c	✓	
13	Did the organization have a written whistleblower policy?		13	\	
14	Did the organization have a written document retention and destruction policy?		14	✓	
15	Did the process for determining compensation of the following persons include a review a			,	6
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		/
b	Other officers or key employees of the organization		15b		*
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	lar arrangement			
100	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		174		100
	participation in joint venture arrangements under applicable federal tax law, and take steps t	o safeguard the		1,3	100
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		<u> </u>
	on C. Disclosure			_	
17	List the states with which a copy of this Form 990 is required to be filed ► Minnesota				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		(Sec	tion 5	001(C)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	erest (ooliev	/. and
13	financial statements available to the public during the tax year.	, 557111101 01 1111	J. 001)	· · · · ·	,
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	>	
	Journa Willeria 1400 Mayorta Street Suite 400 Demos Coloredo 20202-5540 Tal. (612) 242-9272				

Dona	- 7

Earn	990	1201	Q١

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

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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				((C)					
(A)	(B)		-4 -1-		ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe d a d	rson irect	than of the street of the stre	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William J. Nelson, Chairman & Director		1		1				0	0	0
(2) Joel Nilsestuen , Vice Chairman & Director		1		1				0	0	0
(3) David Swanson, Treasurer & Director		1		1				0	0	0
(4) Bill Berry, Director	<u> </u>	1						0	0	0
(5) Brent D. Bostrom, Director		1						0	0	0
(6) Terri Dallas, Director		1						0	0	0
(7) Curt Eischens, Director		1						0	0	0
(8) Daryn McBeth, Director		1						0	0	0
(9) Christopher Morris, Director		1						0	0	0
(10) Anne Reynolds, Director		1						o	0	0
(11) Michelle Schry, Director		1						0	0	0
(12) Shari Wormwood, Director		1						0	0	0
(13) Jayne Wilgus, Secretary & Administrator				/				0	0	0
(14) Thomas D. Vander Molen, Asst. Secretary				1				0		0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/008			lighe	st C	ompensated E	mployees	(continu	ued)
,	(A) Name and title	(B) Average hours per	box, ı	ınles	eck s pe	ition more	than d is both or/trust	an	(D) Reportable compensation	(E) Reportat compensatio	n from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-	ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)						-						
(19)												
(20)				_								
(21)												
(22)												
(23)												
(24)												
(25)												
C	Sub-total	VII, Sectio	n A					▶ ▶	0		0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		<u> </u>	100,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor, c	r tr	uste indi	e, ividu	key e	emp	ployee, or high	est compo	ensate	3 ✓
4	For any individual listed on line 1a, Is the organization and related organizations <i>Individual</i>	greater th	an \$1	50,	000	? //	"Ye	n a s,"	nd other comp complete Sch	ensation for the second	rom the or suci	4
5	Did any person listed on line 1a receive of for services rendered to the organization											5 1
Section	on B. Independent Contractors											
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
None								 				
								_				<u>-</u>
				_				-				
2	Total number of independent contractor received more than \$100,000 of compens	rs (includir ation from t	ng bu	t no gani	ot I izati	ımit lon l	ed to	th	ose listed abo	ove) who		

Part	VIII	Statement of Revenue									
		Check if Schedule O contains a response or note to any line in this Part VIII									
₽ ¥ .	3,5				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue			
,	`.	A A				exempt function	business revenue	excluded from tax under sections			
<u></u>		大學最 表 一 人	<u>** </u>	7. 3		revenue		512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns									
Gra	b	Membership dues .				e engage					
	С	Fundraising events .									
Gif	ď	Related organizations									
ns, Sim	е	Government grants (con				1.50 12 4	THE WAY	The state of the s			
ntio er 9	f	All other contributions, g and similar amounts not inc				Pragri-					
i di	1		<u> </u>	25,125	14		il regi	7			
Contributions, Gifts, and Other Similar A	9	Noncash contributions includ					8				
	h	Total. Add lines 1a-1	<u>†</u>	<u> ▶</u>	25,125			The second second			
une	_			Business Code	. 1 21	1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1+4 = 2-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17-3-1 Held			
eve	2a										
8	b		***************************************								
Š	C.				ļ —————						
န္တ	d										
Program Service Revenue	e	All athou programs	ulos roverus		 	 					
o g	7	All other program ser				K.V.		1			
	3	Total. Add lines 2a-2 Investment income	including divide	ends interest		Tarak.	: 1,762	. 5 32: 1			
	٦	and other similar amo	•		0.245			0.045			
	4	Income from investmen	-		8,245	1		8,245			
	5		•	•							
		1109411103	(i) Real	(II) Personal	/ '\$\times_\tau	7863 13					
	6a	Gross rents			聚 多		American de				
	b	Less: rental expenses				1		es Committee and			
	c	Rental income or (loss)									
	d	Net rental income or (loss)		7 - 61-69-111.						
	7a	Gross amount from sales of	(i) Securities	(II) Other	ACC.		The second of the	14.00			
	'-	assets other than Inventory	19,910				P1/4-24	3			
	ь	Less: cost or other basis			(事) (1)	No.	1				
		and sales expenses .	15,664			life date					
	C	Gain or (loss)	4,246		Silver .	· · · · · · · · · · · · · · · · · · ·	Ne Co				
	d	Net gain or (loss) .		<u> ▶</u>	4,246			4,246			
6)					A 1.04	es.					
enne	8a	Gross income from fu	ındraising								
>		events (not including \$						2.14			
Other Re		of contributions reporte			157	rate and the state					
je l		See Part IV, line 18 .				-3					
ಕ	b	Less: direct expenses			310	, , ,					
	C	Net income or (loss) f		events . 🟲	120.37	1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	Эa	Gross income from ga See Part IV, line 19 .			73067	14					
	b	Less: direct expenses Net income or (loss) for		vities ▶	1,37	¥* 3	9.8	137			
	100	Gross sales of in		villes	100.72		2.20	7.5			
	IVa	returns and allowance				4.00	5				
	ь	Less: cost of goods s		<u> </u>		***					
	C	Net income or (loss) fi		entory ▶		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 11 (5) 25 (4) 40 45			
ł		Miscellaneous R		Business Code	AND THE STATE OF	alak i	To the second				
	11a		, <u></u>		36.27	375	1. F. 73	· · · · · · · · · · · · · · · · · · ·			
	b			·							
	C										
	d	All other revenue .									
	е	Total. Add lines 11a-	11d '	▶			lg. 1	7.			
	12	Total revenue. See in	structions .	<u></u> . ▶	37,616			12,491			
								Form 990 (2018)			

Pari	IX Statement of Functional Expenses				raye IC
	n 501(c)(3) and 501(c)(4) organizations must cor		All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,325	13,325		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21,048			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		2,70.0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a b c d e f 9	Other employee benefits				
12 13 14 15 16 17	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	2,536			2,536
19 20 21 22 23 24	Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	103	103		
a b c	State Charitable Registration Fees Memorial flowers Donation processing fees	79 106 160		79 106	160
д е 25	All other expenses Total functional expenses. Add lines 1 through 24e	315 37,672		315 500	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		🛮
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,867	1	18,828
	2	Savings and temporary cash investments	27,246	2	8,267
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		18-121	
		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			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	And the second s
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		***	
		other basis. Complete Part VI of Schedule D 10a		1	
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities	394,541	_	358,235
	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	404.054	15 16	205 200
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	431,654	17	385,330
	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	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and		27.5	
Liabilities		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets ,		27	
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
	20	complete lines 30 through 34.	424 674	30	OF SEC.
	30 31	Capital stock or trust principal, or current funds	431,654	31	385,330
	32	Retained earnings, endowment, accumulated income, or other funds.	· · · · · · · · · · · · · · · · · · ·	32	
	33	Total net assets or fund balances	431,654		385,330
_	34	Total liabilities and net assets/fund balances	431.654		385.330
					Form 990 (2018)

Form 99	90 (2018)			Pag	ge 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	7,616
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	7,672
3	Revenue less expenses. Subtract line 2 from line 1	3			(56)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		43	1,654
5	Net unrealized gains (losses) on investments	5		(4	I,654)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			8,375
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(49	,989)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		38	5,330
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			100
	reviewed on a separate basis, consolidated basis, or both:		760 A		10
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an Independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	1,00		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2 2 1 2 mg		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		Table	
	Schedule O.		1	0.54	
За	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		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018 Open to Public

Internal Revenue Service Inspection Name of the organization Employer Identification number Ralph K. Morris Foundation 41-1981038 Reason for Public Charity Status (All organizations must complete this part.) See instructions, Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (lii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 isted in your governing support (see document? above (see instructions)) instructions) instructions) No Yes (A) (B) (C) (D)

THE RESERVE AND PARTY AND PARTY.

(E)

Total

Part	II Support Schedule for Organiza	otione Decer	ibad in Cast	one 170/b)/4	VAVior and 1	70/h\/4\/A\/ _{0/}	1
Part							•
•	(Complete only if you checked the						ality under
	Part III. If the organization fails to	o quality unde	er the tests is	stea below, p	lease comple	te Part III.)	
	on A. Public Support			, - ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				'		
	include any "unusual grants.")	50,475	49,137	60,619	35,691	25,125	221,047
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	1	l			l	
3	The value of services or facilities					****	
•	furnished by a governmental unit to the						
	organization without charge	ł					
4	Total. Add lines 1 through 3	50,475	49,137	60,619	35,691	25,125	221,047
	-	30,475	43,137	00,019	33,091	25,125	221,041
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)			(8) Early 548	pt - The state of		169,464
<u>6</u>	Public support. Subtract line 5 from line 4		Section 1	位 建 计 2000		And the second	51,583
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	50,475	49,137	60,619	35,691	25,125	221,047
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	İ					
	similar sources	8,260	14,722	10,249	12,779	8,245	54,255
9	Net income from unrelated business	!					
	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	J					
1 1	Total support. Add lines 7 through 10		医松松 验 考				275,302
12	Gross receipts from related activities, etc.	. (see Instruction	ons)			12	
13	First five years. If the Form 990 is for the	he organization	r's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2018 (line	6, column (f) dí	vided by line 1	1, column (f))		14	18,74 %
15	Public support percentage from 2017 Schedule A, Part II, line 14						
16a							
	box and stop here. The organization qua						
b	331/3% support test-2017. If the organi	ization did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-2	•					-
170	10% or more, and if the organization me	eets the "facts	and-circumst	ances" test. ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the	facts-and-circ	umstances" te	st. The organiz	zation qualifies	as a publicly	supported
	organization						▶ ☑
L	10%-facts-and-circumstances test—2	047 If the ever				6a 16b or 17	_
b	15 is 10% or more, and if the organization	uii. II the orgi	anization did N o "facts-and c	rircumetances"	n un mile 13, 1 'test check t	ua, 100, 01 176 his hovende	a, and illie
	Explain in Part VI how the organization r	mosts the "fact	s-and-circum	stances" teet	The organization	on qualifies as	a publicly
		Heers He lac			organizati		> □
40	Private foundation. If the organization di				or 17h check	k this hav and	
18	instructions	ig flot clieck a	55× 511 1111 6 13,	100, 100, 110	, 51 175, 611601	Carlo DOX BITG	> —

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Line 17a. Facts and Circumstances Test.
The Internal Revenue Service issued a determination letter dated August 22, 2006, stating that the Foundation was a public charity under
section 170(b)(1)(A)(vi) of the Internal Revenue Code based on support information for the five years ending in 2005. The Foundation has
maintained its public charity status throughout its history. Treas. Reg. § 1.170A-9(e)(4)(ii) provides that under the facts and circumstances
test, it is appropriate to take into account years prior to the years being tested. The Foundation's public support percentages for 2010,
2011, 2012, 2013, 2014, and 2015 were 49.95, 59.91, 59.64, 53.16, 46.51, and 39.15, respectively. The Foundation's Board of Directors include
well-known leaders of the cooperative field, all of whom serve without compensation. The Foundation's activities include lectures that are
open to the public without charge and have had hundreds of attendees. The Foundation also has made educational grants to hundreds of
individuals. In 2017 the Foundation received contributions from 16 donors, only 3 of which had given more than 2% of tested support;
only 2 donors were required to be listed on Schedule B. In 2018 the Foundation received contributions from 23 donors, only 6 of which have
given more than 2% of tested support, and only 3 of which are required to be listed on Schedule B. The Foundation's activities are designed
to serve the public and to attract public support. The Foundation's public support in 2017 and 2018 is almost double the 10% threshold.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number ► Go to www.irs.gov/Form990 for the latest information. Name of the organization

Schedule I (Form 990) (2018) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%** □ (h) Purpose of grant or assistance ✓ Yes 41-1981038 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed . . (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. (if applicable) General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization Ralph K. Morris Foundation (1) See Schedule O Part 1 Part II € ত 8 9 (12) ন্ত ල 9 ε ම

Page 2

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic, Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) The Foundation asks individual grant recipients to submit forms reporting on the educational events. The Secretary reviews these reports. (d) Amount of noncash assistance 13,548 7,500 (c) Amount of cash grant (b) Number of recipients 38 2 Scholarships for graduate degree programs 1 Scholarships for educational programs (a) Type of grant or assistance Part IV Part III က 4 ß 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Ralph K. Morris Foundation	41-1981038
Part VI, line 11.b. The Foundation's Treasurer and Secretary review the completed return before it is s	igned.
Part VI, line 12c. The Foundation's directors and officers do not engage in transactions with the Foundation	dation, and neither they nor relatives
are eligible for scholarships.	
Part VI, line 19. The Foundation's Articles of Incorporation are on file with the Minnesota Secretary of	State, and its Forms 990 are filed
with the Minnesota Attorney General, Charities Division.	·····
Part XI, line 9. Reversal during 2018 of unrealized gains at end of 2017.	
Schedule I, Part II, line 1(1)	
(a) Indiana Cooperative Development Center, Inc., 225 S. East St., Suite 737, Indianapolis, IN 46202	
(b) 61-1487004	
(c) 501(c)(3)	
(d) \$4,000	••••••
(h) Fund scholarships to attend the Up and Coming Food Co-op Conference, March 16-17, 2018	
Schedule I, Part II, line 1(2)	•••••
(a) Cornell University, 350A Warren Hall, Ithaca, NY 14853	
(b) 15-0532082	
(c) 501(c)(3)	
(d) \$2,475	
(h) Fund scholarships to attend the College Conference on Cooperatives, February 15-18, 2018	
	•••••
······	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Ralph K. Morris Foundation	41-1981038
Schedule I, Part II, line 1(3)	
(a) Wisconsin Farmers Union, 117 West Spring Street, Chippewa Falls, WI 54729	
(b) 39-0808571	
(c) 501(c)(5)	
(d) \$1,500	
(h) Fund scholarships to attend 2018 ACE Institute, July 24-26, 2018	
Schedule I, Part II, line 1(4)	
(a) People's Food Coop of Kalamazoo, 507 Harrison Street, Kalamazoo, MI 49007	
(b) 38-2032664	
(c) 1381	
(d) \$350	
(h) Cooperative Board Leadership Development	
Schedule I, Part II, line 1(5)	
(a) United States Federation of Worker Cooperatives, 1904 Franklin Street #400, Oakland, CA 94612	
(b) 20-3778257	
(c) 501(c)(6)	
(d) \$2,500	
(h) Fund scholarships for eligible individuals to attend the Worker Cooperative National Conference, Sept.	. 14-16, 2018
Schedule I, Part II, line 1(6)	
(a) North American Students of Cooperation, 1100 W Cerkmak Rd 514, Chicago, IL 60608	***************************************
(b) 38-2219436	•••••••••••••••••••••••••••••••••••••••
(c) 501(c)(3)	
(d) \$2,500	
(h) Fund scholarships to attend NASCO Cooperative Education and Training Institute	