Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Go to www irs gov/Form990PFfor instructions and the latest information.

	Fo	or cal	lendar year 2018 or tax year beginning		, 2018, and end	ng		, 20
	Na	me of	foundation			1	Employer identific	ation number
			ARDS MEMORIAL TRUST	•			41-	5011292
	Νί	ımber	and street (or PO box number if mail is not delivered to	street address)	Room/suit	e E	Telephone number	(see instructions)
			BOX 0634		<u> </u>		65	<u>1-466-8040</u>
•	Cit	ty or to	own, state or province, country, and ZIP or foreign postal	code	•			
						١,	If exemption applicate pending, check here.	on is
			WAUKEE, WI 53201-0634					,
	G	Che	ck all that apply Initial return		of a former public chai	ity c	1 Foreign organization	
			Final return	Amended ret			2 Foreign organization 85% test, check he	
	_		Address change	Name change		\dashv	computation	▶ 🗀
	H	_	ck type of organization X Section 501(110	 E	If private foundation	status was terminated
	1		Section 4947(a)(1) nonexempt charitable trust	Other taxable pri		<u> </u>	under section 507(b)	1)(A), check here . P
	ı			inting method X Ca	sh Accrual	F	If the foundation is in	
				her (specify) olumn (d) must be on ca	-h hasia \		under section 507(b)	1)(B), check here . >
				olumn (a) must,be on ca	sn dasis /		· · · · · · · · · · · · · · · · · · ·	(d) Disbursements
	Li	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c)	Adjusted net	for charitable
^			may not necessarily equal the amounts in	books	income		ıncome	purposes (cash basis only)
h/	-	•	column (a) (see instructions))					,
\\		1 2	Check X if the foundation is not required to attach Sch B.		•		,	
. N		2	0.0000001					1
		3	Interest on savings and temporary cash investments. Dividends and interest from securities	457,337.	457,337.			STMT 1
		4 Ea	Gross rents	131,331.				
							-	
	a)		Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	1,502,596.			DEG	
<u>6</u>	Ž	ь	Gross sales price for all assets on line 6a 6, 680, 295.		-		RECE	IVED
6 2019	evenu	7	233013 011 1110 08		1,502,596.		9	181
9	æ		Net short-term capital gain		<u> </u>		3 NOV 1	8 2019 9 \
$\overline{}$		9	Income modifications	•				38
DEC		10a	Gross sales less returns and allowances				OGDE	NIT
		Ь	Less Cost of goods sold .			_		14, 01
\Box		С	Gross profit or (loss) (attach schedule)					
끶		11	Other income (attach schedule)	81,267.	79,414.			STMT 2
CANNED		12	Total Add lines 1 through 11	2,041,200.	2,039,347.			
Ķ		13	Compensation of officers, directors, trustees, etc	150,162.	120,130.			30,032
သ	ses	14	Other employee salaries and wages		NONE		NONE	
	ë	15	Pension plans, employee benefits		NONE		NONE	
	×	16a	Legal fees (attach schedule)	<u> </u>				
	ė	b	Accounting fees (attach schedule)					
	ş	С	Other professional fees (attach schedule)	<u> </u>				, , , , , , , , , , , , , , , , , , , ,
	Administrative Expense	17	Interest	42 250	4,925.	-		
	ij	18	Taxes (attach schedule) (see instructions). 3.	43,259.	4,323.			
	E	19	Depreciation (attach schedule) and depletion.					
			Occupancy		NONE		NONE	
,	and	21	Travel, conferences, and meetings		NONE		NONE	•
			Printing and publications Other expenses (attach schedule) STMT . 4 .	65,645.	14,380.			51,265
	ţ	24	Total operating and administrative expenses.		21/0001			
	Operating		Add lines 13 through 23	259,066.	139,435.		NONE	81,297
	ğ	25	Contributions, gifts, grants paid	888,030.			^	888,030
	J	26	Total expenses and disbursements Add lines 24 and 25	1,147,096.	139,435.		NONE	969,327
	_	27	Subtract line 26 from line 12	1 : 1				· · · · · · · · · · · · · · · · · · ·
		l	Excess of revenue over expenses and disbursements	894,104.				
		ŧ	Net investment income (if negative, enter -0-)		1,899,912.			
	_	С	Adjusted net income (If negative, enter -0-)			,		
JSA	A Fo		perwork Reduction Act Notice, see instructions					Form 990-PF (2018)

Part II		Attached schedules and amounts in the	Beginning of year		End of year		
Ľ	ant II	Balance Sheets description column 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	12,944.				
		Savings and temporary cash investments	502,366.	1,056,59	2. 1,056,592		
		Accounts receivable ▶		"			
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶		ı			
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts ► NONE					
ts		Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
As		Investments - U S and state government obligations (attach schedule)					
		Investments - corporate stock (attach schedule) . STMT .5.	8,711,828.	6,639,82	7. 10,467,563		
		Investments - corporate bonds (attach schedule) . STMT .7.	3,387,560.	6,353,74			
	11	Investments - land, buildings, and equipment basis			t .		
		Less accumulated depreciation		•			
		(attach schedule)	_				
	13	Investments - other (attach schedule) STMT .8.	1,035,277.	1,035,27	7. 464,551		
		Land, buildings, and equipment basis					
		Less accumulated depreciation	•	•			
		Other assets (describe ACCRUED INCOME)	5,776.	11,24	2. 11,242		
		Total assets (to be completed by all filers - see the		··· · · ·			
		instructions Also, see page 1, item I)	13,655,751.	15,096,67	8. 18,207,343		
	17	Accounts payable and accrued expenses					
		Grants payable					
es		Deferred revenue			-		
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
id.		Mortgages and other notes payable (attach schedule)					
Ë	22	Other liabilities (describe >)					
	23	Total liabilities (add lines 17 through 22)		NO:	NE ,		
		Foundations that follow SFAS 117, check here					
ces		and complete lines 24 through 26, and lines 30 and 31					
nc	24	Unrestricted					
ale		Temporarily restricted		,			
9		Permanently restricted					
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here $\blacktriangleright X$					
гF		and complete lines 27 through 31					
0	27	Capital stock, trust principal, or current funds	13,655 <u>,</u> 751.	15,096,67	8.		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		•			
SS	29	Retained earnings, accumulated income, endowment, or other funds					
t /	30	Total net assets or fund balances (see instructions)	13,655,751.	15,096,67	8.		
Ne	31	Total liabilities and net assets/fund balances (see					
		instructions)	13,655,751.	15,096,67	8.		
		Analysis of Changes in Net Assets or Fund Bala					
1		I net assets or fund balances at beginning of year - Part					
	end-	of-year figure reported on prior year's return)		<u> 1</u>			
		r amount from Part I, line 27a		<u>2</u>			
3	Othe	er increases not included in line 2 (itemize) > SEE STA	TEMENT 9				
		lines 1, 2, and 3		<u>4</u>	15,096,683.		
		reases not included in line 2 (Itemize) ► ROUNDING					
_6	Tota	I net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b	o), line 30 6	15,096,678.		

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and desc	cribe the kind(s) of property sold (for ex	kample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	<u> </u>	ck warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
	PUBLICLY TRADED	SECURITIES				
<u>b</u>				İ		-
<u>c</u> d						
<u>u</u>	-					
		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ss)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) minu	
a	6,680,295.		5,177,699. ·		1,	502,596.
b						
<u>c</u>		<u> </u>				
<u>d</u>						
<u> e</u>			10 (01 (00			
	Complete only for assets sno	owing gain in column (h) and owned b			Gains (Col (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	"	Losses (from co	
a			<u>,,, , , , , , , , , , , , , , , , , , </u>		1	502,596.
<u>a</u> b			167	_		302,330
<u>~</u>						
d						
е						
2	Capital gain not income	or (not capital loss) If ga	ain, also enter in Part I, line 7			
2	Capital gain net income	(17 (10	oss), enter -0- in Part I, line 7	2	1,	502,596.
3		in or (loss) as defined in sections	•			
	•	art I, line 8, column (c). See ins	4			
D-		ndar Castian 4040/a) for Pade	uced Tax on Net Investment I	3		
		· · · · · · · · · · · · · · · · · · ·	section 4940(a) tax on net investing			
Was			utable amount of any year in the b	ase perio	d?	Yes X No
1			r, see the instructions before making	ng any en	tries	
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	col (c))
	2017	869,644.	19,783,076.			0.043959
	2016	1,013,267.	18,673,295.			0.054263
	2015	993,725.	19,698,431.			0.050447
	2014	1,069,137.	20,601,570.			0.051896
	2013	911,063.	19,554,682.			0.046591
•	Total of loss 1 column /s	٦١/		2		0.247156
2		o for the 5-year base period - divid	a the total on line 2 by 5.0, or by	-		0.247130
3	_		if less than 5 years	3		0.049431
	the number of years the	Todilation has been in existence	in less than 5 years			
4	Enter the net value of no	ncharitable-use assets for 2018 fr	om Part X, line 5	4	19,	937,583.
•	Zinoi mo not valuo oi no					•
5	Multiply line 4 by line 3.			5		985,535.
•						
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		18,999.
7	Add lines 5 and 6		_.	7	1,	004,534.
						060 207
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions.	ions from Part XII, line 4 reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	using a 1% tax	969,327. x rate. See the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u> </u>			
	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1)	_					
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)						
ь	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here and enter 1% of Part I, line 27b						
С	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N/	ONE			
3	Add lines 1 and 2		37,9	98.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE			
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0		37,9	98 <u>.</u>			
6	Credits/Payments						
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 29,234.						
b	Exempt foreign organizations - tax withheld at source			•			
	Tax paid with application for extension of time to file (Form 8868) 6c 8,803.						
	Backup withholding erroneously withheld 6d	•		•			
7	Total credits and payments Add lines 6a through 6d		38,0	37 <u>.</u>			
8	Enter any penalty for underpayment of estimated tax. Check here						
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed						
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			39.			
	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 39. Refunded ▶ 11						
Part	VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						
_	instructions for the definition						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
c	Did the foundation file Form 1120-POL for this year?	1c		Х			
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
_	(1) On the foundation \$						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		.				
_	on foundation managers > \$.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
_	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	,	Х			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X				
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х			
•	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
•	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X				
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
	MN						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	;	v				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"						
	complete Part XIV	9	_	<u> X</u>			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х			

Form **990-PF** (2018)

Par	t VII-A Statements Regarding Activities (continued)			,
	^		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			_
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
`12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ US BANK TRUST NA Telephone no ▶ (651) 466	-804	0	
	Located at ► 101 E FIFTH ST., ST. PAUL, MN ZIP+4 ► 55101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
	and enter the amount of tax-exempt`interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	7a.8s . **	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country		A PARTY	製力時
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	· Traceri	V	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	- 15°	Yes	No
1a	During the year, did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	No.		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			27
,	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	56		
	foundation agreed to make a grant to or to employ the official for a period after	1.33		
	termination of government service, if terminating within 90 days)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		No.	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	2000		影响
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c	49888. A 192	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		dan.	
	6e, Part XIII) for tax year(s) beginning before 2018?		18 (A)	17,000
	If "Yes," list the years \(\begin{align*} \beg			影響
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			35
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	The provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
ь	of f "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		S Merce	影響
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		786	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	0 DE	X

	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Red	uired (continued	<i>'</i>)		
5a	During the year, did the foundation pay or incur any amo			· · · · · · · · · · · · · · · · · · ·		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	. Yes X	No		ſ
	(2) Influence the outcome of any specific public ele						1 1
	directly or indirectly, any voter registration drive?			. Yes X	No		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	, <i></i>	. Yes X	No		l
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions			Yes X	No		
	(5) Provide for any purpose other than religious, cl	naritable, scientific, l	iterary, or education	al	`		
	purposes, or for the prevention of cruelty to children	or animals ⁷		. Yes X	No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described	in		,
	Regulations section 53.4945 or in a current notice regard	ding disaster assistan	ce? See instructions.		5b		
	Organizations relying on a current notice regarding disas	ster assistance, check	here		▶ ∐		,
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the	ax			
	because it maintained expenditure responsibility for the	grant?		. Yes	No		,
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiu				
	on a personal benefit contract?				No	-	
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contr	act ⁷	<u>6b</u>		X ,
	If "Yes" to 6b, file Form 8870	•					
7a	At any time during the tax year, was the foundation a pa				1 "		;
b	If "Yes," did the foundation receive any proceeds or have	•		ion?	· · 7b		
8	Is the foundation subject to the section 4960 tax on pay			<u> </u>			
	remuneration or excess parachute payment(s) during the VIII Information About Officers, Directo	year ⁷	ndation Manage	. Yes X		<u> </u>	L
	and Contractors				—		
1_	List all officers, directors, trustees, and foundation	n managers and the (b) Title, and average	(c) Compensation.	See instructions. (d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			
II S	BANK NATIONAL ASSOCIATION	TRUSTEE		dia dalama dampanadia			
	FIFTH ST, ST PAUL, MN 55101	1	150,162	-0-			-0-
	,						
		1					
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see instruc	ctions). If n	one,	enter
2	Compensation of five highest-paid employees "NONE."		e included on lin		etions). If n	one,	enter
	081081F 0	(b) Title, and average hours per week	e included on lin	(d) Contributions to employee benefit	(e) Expen	se accoi	unt,
	"NONE."	(b) Title, and average		(d) Contributions to	(e) Expen	se accoi	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expenother all	se accoi	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,
NON.	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenother all	se accor owance	unt,

0	2	_	_	,
		п		

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
	······································	
	er of others receiving over \$50,000 for professional services	NONE
Part IX-A		-
List the for organization	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ns and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
		
2		
3		
4		
Part IX-B	· · · · · · · · · · · · · · · · · · ·	
1 NONE	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
INONE		
2		
All other pi	ogram-related investments. See instructions	
3 NONE		
Total. Add	lines 1 through 3 · · · · · · · · · · · · · · · · · ·	

Par	Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign found	lations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e purposes	tc.,	,
а	Average monthly fair market value of securities	1a	19,635,181.
b			606,020.
C			NONE
d			20,241,201.
e			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		20,241,201.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
	instructions)		303,618.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, lin		19,937,583.
6	Minimum investment return. Enter 5% of line 5		996,879.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part)	foundations	
1	Minimum investment return from Part X, line 6	1	996,879.
2 a	27.0		<u> </u>
b	and the second of the second o	<u> </u>	
c		2c	37,998.
3	Distributable amount before adjustments Subtract line 2c from line 1		958,881.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	1 1	958,881.
6	Deduction from distributable amount (see instructions)	1 1	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	í l	
•	line 1		958,881.
Par	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		12	969,327.
ь			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, or		
_	purposes	l _ i	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)		NONE
b	• • • • • • • • • • • • • • • • • • • •	T T	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, lin		969,327.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment inco Enter 1% of Part I, line 27b. See instructions		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		969,327.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years whe		
	qualifies for the section 4940(e) reduction of tax in those years	J	

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Page 9

Pai	t-XIII Undistributed Income (see instri	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				<u>958,881.</u>
2	Undistributed income, if any, as of the end of 2018				
а	Enter amount for 2017 only			NONE	
b	Total for prior years 20,20		NONE		
3	Excess distributions carryover, if any, to 2018.				
а	From 2013 NONE				
	From 2014 NONE				•
С	From 2015 NONE				
	From 2016				
	From 2017 NONE				<u></u>
	Total of lines 3a through e	5,163.		<u> </u>	
4	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$969,327			170177	
а	Applied to 2017, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB	,		
d	Applied to 2018 distributable amount				958,881.
	Remaining amount distributed out of corpus	10,446.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,60 <u>9</u> .			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b		NONE		
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		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be				NONE
	distributed in 2019				NONE
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	NONE			
	required - see instructions)	NOME			
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2019.	3			
	Subtract lines 7 and 8 from line 6a	15,609.			·····
	Analysis of line 9				
	Excess from 2014 NONE				
	Excess from 2015 NONE				
	Excess from 2016 5,163.	į			
	Excess from 2017 NONE				
e	Excess from 2018 10,446.				Form 990-PF (2018)

Pa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, quest	<u>ıon 9)</u> _	NOT APPLICABLE
1 a	If the foundation has	received a ruling or de	etermination letter tha	it it is a private opei	rating	
	foundation, and the ruling	is effective for 2018, ent	er the date of the ruling	· 	▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described i	n section 4942	(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year	о с ритого сротогия	Prior 3 years		
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	or the minimum investment		(6) 2017	(6) 2010	(4) 2015	
	return from Part X for each					
	year listed			-	 	
b	85% of line 2a		 			
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
Ū	directly for active conduct of					
	exempt activities Subtract line	[
3	2d from line 2c	<u> </u>			 	+
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets				ļ	
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)				<u> </u>	
þ	'Endowment' alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
c	'Support alternative test - enter					
·	(1) Total support other than					
	gross investment income				1	
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5))					
	or royalties)				-	
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942			<u></u>		
	(3) Largest amount of sup-					
	por from an exempt					
	(4) Gross investment income .					
Pai		tary Information (C	complete this part	only if the found	ation had \$5,000	or more in assets at
		uring the year - see		•		
1	Information Regarding	Foundation Manager	s:			
а				re than 2% of the tot	al contributions rece	eived by the foundation
	before the close of any					
	·	, ,	•		,	•
	NONE	the face data control	100/	.f. 4h.a4lf. aa		II. Inches and the
D	ownership of a partner					lly large portion of the
		ship of other entity) of	willen the loundation	i nas a 10% or greate	i interest.	
	NONE					
						. <u>.</u>
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if t	he foundation only r	makes contributions	to preselected chai	ritable organizations	and does not accept
						under other conditions,
	complete items 2a, b,	c, and d. See instructio	ns			
a	The name, address, an	d telephone number o	r email address of the	person to whom app	lications should be ad	ddressed
	- · · · · · · · · · · · · · · · · · · ·	,		, , , , , , , , , , , , , , , , , , , ,		
	The form in which app	lications should be sub	mutted and informati	on and materials they	should include	
	The form in which app	ilications should be sub	militied and imornian	on and materials they	Silodia ilicidae	
	A				-	
C	Any submission deadli	nes				
			_ 1 ,			f institutions, or other
đ	Any restrictions or li	mitations on awards,	such as by geogr	aphical areas, charit	able fields, kinds o	f institutions, or other
	factors		,			

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year 888,030. SEE STATEMENT 22 888,030. **b** Approved for future payment Regions Hospital Foundation 640 JACKSON STREET St. Paul, NONE PC GENERAL OPERATING Children's Health Care Foundation 2190 CENTRE POINT DR Roseville, NONE PC GENERAL OPERATING HealthEast Founation 1690 UNIVERSITY AVE St. Paul, NONE PC GENERAL OPERATING 180 Degrees 236 CLIFTON AVE Minneapolis, NONE PC GENERAL OPERATING Open Citites Health Center 409 NORTH DUNLAP ST St. Paul, NONE PC GENERAL OPERATING Total

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Part XVI-A Analysis of Income-Produ	ucing Acti	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
	(a)	(b)	(c)	(d)	function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a	_				
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					-
$\boldsymbol{3}$. Interest on savings and temporary cash investments -			11	457,337.	
4 Dividends and interest from securities			14	457,337.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			18	1,502,596.	
8 Gain or (loss) from sales of assets other than inventory			10	1,302,370.	<u>. </u>
9 Net income or (loss) from special events · · ·		-			
10 Gross profit or (loss) from sales of inventory11 Other revenue a					
b PARTNERSHIP/S-CORP			1	79,414.	
c FEDERAL TAX REFUND			1	1,853.	· ·
d					
e					
12 Subtotal Add columns (b), (d), and (e) · · · ·				2,041,200.	
13 Total. Add line 12, columns (b), (d), and (e)					2,041,200.
(See worksheet in line 13 instructions to verify calci					
Part XVI-B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No Explain below how each activit	ty for which	n income is reported	ın column (e) of Part XVI-A contribi	ited importantly to the
▼ accomplishment of the foundation	•	· · · · · · · · · · · · · · · · · · ·			
•				· · ·	<u> </u>
		·			
		· · · · · · · · · · · · · · · · · · ·			
		•			
			-		_
		NOW ADDITION			
		NOT APPLICABI	<u> </u>		
				<u>. —</u>	
			_		
					
				· · · · · · · · · · · · · · · · · · ·	
		<u>-</u> .			

***		•			
		* * x **			, , ,
1					

Form **990-PF** (2018)

01111 33041 (2010	<i>!</i>		41 OO11272		
	Information Regarding Exempt Organizations	Transactions	and Relationships	With None	haritable
					1 1 1

		e organization directl									Yes	No
		tion 501(c) (other	than section	501(c)(3)	organizations)	or in sect	ion 527,	relating	to political			
		rations?										
		ers from the reporting										
-	•	sh								$\overline{}$		<u>X</u> _
(2) Oth	er assets								1a(2)		<u>X</u>
b (Other t	ransactions.										
(1) Sale	es of assets to a none	charitable exen	npt organiza	ation					1b(1)		<u>X</u>
(2) Pur	chases of assets from	n a noncharitat	le exempt	organization					1b(2)		<u>X</u>
(3) Ren	ntal of facilities, equip	oment, or other	assets						1b(3)		<u>X</u>
(4) Rei	mbursement arrange	ements							1b(4)		<u>X</u>
		ins or loan guarantee										X
		formance of services									-	Χ
		g of facilities, equipm										X
		answer to any of th									air m	arket
		of the goods, other										
		n any transaction or										
(a) Lini		(b) Amount involved	r 		xempt organization		-		sactions, and sha			
1-7-		,,,					· ·					
			_	·								
					1,115							
												
									· · · · · · · · · · · · · · · · · · ·			
									· .			
		· 							_			
												
					<u></u>		_					
			_									
		foundation directly of								_	_	7
c	lescrib	ed in section 501(c)	(other than see	ction 501(c)(3)) or in secti	on 527 ⁷				Ye	es 📝	∐ No
b 1	f "Yes,	" complete the follow	ving schedule.									
		(a) Name of organization	n	(b) Type of organizat	ion		(c) Desc	ription of relation	ship		
			-									
							-					
		penalties of perjury, I decla							est of my knowleds	e and b	elief, it	ıs true,
٥.	correc	t, and complete Declaration of	f preparer (other than t	laxpayer) is based	d on all information of	which preparer has	s any knowledge	•				
Sign	M)/	How () Kreak		11	/07/2019	TRUS	STEE			5 discus aparer s		
Here	Sign	nature of officer or trustee	•	Date		Title	7100		See instruction	7.7		No
	1 -	S. BANK, N.A.	DV.	5310	-				2003	1 11	J C	
	<u> </u>	Print/Type preparer's na		Preparer	's signatu <u>r</u> e		Date	Т	Check X If	PTIN		
Paid				1.000.01	1 1 /2	<i>-</i>				P012	5160	13
Prepa	arer		STRIANO	NICE OF	DEDC IID		<u> </u>					<u>, , , , , , , , , , , , , , , , , , , </u>
-			ICEWATERHO		ERS LLP			Firm's	EIN ► 13-	<u>4008</u>	3 <u>44</u>	
Use (Uniy		O GRANT ST			15010			410 0	<i>-</i>	000	
		PI	TTSBURGH,	PA		15219		Phone				/nn:
									Fo	rm 99 (J- Y F	(2018)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	12,554. 48,880. 140,514. 13,129. 50. 218,093.	457,337.
REVENUE AND EXPENSES PER BOOKS	12,554. 48,880. 140,514. 13,129. 50. 9,232. 218,093.	457,337.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS CORPORATE INTEREST US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

	INCOME
-	OTHER
	1
	Н
	PART
	990PF,
	FORM

NET INVESTMENT INCOME		79,414.	79,414.	
REVENUE AND EXPENSES PER BOOKS	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1,853.	,267	
			TOTALS	
DESCRIPTION		FEDERAL TAX REFUND FROM PARTNERSHIP/S-CORP		

J

STATEMENT

- TAXES
н
PART
990PF,
FORM

NET INVESTMENT INCOME	4,295.	4,925.
REVENUE AND EXPENSES PER BOOKS	4,295. 18,100. 20,234.	43,259.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FORETGN TAXES ON NONOHALIFIED	

EXPENSES	
OTHER	
1	II
PART I	
990PF,	
FORM	

CHARITABLE PURPOSES	51,240.	51,265.
NET INVESTMENT INCOME	14,380.	14,380.
REVENUE AND EXPENSES PER BOOKS	51,240. 25. 14,380.	65,645.
		TOTALS
DESCRIPTION	OTHER MISC EXPENSES STATE FILING FEE/TAXES FROM PARTNERSHIP/S-CORP	

27

4

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
σHг	7,21	77,212.	212,960.
68389XIUS UKACLE CURPURAIION 580135101 MCDONALDS CORP 00769G543 CAMBIAR INTL EQUITY	285,934. 92,570. 500,000.	92,570.	284,112.
O ISHARES DOW JONES 4 ISHARES MSCI EMERG	741,598.	500,194.	658,872.
9 HIGHLAND LONG	8,60	448,604.	423,659.756,837.
1 NATION	6,93	, 704	021 20
5 OCCI	02,69	102,692.	122,760.
8 SCHLUMBERGE	79,99	66'6	80,400
19 ISHARES RUSSELL	75,65	701,177.	1,547,226.
19 PROCTER GAMBLE CO 15 ISHARES MSCI EAFE	166,447. 278,250.	278,250.	311,534.
	11,74 26,21		
8 PEPSICO INC	59,71	9,71	31,44
2	92'26	92'16	26,24
0	1,19	1,19	32,035
11 3M CO	27,12		264,851.
	2,63	, 38 8	73,62
8 INV BALANC	,50	179,932.	166,584.
O NUVEEN GLOBAL INF	.000,000	To'/0	# ^ ^ ^

- CORPORATE STOCK II FORM 990PF, PART

ENDING ENDING BOOK VALUE FMV	500,000 250,000 250,000 126,106 187,281 500,000 7,810 206,760 366,484 195,222	. 6,639,827. 10,467,5 ====================================
BEGINNING BOOK VALUE	500,000 250,000 250,000 500,000 500,000 7,810	8,711,828
DESCRIPTION	06367TG87 BMO 24M EEM 1.5X LBR 06828M876 BARON EMERGING MARKE 149498107 CAUSEWAY EMERGING MA 00203H446 AQR LONG SHORT EQUIT 412295107 HARDING LOEVNER INTL 78012K7F8 RBC 24M EFA 1.5X LBR 74925K581 ROBECO BOSTON PARTNE 46141Q873 361 GLOBAL LONG SHOR 921910501 VANGUARD INTL GRWTH 015351109 ALEXION PHARMACEUTIC 74254V273 PRINCIPAL GL R E SEC	TOTALS

9

- CORPORATE BONDS H FORM 990PF, PART

87234N765 TCW EMERGING MARKETS 63872T620 LOOMIS SAYLES STRATE 258620103 DOUBLELINE TOTAL RET 057071854 BAIRD AGGREGATE BOND 291011AX2 EMERSON ELEC CO 31420B300 FEDERATED INST HI YL 693390882 P I M C O FOREIGN BO		BOOK VALUE	FMV
55 TCW EMERGING MARKETS 20 LOOMIS SAYLES STRATE 33 DOUBLELINE TOTAL RET 54 BAIRD AGGREGATE BOND 62 EMERSON ELEC CO 60 FEDERATED INST HI YL 61 M C O FOREIGN BO			; ! ; ! ; !
20 LOOMIS SAYLES STRATE)3 DOUBLELINE TOTAL RET 54 BAIRD AGGREGATE BOND (2 EMERSON ELEC CO)0 FEDERATED INST HI YL 32 P I M C O FOREIGN BO			
)3 DOUBLELINE TOTAL 54 BAIRD AGGREGATE 62 EMERSON ELEC CO 10 FEDERATED INST H 82 P I M C O FOREIG	324,998.	1,833,918.	1,773,763.
54 BAIRD AGGREGATE C2 EMERSON ELEC CO 10 FEDERATED INST H 12 P I M C O FOREIG	771,774.	885,399.	867,568.
K2 EMERSON ELEC CO 00 FEDERATED INST HI 32 P I M C O FOREIGN	625,000.		
00 FEDERATED INST HI 32 P I M C O FOREIGN	271,273.		
32 P I M C O FOREIGN	400,000.		
	946,774.	1,806,657.	1,799,549.
\circ	47,741.	977,766.	959,615.
6367WDU4 BMO 24M SPX 2X LBR M		400,000.	.378,120.
6647MRZ8 JPM 24M BCOM 2X LBR		200,000.	184,580.
8013XP28 RBC 24M EFA 1.5X LBR		250,000.	244,200.
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTALS	LS 3,387,560.	6,353,740.	6,207,395.

NVESTMENTS	
- OTHER I	
ART II	
90PF, PA	
FORM 95	

	! !			
	/LSOO			
	FMV	BEGINNING	ENDING	ENDING
DESCRIPTION	C OR F	BOOK VALUE	BOOK VALUE	FMV
1 1 1 1 1 1 1	1 1 1 1		1 1 1 1 1 1 1	1 1 1
98MSC9W44 IDR FIXED INCOME RE		1,035,277	1,035,277	4
	TOTALS	1,035,277.	1,035,277.	. 5
	ii			

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES ______

DESCRIPTION _____

TUUOMA

PARTNERSHIP INCOME TO DISTRIBUTION ADJ

544,424. 2,404.

COAST DIVERSIFIED HOLDBACK

TOTAL

546,828.

EDWARDS MEMORIAL TRUST 41-6011292 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: REGIONS HOSPITAL FOUNDATION ADDRESS: 440 JACKSON STREET ST. PAUL, MN 55101 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: CATHOLIC CHARITIES ADDRESS: 1200 2ND AVE. S. MINNEAPOLIS, MN 55403 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:

CHILDREN'S DENTAL SERVICES

ADDRESS:

636 BROADWAY ST. NE MINNEAPOLIS, MN 55413

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

Ρ(

AMOUNT OF GRANT PAID

10

20,000.

AMOUNT OF GRANT PAID

STATEMENT 11

1670 BEAM AVE.

PURPOSE OF GRANT: GENERAL OPERATING

RELATIONSHIP:

NONE

MAPLEWOOD, MN 55109

FOUNDATION STATUS OF RECIPIENT:

26,030.

RECIPIENT NAME: COMO PARK FALCON HEIGHTS LIVING --ADDRESS: 1376 HOYT AVE. W. ST. PAUL, MN 55108 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: EAST SIDE ELDERS ADDRESS: 463 MARIA AVE., STE. 201 ST. PAUL, MN 55106 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: FRASER ADDRESS: 2400 W. 64TH ST. MINNEAPOLIS, MN 55423 RELATIONSHIP:

AMOUNT OF GRANT PAID

NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

50,000.

RECIPIENT NAME:
GILDA'S CLUB TWIN CITIES
ADDRESS:
10560 WAYZATA BLVD.
MINNETONKA, MN 55305
RELATIONSHIP:
NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GILLETTE CHILDREN'S HOSPITAL --

ADDRESS:

200 UNIVERSITY AVE. E.

ST PAUL, MN 55101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GUILD INCORPORATED

ADDRESS:

130 S. WABASHA ST., STE. 90

ST. PAUL, MN 55104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: HEALTHEAST FOUNDATION ADDRESS: 1690 UNIVERSITY AVE. W., STE. 250 ST. PAUL, MN 55113 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

30,000. AMOUNT OF GRANT PAID

RECIPIENT NAME: HOPE DENTAL CLINIC ADDRESS: 435 UNIVERSITY AVE. E. ST. PAUL, MN 55130 RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

50,000. AMOUNT OF GRANT PAID

RECIPIENT NAME: HOPE HOUSE OF ST. CROIX VALLEY ADDRESS: 451 N. EVERETT ST. STILLWATER, MN 55082 RELATIONSHIP: NONE PURPOSE OF GRANT:

GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

5,000. AMOUNT OF GRANT PAID

STATEMENT 15

RECIPIENT NAME:

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL OPERATING

ADDRESS:

NONE

MENTAL HEALTH RESOURCES INC.

762 TRANSFER RD., STE. 21

FOUNDATION STATUS OF RECIPIENT:

ST. PAUL, MN 55114

RECIPIENT NAME: MINNESOTA COMMUNITIES CARING --ADDRESS: 709 UNIVERSITY AVE. W. ST. PAUL, MN 55104 **RELATIONSHIP:** NONE PURPOSE OF GRANT:

FOUNDATION STATUS OF RECIPIENT:

GENERAL OPERATING

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: NORTH END - SOUTH COMO BLOCK --ADDRESS: 727 FRONT AVE. #118 ST. PAUL, MN 55103 RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL OPERAITNG FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 12,000.

RECIPIENT NAME: NORTHEAST RESIDENCE ADDRESS: 2539 COUNTY RD. E E. WHITE BEAR LAKE, MN 55110 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME:

OPEN ARMS OF MINNESOTA

ADDRESS:

2500 BLOOMINGTON AVE. S.

MINNEAPOLIS, MN 55404

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

OUR LADY OF PEACE HOME

ADDRESS:

2076 ST. ANTHONY AVE.

ST. PAUL, MN 55104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERAITNG

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PEOPLE INCORPORATED

ADDRESS:

2060 CENTRE POINTE BLVD., STE. 3

ST. PAUL, MN 55120

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

41-6011292 · EDWARDS MEMORIAL TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: PHILLIPS EYE INSTITUTE FOUNDATION ADDRESS: 2215 PARK AVENUE MINNEAPOLIS, MN 55404 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: PLANNED PARENTHOOD ADDRESS: 671 VANDALIA ST. ST. PAUL, MN 55114 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 25,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SIGHT AND HEARING ASSOCIATION ADDRESS: 1246 UNIVERSITY AVE. W., STE. 226 ST. PAUL, MN 55104 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT 18

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

7,500.

41-6011292 · EDWARDS MEMORIAL TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: ST. ANTHONY PARK AREA SENIORS ADDRESS: 2200 HILLSIDE AVE. ST. PAUL, MN 55108 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: ST. MARY'S HEALTH CLINICS ADDRESS: 1884 RANDOLPH AVE. ST. PAUL, MN 55105-1700 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: ST. PAUL & RAMSEY COUNTY DOMESTIC --ADDRESS: 1246 UNIVERSITY AVE. W., STE. 226 ST. PAUL, MN 55104 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERAITNG

AMOUNT OF GRANT PAID

20,000.

FOUNDATION STATUS OF RECIPIENT:

41-6011292 · EDWARDS MEMORIAL TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: TASKS UNLIMITED ADDRESS: 2419 NICOLLET AVE. MINNEAPOLIS, MN 55404 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: 12,500. AMOUNT OF GRANT PAID RECIPIENT NAME: THE ALIVENESS PROJECT ADDRESS: 3808 NICOLLET AVE. MINNEAPOLIS, MN 55409 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: TRUE FRIENDS ADDRESS: 10509 108TH ST. S.E. ANNANDALE, MN 55302 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT

GENERAL OPERAITNG

FOUNDATION STATUS OF RECIPIENT:

20,000.

41-6011292 • EDWARDS MEMORIAL TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TUBMAN ADDRESS: 3111 1ST AVE. S. MINNEAPOLIS, MN 55408 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: UNION GOSPEL MISSION ASSOCIATION --ADDRESS: 77 9TH ST. E. ST. PAUL, MN 55101 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: UNITED HOSPITAL FOUNDATION ADDRESS: 333 N. SMITH AVE. ST. PAUL, MN 55102 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

→ EDWARDS MEMORIAL TRUST 41-6011292 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: VISION LOSS RESOURCES ADDRESS: 1936 LYNDALE AVE. S. MINNEAPOLIS, MN 55403 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

TOTAL GRANTS PAID:

888,030.