

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation STEVENS SQUARE FOUNDATION		A Employer identification number 41-1380920	
Number and street (or P.O. box number if mail is not delivered to street address) 318 W 48TH STREET		Room/suite	B Telephone number (see instructions) (612) 825-1368
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55419		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 13,628,475	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	337,473	337,473		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	178,309			
	b Gross sales price for all assets on line 6a				
		1,337,237			
	7 Capital gain net income (from Part IV, line 2) . . .		178,309		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
Operating and Administrative Expenses	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	353	0		
	12 Total. Add lines 1 through 11 . . . . .	516,135	515,782		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	1,850	925		925
	c Other professional fees (attach schedule) . . . . .	136,120	35,313		100,807
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	24,814	0		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	6,318	0		6,318
	22 Printing and publications . . . . .	185	0		185
	23 Other expenses (attach schedule) . . . . .	9,404	0		11,422
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	178,691	36,238		119,657
	25 Contributions, gifts, grants paid . . . . .	577,100			577,100
	26 Total expenses and disbursements. Add lines 24 and 25	755,791	36,238		696,757
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-239,656			
	b Net investment income (if negative, enter -0-)		479,544		
c Adjusted net income (if negative, enter -0-) . . . .					

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,477	1,674	1,674
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,922	5,940	5,940
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	7,885,195	9,734,635	9,734,635
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	3,946,712	3,886,226	3,886,226
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	11,853,306	13,628,475	13,628,475	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	27,524	40,484	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	27,524	40,484	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	11,259,610	13,013,782	
	<b>25</b> Net assets with donor restrictions . . . . .	566,172	574,209	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	11,825,782	13,587,991	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	11,853,306	13,628,475		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	11,825,782
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-239,656
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	2,001,865
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	13,587,991
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	13,587,991

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 1,337,237		1,158,928	178,309
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			178,309
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	178,309
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	653,776	12,817,244	0.051008
2017	635,413	12,509,803	0.050793
2016	597,218	11,524,477	0.051822
2015	647,833	11,746,885	0.055149
2014	574,912	12,025,976	0.047806

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.256578
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.051316
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	12,903,792
<b>5</b> Multiply line 4 by line 3	<b>5</b>	662,171
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	4,795
<b>7</b> Add lines 5 and 6	<b>7</b>	666,966
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	696,757

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	4,795
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	4,795
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	4,795
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	8,360
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	8,360
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	3,565
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 3,565 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>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.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> 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? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> MN		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> 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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.THESTEVENSSQUAREFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>PRIVATE PHILANTHROPY SERVICES</u> Telephone no. ► <u>(612) 825-1050</u>			

Located at ► 318 WEST 48TH STREET MINNEAPOLIS MN ZIP+4 ► 55419

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b> <b>No</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	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 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or 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 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 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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 2019?	<b>4b</b>	<b>No</b>

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

		<b>Yes</b>	<b>No</b>
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<b>6b</b>	<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000. ▶ 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
PRIVATE PHILANTHROPY SERVICES 318 WEST 48TH STREET MINNEAPOLIS, MN 55419	FOUNDATION MANAGEMENT SERVICE	112,008
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> _____ _____ _____	
<b>2</b> _____ _____ _____	
<b>3</b> _____ _____ _____	
<b>4</b> _____ _____ _____	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> _____ _____ _____	
<b>2</b> _____ _____ _____	
All other program-related investments. See instructions.	
<b>3</b> _____ _____ _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	13,086,783
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	8,582
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	4,931
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	13,100,296
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	13,100,296
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	196,504
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	12,903,792
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	645,190

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	645,190
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	4,795
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	4,795
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	640,395
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	640,395
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	640,395

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	696,757
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	696,757
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	4,795
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	691,962

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				640,395
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			356,179	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>696,757</u>				
<b>a</b> Applied to 2018, but not more than line 2a			356,179	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				340,578
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6 Enter the net total of each column as indicated below:</b>	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				299,817
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
<b>a</b> "Assets" alternative test—enter:				
<b>(1)</b> Value of all assets . . . . .				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .				
<b>c</b> "Support" alternative test—enter:				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .				
<b>(3)</b> Largest amount of support from an exempt organization				
<b>(4)</b> Gross investment income				

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

STEVENS SQUARE FOUNDATION  
318 W 48TH STREET  
MINNEAPOLIS, MN 55419  
(612) 825-1368

**b** The form in which applications should be submitted and information and materials they should include:

THE STEVENS SQUARE FOUNDATION ONLY ACCEPTS PROPOSALS SUBMITTED VIA ITS ONLINE APPLICATION SYSTEM. PROOF OF TAX EXEMPT STATUS, FINANCIAL, BUDGET, GOVERNING BODY AND PROJECT/PROGRAM FUNDING INFORMATION IS ALSO REQUIRED.

**c** Any submission deadlines:

APPLICATIONS ARE ACCEPTED DURING THE MONTH OF FEBRUARY.

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE STEVENS FOUNDATION MAKES GRANTS SUPPORTING CHILDREN AND SENIORS. CURRENTLY IT IS FOCUSED ON GRANTS THAT PROVIDE SERVICES FOR SENIORS. IN PARTICULAR, IT SUPPORTS EXISTING PROGRAMS THAT ENABLE SENIORS TO REMAIN IN THEIR OWN HOMES AND NEW PROGRAMS THAT IMPROVE THE LIVES OF OLDER ADULTS.

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	577,100
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments. . . .				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
<b>4</b> Dividends and interest from securities. . . .				
<b>5</b> Net rental income or (loss) from real estate:				
a Debt-financed property. . . . .				
b Not debt-financed property. . . . .				
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .				
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				
<b>9</b> Net income or (loss) from special events:				
<b>10</b> Gross profit or (loss) from sales of inventory				
<b>11</b> Other revenue:				
a MISCELLANEOUS REVENUE _____		01	353	
b _____				
c _____				
d _____				
e _____				
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .				
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . <b>13</b> _____				

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |  |  |     |    |
|--|--|-----|----|
|  |  | Yes | No |
|--|--|-----|----|

--	--	--

- |       |  |    |
|-------|--|----|
| 1a(1) |  | No |
| 1a(2) |  | No |

--	--	--

- |              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
| <b>1b(2)</b> |  | <b>No</b> |
| <b>1b(3)</b> |  | <b>No</b> |
| <b>1b(4)</b> |  | <b>No</b> |
| <b>1b(5)</b> |  | <b>No</b> |
| <b>1b(6)</b> |  | <b>No</b> |

1c		No
----	--	----

value  
ue


[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b> 	*****	2020-04-29	*****	<div style="border: 1px solid black; padding: 5px;">             May the IRS discuss this return with the preparer shown below              (see instr.) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> </div>
	_____ Signature of officer or trustee	_____ Date	_____ Title	

<b>Paid Preparer Use Only</b>	KAREN GRIES		2020-04-27	
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749
	Firm's address ► 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			Phone no. (612) 376-4500

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BETH STAFFORD	PRESIDENT 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
CAROLYN DAHL	PRESIDENT (UNTIL 5/2019) 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
KATHLEEN SWART	VP FINANCE & INVESTMENT 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
KATHRYN RINGHAM	VP OF GRANTS 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
ANN SANDGREN	VP OF GRANTS (UNTIL 5/2019) 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
CINDY SCOTT	VP OF NOMINATIONS 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
TIA BLACK	VP OF NOMINATIONS ( UNTIL 5/2019) 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
CAROL ASHWOOD	VP OF EDUCATION 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
POLLY KEPPEL	VP OF EDUCATION (UNTIL 5/2019) 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
LYNNE NELSON	SECRETARY 3.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
THERESA BLAND	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
FRED BRYAN	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
DAVID CRAMER	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
NANCY DELAPP	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
MARK ETTINGER	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ELANA GRAVITZ	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
LISA HUEY	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
HARRY JOHNSON III	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
ROBIN KEYWORTH	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
ELIZABETH FOY LARSEN	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
BARBIE LEVINE	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
TAMMIS MCMILLAN	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
SHARON RAMIREZ	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
CHRISTINE SAGSTETTER	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
JOHN SELSTAD	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
LINNEA TWEED	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
LINDA WENZEL	BOARD DIRECTOR 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
HAL FRESHLEY	BOARD DIRECTOR (LEFT IN 2019) 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
MICHELLE JAEGER	BOARD DIRECTOR (LEFT IN 2019) 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				
SARAH KOSTIAL	BOARD DIRECTOR (LEFT IN 2019) 1.00	0	0	0
318 W 48TH STREET MINNEAPOLIS, MN 55419				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOANNA LEES  318 W 48TH STREET MINNEAPOLIS, MN 55419	BOARD DIRECTOR (LEFT IN 2019) 1.00	0	0	0



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLUES797 EAST SEVENTH STREET ST PAUL, MN 55106	NONE	PC	CLUES CULTURALLY APPROPRIATE ELDER CARE SERVICES	12,000
COMO PARK-FALCON HEIGHTS LIVING AT HOME BLOCK NURSE PROGRAM 1376 HOYT AVENUE WEST ST PAUL, MN 55108	NONE	PC	GENERAL OPERATING SUPPORT	15,000
DARTS1645 MARTHALER LANE WEST ST PAUL, MN 55118	NONE	PC	AFFORDABLE HOUSEHOLD REPAIR AND OUTDOOR CHORE PROJECT	20,000
<b>Total . . . . .</b> ► <b>3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIVISION OF INDIAN WORK 1001 EAST LAKE STREET MINNEAPOLIS, MN 55407	NONE	PC	SENIOR SERVICES PROGRAM	10,000
EAST SIDE ELDERS (FKA DAYTON'S BLUFF) C/O FIRST LUTHERAN SCHOOL 463 MARIA AVENUE SAINT PAUL, MN 55106	NONE	PC	SENIORS SAFE IN THEIR HOMES	15,000
EAST SIDE NEIGHBORHOOD SERVICES INC 1700 SECOND STREET NORTHEAST MINNEAPOLIS, MN 55413	NONE	PC	VITAL LIVING (FORMERLY EMPOWERING VITAL AGING)	18,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ELDER VOICE FAMILY ADVOCATES 8519 AMSDEN ROAD BLOOMINGTON, MN 55438	NONE	PC	ABUSE INVESTIGATION RESEARCH PROJECT	15,000
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 1011 ARLINGTON, VA 22202	NONE	PC	GRANTMAKERS IN AGING 2019-2020 MEMBERSHIP DUES	1,600
HAMLIN MIDWAY ELDERS 1514 ENGLEWOOD AVE ST PAUL, MN 55104	NONE	PC	GENERAL OPERATING SUPPORT	19,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HELP AT YOUR DOOR (FKA STORE TO DOOR) 1935 COUNTY ROAD B2 WEST SUITE 250 ROSEVILLE, MN 55113	NONE	PC	GENERAL OPERATING SUPPORT	25,000
JEWISH COMMUNITY CENTER OF ST PAUL 1375 ST PAUL AVENUE ST PAUL, MN 55116	NONE	PC	ST PAUL JCC SUPPORTIVE SENIOR SERVICES	13,000
KEYSTONE COMMUNITY SERVICES 2000 SAINT ANTHONY AVE ST PAUL, MN 55104	NONE	PC	KEYSTONE SENIOR SERVICES	30,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAO ADVANCEMENT ORG OF AMERICA 2648 W BROADWAY MINNEAPOLIS, MN 55411	NONE	PC	LAO SENIORS QUALITY OF LIFE	20,000
LITTLE BROTHERS-FRIENDS OF THE ELDERLY 1845 EAST LAKE STREET MINNEAPOLIS, MN 55407	NONE	PC	GENERAL OPERATING SUPPORT	20,000
MID-MINNESOTA LEGAL AID 430 FIRST AVENUE NORTH MINNEAPOLIS, MN 55401	NONE	PC	SENIOR LAW PROJECT	24,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MID-MINNESOTA LEGAL AID 430 FIRST AVENUE NORTH MINNEAPOLIS, MN 55401	NONE	PC	GENERAL OPERATIONS AS THANKS FOR E&C PRESENTATIONS BY GREG MARITA AND FATHIA WARSAME	500
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS 2700 E LAKE STREET SUITE 3350 MINNEAPOLIS, MN 55406	NONE	PC	DIRECT FINANCIAL ASSISTANCE FOR SENIOR VETERANS	13,000
MINNESOTA ELDER JUSTICE CENTER 2610 UNIVERSITY AVENUE WEST SUITE 530 ST PAUL, MN 55407	NONE	PC	GENERAL OPERATING SUPPORT	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEIGHBORHOOD NETWORK FOR SENIORS 1895 LAUREL AVE SAINT PAUL, MN 55104	NONE	PC	GENERAL OPERATING SUPPORT	20,000
NOKOMIS HEALTHY SENIORS 4120 17TH AVENUE SOUTH MINNEAPOLIS, MN 55407	NONE	PC	GENERAL OPERATING SUPPORT	18,000
NORTH END-SOUTH COMO BLOCK NURSE PROGRAM 727 FRONT AVE 118 ST PAUL, MN 55103	NONE	PC	GENERAL OPERATING SUPPORT	15,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OPEN ARMS OF MN 2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	NONE	PC	OPEN ARMS NUTRITION PROGRAM FOR SENIOR CLIENTS	10,000
OPEN YOUR HEART TO THE HUNGRY AND HOMELESS 122 FRANKLIN AVENUE WEST SUITE 610 MINNEAPOLIS, MN 55404	NONE	PC	HOMELESS SENIORS PROJECT	10,000
PILLSBURY UNITED COMMUNITIES 125 WEST BROADWAY SUITE 130 MINNEAPOLIS, MN 55411	NONE	PC	COYLE COMMUNITY HEALTH	18,000
<b>Total . . . . . ▶ 3a</b>				577,100



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PRISM - PEOPLE RESPONDING IN SOCIAL MINISTRY 1220 ZANE AVENUE N GOLDEN VALLEY, MN 55422	NONE	PC	PRISM HOMELESSNESS PREVENTION PROGRAM FOR SENIORS (AGE 55+)	20,000
REBUILDING TOGETHER TWIN CITIES 1050 SE 33RD AVENUE MINNEAPOLIS, MN 55414	NONE	PC	SAFE AT HOME	20,000
SABATHANI COMMUNITY CENTER 310 E 38TH STREET SUITE 200 MINNEAPOLIS, MN 55400	NONE	PC	SABATHANI SENIOR CENTER	20,000
<b>Total . . . . . ▶ 3a</b>				577,100

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SENIOR COMMUNITY SERVICES 10201 WAYZATA BLVD SUITE 335 MINNETONKA, MN 55305	NONE	PC	GENERAL OPERATING SUPPORT	23,000
SOUTHEAST SENIORS LAHBNP 2828 UNIVERSITY AVE SE 200 MINNEAPOLIS, MN 55414	NONE	PC	GENERAL OPERATING SUPPORT	18,000
THE MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH EIGHTH ST MINNEAPOLIS, MN 55402	NONE	PC	SSF DONOR ADVISED FUND	10,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS, MN 55404	NONE	PC	MINNEHAHA COMMONS	25,000
VEAP9600 ALDRICH AVENUE S BLOOMINGTON, MN 55420	NONE	PC	FOOD PROGRAM	17,000
VISION LOSS RESOURCES INC 1936 LYNDALE AVE S MINNEAPOLIS, MN 55403	NONE	PC	INDEPENDENT-LIVING SKILLS, EMOTIONAL SUPPORT, AND COMMUNITY FOR SENIORS WITH VISION LOSS	25,000
<b>Total . . . . . ▶ 3a</b>				577,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VOLUNTEERS OF AMERICA-MINNESOTAWISCONSIN 7625 METRO BOULEVARD EDINA, MN 55439	NONE	PC	CULTURALLY RESPONSIVE CAREGIVER SUPPORT AND DEMENTIA CONSULTATION	22,000
<b>Total . . . . . ▶ 3a</b>				577,100

**TY 2019 Accounting Fees Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,850	925		925

**TY 2019 Investments Corporate Bonds Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
58,681 SHRS VANGUARD INTER-TERM INVEST-GR ADM	589,738	589,738
69,494 SHRS VANGUARD SHORT-TERM INVEST-GR ADM	745,673	745,673
177,267 SHRS VANGUARD TOTAL BOND MKT INDEX ADM	1,958,797	1,958,797
54,066 SHRS VANGAURD LONG-TERM INVEST - GR ADM	592,018	592,018

## TY 2019 Investments Corporate Stock Schedule

**Name:** STEVENS SQUARE FOUNDATION

**EIN:** 41-1380920

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
97,581 SHRS VANGUARD TOTAL INTERNATIONAL STOCK INDEX	2,914,757	2,914,757
85,569 SHRS VANGUARD TOTAL STOCK MKT INDEX INST	6,819,878	6,819,878

**TY 2019 Other Expenses Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	1,086	0		1,086
EDUCATION	4,298	0		4,298
MISCELLANEOUS	99	0		99
OFFICE EXPENSES	147	0		147
POSTAGE/DELIVERY	315	0		315
ON-LINE GRANTING SYSTEM	3,336	0		5,354
WEB HOSTING EXPENSES	123	0		123



## TY 2019 Other Income Schedule

**Name:** STEVENS SQUARE FOUNDATION

**EIN:** 41-1380920

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS REVENUE	353		353

**TY 2019 Other Increases Schedule**

**Name:** STEVENS SQUARE FOUNDATION  
**EIN:** 41-1380920

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	2,001,865

**TY 2019 Other Liabilities Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX PAYABLE	27,524	40,484

**TY 2019 Other Professional Fees Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGEMENT FEES	112,008	11,201		100,807
INVESTMENT MANAGEMENT FEES	24,112	24,112		0

**TY 2019 Taxes Schedule****Name:** STEVENS SQUARE FOUNDATION**EIN:** 41-1380920

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
EXCISE TAX	24,814	0		0