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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No. 1545-0052

2019

Return of Private Foundation

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

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

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	19 , aı	nd en	nding 12-31-	2019			
		Indation			A Employer id	entification numbe	r		
		MILLA ISAACSON BLE FOUNDATION			46-4345795				
		I street (or P.O. box number if mail is not delivered to street address) ST NO 1500	Room/suite		B Telephone nu	ımber (see instruction	ns)		
City		abota an annimal annimal and ATD an familian market and			(952) 474-3031				
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554021498						application is pendin	g, check here		
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity						ganizations, check he	ere		
☐ Final return ☐ Amended return						ganizations meeting			
		Address change Name change				k here and attach co	· -		
H C	neck ty	pe of organization: $lacksquare$ Section 501(c)(3) exempt private f	oundation			undation status was t n 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust	private foundation						
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 652,750 J Accounting method: □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		•		(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes		
		equal the amounts in column (a) (see instructions).)	books				(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	437,190						
	2	Check ▶ ☐ if the foundation is not required to attach							
	3	Sch. B Interest on savings and temporary cash investments							
ne	4	Dividends and interest from securities	2,984		2,984				
	5a	Gross rents	_,-,		_,				
	b	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	1,620						
Revenue	ь	Gross sales price for all assets on line 6a 1,620							
R^{e}	7	Capital gain net income (from Part IV, line 2)			1,620				
	8	Net short-term capital gain							
	9	Income modifications							
	10a b	Gross sales less returns and allowances Less: Cost of goods sold							
	°	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	441,794		4,604				
	13	Compensation of officers, directors, trustees, etc.	,		0		0		
	14	Other employee salaries and wages							
Ş	15	Pension plans, employee benefits							
nse	16a	Legal fees (attach schedule)							
Expenses	ь	Accounting fees (attach schedule)							
ы́ o	c	Other professional fees (attach schedule)							
ĬŠ	17	Interest							
and Administrative	18	Taxes (attach schedule) (see instructions)							
Ĭ	19	Depreciation (attach schedule) and depletion							
ſ ₽	20	Occupancy							
Į pι	21	Travel, conferences, and meetings							
	22	Printing and publications	ot. I						
ing	23	Other expenses (attach schedule)	9 25		0		0		
Operating	24	Total operating and administrative expenses.	3.5		0		0		
ă	25	Add lines 13 through 23	20,000				20,000		
-	26	Total expenses and disbursements. Add lines 24 and	20,000				20,000		
	20	25	20,025		0		20,000		
	27	Subtract line 26 from line 12:							
	a	Excess of revenue over expenses and disbursements	421,769						
	ь	Net investment income (if negative, enter -0-)			4,604				
	С	Adjusted net income (if negative, enter -0-)							
For	Paper	work Reduction Act Notice, see instructions.			Cat. No. 11289)	< For	m 990-PF (2019)		

For	m 990-	PF (2019)			Page 2
Pa	rt II	Dalalice Silects	inning of year) Book Value	End o (b) Book Value	f year (c) Fair Market Value
_	1	Cash—non-interest-bearing	3,065	5,038	5,038
	2	Savings and temporary cash investments	,	,	<u> </u>
	3	Accounts receivable ▶			_
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable P			_
	-	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
e e	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)			
_	b	Investments—corporate stock (attach schedule)	145,878	598,057	598,057
	c	Investments—corporate bonds (attach schedule)	115,575	230,037	
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	42,221	49,655	49,655
	14	Land, buildings, and equipment: basis ▶	12,221	15,000	15,000
	• •	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
	-0	instructions. Also, see page 1, item I)	191,164	652,750	652,750
	17	Accounts payable and accrued expenses		,	
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)	0 🖦	20,000	
	23	Total liabilities(add lines 17 through 22)	0	20,000	
_				· · · · · · · · · · · · · · · · · · ·	
Fund Balances		Foundations that follow FASB ASC 958, check here ▶ □ and complete lines 24, 25, 29 and 30.			
a j	24	Net assets without donor restrictions			
Ba	24 25	Net assets with donor restrictions			
Ę	25	_			
Ξ		Foundations that do not follow FASB ASC 958, check here			
ŏ		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	0	0	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28	Retained earnings, accumulated income, endowment, or other funds	191,164	632,750	
Net	29	Total net assets or fund balances (see instructions)	191,164	632,750	
	30	Total liabilities and net assets/fund balances (see instructions) .	191,164	652,750	
	rt III	- <i>,</i>			
1		al net assets or fund balances at beginning of year—Part II, column (a), line 29 (m rear figure reported on prior year's return)	-	'- 1	191,164
2	-	er amount from Part I, line 27a		2	421,769
3		er increases not included in line 2 (itemize)	% j	3	19,817
4	Add	lines 1, 2, and 3		4	632,750
5		reases not included in line 2 (itemize)		5	0
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Part II, column	(b), line 29 .	6	632,750

Page **3**

• /	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a CAPITAL GAINS DIVIDEN	DS		Р		
b					
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss)) minus (g)
a	1,620	F 1 1 2 2 1 1 P		(-) (-	1,620
b					
C					
d					
	abouting gain in column (b) and out	mad by the formulation	on 12/21/60		13
Complete only for assets	showing gain in column (h) and ow		(k)		l) h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	of col. (i) . (j), if any	col. (k), but not	less than -0-) or om col.(h))
а					1,620
b					
c					
d					
e					
· -	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	, j	3	1,620
Part V Qualification L	Inder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
f section 4940(d)(2) applies, le	rivate foundations subject to the sec eave this part blank. e section 4942 tax on the distributal of qualify under section 4940(e). Do	ble amount of any year	in the base period?	_	es 🗹 No
	nount in each column for each year;			5.	
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col. (b) divided by c	
year (or tax year beginning in) 2018	36,969		200,756	(cor. (b) divided by c	0.184149
2017	30,519		211,569		0.144251
2017	25,975		253,935		0.102290
2015	31,638		345,458		0.091583
2014	39,956		499,935		0.079922
2 Total of line 1, column (c	, , , ,		2		0.602195
· · · · · · · · · · · · · · · · · · ·	for the 5-year base period—divide	the total on line 2 by 5			0.002173
	dation has been in existence if less		3		0.120439
	ncharitable-use assets for 2019 fron		4		233,693
5 Multiply line 4 by line 3			5		28,146
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		46
7 Add lines 5 and 6			7		28,192
	ons from Part XII, line 4 ,				20,000
If line 8 is equal to or gre	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usin	g a 1% tax rate. Se	
instructions.					

5a During

Page **6**

	Statements Regarding Activities for Which Form 4720 May Be Required (continued)
the	e year did the foundation pay or incur any amount to:

5a	During the year did the foundation	pay or	incur any amount to:							Yes	No
	(1) Carry on propaganda, or other	wise at	ttempt to influence legisl	ation (section 4945(e))?		Yes	✓	No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry										
	on, directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No No										
	• • • •			· -							
	in section 4945(d)(4)(A)? See i					☐ Yes	✓	No			
	(5) Provide for any purpose other t		-	* * * * * * * * * * * * * * * * * * * *			_				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$	•	•			Yes Yes	✓	No			
b	Regulations section 53.4945 or in a		=			ilibed III			5b		
	Organizations relying on a current r					.	·	F			
c	If the answer is "Yes" to question 5						Ш				
_	tax because it maintained expendit			•		п.,					
	If "Yes," attach the statement requi		•			☐ Yes	Ш	No			
6a	Did the foundation, during the year	, recei	ve any funds, directly or	indirectly, to pay premi	ıms on						
	a personal benefit contract?					Yes		No			
b	Did the foundation, during the year	, pay į	premiums, directly or ind	irectly, on a personal be	nefit contract	? ·		NO [6b		No
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter tra	nsaction?	Yes	✓	No.			
b	If "Yes", did the foundation receive	any p	roceeds or have any net	income attributable to th	ne transaction	?			7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	in remunerat	ion or					
	excess parachute payment during t	he yea	ar?			Yes	✓	No			
Pa	Information About	Office	ers, Directors, Trust	ees, Foundation Ma	nagers, Hi	ghly Pai	d En	nploy	ees,		
	and Contractors										
1	List all officers, directors, truste			•			_				
1	·		undation managers ar b) Title, and average hours per week	(c) Compensation (If	(d) Cont	ributions t				se acc	
1	List all officers, directors, truste (a) Name and address	(b) Title, and average	•		ributions t nefit plans	and			se acc lowanc	
PHILI	(a) Name and address	DIREC	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Cont employee be deferred c	ributions t nefit plans	and				
PHILI 6633	(a) Name and address P ISAACSON HORSESHOE CURVE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on				es
PHILI 6633 CHAN	(a) Name and address	DIREC	b) Title, and average hours per week devoted to position TOR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on				es
PHILI 6633 CHAN LUDM 6633	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE	DIREC 1.00	b) Title, and average hours per week devoted to position TOR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and on 0				0 0
PHILI 6633 CHAN LUDM 6633 CHAN	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526	DIREC 1.00	b) Title, and average hours per week devoted to position TOR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans ompensati	and on 0	ot	ther al	lowand	0 0
PHILI 6633 CHAN LUDM 6633 CHAN	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE	DIREC 1.00	b) Title, and average hours per week devoted to position TOR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans ompensati ctions). I	and on 0	ot	ther al	lowand	0 0
PHILI 6633 CHAN LUDM 6633 CHAN	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TIOR TIOR TIOR TIOR TIOR TION TION	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Cont employee be deferred c	ributions t nefit plans ompensati	on 0	ne, er	ther al	lowand	0
PHILI 6633 CHAN LUDM 6633 CHAN	(a) Name and address PISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position CTOR TOR TOR	(c) Compensation (If not paid, enter -0-)	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHAN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECTION	b) Title, and average hours per week devoted to position TOR TOR TITLE TIPLE TIPL	(c) Compensation (If not paid, enter -0-) 0 nose included on line	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,
PHILI 6633 CHANN LUDM 6633 CHAN 2 (a)	(a) Name and address P ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 ILLA ISAACSON HORSESHOE CURVE HASSEN, MN 553179526 Compensation of five highest-pa Name and address of each employee more than \$50,000	DIRECTION DIRECT	b) Title, and average hours per week devoted to position CTOR TOR TION TION (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 10 10 10 10 10 10 10 10	(d) Contemployee be deferred contemployee	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	on 0	ne, er	nter "I	NONE.	0 0 ount,

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Into I through 5		Form 990-PF (2019)

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11.685

11.593

11.593

11.593

20,000

20,000

20,000

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92

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Form 990-PF (2019)

1

2a

3

4

5

6

1

2

3

4

5

b

Part XII

_	Acquisition intersection applicable to line 2 assets.		
3	Subtract line 2 from line 1d	3	237,252
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	3,559
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	233,693
6	Minimum investment return. Enter 5% of line 5	6	11,685
Day	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at XI	nd cei	tain foreign
Fall	organizations check here and do not complete this part.)		

2a

2b

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

income. Enter 1% of Part I, line 27b. See instructions.

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

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

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

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

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XIII

Page 9

11,593

Form **990-PF** (2019)

0

			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from	om Part XI, line 7				11,593
2	Undistributed income, if any, as	of the end of 2019:				
а	Enter amount for 2018 only	[0	
b	Total for prior years: 20,	20		0		
3	Excess distributions carryover, if	any, to 2019:				
а	From 2014	15,047				
b	From 2015	16,381				
С	From 2016	13,328				
d	From 2017	20,005				
е	From 2018	26,993				
f	Total of lines 3a through e		91,754			
4	Qualifying distributions for 2019 f	rom Part				
	XII, line 4: ► \$	20,000				
l					ا م	

8.407

100,161

15.047

85,114

16.381 13,328

20.005

26,993

8.407

a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019.

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount -see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

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

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9: a Excess from 2015.

b Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

e Excess from 2019. .

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

6 Enter the net total of each column as

indicated below:

Undistributed Income (see instructions)

See Additional Data Table 20,000 **b** Approved for future payment

Form **990-PF** (2019)

nter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
_	and contracts from government agencies					
	t on savings and temporary cash					
	nds and interest from securities			14	2,984	
	financed property					
	ebt-financed property					
Net ren	ital income or (loss) from personal property					
	nvestment income					
invento	` ,			14	1,620	
	ome or (loss) from special events:			14	1,020	
	profit or (loss) from sales of inventory					
Other r	revenue: a					
b						
е						
C I	- Add / - \ / d\ d / - \				1.504	
Subtot	al. Add columns (b), (d), and (e)		0	10	4,604	4 604
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)			4,604 3	4,604
	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th	lations.) le Accomplisi	nment of Exem	ot Purposes	3	4,604
(See wo	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Price	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo irt XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo art XVI ne No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo I rt XVI Ie No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo rt XVI e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604
(See wo Irt XVI 1e No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) e Accomplisi income is report	nment of Exempled in column (e) of	pt Purposes Part XVI-A contribu	ted importantly to	4,604

orm 9	990-PF (Pa	ge 13
	t XVII	Exempt Organi	zations						nships With Non			
		ganization directly or in than section 501(c)(3)								n 501	Yes	No
a Tr	ansfers f	from the reporting foun	dation to a n	oncha	ritable exe	empt organizatio	on of:					
(1) Cash.									. 1a(1)		No
(2) Other	assets								. 1a(2)		No
b Ot	her tran	sactions:										
(1) Sales	of assets to a nonchari	itable exempi	t orga	nization.					. 1b(1)		No
(2) Purch	ases of assets from a n	oncharitable	exem	pt organiz	ation				. 1b(2)		No
-	-	al of facilities, equipmer	•							. 1b(3)		No
•	-	bursement arrangemen								1b(4)		No
-	•	s or loan guarantees.								. 1b(5)		No
-	•	mance of services or m			_					. 1b(6)		No
	_	facilities, equipment, n ver to any of the above								. LC		No
of	the good any trar	ds, other assets, or sernsaction or sharing arra (b) Amount involved	vices given b ngement, sho	y the ow in	reporting f column (d	foundation. If th	ie foundati ne goods, i	on receive other asse	ed less than fair mark	et value ed.	ngemen	nts
(-,		(=)	(0)				(-/					
22 Ic	the four	ndation directly or indire	actly affiliated	ł with	or related	to one or mor	e tav-ever	nnt organ	izations			
		in section 501(c) (other	•		•				_	s 🔽 No		
b If	"Yes," co	omplete the following s						1				
		(a) Name of organization	on		(6) Type of organiza	ition		(c) Description o	of relationship		
- -	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co									
Sigr Her		*****				2020-11-20	\	*****		May the IRS di return with the prepa		
	,	Signature of officer or t	rustee			Date		Title		below (see instr.)	Yes [□ _{No}
		Print/Type preparer's	name	Prep	arer's Sign	ature	Date			TIN		
									Check if self- employed ▶ □	P01243	3596	
Paid		RYAN VETTRUS CP	Α						employed F 🗀			
	oarer Only		EN THIELEN 8	3 CO I	LTD		1		Fi	irm's EIN ▶41	-13608	331
- 550	J.111 y		0 PRAIRIE CI	ENTER	R DRIVE SU	JITE 300						
EDEN PRAIRIE, MN 553447908						3			PI	hone no. (952	941-	9242

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

than \$5,000).

PHILIP ISAACSON

LUDMILLA ISAACSON

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

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

	or substantial contributor			
a Paid during the year				
MINNESOTA ORCHESTRA	NONE	501(C)(3)	GENERAL SUPPORT	10,000

1111 NICOLLET MALL MINNEAPOLIS, MN 55403		(-)(-)		
THE MINNESOTA OPERA	NONE	501(C)(3)	GENERAL SUPPORT	10,000

THE MINNESOTA OPERA 620 NORTH FIRST STREET MINNEAPOLIS, MN 55401	NONE	501(C)(3)	GENERAL SUPPORT	10,000

Total			<u> </u> 	20,000
THE MINNESOTA OPERA 620 NORTH FIRST STREET MINNEAPOLIS, MN 55401	NONE	501(C)(3)	GENERAL SUPPORT	10,000

efile GRAPHIC print - DO NOT PROCESS As F	iled Data -	DLN: 93491352006020					
TY 2019 Investments Corporate Stock Schedule							
11 2019 Investments corporate Stock Schedule							
Name: PHIL A	ND MILLA ISAACSON						

CHARITABLE FOUNDATION

EIN: 46-4345795

E111.

6,500 SHRS TACTILE SYSTEMS TECHNOLOGY INC

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
10,000 SHRS TRINITY BIOTECH PLC ADR	10,334	10,334
2,000 SHRS STRATASYS	40,450	40,450
956 SHRS MEDTRONIC PLC	108,458	108,458

438,815

438,815

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491352006020
TY 2019 Investments - Other	Schedule	
	DUTE AND MALLA TOAA COON	
Name:	PHIL AND MILLA ISAACSON	
	CHARITABLE FOUNDATION	
EIN:	46-4345795	

EIN: 46-4345795					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		

2,073.283 SHRS FIRST EAGLE

FMV

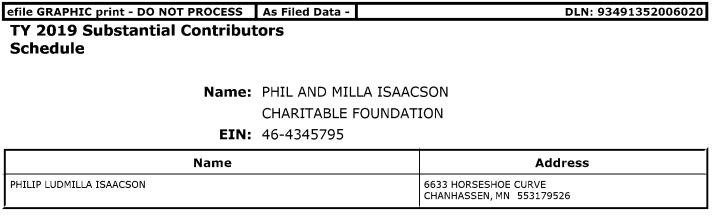
49,655

49,655

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491352006020				
TY 2019 Other Expenses Schedule								
Name:	PHIL AND MILLA	A ISAACSON						
	CHARITABLE FOUNDATION							
EIN:	46-4345795							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
STATE FEES	25	0		0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491352006020
TY 2019 Other Increases Sche	edule		
Name:	PHIL AND MILL	A ISAACSON	
	CHARITABLE F	OUNDATION	
EIN:	46-4345795		
De	escription		Amount
ADJUSTMENT TO FAIR MARKET VALUE			19,817

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491352006020
TY 2019 Other Liabilities Sche	dule			
Name:	PHIL AND MIL	LA ISAACSON	N	
	CHARITABLE F	OUNDATION		
FTN.	46-4345795	-		
		<u> </u>	-	
Description	n		Beginning of Year - Book Value	End of Year - Book Value
OUTSTANDING CHECKS			0	20,000



efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				OMB No. 1545-0047	
Schedule B (Form 990, 990-EZ,		Schedule of Contributors					
or 990-PF) Department of the Treasury Internal Revenue Service	>		► Attach to Form 990, 990-EZ, or 990-PF. o to <u>www.irs.gov/Form990</u> for the latest information.				
Name of the organization PHIL AND MILLA ISAACSO CHARITABLE FOUNDATIO					Employer id 46-4345795	lentification number	
Organization type (che	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)()(e	enter number) orgar	nization				
	☐ 4947(a)(1) r	nonexempt charitabl	le trust not treated as	a private foundat	ion		
	☐ 527 political	l organization					
Form 990-PF	✓ 501(c)(3) ex	cempt private founda	ation				
	4947(a)(1) r	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) ta	501(c)(3) taxable private foundation					
	ation filing Form 990, 9 property) from any on						
Special Rules							
under sections 5 received from an	ion described in sectio 09(a)(1) and 170(b)(1) y one contributor, duri e 1h, or (ii) Form 990-I	(A)(vi), that checked ng the year, total co	d Schedule A (Form 9 Intributions of the grea	990 or 990-EZ), Pa	art II, line 13,		
during the year,	ion described in sectio total contributions of m the prevention of cruel	ore than \$1,000 exc	clusively for religious,	charitable, scient			
during the year, If this box is chec purpose. Don't c		ely for religious, char tal contributions tha ts unless the Gener	itable, etc., purposes t were received during ral Rule applies to this	, but no such cont g the year for an ϵ s organization bed	tributions tota e <i>xclusively</i> rel cause it recei	iled more than \$1,000. ligious, charitable, etc.,	
Caution: An organizatio 990-EZ, or 990-PF), but or on its Form 990PF, P 990-EZ, or 990-PF).	it must answer "No" o	n Part IV, line 2, of i	its Form 990; or checl	k the box on line h	H of its Form		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tions	Cat. No. 30613X	Schedu	le B (Form 990,	, 990-EZ, or 990-PF) (2019)	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
PHIL AND	rganization MILLA ISAACSON LE FOUNDATION			Employer identification number 46-4345795
Part III	Exclusively religious, charitable, etc., contributed than \$1,000 for the year from any one contributed organizations completing Part III, enter the total the year. (Enter this information once. See instruction of the description of the description of the property of the	or. Complete of exclusive uctions.) ►	columns (a) thro <i>ly</i> religious, chai	ough (e) and the following line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Tr	ansfer of gift Re	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Tr	ansfer of gift Re	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Tr	ansfer of gift Re	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Tr	ansfer of gift Re	ationship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)