

Form

990-T

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020

▶ Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) THE SATTERBERG FOUNDATION INC	<b>D</b> Employer identification number 91-1501066
		Number, street, and room or suite no. If a P.O. box, see instructions. 1904 3RD AVENUE NO 825	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, and ZIP or foreign postal code SEATTLE, WA 98101	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>C</b> Book value of all assets at end of year . . . . ▶ 437,349,731	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . ▶ 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶ SARAH WALCZYK Telephone number ▶ (206) 441-3045 1904 THIRD AVE SUITE 825 SEATTLE, WA 981013327			

Part I

Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	1	-356,702
2	Reserved . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	-356,702
4	Charitable contributions (see instructions for limitation rules) . . . . .	4	0
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . .	5	-356,702
6	Deduction for net operating loss. See instructions . . . . .	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	-356,702
8	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	1,000
9	Trusts. Section 199A deduction. See instructions . . . . .	9	
10	Total deductions. Add lines 8 and 9 . . . . .	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	11	0

Part II

Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	2	
3	Proxy tax. See instructions . . . . . ▶	3	
4	Other tax amounts. See instructions . . . . .	4	
5	Alternative minimum tax (trusts only) . . . . .	5	
6	Tax on noncompliant facility income. See instructions . . . . .	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	0

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b> <b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		0
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b> <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter the tax amount here	<b>4</b>		0
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0
<b>6a</b> Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	<b>6g</b>		
<b>7</b> <b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b> <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	<b>9</b>		
<b>10</b> <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax▶</b> <b>Refunded▶</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	<b>Yes</b>	<b>No</b>
		No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		No
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 40,652		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		No
<b>4b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

Part Number	Line Number	Explanation	Amount
PART 1	LINE 5	PART 1, LINE 5 - 2020 ELECTION TO FOREGO CARRYBACK OF NET OPERATING LOSS= = = = =PURSUANT TO IRC SECTION 172(B)(3), UNDER REV. PROC. 2020-24, TAXPAYER HEREBYELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NETOPERATING LOSS FOR THE YEAR ENDED DECEMBER 31, 2020 AND TO CARRYFORWARD SUCHNET OPERATING LOSS TO FUTURE YEARS.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

<b>SARAH WALCZYK</b>	<b>2021-11-10</b>	<b>EXECUTIVE DIRECTOR</b>
Signature of officer	Date	Title

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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**Paid Preparer Use Only**

Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature	Date 2021-11-10	Check <input type="checkbox"/> if self-employed	PTIN P00183358
Firm's name ▶ CLARK NUBER PS	Firm's EIN ▶ 91-1194016			
Firm's address ▶ 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004	Phone no. (425) 454-4919			

**TY 2020 IncomeLossPartnershipSCorpSch****Name:** THE SATTERBERG FOUNDATION INC**EIN:** 91-1501066**Total gross receipts**

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
ECOTRUST FORESTS III LLC	0	-133,067	-133,067
GLOBAL IMPACT ACCESS PARTNERSHIP LP	0	-7,233	-7,233
WASTEWATER OPPORTUNITY FUND LLC	0	-120,135	-120,135
ACM FUND II LLC	0	-89,497	-89,497
FORTERRA STRONG COMMUNITIES FUND I LP	0	-1,114	-1,114
RETHINK IMPACT II LP	144	-4,496	-4,352

**Total share of gross income:** 144

**Total share of deductions:** -355,542

**Total gain or loss:** -355,398

TY 2020 OtherDeductionSchedule

Name: THE SATTERBERG FOUNDATION INC

EIN: 91-1501066

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
TAX PREPARATION FEES	2,625

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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501(c)(3) Organizations Only

▶ Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization  
THE SATTERBERG FOUNDATION INC

B Employer identification number  
91-1501066

C Unrelated business activity code (see instructions) ▶ 901101

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ INVESTMENT ACTIVITIES

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross Profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	1,342		1,342
4b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-355,398		-355,398
6	Rent income (Part IV)	0	0	
7	Unrelated debt-financed income (Part V)	0	0	
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	0	0	
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	0	0	
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)	0	0	
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	-354,056	0	-354,056

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	21
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
8b			
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	2,625
15	Total deductions. Add lines 1 through 14	15	2,646
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-356,702
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-356,702

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

<b>1</b> Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
<b>A</b> <input type="checkbox"/>					
<b>B</b> <input type="checkbox"/>					
<b>C</b> <input type="checkbox"/>					
<b>D</b> <input type="checkbox"/>					
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b>	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b>	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				<b>0</b>
<b>4</b>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b>	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				<b>0</b>

**Part V Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
<b>A</b> <input type="checkbox"/>					
<b>B</b> <input type="checkbox"/>					
<b>C</b> <input type="checkbox"/>					
<b>D</b> <input type="checkbox"/>					
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement)				
<b>b</b>	Other deductions (attach statement) . . . . .				
<b>c</b>	Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6				
<b>8</b>	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				<b>0</b>
<b>9</b>	Allocable deductions. Multiply line 3c by line 6				
<b>10</b>	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				<b>0</b>
<b>11</b>	Total dividends-received deductions included in line 10 . . . . .				<b>0</b>

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> . . . . . ▶			0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)	0		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> . . . . . ▶				0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . . . .	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	4
5	Gross income from activity that is not unrelated business income . . . . .	5
6	Expenses attributable to income entered on line 5 . . . . .	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	7



**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**B** ☐

C ☐

**D** ☐

amou

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . 0

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . 0

**4 Advertising gain (loss).** Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

**5** Readership costs . . . . .

6 Circulation income . . . . .

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .

**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

**Total.** Enter here and on Part II, line 1 . . . . . ▶

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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SCHEDULE D  
(Form 1120)  
  
Department of the Treasury  
Internal Revenue Service

Capital Gains and Losses  
  
▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123  
  
**2020**

Name  
THE SATTERBERG FOUNDATION INC

Employer identification number  
91-1501066

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I

Short-Term Capital Gains and Losses -- Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part 1, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				5
6 Unused capital loss carryover (attach computation) . . . . .				6 ( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				7

Part II

Long-Term Capital Gains and Losses -- Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				258
11 Enter gain from Form 4797, line 7 or 9 . . . . .				11 1,084
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				13
14 Capital gain distributions (see instructions) . . . . .				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .				15 1,342

Part III

Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	17	1,342
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	18	1,342

Note: If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat. No. 11460M

Schedule D (Form 1120) 2020

OMB No. 1545-0074

**2020**

Attachment

<b>Social security number or taxpayer identification number</b>
91-1501066

91-1501066

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.