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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection 05/01, 2008, and ending A For the 2008 calendar year, or tax year beginning 04/30,20 09 GREATER DENFELD FOUNDATION INC 1429 D Employeridentification number C Name of organization B Check If applicable Please Address Doing Business As 23-7182610 lahel o Number and street (or P.O. box if mail is not delivered to street address) E Telephone number o frint o Name chane type. P O BOX 64713; TRUST TAX SERVI 218 723-2894 Initial return Specific City or town, state or country, and ZIP + 4 Amended tions. PAUL, MN 55164-0713 G Gross receipts \$ 4,453,450. Application pending F Name and address of principal officer: H(a) Is this a group return for H(b) Are all affiliates included? Tax-exempt status: X 501(c) (3 ) ◀ 4947(a)(1) or 527 If "No," attach a list. (see instructions) (insert no.) Website: ► N/A H(c) Group exemption number L Year of formation: 1971 M State of legal domicile: MN Type of organization: Corporation X Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FUNDING FOR SCHOLARSHIPS AND GRANTS Governance DENFELD HIGH SCHOOL Check this box > if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, line 12, column (C) NONE **b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . . **Prior Year Current Year** Contribution and grants (Part VIII, line 1h) 66,278 3,486,641 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 154,716 -311,170 10 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 220,994 12 3,175,481 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 157,836 128,875 Benefits paid to or for members (Part IX, column (A), line 4) 550 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18,982 3<u>1,3</u>86. Total expenses. Add lines 13-17 (must equal Part X, polymn (A), line 25)
Revenue less expenses. Subtract line 18 from line 12 177,368 160,811. 19 43,626 3,014,670 20 8 End of Year **Beginning of Year** 20 Total assets (Part X, line 16) 2.920,223 5,934,893. Total liabilities (Part X, line 26) 21 NON NONE 22 Net assets or fund balances. Subtract-line 21 from line : 5,934,893. Part II Signature Block Under penalties of perfuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge coffect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Presi den 3-15-2010 -Check it Preparer's identifying number Preparer's self-(see instructions) Paid signature employed > Preparer's 31-0841368 BANK NATIONAL ASSOCIATION U.S. Use Only address, and ZIP + 4 P O BOX 64713; TRUST TAX SERVICES; ST. PAUL, MN 55164-0713 ▶ 877-209-7529

May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes X No Form 990 (2008)

JSA 8E1010 2.000

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_	Statement of Program Service Accomplishments (see instructions)	r bgc 22
1	Briefly describe the organization's mission: PROVIDE FUNDING FOR SCHOLARSHIPS AND GRANTS TO BENEFIT PROGRAMS OF DENFELD HIGH SCHOOL	
	DEMFERD HIGH SCHOOL	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$134,140 including grants of \$128,875 . ) (Revenue \$)	
	SCHOLARSHIPS TO DENFELD HIGH SCHOOL STUDENTS	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	<del></del>	
40	: (Code:) (Expenses \$) (Revenue \$)	
40	Other program services. (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
JSA	e Total program service expenses ▶\$ 134,140. (Must equal Part IX, Line 25, column (B).) Form 990	0 (2008)
	020 1 000	- (200)

Part	Checklist of Required Schedules		<del></del>	
	The second se		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u>
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	İ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	}		
	Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return	i		
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	<del> </del>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete		1	
	Schedule J	23	<u> </u>	<u> X</u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a	ļ	<u> </u>
b		24b	<u> </u>	<del> </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	ļ	<del> </del>
d		24d	<del> </del>	<b>-</b>
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b				
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1	1	,,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
ICA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Form 990 (2008)

Part	V: Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	1 (A)		100
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	150 July 1		
	employee), or an indirect business relationship through ownership of more than 35% in another entity		#4.75	
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,		1 H-1	(125) - 126) (175) - 177)
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			İ
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a		İ	
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ł	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		1
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1	1	
	III, IV, and V, line 1	34	<u> </u>	<del> </del>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		}	
	Schedule R, Part V, line 2	35	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	↓	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	<u>VI</u>	37	<u> </u>	X

Form **990** (2008)

Part	Statements Regarding Other IRS Filings and Tax Compliance		
		Y.	es No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<b>建设第</b>	
	U.S. Information Returns. Enter -0- if not applicable		
	Enter the number of Forms w-29 included in line 1a. Enter -0- if not applicable		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c }	7
_	gaming (gambling) winnings to prize winners?	Name of	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calcular year ending with or within the year covered by this return		
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	CORE PORCE
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
3-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
38	this return?	3a	X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Ì	
	account)?	4a	X
ь	If Yes, enter the name of the foreign country:		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1	-
	Prohibited Tax Shelter Transaction?	5c	
		6a	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ļ <sub></sub>	
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	Branch Car	CASC 21 ALM STATES
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	х
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	HEREIG E	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		
	required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		
_	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Lawrent several
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		
_	amounts due or received from them.)	12-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417 · · · If "Yes " enter the amount of tax-exempt interest received or accrued during the year   12b	12a	SEE SEE STAN
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		90 (2008)
			12000)

Form 990 (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Secti	on A. Governing Body and Management	,		
		7 (194	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	in or		y Fi
_	circumstances, process, or changes in Schedule O. See instructions.	12.2		
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 16 16	i jina		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	अर्थ हैं।	n with the	Kirgiyaji V
_	any other officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	-	-	
7a		7a		_X_
	of the governing body?	7b		X
ο υ	Did the organizations contemporaneously document the meetings held or written actions undertaken during	2192 -980 81	15 4 77	
8				11 miles
_	the year by the following: The governing body?	8a	X	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b		X
b	Does the organization have local chapters, branches, or affiliates?	9a		X
9a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1 30	<del>                                     </del>	
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	9Ь	}	
10	Was a copy of the Form 990 provided to the organizations governing body before it was filed? All organizations	100	-	<b></b>
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X	
Sect	ion B. Policies			· .
0001	1011 D. 1 0110100		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	rise to conflicts?	126		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Ī	Х
15	Did the process for determining compensation of the following persons include a review and approval by	76.45	435	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	1,10	17.18	
а	The organization s CEO, Executive Director, or top management official?	15a		X
Ь	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O. (see instructions)	[4] #F	12 F2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	140		
	with a taxable entity during the year?	16a		<u> </u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	To Tale		
	the organization s exempt status with respect to such arrangements?	16b	<u> </u>	
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	/)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he	•	
	organization: ►U S BANK N.A.; TEL: (218)723-2894			
	130 W SUPERIOR ST; DULUTH, MN 55802			

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)			(0	;)			(D)	(E)	· (F)
Name and Title	Average hours per week	Individual trustee Por director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		, e	tee		,	sated				organizations
ALANA FRIEDMAN										
DIRECTOR	1	X		<u> </u>		<u> </u>	_	NONE	NONE	NONE
DON_ANNALA							1	170177		170377
DIRECTOR	1	X		<u> </u>		ļ	<u> </u>	NONE	NONE	NONE
GREG FOX		.,,		ŀ	ł		1	170377	MONTH	MONT
DIRECTOR	1_	X		<u> </u>	ļ	├──	<u> </u>	NONE	NONE	NONE
HARRY FISHER		,,	1				1	17017	17037	NONE
DIRECTOR	11	X				├	▙	NONE	NONE	NONE
ED_CRAWFORD	· .	٠,,	} .				1	370377	1101111	MONTE
DIRECTOR	11	X				├─	├	NONI	NONE	NONE
JAMES HEFFERNAN		١,,	Ì					NONT	MONTE	MONTE
DIRECTOR	1	X	$\vdash$		-	├	_	NON	NONE	NONE
PEGGY PEDERSON HILL	1	\ <sub>3,7</sub>						NON	NONE	NONE
DIRECTOR	11_	X	<b> </b>				-	NONI	NONE	MONE
LEO MCDONNELL		٠,				]		NONT	NONE	MONTE
DIRECTOR	11_	X		-	<del>                                     </del>	├	-	NON	NONE	NONE
ROGER WALLER	1	X	Į					NON	NONE	NONE
DIRECTOR	<u> </u>	<del>  ^</del>	⊢	<del> </del>	├	├─	⊢	INOM	NONE	NONE
JEAN ENDRIZZI DIRECTOR	1	x			ļ		l	NON	NONE	NONE
	<del> </del>	<del>  ^</del>	╁┈	├		<del>\</del>	┼	NOM	NOME	NONE
MARVIN HEIKKINEN		v	İ	İ				NON	NONE	NONE
DIRECTOR	1	X	├─	$\vdash$	├-	┼	╁	NOM	NONE	NONE
EILLE MARTIN DIRECTOR	1	x	1	1		ļ		NON	NONE	NONE
NANCY ANDERSON	<del>                                     </del>	<del>  ^</del>		╀	<del> </del>	┼─-	├	INOINI	NONE	NOINE
DIRECTOR	1	X	1					NON	NONE	NONE
WILLIAM WESTHOLM	ļ	<u> </u>		<u> </u>		<del> </del> -	╁	NON	NONE	NONE
PRESIDENT	. 8			X				NON	NONE	NONE
JON HELSTROM	- 0	<del> </del>	<del>                                     </del>	^	-		╁	NOIN	NONE	IVOIVIS
VICE PRESIDENT	. 8			X		İ	1	NON	I 3 NONE	NONE
CLAUDE LUTZKA	<del>                                     </del>	<del> </del>	$\vdash$	^	-	┼	$\vdash$	10101	TONE	NOME
TREASURER	. 8			X	}			NON	NONE	NONE
INDAGONDA	<del> </del>	+	+	┼≏	┼~	<del>                                     </del>	+	NOIV	, NOIVE	NONE
	-	]							<b>]</b> :	
	⊥			1	Ц.		丄	<u> </u>	<u> </u>	<del></del>

Rank Mil. Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	and H	ligh	est Compensate	ed Employ	rees (co	ntinued)	
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average hours per week	individual trustee o or director	nstitutional trustee	heck Officer		ਲੇ Highest compensated ਛੇ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	tion ted ions	Estimat amount other compense from tl organiza and rela	of r ation he tion ited
						pea						
								-				<u></u>
			-							$\longrightarrow$	<del></del>	
			-	-	_	 						
	ļ	}			<u> </u>				]			
			_		_							
			_									
1b Total							<b>&gt;</b>	NON	\$	NONE		NON
<ul> <li>Total number of individuals (including thos organization ►</li> <li>Did the organization list any former officemployee on line 1a? If "Yes," complete Sched</li> </ul>	cer, directo	or or	trı	uste	е,	key (	emp	ployee, or highes	t compens	ated		s No
4 For any individual listed on line 1a, is the the organization and related organizations individual.	greater ti	repor	150	00,0	07	pensa If "Y	tior es,	n and other com	pensation f	from such	4	X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,	e or accr										5	
Section B. Independent Contractors	Jonnpiele (	201160		- 10	, 30	5.1 pe	. 301	·· · · · · · · · · · · · · · · · · · ·	<u> </u>	• • • •		<u> </u>
Complete this table for your five highest compensation from the organization.	compensat	ed in	ndep	oen	dent	con	trac	tors that receive	d more tha	an \$100	0,000 of	
(A) Name and business add	Iress				-			(B) Description of se	rvices	C	(C) ompensatio	n
							$^{\dagger}$					
				-			1					
							1				Warren and a second at the sec	VI 100 100 100 100 100 100 100 100 100 10
2 Total number of independent contractors ( compensation from the organization ▶	including t	hose	in	1)	who	rece	ive	d more than \$10	0,000 in			

Part	VIII	Statement of Revenue											
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514						
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f	3,486,641 1,532,562										
S E	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		3,486,641.									
9		Total Add lines 18-11 to 11 to 1	Business Code										
Ven	2a												
Program Service Revenue	b												
Vice	c												
Ser	d												
E	е												
rogi	f	All other program service revenue											
	g	Total. Add lines 2a-2f											
	3	Investment income (including dividends, interest other similar amounts)		119,670.	119,670.		ļ						
	4	Income from Investment of tax-exempt bond p	. 1										
	5	Royalties · · · · · · · · · · · · · · · · · · ·											
	}	(ı) Real	(ii) Personal										
	6a	Gross Rents											
	ь	Less: rental expenses · · ·											
	c	Rental income or (loss)											
	d	Net rental income or (loss) (i) Securities	(ii) Other			96.101180 NOVER AND ADDRESS OF THE OWNER.	MANAGE PROPERTY AND THE						
	7a	Gross amount from sales of	(ii) Other										
	١.	desired entire than inventory											
	Ь	Less: cost or other basis and sales expanses 1,277,969	İ										
	c	and sales expenses 1,277,969  Gain or (loss)430,840											
	ď	Net gain or (loss)		-430,840.	-430,840.								
	8a	Gross income from fundraising											
e		events (not including \$											
Other Revenu		of contributions reported on line 1c).											
æ		See Part IV, line 18 a											
ther	Ь	Less: direct expenses b											
ō	C	Net income or (loss) from fundraising events	· · · · · · •										
	9a	Gross income from gaming activities.  See Part IV, line 19 a	J										
	L.	Less: direct expenses b	-										
	b c	Net income or (loss) from gaming activities • •					1						
	10a	Gross sales of inventory, less											
		returns and allowances a											
•	ь	Less: cost of goods sold b											
	<u> </u>	Net income or (loss) from sales of inventory.		mproper and construction	CTT CONTRACTOR TO THE CONTRACTOR OF THE CONTRACT		Contraction of the contraction o						
	<u> </u>	Miscellaneous Revenue	Business Code	1.0									
	11a	CLASS ACTION PROCEEDS	900001	10.	10.	<del></del>	<del> </del>						
	Ь			<del> </del>	<del>                                     </del>		<del> </del>						
	C	All other research					<del> </del>						
	d	All other revenue		10.									
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 1	-		and the second s	and the property of the party of the first o	The second secon						
		9c, 10c, and 11e		3,175,481.	-311,160.		<u> </u>						

# Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	116,000.	116,000.	Establishing .	And the second of the second o						
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	12,875.	12,875.		4. 1000 10 TOTAL 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
3	Grants and other assistance to governments,	Ì									
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)		·								
7	Other salaries and wages	550.	110.	440.							
8	Pension plan contributions (include section 401										
	(k) and section 403(b) employer contributions)			<u>-</u> .							
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
	Management	•									
	Legal	2,166.	1,083.	1,083.							
	Accounting										
	Lobbying										
	Professional fundraising services. See Part IV, line 17		10 - 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13								
	Investment management fees										
g	-1										
12	Advertising and promotion										
13	Office expenses										
	·										
14	Information technology										
15	Royalties										
16	• •										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates				<del>                                     </del>						
22	Depreciation, depletion, and amortization	<u> </u>		<del> </del>	<del> </del>						
23	Insurance	THE RESERVE OF THE STATE OF THE STATE	77 82 -73- 132-35-37-37-1	[18] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1							
24	Other expenses Itemize expenses not		ا مَنْ الْمُوالِينِ مِنْ إِنْ مِنْ أَنْ مِنْ أَنْ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ الل اللَّهُ مِنْ اللَّهِ مِنْ اللَّهِ عَلَيْهِمْ اللَّهِ عَلَيْهِمْ اللَّهِ عَلَيْهِمْ اللَّهِمُ عَلَيْهِمْ اللَّه		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	covered above. (Expenses grouped together	والمراجع المراجع									
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال المراجعة المراجعة							
	-	5 18 10 15 15 15 15 15 15 15 15 15 15 15 15 15	1.04(1) 1770 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AB DEA	Calling the state of the						
ā	BANK FEES	22,089	4,718	. 17,371.							
t	FOREIGN TAXES	709		709	<del></del>						
•	FILING FEE	25		25	-						
•	SCHOLARSHIP_EXPENSES	5,000	5,000	•							
6	NORTHLAND_EXPENSES	1,270	1,270	•							
1	f All other expenses	127	. 127	·	<del> </del>						
25	Total functional expenses. Add lines 1 through 24f	160,811	141,183	. 19,628	. NON						
26	Joint Costs. Check here ▶ ☐ If following										
	SOP 98-2. Complete this line only if the organization	-									
	reported in column (B) joint costs from a										
	combined educational campaign and fundraising				l e						

<u>Part</u>	Ż <b>X</b> ∳	Balance Sheet			<del></del>
			(A) Beginning of year		(B) End of year
$\Box$	1	Cash - non-interest-bearing	5.	1	
- 1	2	Savings and temporary cash investments	206,989.	2	1,668,82
		Pledges and grants receivable, net		3	
		Accounts receivable, net	368.	4	41
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L	Form Connects to the Late Control - 1 - 1 - 1	5	To proposition and the Topic of the
- 1	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II	The second secon	1	當時的到出。
Ì		of Schedule L $$		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use $\hdots$		8	
	9	Prepaid expenses and deferred charges	TRANSPORTED TO THE TRANSPORT	9	그는 보급하는 그는 사람들(14.11)[편] 1.
		Land, buildings, and equipment: cost basis · · · 10a			
	b	Less: accumulated depreciation. Complete		1	
		Part VI of Schedule D	0 710 061	10c	1 005 05
	11	Investments - publicly traded securities	2,712,861.	11	4,265,65
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	<del></del>
- 1	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
l	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	0.000.000	15	5 024 05
—	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	5,934,89
1	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·		17	
-	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
g	21	Escrow account liability. Complete Part IV of Schedule D	and the progress of the first control	21	Feb. 1 (2012) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
薑	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
l	24	Unsecured notes and loans payable		24	
Ì	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NO.
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
ances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	<u> </u>
힏	29	Permanently restricted net assets	100 12 days 10 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29	A market of the control of the
or Fund Ba		Organizations that do not follow SFAS 117, check here $\blacktriangleright$ $X$ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	3,155,662.	30	6,642,30
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-707,4
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances			5,934,8
	34	Total liabilities and net assets/fund balances	2,920,223.	34	5,934,8
Pai	t XI	Financial Statements and Reporting			<del></del>
1			her		Yes
2a		e the organization's financial statements compiled or reviewed by an independent accou			1 1 1
Ь		re the organization's financial statements audited by an independent accountant?			2b
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibilit			
		it, review, or compilation of its financial statements and selection of an independent acco			2c
3a	As a	a result of a federal award, was the organization required to undergo an audit or audits as	set forth in		
		Single Audit Act and OMB Circular A-133?			
_b_	lf "Y	es," did the organization undergo the required audit or audits?			3b

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2008
Onen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GREATE			N INC 14296900				[		3-7182	610
Part I			y Status (All organi			<u></u>		e instruc	tions)	
The orga			ation because it is: (Ple		-	_				
1			rches, or association o			in section	170(b)(′	I)(A)(i).		
2 📙			170(b)(1)(A)(ii). (Att							
3			ospital service organiz							
4	A medical r	esearch organiz	ation operated in cor	njunction v	vith a hosp	oital desc	ribed in	section	170(Ь)(1)(	A)(iii). Enter the
·		me, city, and sta								<del></del>
5			r the benefit of a coll	ege or uni	versity ow	ned or op	perated b	y a gove	rnmental	unit described in
		(b)(1)(A)(iv). (Co	•							
6		_	ernment or governmen							
7 🔛	_		ly receives a substant	=	its support	from a g	overnme	ntal unit	or from ti	ne general public
. —			1)(A)(vi). (Complete P							
8		•	in section 170(b)(1)(		•					
9 []	-		ly receives: (1) more 1							_
			ted to its exempt fund		-					
		_	nent income and uni						511 tax)	from businesses
4-		_	after June 30, 1975.			-				
10	_		nd operated exclusively	•	•	=				
11 <u>X</u>		_	and operated exclusi			•				•
			ublicly supported orga							
		-	ot describes the type o							ı ın. pe III - Other
ر کا	aTyp	L	Type II c rtify that the organiz		e III - Funct				' لتتا	
e X			on managers and oth							-
	•	section 509(a)(2	<del>-</del>	ei illali oli	6 01 111016	ривныў з	abhorrea	organiza	itions des	cribed in Section
f			a written determinat	tion from t	the IBS the	at it is a	Type I T	Type II o	Type III	cupporting
•	_	, check this box								supporting [
	-	-	the organization accep						• • • • • •	
g	following pe		the organization accep	pieu any gi	it or contin	bution no	iii aliy Oi			
			or indirectly controls	either ald	one or too	ether wit	h nerson	s describ	ed in (ii)	Yes No
			rning body of the supp		_					
			erson described in (i) a							
			of a person described							11g(iii) X
h			ation about the organi		-					3. 1 122
	e of supported	(ii) EIN	(iii) Type of organization			<del></del>	ou notify	(vi) l	s the	(vii) Amount of
	janization		(described on lines 1-9	in col. (i) lis	sted in your	the organ	ization in	organizat	ion in col	support
			above or IRC section (see instructions))	governing	document?		of your oort?		ted in the S.?	
SEE STA	ATEMENT 1			Yes	No	Yes	No	Yes	No	
						<u> </u>	-	<u></u> -		
			'					ŀ	İ	
	_		•	_						
				<u></u>			 	<u></u>		
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				ļ					<u> </u>	
		المام المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		The factor of the second of th	The state of the s			1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 -	で (連一) で (基一) で (表一) で	
Total		reading to the property of the Confidence of the	1 - 40 年 1887年 1916年 1918年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日	ramasa Jara N	Later to the first with	1-1 17- 470 land	[17] 발표 함께	1	1. 4. 4. 1. 1. 1.	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part	Support Schedule for Orga (Complete only if you check	anizations Des ced the box on	cribed in Section 11 in 12 in	tions 170(b)(1 8 of Part I.)	1)(A)(iv) and 1	70(b)(1)(A)(vi	) N/A
Secti	on A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization s benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge - · · · · ·						
4	Total. Add lines 1-3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4. ion B. Total Support				C. C. C. C. C. C. C. C. C. C. C. C. C. C		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
'		(0) 2004	(5) 2003	(0) 2000	(4) 2007	10, 2000	1,7 10101
7 8	Amounts from line 4						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	] 					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				Inner in the Control of the Control		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	See instructions.)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sect	tion C. Computation of Public Sur						
14	Public support percentage for 2008 (	line 6, column (f	) divided by line	e 11, column (f))		14	%
15	Public support percentage from 2007					15	<u>%</u>
16a	33 1/3% support test - 2008. If the						
	and stop here. The organization quali	ifies as a publicly	supported org	janization • • •			▶ []
b	33 1/3% support test - 2007. If the	organization did	not check a bo	x on line 13 or 1	16a, and line 15	is 33 1/3% or 1	more, check_this
	box and stop here. The organization						
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organization						
	in Part IV how the organization meets						
	organization						
.p	10%-facts-and-circumstances test -						ine line
	15 is 10% or more, and if the organiz						
	Explain in Part IV how the organization						
18	supported organization						
	instructions						
							30 or 990-EZ) 2008

QK5460 M255 03/13/2010 12:08:31

	lle A (Form 990 or 990-EZ) 2008						Paga 3
Part	Support Schedule for Organ						/-
	(Complete only if you checked	the box on l	line 9 of Part I	.)			N/A
	ion A. Public Support	( ) 2224	41000	110000	(4) 2007	(-) 2000	(D.T. 4.1
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and			,			
	membership fees received. (Do not include		}				
2	any "unusual grants.")						<del></del>
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					1	
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	<del>=</del> 4					
•	benefit and either paid to or expended on						
	its behalf		ì				
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	, •		}	ļ			
_	organization without charge		<del> </del>	1	<del> </del>		
6 7-	Total. Add lines 1-5		<del> </del>		<del> </del>	<del> </del>	
/a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3		<del> </del>			-	
_	received from other than disqualified		}				
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the				ŀ		
	year or \$5,000 · · · · · · · · · · ·		<del> </del>		<del> </del>		
C	Add lines 7a and 7b		<b></b>		<b> </b>	<u> </u>	
8	Public support (Subtract line 7c from	2127 97 to 17 Ups 02 72 72 7	In a light and an empirical for any	THE THE PARTY OF SECTION AND ADMINISTRAL	THE PLANT OF THE		
	line 6.)	等於 ## 14 # 14 # 14 # 14 # 14 # 14 # 14 #		Agrant of the second			
	tion B. Total Support	(-) 0004	(1) 2005	(-) none	(4) 2007	(-) 2000	(f) Total
C	lendar year (or fiscal year beginning in)	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) rotal
9	Amounts from line 6				<del> </del> -	<del>  </del>	
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar					İ	
	sources		- <del> </del>		<del></del>		
Ь	Unrelated business taxable income (less		}				
	section 511 taxes) from businesses		1	ļ			
	acquired after June 30, 1975		ļ	<del> </del>		ļ	
C	Add lines 10a and 10b		<u> </u>	ļ	<u>-</u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						]
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1			1	!
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	是一種原理學的	(	The stantant of the stantant	er in till in still in still in		
14	First five years. If the Form 990 is for	r the organization	on's first, second	, third, fourth, o	or fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here					<u> </u>	▶ │
Sec	tion C. Computation of Public Sup					<del></del>	
15	Public support percentage for 2008 (line 8,	, column (f) divid	ed by line 13, colu	ımn (f))		15	%_
16	Public support percentage from 2007 Sche	dule A, Part IV-A	, line 27g		<del></del>	16	%_
Sec	tion D. Computation of Investmer	nt Income Pe	rcentage			<del></del>	
17	Investment income percentage for 2008 (I	ine 10c, column	(f) divided by line	13, column (f))		17	<u>%</u>
18	Investment income percentage from 2007						%
19a	33 1/3% support tests - 2008. If the or	ganization did n	ot check the box	on line 14, and	line 15 is more	than 33 1/3%, an	d line
	17 is not more than 33 1/3%, check this bo						
ь	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	not check a box	on line 14, 19a, o	r 19b, check this	box and see instru	ictions	▶ │

Schedule A (F	orm 990 or 990-EZ) 2008		Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	by Part II, line instructions)	10;
<b>-</b>			
			- <b>-</b>
		,	
		<b>.</b>	
<b>-</b>			
			<b>-</b>
	·		

# SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization						Employee identification number	o ormbor
						בווולווחלפו ותפוויוות מדיי	
GREATER DENFELD FOUNDATION INC		14296900				23-7182610	10
Pare General Information on Grants and Assistance	and Assistan	93					
1 23	substantiate 1	the amount of t	the grants or assistan	ice, the grantees' elig	jibility for the grants		L
	ants or assista	istance?	listance?	e United States			X Yes No
2 Describe in Part IV the organization's procedures for	saures for mo	sn am fillionn	פ סו פושוור ותנותפ ויני נוו	e Officea Oraces.		- XII F	
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Governmen  Ny recipient t	its and Organ hat received r	nents and Organizations in the United States. Complete if the organization answered "Yes" on at that received more than \$5,000. Check this box if no one recipient received more than \$5,000 to distinct the second state of solditional cases.	ited States. Comp Check this box if r	lete if the organization on one recipient re	ation answered "Ye ceived more than (	s: on \$5,000. · · · · · · · ▼
1 (a) Name and address of organization (b) EIN (c) In Guardinal Space 1s, recursor 1 (a) Name and address of organization (d) Amount of the standard (d) Amo	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 2							
	:						
2 Enter total number of section 501(s)(3) and government organizations	nd governmen	t organizations					
3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, s	t Notice, see	the Instruction	see the Instructions for Form 990.			Sched	Schedule I (Form 990) 200

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance THE USE OF GRANT FUNDS IN THE UNITED STATES IS NOT MONITORED -(c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 (b) Number of reciplents (a) Type of grant or assistance Part IV Part III

# SCHEDULE M (Form 990)

# **Non-Cash Contributions**

▶To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

OMB No 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

	ATER DENFELD FOUNDATION	INC 142	96900		3-7182610	)	
Part	Types of Property		.,		<del></del>		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) f determining enues	3
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications		医阴壁性 對日本重新中華日本語				
5	Clothing and household	,	しょうしょう しゅう 野 コリチュウ しきしゅん				
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	X	23	1,532,562.	COST		
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution (historic						
	structures)						
14	Qualified conservation						
	contribution (other)						
15	Real estate-Residential						
16	Real estate-Commercial						
17	Real estate-Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ►()				ļ		
27	Other ►()				<del>                                     </del>		
28	Other ►()						
29	Number of Forms 8283 received b	y the organ	ization during the tax year fo	or contributions for			
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29	1	Т
						Yes	No
30 a	During the year, did the organiza					$\left\{ \left\{ \frac{1}{2} \left( \frac{1}{2} \right)^{\frac{1}{2}} \right\} \right\} = \frac{1}{2} \left\{ \left\{ \frac{1}{2} \left( \frac{1}{2} \right)^{\frac{1}{2}} \right\} \right\} = \frac{1}{2}$	
	it must hold for at least three year					12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	1 '-
	used for exempt purposes for the		g period?		• • • • • • •	30a	X
b	If "Yes," describe the arrangement						
31	Does the organization have a				non-standard		
	contributions?					31	<u> </u>
32 a	Does the organization hire or us	-					
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report i	evenues in	column (c) for a type of pro	operty for which column (a	) is checked,		
	describe in Part II.					1 1 2 m 2	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

GREATER DENFELD FOUNDATION INC 14296900	23-7182610				
EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 2					
SCHOLARSHIPS FUNDED BY CONTRIBUTIONS FROM ARMOND HAUGE ESTAT	<u>'E</u>				
EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 2  SCHOLARSHIPS FUNDED BY CONTRIBUTIONS FROM ARMOND HAUGE ESTATE  EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b  THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD  FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REVIEW  NO REVIEW WAS OR WILL BE CONDUCTED  EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11  ALANA FRIEDMAN  8037 E SPIRIT COVE DR DULUTH, MN 55807  DON ANNALA  5165 LESTER RIVER RD  DULUTH, MN 55804					
_					
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF T	HE				
GOVERNING BOARD					
FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REV	/IEW				
NO REVIEW WAS OR WILL BE CONDUCTED					
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11					
ALANA FRIEDMAN					
DULUTH, MN 55807					
DON ANNALA					
DULUTH, MN 55804					
GREG FOX					
UMD 500 DARLAND ADMIN BLDG, 10 UNIVERSITY DR					
DULUTH, MN 55812					
SCHOLARSHIPS FUNDED BY CONTRIBUTIONS FROM ARMOND HAUGE ESTATE  SCHOLARSHIPS FUNDED BY CONTRIBUTIONS FROM ARMOND HAUGE ESTATE  EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b  THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD  FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REVIEW  NO REVIEW WAS OR WILL BE CONDUCTED  EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11.  ALANA PRIEDMAN  R037 E SPIRIT COVE DR DULUTH, MN 55807  DON ANNALA  5165 LESTER RIVER RD  DULUTH, MN 55804  GREG FOX UND 500 DARLAND ADMIN BLDG, 10 UNIVERSITY DR DULUTH, MN 55812  EXPLANATION FOR FORM 990, PAGE 5, PART VI, LINE 11					
HARRY FISHER					

Schedule O (Form 990) 2008 Name of the organization	Page Z Employer identification number
216 26TH CT CO	
216 26TH ST SO	
DULUTH, MN 55802	
<del></del>	•
ED CRAWFORD	
5 NORTH 23RD AVE E	
DULUTH, MN 55812	
JAMES HEFFERNAN	
4773 KEENE CREEK COURT	
HERMAMTOWN, MN 55811	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11	
PEGGY PEDERSON HILL	
2136 W 13TH ST	
DULUTH, MN 55806	
LEO MCCONNELL	
724 MAPLE GROVE RD #201	
DULUTH, MN 55811	
ROGER WALLER	
531 W SKYLINE PARKWAY	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11	
·	
DULUTH, MN 55806	
TEAN ENTOTOT	
JEAN ENDRIZZI	
3820 LONDON RD APT 307	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
DULUTH, MN 55804	
MARVIN HEIKKINEN	
123 CHAMBERSBERG DR	
DULUTH, MN 55803	
NANCY ANDERSON	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11	
1918 TYROL STREET	
DULUTH, MN 55811	
ELLE MARTIN	
2015 WAVERLY STREET	
DULUTH, MN 55803	
WILLIAM WESTHOLM	
2908 TALMADGE CIRCLE	
DULUTH, MN 55811	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 11	
JON HELSTROM	
237 FAIRMONT ST	
DULUTH, MN 55803	
CT AUDE THEFT	
CLAUDE LUTZKA	

Schedule O (Form 990) 2008	Page Z
Name of the organization GREATER DENFELD FOUNDATION INC 14296900	Employer identification number 23 - 7182610
	25 /102010
4917 WYOMING ST	
DULUTH, MN 55804	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
THE PUBLIC MAY CONTACT BILL WESTHOLM, PRESIDENT OR CLAUDE L	UTZKA,
TREASURER FOR ACCESS TO INFORMATION	

# SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2008	Open to Publication

OMB No. 1545-0047

► See separate instructions.

GREATER DENFELD FOUNDATION INC 14296900

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number

23-7182610

(F) Direct controlling entity Schedule R (Form 990) 2008 (F) Direct controlling entity (E)
Public charlty status
(if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section (D) Total income (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) (B) Primary activity (B) Primary activity For Privacy Act and Paperwork Reduction Act Notice, sae the Instructions for Form 990. Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregardedentity Identification of Disregarded Entities SEE STATEMENT 3 .... Part II Part 1

8E1307 1000 -OK5460 M255 N3/13/2010 12.0R.31

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 (J)
General or
meneging
partner? Yes No (H) Percentage ownership Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 23-7182610 (G) Share of end-of-year assets (H) Dhymportoneta ellocations Yes No (F) Share of total income (G) Share of end-of-year assets (E)
Type of entity
(C corp, S corp,
or trust) (F) Share of total income (D)
(Direct controlling entity (E)
Predominant
income (related,
Investment,
unrelated) (C)
Legal domicile
(state or
foreign country) Identification of Related Organizations Taxable as a Corporation or Trust Identification of Related Organizations Taxable as a Partnership (D)
Direct controlling entity (B) Primary activity (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of
related organization Part III Part IV

JSA

Page 3 Inizations	the following transactions with one or more related organizations listed in Parts II IV?  om a controlled entity  (s)	1f   X   1g   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   X   1h   1h		including covered relations	(A)  Transaction  Name of other organization(s)  Type (a r)  Type (a r)		
Schedule R (Form 990) 2009  Part V Transactions With Related Organizations	omplete line 1 if any entity is listed in Parts II, III, or IV. ing the tax year did the organization engage in any of the eipt of (i) interest (ii) annuities (iii) royalties (iv) rent fror grant, or capital contribution to other organization(s). grant, or capital contribution from other organization(s) is or loan guarantees to or for other organization(s).	f Sale of assets to other organization(s)	j Lease of facilities, equipment, or other assets from other organization(s)  k Performance of services or membership or fundraising solicitations for other organization(s)  l Performance of services or membership or fundraising solicitations by other organization(s)  m Sharing of facilities, equipment, mailing lists, or other assets  n Sharing of paid employees	Reimbursement paid to other organization for expenses		(3)	(5)

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

DENFELD HIGH SCHOOL

EIN: 41-6003776

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 128,875.

TOTAL SUPPORT:

128,875.

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US 

NAME OF ORGANIZATION: DENFELD HIGH SCHOOL

ADDRESS:

4405 WEST 4TH STREET DULUTH, MN 55807

EIN: IRC SECTION: 41-6003776

501(c)(3)

PURPOSE OF GRANT:

SCHOLARSHIPS FOR GRADUATES OF DENFELD HIGH SCHOOL

TOTAL CASH GRANTS.....

116,000.

=========

STATEMENT 2

Supplement to Schedule R, Part II, Form 990

Name of entity: DENFELD HIGH SCHOOL Address of Entity: DULUTH, MN 55807

Employer ID Number: 41-6003776 Primary Activity: EDUCATION Legal domicile state:MN

Exempt code section:501(c)(3)

Public charity status:2