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SCANNED JUN 0 2 2010

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

Check	all that apply	Initial retu			of a former pu	olic chari		Final return
	- Table 22	Amended	return	Addre	ss change		Name change	
	Name of for	undation					A Employer ident	ification number
Use the label.		FOUNDATION	M	TC			20)-485 <u>060</u> 9
Otherwi print	, I trainbor and	d street (or P O box	coumber	I mail is not delivered to street	t address)	Room/suit	B Telephone number (see page 10 of the instructions)
or type	e. 550 TON	KAWA ROAD					(9	952) 404-5636
See Spe	cific City or town	n, state, and ZIP co	de				C If exemption appl	ication is
Instruction	ons.	, otato, and En					pending, check he	▶
	LONG LA	KE, MN 553	56				1	zations, check here . P
1 Check	type of organiza	ation X Sect	ion 501	(c)(3) exempt private t	foundation		85% test, chec	k here and attach
	tion 4947(a)(1) no			Other taxable pr		n	, ,	
•	arket value of all			ounting method X C	ash Accru	ual	1	tion status was terminated (b)(1)(A), check here
of yea	r (from Part II, co	l. (c), line		other (specify)				is in a 60-month termination
16) ▶	\$ 2	83,345.	(Part I,	, column (d) must be or	cash basis)		under section 507	(b)(1)(B), check here
to n	Analysis of Reve otal of amounts in c may not necessarily column (a) (see page	columns (b), (c), ar equal the amount	nd (d) 's in	(a) Revenue and expenses per books	(b) Net inves income		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
i	ontributions, gifts, grants.			71,145.	-7	-		(Oddit bdolo offity)
	if the	foundation is not req	uired to	٠.,	,		and the second	
1	terest on savings and	Sch B					<u> </u>	
i i	ividends and intere			4,624.	4	,624.		ATCH 1
	ross rents							<u> </u>
b Ne	et rental income or (lo	oss)			- D- 17 TT			
	et gain or (loss) from ross sales price for all			-1,258.	-2, 2 , 1			
as	sets on line 6a		,966.	1,31 11 13 13 13 1	,) *			
7 C	apital gain net inco			- 1 7 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>		****	1, 1
8 N	et short-term capit					7.50	-	3 ()
	come modification				2 2 2 2 2 3 3	7 7 7		1 12 12
an	d allowances · · ·	· ·		Die Art	Barrage states	5 ° ' 2"	· · ·	· (1/2/2/2)
	ess Cost of goods solo ross profit or (loss)			13. 1. " 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		4 5 6		
	ther income (attac							
l l	otal. Add lines 1 th			74,511.	4	,624.		1.
	ompensation of office			0.			· · · · · · · · · · · · · · · · · · ·	
14 0	ther employee sala							
15 Pe	ension plans, empl							
16a Le	egal fees (attach so	chedule)						
b Ad	ccounting fees (att	tach schedule)						
c O	ther professional f			500.		500.		
17 In	terest		, ,	308.		38.		-
18 Ta	ixes (attach schedule)			308.		38.		
1	epreciation (attach	•						· · · · · · · · · · · · · · · · · · ·
	ccupancy				-			
1	avel, conferences,							
	finting and publica ther expenses (atta			25.			···	2
23 Of	tner expenses (aπa otal operating and				L ·			
1	otal operating and		-	833.		538.		2
25 C	ontributions, gifts,	grants paid		54,634.	,	: -		54,63
26 Tm	tal expenses and disbu	sements. Add lines 2	4 and 25	55,467.		538.		54,65
27/1/S	aptrackline (\$6) Loc	ာ့်ပျို်ဂိုမှ 12:			1" "		<u> </u>	
a Ex	cess of revenue over ex	penses and disbursem		19,044.	·	000	.	
	et investment inco			-	4	,086.	-0-	-
I (C(Ac	ljusted net incom	e (ıf negatıve, ente	<u>r-0-)</u>	e, see page 30 of the instr		. [•	<u></u>

Б	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
_	الكيات	Dalaile Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng			
	2		cash investments	16,066.	51,352.	51,352.
	3	Accounts receivable				
		Less allowance for dou	btful accounts ▶			
-	4	Pledges receivable ▶	I			
			btful accounts ▶			
	5					
	6		fficers, directors, trustees, and other		-	
			·			
	-		ich schedule) (see page 16 of the instructions) eceivable (attach schedule)			
	7			·		
			btful accounts ►			
şţ	8	inventories for sale or us	e			
Assets	9		eferred charges			
4	10 a	Investments - U.S. and state	e government obligations (attach schedule)	187,625.	231,993.	231,993.
	b	Investments - corporate	stock (attach schedule) ATCH 5	107,023.	231,993.	231,993.
	11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)			
	٠.					
		(attach schedule)	ation			
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ach schedule)			
	14	Land, buildings, and equipment basis	-			
		Less accumulated deprecia (attach schedule)	tion -			
	15		>)			
ı	16		pleted by all filers - see the			-
i		instructions Also, see p	age 1, item i)	203,691.	283,345.	283,345.
	17				· -	
	18					
္တ	19					
Ę.	20	Leans from efficient directo	rs, trustees, and other disqualified persons			
喜			tes payable (attach schedule)			· · · · ·
Liabilities	21					3
1	22	Other habilities (describe	; ▶)		· · · · · · · · · · · · · · · · · · ·	
	23	Total liabilities (add line	s 17 through 22)			
\dashv	23					
			low SFAS 117, check here $\blacktriangleright X$ 24 through 26 and lines 30 and 31.			the state of the
S		•	· · · · · · · · · · · · · · · · · · ·	203,691.	283,345.	
2	24			203, 691.	203,343.	
直	25	Temporarily restricted .				
8	26	Permanently restricted .				
밁		Foundations that do	not follow SFAS 117,			
리	24 25 26 27 28 29 30	check here and com	plete lines 27 through 31. ▶ 🔲	ł		
5	27	Capital stock, trust princ	cipal, or current funds			
왍	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumu	ilated income, endowment, or other funds			
۷	30	Total net assets or fund	balances (see page 17 of the			•
2		instructions)		203,691.	283,345.	,
ı	31	Total liabilities and net	assets/fund balances (see page 17			•
		of the instructions)		203,691.	283,345.	•
Р	art II	Analysis of Cha	inges in Net Assets or Fund B	Balances		
			lances at beginning of year - Part II,		agree with	
			I on prior year's return)			203,691.
2	Enter	r amount from Part I I	ine 27a	• • • • • • • • • • • • • • • • • • • •	2	19,044.
2	Othe	r increases not include	ine 27a ed ın lıne 2 (ıtemize) ▶ ATTACHI	MENT 6		60,610.
J A	∇44 I					283,345.
_	_		line 2 (rtomize)			
2	Total	net accets or find be	line 2 (itemize) ▶ lances at end of year (line 4 minus lir	oo 5\ Dort II ookuma /5\	line 30	283,345.
<u> </u>	rotal	net assets of fullo ba	nances at end of year time 4 minus in	ie 3) - Fait II, COlumn (D),	b	Form 990-PF (2009)

E	Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	· · · · · · · · · · · · · · · · · · ·	d describe the kind(s) of property sold (rick warehouse, or common stock, 200	. •	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
12	ODE DADE THE COUR			D Dellation		
_ <u>t</u>	b					
_						
	d			_		
_	<u> </u>		<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_ 8	a					
_ <u>t</u>	<u></u>					
_	<u> </u>			ļ		
_ (d					
_6						
	Complete only for assets s		ned by the foundation on 12/31/69		Gains (Col (h) g	
_	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
_8	1				_	
_t	b					
	d					
_6	9	- 		1		
2	Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 }	2		-1,258.
3	· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 12		1		
	•	line 8, column (c) (see pages 13				
_	If (loss), enter -0- in Part I,	line 8		3		
	section 4940(d)(2) applies,		e section 4940(a) tax on net investi		···- ,	
		the section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b Do not complete this part	ase peno	d? □	Yes X No
1	Enter the appropriate am	ount in each column for each year	, see page 18 of the instructions be	efore mak	ing any entries.	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2008	44,909.	149,092.			0.301217
	2007	18,368.	175,813.			0.104475
	2006	15,025.	159,483.			0.094211
	2005					
	2004					
	Total of line 1, column (d)			2		0.499903
3	•	for the 5-year base period - divide	•			
	number of years the found	dation has been in existence if less	s than 5 years	3		0.166634
4	Enter the net value of nor	icharitable-use assets for 2009 fro	m Part X, line 5	4		220,083.
						0.6.670
5	Multiply line 4 by line 3			5	 -	36,673.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		41.
				7		36,714.
				8		54,659.
U	If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box in	n Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic_foundations_that meet the section 4940(e) requirements in Part V, check			41.
	here 🕨 X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			41.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			41.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			0
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			41.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			41.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11		-	
	t VII-A Statements Regarding Activities	1	Yes	No
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	162	X
_	participate or intervene in any political campaign?	14		
D	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			· _
	published or distributed by the foundation in connection with the activities	;		
c	Did the foundation file Form 1120-POL for this year?	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		,	
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	-	,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-	
	on foundation managers > \$?		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities		. 1	٠.,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	-,-	,	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	if "Yes," attach the statement required by General Instruction T			,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	<u>.</u>		_
	By language in the governing instrument, or			- ;
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	
_	conflict with the state law remain in the governing instrument?	7	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			` ,
8a	MN.	•		
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	:	-	
IJ	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	,		
•	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses ATTACHMENT 7	10	Х	

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address N/A			
14	The books are in care of TONKAWA, INC. Telephone to 952 40	4-56	00	
	Located at ▶301 CARLSON PARKWAY, SUITE 275 MINNETONKA, MN ZIP+4 ▶ 55305			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 -	-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No_
1a	During the year did the foundation (either directly or indirectly)		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	-		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	
	disqualified person? Yes X No	1		
-	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1.	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1 -	Ì	İ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		ŀ	
	the benefit or use of a disqualified person)?		Ì	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after	-	ļ	
	termination of government service, if terminating within 90 days) Yes X No	١,		•
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	, _ `	. *	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here		,	E (3)
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	15 m		7-1
	were not corrected before the first day of the tax year beginning in 2009?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			13.
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	,		
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No	k =,		
	If "Yes," list the years			-,
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	5.	. *	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		2.5	
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b	L.	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	,		;'
	D	1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business	, ,		- 1
	enterprise at any time during the year? Yes X No		٠ -	,. ,
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	1-2		r
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		-	34.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	, "	'	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		-	
	foundation had excess business holdings in 2009)	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	7,		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	<u></u>	X

Pa	rt VII-B Statements Regarding Activities	for Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amo	ount to				
	(1) Carry on propaganda, or otherwise attempt to influ		1 4945(e))?	Yes X N		
	(2) Influence the outcome of any specific public election					
	directly or indirectly, any voter registration drive?			Yes X N		
	(3) Provide a grant to an individual for travel, study, or o	other similar nurnoses?		Yes X N	1 1	1
	(4) Provide a grant to an organization other than a cha					
		-		Yes X N	_	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			, Yes N	°	
	(5) Provide for any purpose other than religious, charit	•		□ ☞		
	purposes, or for the prevention of cruelty to children				•	
b	If any answer is "Yes" to 5a(1)-(5), did any of the tran		•			1
	Regulations section 53 4945 or in a current notice regard	ding disaster assistant	ce (see page 22 of the	instructions)?	5b	
	Organizations relying on a current notice regarding disa	ster assistance check h	nere	▶ 🔲		
С	If the answer is "Yes" to question 5a(4), does the found	dation claim exemption	from the tax			
	because it maintained expenditure responsibility for the	grant?	. . <i></i>	Yes X N	o	
	If "Yes," attach the statement required by Regulations se					
6a	Did the foundation, during the year, receive any funds,		nav premiums		1 1	ļ
-	on a personal benefit contract?	-		Yes X N	.	
h	Did the foundation, during the year, pay premiums, dire			• —	6ь	l x
	If "Yes" to 6b, file Form 8870	ectly of indirectly, off a	personal benefit contra	·········		
7-	At any time during the tax year, was the foundation a p	arty to a probabilised toy	ahaltas transaction?	Yes X N	_	- 1
			-	. — —		X
	If yes, did the foundation receive any proceeds or have tyll Information About Officers, Director					Λ.
Pa	Information About Officers, Director and Contractors	s, Trustees, Four	uation managers,	migniy Faid Emp	oyees,	
1	List all officers, directors, trustees, foundation r	nanagers and their	compensation (see	page 22 of the insti	uctions).	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allow	
		hours per week devoted to position	-0-)	and deferred compensation	other anov	rances
		<u>-</u>	_	_		_
<u>AT</u>	TACHMENT 8		0.	0.		0
		•	- -			
		•				
	Compensation of five highest-paid employees (o	ther than those inc	luded on line 1 - se	e page 23 of the ins	tructions).	· <u>-</u>
		(b) Title, and average		(d) Contributions to		
(a		i (b) litte and average i		employee benefit	(e) Expense	
) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	nlans and deferred	l other allow	
) Name and address of each employee paid more than \$50,000		(c) Compensation	plans and deferred compensation	other allow	rances
		hours per week	(c) Compensation		other allow	vances
	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	ances
		hours per week	(c) Compensation		other allow	ances
		hours per week	(c) Compensation		other allow	ances
		hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	rances
		hours per week	(c) Compensation		other allow	rances

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid Emplo	
3 Five highest-paid independent contractors for professiona	al services (see page 23 of the instructions). If none	enter "NONE."
(a) Name and address of each person paid more than \$5	50,000 (b) Type of service	(c) Compensation
NONE		
- Marie		
Total number of others receiving over \$50,000 for professional	al services	▶ NONE
Part IX-A Summary of Direct Charitable Activities		
		
List the foundation's four largest direct charitable activities during the tax year of organizations and other beneficiaries served, conferences convened, researce		Expenses
	cn papers produced, etc	
1 N/A		
2		
3		
4		
Deat IV D. Common of Brown Boletad Investments	(
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation		Amount
1 NONE		7 incuri
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
Total Add lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	197,779.
b	Average of monthly cash balances	1b	25,656.
C		1c	0.
d		1d	223,435.
е			
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	223,435.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	3,352.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	220,083.
6	Minimum investment return. Enter 5% of line 5	6	11,004.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	
	foundations and certain foreign organizations check here and do not complete this p	eart)	
1	Minimum investment return from Part X, line 6	1	11,004.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	41.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	10,963.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	10,963.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1_ · · · · · · · · · · · · · · · · · ·	7	10,963.
Da	art XII Qualifying Distributions (see page 25 of the instructions)		
Г 6	dualitying distributions (see page 23 of the histractions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	54,659.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the:	, i.e. 1	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	54,659.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	41.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	54,618.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will qualifies for the section 4940(e) reduction of tax in those years	hether the foundation	on

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Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ons)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				10,963.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				1
h	Total for pnor years 20 07 ,20 06 ,20 05	·			
3	Excess distributions carryover, if any, to 2009.				
-	From 2004				
a 6					
D	From 2005				
ت د	710111 2000				
a -	45 170				
e		55,021.	1		
. 1	Total of lines 3a through e	33,021.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 54,659.				
а	Applied to 2008, but not more than line 2a				,
b	Applied to undistributed income of prior years (Election			•	,
	required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election	E 4 . C E O	,		
	required - see page 26 of the instructions)	54,659.		_	
	Applied to 2009 distributable amount				,
e	Remaining amount distributed out of corpus	0.			, , ,
5	Excess distributions carryover applied to 2009	10,963.	The second of the second		10,963.
	(If an amount appears in column (d), the same amount must be shown in column (a))				, man, , , , , , , , , , , , , , , , , , ,
6	Enter the net total of each column as				
	indicated below:		* 37,	- 1.	1
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	98,717.	3	The same of the	11 81 -
þ	Prior years' undistributed income. Subtract	, , , , , , , , , , , , , , , , , , ,			
	line 4b from line 2b				1 4 4
С	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				K. 4 (8)
	been previously assessed	Contains the Contains of the C			
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions			1 14 14 14 14 14 14 14 14 14 14 14 14 14	
е	Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount - see page				
	27 of the instructions		, , , , , ,		
f	Undistributed income for 2009 Subtract lines				
-	4d and 5 from line 1. This amount must be			•	1
	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				*
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			_	` .
_	instructions)		, , ,	·	<u></u>
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				'
	instructions)		- ,		<u> </u>
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	98,717.			:
	Analysis of line 9.	n			, ,
а	Excess from 2005		_	,	
b	Excess from 2006	٠		-	•
С	Excess from 2007	yes,		-	
ď	Excess from 2008 44,058.				
e	Excess from 2009 54,659.				

1 a					art VII-A, question 9)	
				at it is a private oper		
	foundation, and the ruling					(0)
b	Check box to indicate wh	ether the foundation is	a private operating found	dation described in section	1 4942()	(3) or 4942(j)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	year listed					
b	85% of line 2a				<u> </u>	
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .			<u> </u>		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
;	Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
h	4942(j)(3)(B)(i)					· · · · · · · · · · · · · · · · · · ·
5	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization				 	
	(4) Gross investment income	Information /C	lamplete this part	anhe if the found	ation had \$5,000	or more in acc
- a	rt XV Supplementa	iry information (C luring the year - se	e page 28 of the in	structions.)	ation had \$5,000	of more in ass
				e than 2% of the tota	al contributions receive	ad by the foundati
	Information Regarding	the foundation who i	lave contributed into	- co then \$5 000\ (S	continuitoris receiv	
	List any managers of	the foundation who l tax vear (but only if t	hev have contributed i	more than 35.0001 (3	ee secion oon anzii	,
	List any managers of before the close of any	tax year (but only if t	hey have contributed i	more than \$5,000) (3	see section 507(d)(2))	
a	List any managers of before the close of any WENDY NELSO	tax year (but only if the DN				
a	List any managers of before the close of any WENDY NELSO List any managers of	tax year (but only if to ON the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	
	List any managers of before the close of any WENDY NELSO	tax year (but only if to the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	
a	List any managers of before the close of any WENDY NELSO List any managers of ownership of a partner	tax year (but only if to the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	
a b	List any managers of before the close of any WENDY NELSO List any managers of ownership of a partner N/A	tax year (but only if the foundation who ship or other entity) o	own 10% or more o f which the foundation	f the stock of a corp n has a 10% or greate	oration (or an equally	
a b	List any managers of before the close of any WENDY NELSO List any managers of ownership of a partner	tax year (but only if the foundation who ship or other entity) o	own 10% or more o f which the foundation	f the stock of a corp n has a 10% or greate	oration (or an equally	
a b	List any managers of the before the close of any WENDY NELSO List any managers of ownership of a partner N/A Information Regarding Check here	tax year (but only if the foundation who ship or other entity) or generation, Granthe foundation only	own 10% or more of which the foundation t, Gift, Loan, Scholarsi makes contributions	f the stock of a corp n has a 10% or greater hip, etc., Programs: to preselected char	oration (or an equally rinterest	large portion of t
a b	List any managers of the before the close of any WENDY NELSO List any managers of ownership of a partner N/A Information Regarding Check here Information Regarding the unsolicited requests for the before the before the control of	tax year (but only if the foundation who ship or other entity) or generation, Granthe foundation only or funds. If the foundation funds is the foundation only or funds.	own 10% or more of which the foundation t, Gift, Loan, Scholars makes contributions dation makes gifts, g	f the stock of a corp n has a 10% or greater hip, etc., Programs: to preselected chara- grants, etc (see page	oration (or an equally rinterest	large portion of t
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a b	List any managers of before the close of any WENDY NELSO List any managers of ownership of a partner N/A Information Regarding Check here Information requests for organizations under other than the name, address, and ATTACHME The form in which applies	tax year (but only if the foundation who ship or other entity) or the foundation, Granthe foundation only or funds if the foundations, complement conditions, complement of the foundation of the foundation of the foundations, complement of the foundations of the foundations are foundations, complement of the foundations are foundations.	own 10% or more of which the foundation t, Gift, Loan, Scholars makes contributions addion makes gifts, gete items 2a, b, c, and of the person to whore	f the stock of a corp n has a 10% or greater hip, etc., Programs: to preselected charg grants, etc (see page 1 d	oration (or an equally rinterest stable organizations are 28 of the instructions are addressed	large portion of t
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a b	List any managers of before the close of any WENDY NELSO List any managers of ownership of a partner N/A Information Regarding Check here In the unsolicited requests for organizations under other than the form in which apply STATEMENT Any submission deadling STATEMENT Any restrictions or limit factors STATEMENT ANA STATEMENT AND STATE	tax year (but only if the foundation who ship or other entity) or general contribution, Granthe foundation only or funds if the foundations, complement conditions, complement conditions, complement for 9 incations should be sufficient of the foundation of the foundation of the foundations of the foundations of the foundations of the foundations of the foundation of the	own 10% or more of which the foundation the foundation the foundation the foundation makes contributions id ation makes gifts, geteinems 2a, b, c, and of the person to whom the person to whom the foundation that is a second to the foundation that is a second that is a second to the foundation that is a second to th	f the stock of a corp has a 10% or greater hip, etc., Programs: to preselected charge grants, etc (see page d d m applications should b on and materials they	oration (or an equally rinterest stable organizations are 28 of the instruction should include.	large portion of the state of t

Part XV Supplementary Information (c 3 Grants and Contributions Paid Dur	ontinued)	roved for l	Future Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Talo during the year				
ATTACHMENT 10				
			1	
		Ì	İ	
Total				54,634
b Approved for future payment				
			•	
		j i		
Total	<u> </u>	<u></u>	b 2h	
(Vtal			- 3 D	1

er gross a	amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
_	[-	
		<u> </u>		-		
		<u> </u>				
e f				 		
	and contracts from government agencies		_			
Members	hip dues and assessments					
	savings and temporary cash investments					
Dividends	s and interest from securities			14	4,624.	
	Il income or (loss) from real estate:					
	financed property					
	lebt-financed property		<u> </u>			
	income or (loss) from personal property					
	estment income					
	ess) from sales of assets other than inventory			18	-1,258.	
•	· · · · · · · · · · · · · · · · · · ·		-		·	•
	ne or (loss) from special events					
-	ofit or (loss) from sales of inventory			+	,	
	enue a					
b					_	
	 }					
					1	
, —						
d e				7 17 ~4	2 266	
d e Subtotal	Add columns (b), (d), and (e)				3,366.	2 266
d e Subtotal Total. Add	Add columns (b), (d), and (e)					2 2 6 6
e Subtotal Total. Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 ti	o verify calcu	ulations)		13	2 2 6 6
e Subtotal Total. Add	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses	3,366
e Subtotal Total. Add	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d e Subtotal Total. Add e workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,360
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	ulations) complishment of E	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,360
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,360
d Subtotal Total. Adde workshe	Add columns (b), (d), and (e)	o verify calcu to the Ac	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,366
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)3) organizations or in section 527, relating to political organizations of 101 Cash	Form	990-PF ((2009)					20 40300	<u> </u>			age 13
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section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship 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 or fiduciary) is based on all information of which prepare has any knowledge Signature of officer or trustee Date Title Preparer's identifying number (See Signature on page 30 of the instructions) P00292276 Firm's name (or yours if CARLSON HOLDINGS) (INC.		Ì				<u> </u>		-				
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section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship 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 or fiduciary) is based on all information of which prepare has any knowledge Signature of officer or trustee Date Title Preparer's identifying number (See Signature on page 30 of the instructions) P00292276 Firm's name (or yours if CARLSON HOLDINGS) (INC.								·				
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 frue correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Date Preparer's identifying number (See Signature on pour signature of signature of processing the instructions)	2a	Is the	foundation directly or	ındırectly affili	ated with, or re	lated to, one o	r more tax-	exempt organi	zations described in			_
(a) Name of organization (b) Type of organization (c) Description of relationship 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 or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Date Preparer's identifying number (See Signature on page 30 of the instructions) P00292276 Firm's name (or yours if CARLSON HOLDINGS) INC. EIN 41-0280030		section	n 501(c) of the Code (of	her than section	501(c)(3)) or in s	section 527?				Y	es	X No
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 or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee	<u>b</u>	If "Yes	," complete the following	ig schedule								
belief, it is if us correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee			(a) Name of organization	on	(b) Ty	pe of organization			(c) Description of relation	nship		
belief, it is if us correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee											_	
belief, it is if us correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee												
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belief, it is if us correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee											_	
belief, it is if us correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee		_			<u> </u>			 				
Signature of officer or trustee Signature of officer or trustee Date Title		Under p	penalties of perjury, I dec t is true correct and con	lare that I have ex plete. Declaration	xamined this return of preparer (other	n, including accon than taxpayer or	npanying sche fiduciary) is b	edules and state: pased on all infor	ments, and to the best mation of which prepa	ofmyk rerhasa	nowled ny kno	ige and wiedge
Date Check if self-employed Preparer's identifying number (See Signature on page 30 of the instructions)		•	(/()()	50 K) 00	Acros		/ı	1/10 .	Carrit	~ 1	,	
Date Check if self-employed Preparer's identifying number (See Signature on page 30 of the instructions)	_	—	J. Welle	iec 1/es	540,0		70/1	1/10	<u>sean</u>	ary	_	
Firm's name (or yours if CARLSON HOLDINGS V(INC.	ere	₹ Sig	nature of officer or trustee				-			(A)		
Firm's name (or yours if CARLSON HOLDINGS V(INC.	エ			/		Date	,		number (See Sign	ature o	n
Firm's name (or yours if self-employed) address Self-employed) address Self-employed Addre	Sign	arer's Only		M Heen	janv	10 3	//1//0) self-employ	ed ► page 30 d P0029	f the insti 2276	ructions	•)
		Prep Use			ON HOLDING	· · ·	TE 275		EIN ▶ 41-028	0030	-	

Phone no 952 404-5600

55305

and ZIP code

MINNETONKA,

MN

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

W.M.N. FOUNDATION		Employer identification number
W.M.N. FOUNDATION		20-4850609
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
instructions.		
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II	or more (in money or
Special Rules		
sections 509(a)(1) ar	3) organization filing Form 990 or 990-EZ that met the 331/3% support tend 170(b)(1)(A)(vi), and received from any one contributor, during the yea % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	r, a contribution of the greater
the year, aggregate of	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitab , or the prevention of cruelty to children or animals. Complete Parts I, II, an	le, scientıfic, literary, or
the year, contribution aggregate to more the year for an exclusively applies to this organization.	7), (8), or (10) organization filing Form 990 or 990-EZ that received from s for use <i>exclusively</i> for religious, charitable, etc., purposes, but these cortan \$1,000. If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose. Do not complete any of the parts unlegation because it received nonexclusively religious, charitable, etc., contributions that we religious is charitable, etc., contributions that we r	ntributions did not ere received during the ss the General Rule butions of \$5,000 or more
	anot covered by the General Rule and/or the Special Rules does not file S answer "No" on Part IV, line 2 of its Form 990, or check the box on line H	
* * * * * * * * * * * * * * * * * * * *	to certify that it does not meet the filing requirements of Schedule B (For	
For Privacy Act and Paperwork Reduction Form 990, 990-EZ, or 990-PF.	tion Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

W.M.N. FOUNDATION

Employer identification number 20-4850609

' (a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	ARLEEN M CARLSON LIVING TRUST		Person X
	301 CARLSON PARKWAY, SUITE 275	\$59,145.	Payroll Noncash
	MINNETONKA, MN 55305		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WENDY NELSON		Person
	301 CARLSON PARKWAY, SUITE 275	\$12,000.	Payroll Noncash
	MINNETONKA, MN 55305		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

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

W.M.N. FOUNDATION

NET INVESTMENT INCOME	4,624.	4,624.
REVENUE AND EXPENSES PER BOOKS	4,624.	4,624.
		TOTAL
DESCRIPTION	CITIBANK	

ATTACHMENT 1

- OTHER PROFESSIONAL FEES PART I FORM 990PE,

NET INVESTMENT INCOME	500.	200.
REVENUE AND EXPENSES PER BOOKS	500.	200
		TOTALS
DESCRIPTION	CITIBANK FEES	

ATTACHMENT 2

- TAXES FORM 990PF, PART I

W.M.N. FOUNDATION

AND EXPENSES PER BOOKS REVENUE

NET INVESTMENT INCOME

FEDERAL EXCISE TAX FOREIGN TAX

DESCRIPTION

270.

38.

TOTALS

308.

38.

- OTHER EXPENSES

FORM 990PF, PART I

W.M.N. FOUNDATION

DESCRIPTION
MN ATTORNEY GENERAL FEE

EXPENSES PER BOOKS REVENUE AND

25. CHARITABLE PURPOSES

25.

PAGE 20

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TOTALS

ATTACHMENT 4

PAGE 21

5

ATTACHMENT

- CORPORATE STOCK PART II FORM 990PF,

W.M.N. FOUNDATION

DESCRIPTION

MEDTRONIC

ISHARES S&P 1500 INDEX ISHARES MSCI EAFE INDEX

BOOK VALUE ENDING

ENDING FMV

151,379. 63,477. 17,137.

151, 379. 63, 477. 17, 137.

231,993.

231,993.

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

DESCRIPTION AMOUNT

ACCRUED MONEY MARKET
UNREALIZED GAIN ON PORTFOLIO ASSETS

17.
60,593.

TOTAL 60,610.

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

DATE

DIRECT PUBLIC

SUPPORT

ARLEEN M CARLSON LIVING TRUST 301 CARLSON PARKWAY, SUITE 275 MINNETONKA, MN 55305

59,145.

10/20/2009

TOTAL CONTRIBUTION AMOUNTS

59,145.

7

ATTACHMENT

EXPENSE ACCT AND OTHER ALLOWANCES ω

ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	0
	COMPENSATION	.0	.0	.0	0.
IST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE, TREASURER 1.00	TRUSTEE, PRESIDENT 1.00	TRUSTEE, SECRETARY 1.00	GRAND TOTALS
FORM 990PF, PART VIII - L	NAME AND ADDRESS	DIANA NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356	WENDY M. NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356	C. DAVID NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356	

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FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

C. DAVID NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356 952 404-5636

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

20-4850609

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PAGE 26 ATTACHMENT 10

:

ATTACHMENT 10

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

STATEMENT ATTACHED

PUBLIC NONE

54,634

TOTAL CONTRIBUTIONS PAID

54,634

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust Employer identification number W.M.N. FOUNDATION 20-4850609 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold the entire year Subtract (e) from (d) (see page 4 of the instructions) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) 1a Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) (d) Sales price the entire year (Example: 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b -1,258.6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -1,258. column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

ich	edu	le D	(Form	1041)	2009

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Pane	-

_	tule D (Form 1041) 2009	_	<u> </u>		Page 2
Par	t-III Summary of Parts I and II Caution: Read the instructions before completing this	nort	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	<u>` </u>	(see page 3)	Of trust's	
14	Net long-term gain or (loss):	13			
	Total for year	14a			-1,258.
h	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14a			1,230.
	28% rate gain			 	
15	Total net gain or (loss). Combine lines 13 and 14a	15			-1,258.
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo		T Part I line (a) If lin	nes 1/2 and 15 colur	
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	Part IV a	and the Capital Loss Ca	arryover Worksheet, a	as necessary.
Par	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I li	ne 4c if a trust) the s	maller of	
	The loss on line 15, column (3) or b \$3,000	u ,	ne 40, ii a trasty, trie s	16	1,258;
Note	The loss on line 15, column (3) or b \$3,000: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pagover Worksheet on page 7 of the instructions to figure your capital loss carryove	e 1, lin	e 22 (or Form 990-T,	line 34), is a loss, co	mplete the Capital Loss
Сапу	over Worksheet on page 7 of the instructions to figure your capital loss carryove	r	<u> </u>		
Par					
Form	1041 filers. Complete this part only if both lines 14a and 15 in colu	ımn (2) are gains, or an a	mount is entered i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is moi ion: Skip this part and complete the worksheet on page 8 of the instruc				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	cuons	H		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	990-T trusts. Complete this part only if both lines 14a and 15 ar	e gain	s, or qualified divid	lends are included	in income in Part I
of Fo	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete the work	sheet on page 8	of the instructions if
eithe	r line 14b, col. (2) or line 14c, col. (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			, '	
	but not less than zero			,	
	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified		1.7		
	dividends included in income in Part I of Form 990-T) 19		r	g 1, 125	
	Add lines 18 and 19			,	
	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0- ▶ 21			[\]	
22	Subtract line 21 from line 20 If zero or less, enter -0			.	
	Subtract line 22 from line 17 If zero or less, enter -0-		23	- ,	
				7-	
24	Enter the smaller of the amount on line 17 or \$2,300		24	-7· · · · · · · · · · · · · · · · · · ·	
	Is the amount on line 23 equal to or more than the amount on line 24		-	- \	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26	ŧ. ``	
	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	e 22	27	'	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	* 5	
				7	
29	Subtract line 28 from line 27		. 29		
30	Multiply line 29 by 15% (15)			30	
	Figure the tax on the amount on line 23 Use the 2009 Tax Rate				
	(see the Schedule Ginstructions in the instructions for Form 1041)				
	Add lines 30 and 31			32	
	Figure the tax on the amount on line 17. Use the 2009 Tax Rate	Sche	dule for Estates ar	nd Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041) $_{\cdot\cdot}$				
	Tax on all taxable income. Enter the smaller of line 32 or line 33 h		•	1 1	
	G, line 1a (or Form 990-T, line 36)			34	
	•				ule D (Form 1041) 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number W.M.N. FOUNDATION 20-4850609 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (see page 4 of the instructions) acquired (mo day yr) (mo , day, yr) 6a 160 SHARES MEDTRONIC 04/12/1993 05/22/2009 5,023. 581 4,442. 230 SHARES ISHARES S&P 1500 INDEX 07/05/2007 08/03/2009 9,943. 15,643. -5,700.6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b -1,258.

W.M.N. Foundation Contributions Paid Calendar Year 2008

Organization	Address	Relationship S	Status	Purpose	Amount
	Mail Route 16509, 800 E. 28th Street, Minneapolis, MN		1		
Abbott Northwestern Hospital	55407-3799	None Pu	Public	Penny George Institute	1,000
Blake School	110 Blake Road South, Hopkins, MN 55343	None PL	Public	Annual Fund	1,500
Center for the Arts	PO Box 860, Jackson, WY 83001	None Pu	Public	General Operating Support	300
Children's Theatre Company	2400 Third Avenue South, Minneapolis, Mn 55404	None Pu	Public	Annual Fund	200
Guthrie Theater - Annual	818 South 2nd Street, Minneapolis, MN 55415	None Pu	Public	Annual Fund	10,000
Guthrie Theater	818 South 2nd Street, Minneapolis, Mn 55415	None Pu	Public	Romeo & Juliet	834
Guthrie Theater	818 South 2nd Street, Minneapolis, Mn 55415	None Pu	Public	Faith Healer	10,000
Guthrie Theater	818 South 2nd Street, Minneapolis, MN 55415	None Pu	Public	Fund-A-Need	1,000
Inner City Tennis	4005 Nicollet Ave S., Mınneapolis, MN 55409	None Pu	Public	Annual Fund	2,000
Northwestern University	2020 Ridge Avenue, Evanston, IL 60208-4305	None Pu	Public	Kellogg School of Mgmt - 10th Reunion	2,500
Lake Country School	3755 Pleasant Avenue South, Minneapolis, MN 55409	None Pu	Public	Annual Fund	2,000
Lake Country School	3755 Pleasant Avenue South, Minneapolis, MN 55409	None Pu	Public	Makovetsky Music Fund	200
Milkweed Editions	1011 Washington Ave S. #300, Minneapolis, MN 55415	None Pu	Public	Editors Circle	1,000
Minnesota SNAP	10000 St. Hwy 55, Suite 300, Minneapolis, MN 55441	None Pu	Public	General Operating Support	6,000
Northwestern University	2020 Ridge Avenue, Evanston, IL 60208-4305	None Pu	Public	Bienen School	2,500
Northwestern University	2020 Ridge Avenue, Evanston, IL 60208-4305	None Pu	Public	Annual Fund	10,000
Walker Art Center	1750 Hennepin Avenue, Minneapolis, Mn 55403	None Pu	Public	Annual Fund	1,000
Women's Foundation of MN	155 5th Avenue South, Suite 500, Minneapolis, MN 55401	None Pu	Public	General Operating Support	200
Women's Sports Foundation	Eisenhower Park, 1899 Hempstead Turnpike, Suite 400, East Meadow, NY 11554	None Pt	Public	General Operating Support	1,000
YWCA of Minneapolis (Circle of Women)	YWCA of Minneapolis (Circle of Women) 1130 Nicollet Mall, Minneapolis, Mn 55403	None Pu	Public	Circle of Women	200
•					

54,634.00

Total

W.M.N. Foundation 20-4850609 U.S. Return of Private Foundation Calendar Year 2009

Part XV, line 2a

C. David Nelson W.M.N. Foundation 550 Tonkawa Road Long Lake, MN 55356 (952) 404-5636

Part XV, line 2b

Applications should include the following:

- History and general purpose of the organization
- 3 year budget history and 3 year projected budget (including current year budget)
- A copy of the IRS tax exempt ruling
- A copy of the organization's most recent Form 990 Return of Organization Exempt from Income Tax
- List of Board of Directors and affiliations (member agencies or departments of larger organizations must have written approval of the application to the Foundation from the responsible executive officer of the parent organization before submitting the proposal to the Foundation)
- Purpose of request, including history of the organization's involvement in concept, needs assessment, proposed achievements and benefits
- Amount of request, including length of time funds are being sought, where else funds are being sought, and pledges received to date
- Project or program budget
- Evidence of cooperation with other similar agencies
- Evidence of evaluation system for the project or program
- Description of how project or program will be funded on an ongoing basis

Part XV, line 2c

Applications should be submitted no later than March 1 for June grants and September 1 for December grants.

Part XV, line 2d

No restrictions or limitations on awards at this time.

The W.M.N Foundation

550 Tonkawa Road

Long Lake, MN 55356

20-4850609

Tax Year Ending December 31, 2009

Election to treat qualified distributions as corpus distributions

Pursuant to Regulation Section 53.4942(A)-3(d)(2), the above-referenced Foundation hereby elects to apply all of the 2009 qualified distributions to corpus distributions.

C. Aurid Melson 5/11/10
(Signature) (Name) (Date)

Trustee
(Title)

W.M.N. FOUNDATION

FORM 990-PF - PART IV

Kind of Property		INS AND LOSSES FOR TAX ON INVEST				or	Date	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	D	acquired Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adį basis	+	(loss)	
			MEDTRONIC			D	04/12/1993	05/22/2009
E 003		PROPERTY TYPE: SECURITIES 581.					4,442.	
5,023.		301.					4,442.	
		230 SHARES ISHARES S&P 1500 INDEX				Р	07/05/2007	08/03/200
0.042		PROPERTY TYPE: SECURITIES 15,643.					-5,700.	
9,943.		15,645.					-3,700.	
OTAL GAIN(LO	oss)						-1,258.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , ,		,					
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