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## SCANNED MAY 27 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

F	For calendar year 2009, or tax year beginnin						g , 2009, and ending , 20										
C	Ch	eck all t	hat apply		Initial retu	rn	L	Initial	return	of a former	oublic ch	arity			Final re	eturn	
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	р	rint			•												
	or type. 550 TONKAWA ROAD													(9	52) 404	-5636	
		pecific	City or town,	stat	te, and ZIP co	de					·		C If ex	cemption applic	ation is	<b></b>	
	Instructions.													ding, check hei		<b>&gt;</b>	$\exists$
			LONG LAK	E,	MN 5535	56									ations, check he ations meeting t		
Н	Che	ack type	of organizat	_			(c)(3) ex	emnt n	rivate	foundation			8	5% test, check	here and attach	n _[	
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1			t value of all a				ounting m				crual				on status was te		
•			m Part II, col.			1	Other (spe			,asii Acc	Juai			'-	(b)(1)(A), check		
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	1		ions, gifts, grants, e	unda	ation is not requ	uired to	2 * * * . *	17-				<del>  : ·.</del>	3 1 1		1	- , ,	
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	3		on savings and t		-				562	-	562	-			7 11 (7)	T 0	<u></u>
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	b		al income or (loss				- 1 3/2 3		, 351.	FOR LAND	<u> </u>			<u>,                                    </u>	1 1 1	,	
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/en		assets o	n lihe 6a —		-	<u> </u>	2.7."		<u> </u>		7,351	7-5					<del> ′.</del>
Revenue	7	•	gain net incon	•		•	52 Y	- /-,	To the second	*** 3 ***	1,331.	\$1 ·			5	• • • • • •	72
	8		ort-term capital	_	n		7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	3 5 3 5 6 7 6 7 7 1 4 1 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	1			1 2 2 2 3		
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		and allow	wances · · ·	•  -			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*** **********************************	Page to the page	4. C ( ~8)		nomes a		10 H - 4	•	<del></del>
			st of goods sold					<u> i</u>	<del>?`</del>	1. 4. 4. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	5 4 Th. 1	2 ( 5)	1,12	· · · · · · · · · · · · · · · · · · ·	1		
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	11		ncome (attach					626	,738.	30	7,913.				131 1 30	<del>-,`</del>	<del></del> .
_	12		dd lines 1 thro				 	020	, , , , 0 .		1,913.	-			1	<del></del> -	
	13	Compen	sation of officers	dire	ectors, trustees,	etc	ļ								<del> </del>		
စ္	14	Otherje	mployee salan	es a	ind wages	-j) · · ·									<del> </del>		
nse	15	Pension	n plans, employ	ree l	benefits	:∥					<del></del>	<u> </u>			<del> </del>		
g	16a	Legal	ges (attach sche	edui M	(e) /(g)	'∄									<del></del>		
ŋ	b		ing fees (atlac						500.		500.				<u> </u>		
ΪŸ	С		rofessional fee						300.								—
tra	17	Interest	OGDE ttach schedule) (s	<b>M</b> -					652						<u> </u>		
is.	18							1,	,652.								
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Ad	20	Occupa	ncy														
Þ	21		conferences, a							<u> </u>					ļ		
Operating and Administrative Expenses	22	Printing	and publication	ns											<u> </u>		
ing	23	Other e	xpenses (attacl	n sc	hedule) ATC	н 5.			25.						<b> </b>		25.
rat	24		perating and a														
be		Add line	s 13 through 2	23					177		500.						25.
J	25	Contribu	utions, gifts, gr	ants	spaid				200.							114,2	
	26	Total expe	nses and disburse	ment	s. Add lines 24	and 25		116,	377		500.					114,2	<u>25</u> .
	27	Subtrac	t line 26 from l	ine	12.					_							
	а	Excess of	revenue over expe	nses	and disburseme	nts		510,	361								
	b	Net inve	estment incom	e (if	f negative, ent	ter -0-)				30.	7,413.						
c Adjusted net income (if negative, enter -0-).												-0-			_		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \* ATCH 3 JSA \*\* 9E1410 1 000 048 700 F990 5/7/2010 4:57:08 PM V 09-6.1 ATCH 4

Part	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	d of year		
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bear	ing					
2	Savings and temporary	cash investments	9,886.	315,353	. 315,353		
3	Accounts receivable						
	Less allowance for dou	btful accounts ▶			<u> </u>		
4	Pledges receivable >_						
	Less allowance for dou	btful accounts ▶					
5							
6		fficers, directors, trustees, and other					
į		ich schedule) (see page 16 of the instructions)					
7		receivable (attach schedule)					
•		btful accounts					
m 8							
ssets 6 8	Dramaid automass and d	e			<u>,</u> _		
88 40		eferred charges					
≪  10 a		e government obligations (attach schedule)	89,883.	0.	0		
_ I		stock (attach schedule)	<del></del>		. 0		
11 6	Investments - corporate Investments - land, buildings	bonds (attach schedule)		<del></del>			
				, •			
ı	(attach schedule)	ition					
12	investments - mortgage	ioans					
13 14	Investments - other (atta Land, buildings, and	ich schedule)		,			
14		· •			7 ·		
	Less accumulated deprecia (attach schedule)	tion					
15	Other assets (describe	<b>&gt;</b> )					
16		pleted by all filers - see the					
1	instructions Also, see pa	age 1, item l)	99,769.	315,353.	315,353		
17	Accounts payable and a	ccrued expenses			· 10 10 10 10 10 10 10 10 10 10 10 10 10		
18							
ខ្លាំ 19	Deferred revenue						
Liabilities 20 21		rs, trustees, and other disqualified persons					
 문 21		tes payable (attach schedule)					
تا 22		· <b>&gt;</b> )	·				
		· ·/					
23	Total liabilities (add line	s 17 through 22)					
+		ow SFAS 117, check here ► X		- 4.4			
Ø	una complete mes a	through 20 and mics 00 and 01.	99,769.	315,353.			
24	Unrestricted		35,703.	313,333.			
25	Temporarily restricted .						
mi 26	Permanently restricted .						
<u> </u>	Foundations that do	not follow SFAS 117,					
Ľ	check here and comp	not follow SFAS 117, plete lines 27 through 31.  pland, or current funds land, bldg, and equipment fund lated income, endowment, or other funds balances (see page 17 of the					
5 27	Capital stock, trust princ	ipal, or current funds					
28	Paid-in or capital surplus, or	land, bldg , and equipment fund					
8 29	Retained earnings, accumu	lated income, endowment, or other funds					
30	Total net assets or fund	balances (see page 17 of the					
ž	instructions)		99,769.	315,353.			
31	Total liabilities and net	assets/fund balances (see page 17			•		
	of the instructions)	<u></u>	99,769.	315,353.	`		
Part II		nges in Net Assets or Fund B	Balances				
Total	net assets or fund ba	lances at beginning of year - Part II,	column (a), line 30 (must	agree with			
		on prior year's return)			99,769.		
2 Ente	r amount from Part I. I	ne 27a		2	510,361.		
Othe	r increases not include	ne 27a ed in line 2 (itemize) ▶ATTACHI	MENT 6	3	28.		
					610,158.		
Decr	eases not included in I		MENT 7		294,805.		
		lances at end of year (line 4 minus lin			315,353.		
, i otal	not assets of fully bal	anoco at one or year time 4 milius in	ic oj - r art ii, columni (b),	mic 30   6	515,555.		

(a) Last and describe the kinets) of property sole (g.), real stallete, 2-buty whetherwase, or commons stock, 200 shs MLC Co.)  1 SEE PART IV SCHEDULE  c d  d e  (e) Gross sales price  (f) Depreciation allowed (g.) Cost or other basis plus expense of sale  (e) Gross sales price  (f) Depreciation allowed (g.) Cost or other basis plus expense of sale  c d  d  c d  d  Complete only for assets showing gain in column (f) and owned by the foundation on 12/31/69  (g.) FM V. as of 12		Part IV Capital Gains	s and Losses for Tax on Inv	vestment income			
1a SEE PART TV SCHEDULE  b c d d (e) Gross sales price (f) Depreciation allowed (gracillowable)  (g) Cost or other basis plus expense of sale (h) Gain or (Osas) (h) Fill or (h) or						acquired	
(c) Gross sales price (f) Depreciation allowed (crit allowable) (crit allo	-	CDD DADW THE CONT		) shs MLC Co)	D-Donation	(mo, day, yr)	(filo, day, yr)
e (e) Gross sales price (f) Depreciation allowed (or allowable) (pus cycles or other basis plus expense of sale (e) plus (f) minus (g) as a control of the plus (f) minus (g) plus (g) plus (g) plus (g) plus (g) plus (g) minus (g) plus (g) plus (g) minus (g) plus (g) minus (g) plus (g) plus (g) minus (g) (g) plus (g) plus (g) (g) (g) plus (g) plus (g) (g) (g) plus (g) (g) (g) plus (g) (g) (g) plus (g)	_	<del> </del>	TOOPE	<del></del>	<del> </del>	<del>-</del>	
e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis (e) plus (f) minis (g) (f) (f) plus (f) (f) (f) plus (f)							
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expanse of sale (e) plus (f) minus (g)  a	_				1	<del> </del>	
(or allowable) plus expense of sale (e) plus (f) minus (g)  a	_						
Complete only for assets showing gain in column (ft) and owned by the foundation on 12/31/69  (i) FM V. as of 12/31/69  (ii) Adjusted basis as of 12/31/69  (iii) Adjusted basis over col (iii) cover col (iiii) cover col (iiii) cover col (iiiii) cover col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	_	(e) Gross sales price					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FM V. as of 12/31/69  (ii) FM V. as of 12/31/69  (iii) Adjusted base so of 12/31/69  (iv) Excess of col (i) over col (ii), if any column (iv) and owned by the foundation on 12/31/69  (iv) Excess of col (iv) cover col (iii), if any column (iv) as of 12/31/69  (iv) Excess of col (iv) cover col (iii), if any column (iv) as of 12/31/69  (iv) Excess of col (iv) cover col (iii), if any column (iv) cover col (iii), if any column (iv) as of 12/31/69  (iv) Excess of col (iv) cover col (iv), if any column (iv) cover col (iii), if any column (iv) cover col (iii), if any column (iv) cover col (iv), but not less than 0 (iv), but not less top (iv), but not less than 0 (iv) and 0 (iv), but not less than 0 (iv) and 0 (iv), but not less than 0 (iv) and 0 (iv) and 0 (iv) and 0 (iv) an		a					
d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V. as of 12/31/69 (ii) FM V. as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess drot (i) over col (ii), flam)  Capital gain net income or (net capital loss)  If (gain, also enter in Part I, line 7 (loss), enter-0-in Part I, line 7 (loss), enter-0-in Part I, line 7 (loss), enter-0-in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (gain, also enter in Part I, line 7, also enter in Part I, line 7, and (gain)  If (gain, also enter in Part I, line 7, check the box in Part VI, line 1b, and complete that part using a 18 of 18 and 18 an	_	b					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Garis (Col (h) gain minus col (k). Excess of col (i) over col (i), if any col (k). But not less than -0 ) or Losses (from col (h))  a b c c c c c c c c c c c c c c c c c c			<del></del>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V. as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Excess of col. (i) over col. (i), if any  b  C  Capital gain net income or (net capital loss)  Net short-term capital gain or (loss) as defined in sections 1222/(5) and (6)? If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0 in Part I, line 8, line 8, column (c) (see pages 13 and 17 of the instructions) If (see page) If (see p					<del>                                     </del>		
(ii) F M V. as of 12/31/89  (ii) Adjusted basis as of 12/31/89  (iii) Excess of col. (i) col. (iii), but not less then 40-) or Losses (from col. (iv))  a  b  c  d  g  2 Capital gain net income or (net capital loss)  3 Net short-term capital gain or (loss) as defined in sections 12/2(5) and (6); if gain, also enter in Part I, line 7  3 Net short-term capital gain or (loss) as defined in sections 12/2(5) and (6); if gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If (loss), enter-0-in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)  If section 4940(d)(2) applies, leave this part blank  Was the foundation lable for the section 4940(e) for Reduced Tax on Net investment income.  (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank  Was the foundation does not qualify under section 4940(e) Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entires  (b)  Called a columnary and the section 4940 (a) (b)  Adjusted qualifying distributions  (col. (b) investigation assets  (col.	_		howing gain in column (h) and our	ned by the foundation on 12/21/60	<del> </del>	<del>_</del>	
a   Losses (from col. (h))   a   Losses (from col. (h))   b   Losses (from col. (h))   c   Losses (from col. (h)   c   Losses (from col	_`		•				
B C add a gain net income or (net capital loss)	_				001		
Capital gain net income or (net capital loss)	_				-		<del></del> -
2 Capital gain net income or (net capital loss)	_						
2 Capital gain net income or (net capital loss)				-			
3 Net short-term capital gain or (loss) as defined in sections 122(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0-in Part I, line 8.  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entres of the instructions before making any entres.  (a)  Base nod years Calendar year (for tax year beginning in)  Adjusted qualifying distributions  (b) Adjusted qualifying distributions  (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (col. (b) shedes by cod. (col. (col. (b) shedes by cod. (col. (col. (b) shedes by cod. (col. (col. (col. (b) shedes by cod. (col. (col. (col. (col. (col. (b) shedes by cod. (col. (						<del></del>	
3 Net short-term capital gain or (loss) as defined in sections 122(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter-0-in Part I, line 8.  Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entres of the instructions before making any entres.  (a)  Base nod years Calendar year (for tax year beginning in)  Adjusted qualifying distributions  (b) Adjusted qualifying distributions  (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (b) Distribution ratio (col. (col. (b) shedes by cod. (col. (col. (b) shedes by cod. (col. (col. (b) shedes by cod. (col. (col. (col. (b) shedes by cod. (col. (col. (col. (col. (col. (b) shedes by cod. (col. (	2	Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7	2		307,351.
If (loss), enter -0 - in Part I, line 8.   Ja	3	Net short-term capital gain					
Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entress (e) (c) (c) (maximum grain private p		If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions)			
Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)  If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entress (e) (c) (Distribution ratio (c) (b) divided by col (c))  2008		If (loss), enter -0- in Part I, I	ine 8	<u> </u>	_		
If section 4940(d)(2) applies, leave this part blank  Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes X No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part.  1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries  (a)  (b)  (a)  (c)  (b)  (col (b) divided by col (ci)  (col (b) divide							
1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries  (a)  Base pend years Calendar year (or tax year beginning in)  Adjusted qualifying distributions  Adjusted qualifying distributions  137,993. 90,995. 1.516490 2007 158,811. 110,957. 2006 83,485. 120,295. 0.694002 2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  Multiply line 4 by line 3  5 113,401.  Enter 1% of net investment income (1% of Part I, line 27b)  6 3,074.  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	W	as the foundation liable for	the section 4942 tax on the distrib		ase period	ا۲	Yes X No
Calendar year (or tax year beginning in)   Adjusted qualifying distributions   Net value of noncharitable-use assets   Distribution ratio (col (b) divided by col (co) (col (b) divided by col (col (col (b) divided by col (col (b) divided by col (col (col (col (b) divided by col (col (col (col (b) divided by col (col (col (col (col (b) divided by col (col (col (col (col (col (col (col	_				fore maki	ng any entries	
2008	_	(a) Base period years	(b)	(c)		(d) Distribution ra	
2006 83,485. 120,295. 0.694002 2005 2004  2 Total of line 1, column (d) 2 3.641776 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 1.213925 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 93,417. 5 Multiply line 4 by line 3 5 113,401. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 3,074. 7 Add lines 5 and 6 7 116,475. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the		2008	137,993.	90,995.	<u> </u>		
2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	_	2007					
2 Total of line 1, column (d) 2 3.641776 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 1.213925 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 93, 417. 5 Multiply line 4 by line 3 5 113, 401. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 3,074. 7 Add lines 5 and 6 7 116, 475. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	_		83,485.	120,295.		(	0.694002
Total of line 1, column (d)  Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  Multiply line 4 by line 3  Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	_						
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	_	2004					
number of years the foundation has been in existence if less than 5 years  3 1.213925  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  4 93, 417.  5 Multiply line 4 by line 3  5 113, 401.  6 Enter 1% of net investment income (1% of Part I, line 27b)  6 3,074.  7 Add lines 5 and 6  7 116, 475.  8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the		Total of line 1, column (d)	,, <u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	3	3.641776
5 Multiply line 4 by line 3 5 113, 401.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 3, 074.  7 Add lines 5 and 6 7 116, 475.  8 Enter qualifying distributions from Part XII, line 4 114, 225.  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	3				3		.213925
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 3,074.  7 Add lines 5 and 6 7 116,475.  8 Enter qualifying distributions from Part XII, line 4 8 114,225.  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	4	Enter the net value of none	charitable-use assets for 2009 from	m Part X, line 5	4		93,417.
7 Add lines 5 and 6	5	Multiply line 4 by line 3			5	1	13,401.
8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		3,074.
8 Enter qualifying distributions from Part XII, line 4  If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	7	Add lines 5 and 6			7	1	16,475.
Part VI instructions on page 18.	8	Enter qualifying distribution If line 8 is equal to or gre	ns from Part XII, line 4 ater than line 7, check the box in	n Part VI, line 1b, and complete th	8 lat part u	1 sing a 1% tax	14,225.

Pai	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		6,3	148.
	here ▶ and enter 1% of Part I, line 27b			
С	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		6,	L48.
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		6,	148.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,000.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
c	Tax paid with application for extension of time to file (Form 8868).			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			000.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			6.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		5,.	L54.
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	T	·	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			l v
	of the instructions for definition)?	1b	F _/	X L M
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		7 1.4
	published or distributed by the foundation in connection with the activities.	. j. č	A STORY	X
	Did the foundation file Form 1120-POL for this year?	1c	<del></del> -	<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation >\$(2) On foundation managers >\$	3 11 3	.1; ₹ :1; * ~	18
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	武藝	3	
	on foundation managers.   \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	If "Yes," attach a detailed description of the activities	7,5,2.5	V. C.	1, 44
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			100
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3	الي سلم. ا	x
4.0	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
4a b		4b		
5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	_	Х
3	if "Yes," attach the statement required by General Instruction T		1.5	== - (
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	\*-`	٠	
	conflict with the state law remain in the governing instrument?	6	X	
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	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	· · ·		•
	instructions) ► MN,	'	-`	:
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	;		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
_	names and addresses ATTACHMENT 8	10	Х	

Pai	rt 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The basis are as a Contract of Tonkawa, INC.	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		▶	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	Ī		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			İ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		٠	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1		[
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	-		İ
	the benefit or use of a disqualified person)?	- , .	_	-
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	l. `	٠.	
	the foundation agreed to make a grant to or to employ the official for a period after	5.		-
	termination of government service, if terminating within 90 days ) Yes X No	į.		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	× 5		```
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here		, ,;	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	2.1.	arin -	
	were not corrected before the first day of the tax year beginning in 2009?	1 c	1 5 -	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		7	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	, e	. 1	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	, ,	.,	1
	6e, Part XIII) for tax year(s) beginning before 2009?	2		- ,
	If "Yes," list the years		147 E2	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	-2.	· :	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		1.	, v
	to all years listed, answer "No" and attach statement - see page 20 of the instructions )	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	- 3		-,1 _ 1
	<b>&gt;</b>	375	î., î	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business		, .	
	enterprise at any time during the year?	,- 1		<u>,</u> ; ,
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	- ,		,,,,
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	·		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		1	-
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	. 1	-	-
	foundation had excess business holdings in 2009 )	3 b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		- 1	.,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	[4b]		_X_

Pa	rt VII-B Statements Regarding Activities for	or Which Form 4	1720 May Be Requ	uired_(continued)				
5 a	During the year did the foundation pay or incur any amou	ent to		<del>-</del>				
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	Yes X	No	1 1		
	(2) Influence the outcome of any specific public election	-				1		
	directly or indirectly, any voter registration drive?			Yes X	No	1 1		
	(3) Provide a grant to an individual for travel, study, or ot	har similar nurnosas?	• • • • • • • • • • •	Yes X	No	1		
					10			
	(4) Provide a grant to an organization other than a char	-		Yes X				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			. Yes X	No	l i		
	(5) Provide for any purpose other than religious, charita	-						
	purposes, or for the prevention of cruelty to children of	r anımals?		Yes X	No	1 1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	y under the exception	s described in				
	Regulations section 53 4945 or in a current notice regard	ing disaster assistan	ce (see page 22 of the	instructions)?	5b			
	Organizations relying on a current notice regarding disaster assistance check here							
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax							
_	because it maintained expenditure responsibility for the g	•		Yes I	No	l 1		
	If "Yes," attach the statement required by Regulations sec							
٥.		• •				1 1		
6 a	Did the foundation, during the year, receive any funds, o			Yes X	• -	1		
	on a personal benefit contract?			. — —			X	
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	<sup>ct?</sup>	6Ь	<del>  -</del>		
	If "Yes" to 6b, file Form 8870						- •	
	At any time during the tax year, was the foundation a pa				<u> </u>			
	If yes, did the foundation receive any proceeds or have a						_X	
Pai	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	, Highly Paid Emp	loyees,			
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (see	e nage 22 of the inst	ructions)			
	<u> </u>			- page et alle illet				
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se accour	nt.	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen other al	se accour lowances		
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans	other al			
—— ĀT		(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans	other al			
	TACHMENT 9	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
		(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
	TACHMENT 9	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
	TACHMENT 9	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
	TACHMENT 9	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
	TACHMENT 9	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al			
	TACHMENT 9	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation ()	other al			
	TACHMENT 9  Compensation of five highest-paid employees (otl	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation ()	other al			
	TACHMENT 9	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation  0	other al			
	TACHMENT 9  Compensation of five highest-paid employees (otl	hours per week devoted to position  mer than those inc  (b) Title, and average	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  0  ee page 23 of the ins  (d) Contributions to employee benefit	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (otlet none, enter "NONE."	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation  O  ee page 23 of the ins	structions).	lowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (otlet none, enter "NONE."	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (otlet none, enter "NONE."	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	
	TACHMENT 9  Compensation of five highest-paid employees (other in the standard of the standard	hours per week devoted to position  ner than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred	structions).	dowances	0	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE."
<u></u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total numbe	er of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
List the found	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	
	ons and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
•		
2		
_		
3		
		· <b>-</b>
4		
Part IX-B		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		_
2		
		_
		-
All other prog	ram-related investments See page 24 of the instructions	1
3 NONE		
		-
		-
Total Add In	nes 1 through 3	
otal. Aug II	nes i unougno	- 000 DE

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions)	ign foun	dations,
<u>:</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	T	
	purposes.	1	
а	Average monthly fair market value of securities	1a	15,836.
b	Average of monthly cash balances	1b	79,004.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	94,840.
e	Reduction claimed for blockage or other factors reported on lines 1a and	<del></del>	
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	94,840.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		31/040.
•	A.11.	4	1,423.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	93,417.
		6	4,671.
6	Minimum investment return. Enter 5% of line 5		
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this		ang
1	Minimum investment return from Part X, line 6	1	4,671.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 6,148.		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2009. (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	6,148.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	-1,477.
4	Recoveries of amounts treated as qualifying distributions		
5		5	-1,477.
6	Add lines 3 and 4  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		<del></del>
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	5	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	114,225.
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.,		
	numeros	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	114,225.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	+	
•		5	N/A
6		6	114,225.
U	Adjusted qualifying distributions. Subtract line 5 from line 4		
	qualifies for the section 4940(e) reduction of tax in those years	netner th	e loundation

Pa	art XIII Undistributed Income (see pag	e 26 of the instruction	ons)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				0.
2	Undistributed income, if any, as of the end of 2009				
a					
b	Total for pnor years 20_07_20_06_20_05_			<del> </del>	<del></del>
3	Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·			<del> </del>
a	From 2004				
b	From 2005				
c	From 2006	,			
ď	From 2007 154, 651.			İ	
۵.	From 2008 139, 345.		,		-
f	Total of lines 3a through e	368,278.			
4	Qualifying distributions for 2009 from Part XII,				,
	line 4. ► \$ 114,225.		,		
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election	2-3			
	required - see page 26 of the instructions)	· ' _ ,		·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				50 30 30
d	Applied to 2009 distributable amount	Carrier Carrier	An Arrive in the second	医心管性人 原	0.
е	Remaining amount distributed out of corpus	114,225.			
5	Excess distributions carryover applied to 2009	0.	11 may 12 may 1		0.
	(If an amount appears in column (d), the same amount must be shown in column (a) )				The state of the s
6	Enter the net total of each column as				
	indicated below:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	482,503.		र १५५ व्यक्ति विस्तर	
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				of the Time of
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				
	been previously assessed	The transfer of the state of		The state of the s	Code in the same of the same
d	Subtract line 6c from line 6b Taxable				
,	amount - see page 27 of the instructions	3-3 ( Tay 3-2) ( 2-2)		2000	
ť	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page				<b>美国教育</b>
	27 of the instructions			a the comments	
f	Undistributed income for 2009. Subtract lines	A Control of the second			
	4d and 5 from line 1. This amount must be				0
7	distributed in 2010	1 2 2 3 3	,		0.
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
•	applied on line 5 or line 7 (see page 27 of the				
_	instructions)			· · · · · · · · · · · · · · · · · · ·	
9	Excess distributions carryover to 2010.	482,503.			,
4.0	Subtract lines 7 and 8 from line 6a	- 102,303.			<del> </del>
	Analysis of line 9.  Excess from 2005	- :			· .
	Excess from 2006		'		
	Excess from 2007	2.5		N', ', "	•
	Excess from 2008				,
	Excess from 2009	, 1			•
<del>-</del>		<u>'</u>			-

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

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

If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 11

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

STATEMENT ATTACHED (STATEMENT A)

c Any submission deadlines:

STATEMENT ATTACHED (STATEMENT A)

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

STATEMENT ATTACHED

Form 990-PF (2009)			20-4900172	Page 1
Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid Dur	ing the Year or Appi			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	7 <b>.</b>
a Paid during the year				
ATTACHMENT 12				
			i	
		İ		
	}			
			L	114,200.
Total		 I	▶ 3a	114,200.
<b>b</b> Approved for future payment				
				}
			•	
Total	·		▶ 3b	

	amounts unless otherwise indicated	Onicia	ted business income	Excluded by se	ction 512, 513, or 514	(e) Related or exemi
Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption income (See page 28 of the instructions
a	Tool vice revenue		<del></del>			
ь						
с			_			
d						
е						
f						
	s and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments			14	562.	· <del>- · · - · · · · · · · · · · · · · · ·</del>
	ds and interest from secunties	-		14	302.	
	al income or (loss) from real estate			+		
	t-financed property					
	debt-financed property					
	il income or (loss) from personal property		<u> </u>	+		
	vestment income			18	307,351.	
	loss) from sales of assets other than inventory ime or (loss) from special events	-		+	001,7002.1	· · · · · · · · · · · · · · · · · · ·
				+ +		
	rofit or (loss) from sales of inventory					
			-			
. —		-	· · · · · · · · · · · · · · · · · · ·			
			<del> </del>	<del></del>		
	. Add columns (b), (d), and (e)	San San San San San San San San San San		TAR SE	307,913.	
	dd line 12, columns (b), (d), and (e)				13	307,9
e workst	neet in line 13 instructions on page 28 to	o verify calcu	ilations \			
rt XVI- ne No.	B Relationship of Activities  Explain below how each activities	to the Ac	complishment of Exchange is reported	d ın column (e)	) of Part XVI-A cont	
	B Relationship of Activities	to the Ac	complishment of Exchange is reported	d ın column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exchange is reported	d ın column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exchange is reported	d ın column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exchange is reported	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	
	B Relationship of Activities  Explain below how each activit the accomplishment of the form	to the Ac	complishment of Exch income is reporte exempt purposes (c	d in column (e)	) of Part XVI-A cont	

Form	990-PF (	2009)				2	0-4900172			Р	age <b>13</b>
Pa	rt XVII	Information Exempt Orga		Transfers To and	d Transac	tions a	nd Relatio	nships With	Nonc	hari	table
1	ın sec	tion 501(c) of the C		engage in any of t in section 501(c)(3) o						Yes	No
а		ers from the reporting f		noncharitable exempt org					1		,,
											X
		ner assets				• • • • •			. <u>1a(2)</u>	<u> </u>	<u>^</u>
			naritable exempt	organization					1b(1)		х
				exempt organization							Х
				sets							Х
	(4) Re	imbursement arrangeme	ents						. 1b(4)		X
											X
_				or fundraising solicitations					1		X
		•	_	other assets, or paid emp "Yes," complete the						fair	
u		=		rvices given by the r							
		•		ngement, show in col							
(a) l	ine no	(b) Amount involved	(c) Name of	noncharitable exempt orga	nization	(d) Descr	ription of transfers	, transactions, and sh	anng arra	ngeme	nts
		N/A				N/A		<del></del>			
				-							
			_								
	.					·					
									·		
	- 1										
-		<del></del>									
	section	•	er than section	ated with, or related to 501(c)(3)) or in section			empt organizat	ons described in	Ye	* []	No
		(a) Name of organization		(b) Type of or	ganization		(c) <sup>[</sup>	Description of relation	nship		
					<u> </u>						
		<del></del>	······································								
	Under p belief, it	enalties of perjury, I declars true, correct, and com	are that I have explete Declaration	amined this return, includ of preparer (other than tax	ing accompany opayer or fiduci	ving schedu iary) is base	les and statemen ed on all informat	ts, and to the best	of my ki er has ar	nowled ny knov	ge and vledge
		Home &	Drypa	lu		5/12/1	<u> </u>	Secreta	4		
e L	Sigi	nature of officer or trustee	(		/	Date /	Ti-	<del></del>	1		
Sign Here		Preparer's signature	SMH	amann	Date   5///	110	Check if self-employed	Preparer' number (\$ page 30 of P00292	ee Signa the instr	ture or	
ן נט	⊭તાં⊙∟ે	orginature ,	*11	<u> </u>	<del>/''</del>	<del>,                                    </del>	1				

41-0280030

Phone no.

952 404-5600

55305

and ZIP code

Firm's name (or yours if self-employed), address, CARLSON HOLDINGS, TINC.

MINNETONKA,

301 CARLSON PARKWAY, SUITE 275

MN

### Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

2009

Internal Revenue Service Employer identification number Name of the organization GAGE FAMILY FOUNDATION 20-4900172 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 foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF.

Name of organization

GAGE FAMILY FOUNDATION

Employer identification number 20-4900172

Page

Part I	Contributors	(see instructions)
raiti	Continuators	(500 111511 00110115)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARLEEN M. CARLSON LIVING TRUST  301 CARLSON PARKWAY, SUITE 275  MINNETONKA, MN 55305	\$88,945.	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
2	CHRISTINE C. GAGE  301 CARLSON PARKWAY, SUITE 275  MINNETONKA, MN 55305	\$	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)
(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)

Name of organization GAGE FAMILY FOUNDATION

Employer identification number 20-4900172

	Noncash Property (see instructions)		Γ
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	405 SHARES APACHE CORP, 3025 SHARES INTEL CORP, 2725 SHARES TARGET CORP		
		\$\$	12/15/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

JSA 9E1254 1 000 Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

NET INVESTMENT INCOME	562.
REVENUE AND EXPENSES PER BOOKS	562.
DESCRIPTION	CITIBANK

562.

562.

TOTAL

ATTACHMENT 2

## - OTHER PROFESSIONAL FEES PART I FORM 990PE,

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

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

FEDERAL EXCISE TAX

DESCRIPTION

1,652.

TOTALS

1,652.

- OTHER EXPENSES

PART I

FORM 990PF,

DESCRIPTION MINNESOTA ATTORNEY GENERAL FEE

REVENUE AND PER BOOKS EXPENSES

25.

TOTALS

CHARITABLE PURPOSES

PAGE 24

ATTACHMENT 5

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

**DESCRIPTION** 

AMOUNT

INTEREST TIMING DIFFERENCE

28.

TOTAL

28.

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

FMV OF STOCK CONTRIB. IN EXCESS OF COST

206,357.

REDUCTION IN UNREALIZED GAIN

88,448.

TOTAL

294,805.

ω

ATTACHMENT

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS		DIRECT	CT TOTTO
SUBSTANTIAL			
NEW			
1			
LINE 10			
VII-A,			
PART			
990PE,	ļ		
FORM			

DIRECT PUBLIC SUPPORT	88,945.
DATE	10/20/2009
NAME AND ADDRESS	ARLEEN M. CARLSON LIVING TRUST 301 CARLSON PARKWAY, SUITE 275 MINNETONKA, MN 55305

318,825.

TOTAL CONTRIBUTION AMOUNTS

CHRISTINE C. GAGE 301 CARLSON PARKWAY, SUITE 275 MINNETONKA, MN 55305

229,880.

12/15/2009

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CT SS	.0		·	. 0	0
EXPENSE ACCT AND OTHER ALLOWANCES					
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0		.0	.0	0
COMPENSATION	.0	.0	. 0	. 0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE, TREASURER 1.00	TRUSTEE, PRESIDENT 1.00	TRUSTEE 1.00	TRUSTEE, SECRETARY 1.00	GRAND TOTALS
NAME AND ADDRESS	EDWIN C. GAGE 550 TONKAWA ROAD LONG LAKE, MN 55356	BARBARA C. GAGE 550 TONKAWA ROAD LONG LAKE, MN 55356	CHRISTINE C. GAGE 550 TONKAWA ROAD LONG LAKE, MN 55356	DONNA D. SNYDER 550 TONKAWA ROAD LONG LAKE, MN 55356	

g

ATTACHMENT

FORM 990-PF - PART IV
GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAI	NS AND LC	SSES FOR	<u>R TAX ON</u>	INVESTI	M	ENT INCOM	IE
Kind of Property		Descr			or D	Date acquired	Date sold
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	600 SHARES				D	03/31/1973	01/06/2009
52,365.	714.	re. Seconii	165			51,651.	
	300 SHARES				D	03/31/1973	05/20/2009
24,718.	357.					24,361.	
	306 SHARES PROPERTY TY				D	03/31/1973	06/12/2009
25,527.	364.					25,163.	
	405 SHARES PROPERTY TY				D	03/31/1973	12/16/2009
40,952.	482. 3025 SHARES	TNTET CODD			D	40,470.	12/16/2009
58,601.	PROPERTY TY					47,375.	12/10/2009
30,001.	2725 SHARES	TARGET COR	P		D	12/19/1991	12/16/2009
130,146.	PROPERTY TY 11,815.					118,331.	
TOTAL GAIN(LOSS)						307,351.	

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

EDWIN C. GAGE BARBARA C. GAGE CHRISTINE C. GAGE

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

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

3
THECH
Z
PAMTIV
O'C

20-4900172

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

STATEMENT ATTACHED

PUBLIC NONE

STATEMENT ATTACHED

PURPOSE OF GRANT OR CONTRIBUTION

114,200

AMOUNT

ATTACHMENT 12

114,200.

TOTAL CONTRIBUTIONS PAID

4.57.08 PM

048700 F990 5/7/2010

PAGE 31 ATTACHMENT 12

### SCHEDULE D . (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

### **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

Employer identification number

20-4900172 GAGE FAMILY FOUNDATION 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 (a) Description of property (b) Date acquired (c) Date sold (d) Sales pnce (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a **b** 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 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 (d) Sales pnce (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 307,351. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 8 Capital gain distributions 9 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, column (3) on the back. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2009

Enter the amount from line 26 (If line 26 is blank, enter -0-)

28

29

Subtract line 28 from line 27

30

Multiply line 29 by 15% (15)

31

Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

31

32

Add lines 30 and 31

33

Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

33

34

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Schedule D (Form 1041) 2009

Employer identification number

GAGE FAMILY FOUNDATION 20-4900172 Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales pnce (see page 4 of the (e) Cost or other basis (see page 4 of the instructions) (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) acquired (mo , day, yr ) (mo , day, yr ) Subtract (e) from (d) instructions) 6a 600 SHARES APACHE CORP 03/31/1973 01/06/2009 52,365. 714. 51,651. 357 300 SHARES APACHE CORP 03/31/1973 05/20/2009 24,718. 24,361. 06/12/2009 25,527. 364 25,163. 306 SHARES APACHE CORP 03/31/1973 12/16/2009 482. 40,470. 405 SHARES APACHE CORP 03/31/1973 40,952. 3025 SHARES INTEL CORP 12/21/1993 12/16/2009 58,601. 11,226. 47,375. 2725 SHARES TARGET CORP 12/19/1991 12/16/2009 130,146. 11,815 118,331. 307,351. 6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . .

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

### Gage Family Foundation Contributions Paid Calendar Year 2009

Organization	Address	Relationship	Status	Purpose	Amount
Alzheimer's Association	4550 West 77th Street, Suite 200, Minneapolis, MN 55435	None	Public		200 00
Blake School	110 Blake Rd S , Hopkins, Mn 55343	None	Public	Annual Fund	1,000 00
Bridge for Youth (CCG)	1111 West 22nd Street, Minneapolis, MN 55405	None	Public	General Operating Support	1,000 00
Children's Theater Company	2400 Third Avenue South, Minneapolis, Mn. 55404	None	Public	General Operating Support	2,000 00
GMCC - Division of Indian Works (Indian Graduation)	1001 East Lake Street, Minneapolis, MN 55407	None	Public	General Operating Support	400 00
Groves Academy	3200 Highway 100 South, St Louis Park, MN 55416	None	Public	General Operating Support	1,000 00
HAUMC - Annual	511 Groveland Ave, Minneapolis, MN 55403	None	Public	Annual Fund	10,000 00
HAUMC - Annual	511 Groveland Ave, Minneapolis, MN 55403	None	Public	Annual Fund	10,000 00
Inner City Tennis - Kudspeed	4005 Nicollet Ave S., Minneapolis, MN 55409	None	Public	Kıdspeed	10,000 00
Inner City Tennis (CCG)	4005 Nicollet Ave S, Minneapolis, MN 55409	None	Public	General Operating Support	5,000 00
Inner City Tennis	4005 Nicollet Ave S, Minneapolis, MN 55409	None	Public	General Operating Support	11,000 00
Minnesota Public Radio - Annual	480 Cedar Street, St Paul, MN 55101	None	Public	General Operating Support	2,000 00
Minnesota SNAP	10000 Highway 55, Surte 300, Plymouth, MN 55441	None	Public	General Operating Support	2,500 00
Minnesota SNAP (CCG)	10000 Highway 55, Suite 300, Plymouth, MN 55441	None	Public	General Operating Support	5,000 00
Northwestern University (mktg scholarship 4/4)	Rebecca Crown Center, 633 Clark Street, Evanston, IL 60208	None	Public	Marketing Scholarship	30,000 00
Open Your Heart to the Hungry & Homeless	121 East Seventh Place, Suite 110, St. Paul, MN 55101	None	Public	General Operating Support	1,000 00
Pacer Center - Gala	8161 Normandale Blvd, Minneapolis, MN, 55437	None	Public	Annual Benefit	5,000 00
Park Nicollet Medical Center (COMPASS)	6500 Excelsior Blvd, St. Louis Park, MN 55426	Мопе	Public	COMPASS	5,000 00
Phi Delta Theta Educational Foundation - Annual	2 S. Campus Avenue, Oxford, OH 45056	None	Public	Annual Fund	200 00
Providence Academy	15100 Schmidt Lake Road, Plymouth, MN 55446-3722	None	Public	Public Annual Fund	1,000 00
St Joseph's Indian School	Chamberlain, SD 57326	None	Public	Annual Fund	100 00
Urban Ventures Leadership Fdn	3041 4th Ave S, Minneapolis, MN 55408	None	Public	General Operating Support	2,500 00
Wilderness Hispanic Mission	PO Box 132, Spruce Pine, NC 28777	None	Public	General Operating Support	5,000 00
				Total	Total 114.200 00

### Gage Family Foundation 20-4900172 U.S. Return of Private Foundation Calendar Year 2009

### Part XV, line 2a

C. David Nelson Gage Family 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.