

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF 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	or ca	lendar	year 2009, or tax year begii	nning		, 2009	, and end	ding		, 20			
G	Che	ck all t	that apply Initial return	n	Initial return	of a former p	ublic cha	arity		Final return			
			Amended r	eturn	Addre	ss change		N	ame change				
_			Name of foundation			-			A Employer identifi	cation number			
ı	lse ti	he IRS	DIANA NELSON AND J	OHN A	ATWATER FAMILY								
		oel.	FOUNDATION						20-4900208				
		wise,	Number and street (or P O box	number	f mail is not delivered to stree	t address)	Room/s	uite					
	pr	int	Trained and street (exp.						,	. •			
	or t	ype.	550 TONKAWA ROAD						(95	2) 404-5636			
		pecific	City or town, state, and ZIP cod		·			1	C If exemption applica				
ı	nstru	ctions.	City of town, state, and zir cod	-					pending, check here	· · · · · · · · [- 			
			LONG LAKE, MN 5535	6					D 1. Foreign organizat				
_							-		Foreign organiza85% test, check h				
H	\neg		- —		(c)(3) exempt private				computation .				
\perp			4947(a)(1) nonexempt charitable		Other taxable pr				E If private foundation	status was terminated			
I	Fair	marke	et value of all assets at end	$\overline{}$	ounting method $oxedsymbol{oxed{X}}$ C	ash Acc	rual		under section 507(b)(1)(A), check here . >			
	-	-	om Part II, col. (c), line		ther (specify)				F If the foundation is	in a 60-month termination			
_		▶ \$ ·			column (d) must be or	n cash basis)	·		under section 507(b))(1)(B), check here			
i	art		ysis of Revenue and Expense		(a) Revenue and	(b) Net inve	estment	1 10	:) Adjusted net	(d) Disbursements for charitable			
			of amounts in columns (b), (c), and not necessarily equal the amounts		expenses per	incom		"	income	purposes			
			n (a) (see page 11 of the instruction		books					(cash basis only)			
	1	Contribut	tions, gifts, grants, etc., received (attach schi	edule) .	129,607			ļ · _		· · · · · ·			
	2	Check]	if the foundation is not requi	red to	The Late of the say		(Sac 1)	, ","	The Rest of				
	3	-	on savings and temporary cash invest							3842 / 15 Call 13			
	4		nds and interest from securities		3,116.		3,116.			MATCH N1 12 1 1 1			
	5 a	_	rents		-					The state of the second			
			tal income or (loss)		10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	13 TO 15	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	250		是法典的 发生的			
_			n or (loss) from sale of assets not on le	20.10	31,182	· · · · · · · · · · · · · · · · · · ·	- A		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
٣Į		Gross s	ales price for all 83	366.	THE PROPERTY OF THE PARTY OF TH	1 - 1 - 1	483	7.3	3 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	क्षार्थित है।			
Kevenue	_		on line 6a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,182.	, '-'	er til trakking dig til fra				
윋	7	•	I gain net income (from Part IV, lii		表是言語(A.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E			<u> </u>		Fig. 15 St.			
	8		ort-term capital gain			26 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000000	 		1000 100 man 1000 1000 1000 1000 1000 1000 1000 10			
	9 10 a		e modifications • • • • • • • • • • • • • • • • • • •	• • •	Marie Charles Carres	200	<u> 1、シスクト</u> 姿っしゃ 1。	\$	<u> </u>	2.57 385 PASS 2014 PASS 10 DAYS 20 16 18			
		and allo	wances · · · ·		1. 2017 14 (1) 10 (1) 13 (4) 12 (1) 13 (1) 14 (1) 1	Control of the Contro	1344 11	70 2 2 73 2 4 4 1 1 3	The state of the s				
			ost of goods sold .				د دو هایمان در می دو هایمان شده می دو هایمان	k 142	1 - 15 mg 1 - 152mg	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
-			profit or (loss) (attach schedule)			7-62 : .	. 66 1-42 m. e .			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	11		ncome (attach schedule)		163,905.	3	4,298.						
\dashv	12		Add Imes 1 through 11		103,903.		4,290.	-	<u> </u>	the solution of the first			
	13	Compe	sation of officers, directors) trustees, of	etc	· · · · · · · · · · · · · · · · · · ·					<u> </u>			
. ,	14		employee salaries and Wages		_								
186	15 ,	Pensio	Aplans, employees benefits										
ē	16a	Regal'f	ees (aftach schedule) 💝 👢										
Ω	ь	Accour	nting-fees (attach schedule)							·			
9	c	Other	of fessional ees (attach sonedule).*	500.		500.						
E	17	linteres i			<u></u>								
2	18		attach schedule) (see page 14 of the instr	ıctions)	4,162.		38.						
┋╽	19	Deprec	ciation (attach schedule) and depl	etion.						_			
5	20	Occupa	ancy										
<u>ح</u> ا	21		conferences, and meetings										
Ĕ	22		g and publications										
ᆰ			expenses (attach schedule) ATC		55.		30.			25			
5 I			perating and administrative exp					<u> </u>					
			=		4,717.		568.			25			
5			es 13 through 23		248,083.	•				248,083			
			outions, gifts, grants paid		252,800.		568.		· · · ·	248,108			
┪			enses and disbursements Add lines 24	and 25	232,000.		500.			210,100			
- [27		ct line 26 from line 12.		-88,895.	•							
			f revenue over expenses and disbursemen		-00,093.	3	3,730.						
			restment income (if negative, enter			3.	. 130.		-0-				
J	С	Adjuste	ed net income (if negative, enter -	0-) [,		-0-				

Port	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
Part	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	1 105 216 1	108,655.	108,655
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable	1		
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
"	, , , ,			
_	disqualified persons (attach schedule) (see page 16 of the instructions)			
7	Other notes and loans receivable (attach schedule)	I I		
	Less allowance for doubtful accounts ▶	I I		
නු 8	Inventories for sale or use	1		
Assets 9 10	Prepaid expenses and deferred charges			
	a Investments - U.S. and state government obligations (attach schedule)	120 541	119,376.	119,376
1	b Investments - corporate stock (attach schedule) ATCH .5	128,541.	119,376.	119,370
1	Investments - corporate bonds (attach schedule)			,
11	and organization have	1	15 %	
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans	1		
13	Investments - other (attach schedule)			
14	and the same of th			
	equipment basis Less accumulated depreciation (attach schedule)			
15	(attach schedule)			
	Other assets (describe Total assets (to be completed by all filers - see the		 	
16	instructions Also, see page 1, item I)	323,757.	228,031.	228,031
+				ET WEST STATES TO
17	Accounts payable and accrued expenses	,		
18	Grants payable			
<u>ဖွ</u> 19	Deferred revenue			
Liabilities 20 21 21 22	Loans from officers, directors, trustees, and other disqualified persons			
윤 21	Mortgages and other notes payable (attach schedule)			
22 الت	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.	.		
8 24	Unrestricted	323,757.	228,031.	
25	Temporarily restricted			
<u> </u>	Permanently restricted			
E 20	Foundations that do not follow CFAC 447			
Š	check here and complete lines 27 through 31.			
-	Contact steels trust represent on exercit funds			
0 27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg, and equipment fund		· · · · · · · · · · · · · · · · · · ·	
ğ 29	Retained earnings, accumulated income, endowment, or other funds			
30	Unrestricted	323,757.	228,031.	
ž	instructions)	323,737.	220,031.	
31	Total liabilities and net assets/fund balances (see page 17	1 202 757	000 001	
	of the instructions)		228,031.	<u> </u>
	Analysis of Changes in Net Assets or Fund			
Tot	al net assets or fund balances at beginning of year - Part I	I, column (a), line 30 (must	agree with	
	I-of-year figure reported on prior year's return)			323,757.
				-88,895
Oth	er amount from Part I, line 27a ier increases not included in line 2 (itemize) ▶ ATTACI	HMENT 6	3	613.
				235,475.
. Dec	d lines 1, 2, and 3 creases not included in line 2 (itemize) ► ATTACI	HMENT 7	5	7,444.
				228,031.
lot	al net assets or fund balances at end of year (line 4 minus	inie oj - rait ii, columiii (b),	mic 50 0	Form 990-PF (2009)

Р	(a) List and	and Losses for Tax on Inv d describe the kind(s) of property sold	(e g , real estate,	(b) How acquired P-Purchase	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo, day, yr)
_	COO DADO TU COUR	rick warehouse, or common stock, 200	shs MLC Co)	D-Donation	(ino, day, yi.)	
<u>1a</u> b	<u> </u>				-	-
_ <u>u</u> _				-		
_ <u>_</u>						
е						
	(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	
a	1					
b)				<u> </u>	
_c						
d						
_e			10/01/02			
<u>_</u> C	complete only for assets s		ned by the foundation on 12/31/69		Gains (Col (h) g (k), but not less t	
	(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	Losses (from co	
_a						
<u>b</u>)					
_ <u>c</u>					-	
<u>_d</u>			-	 		
<u>e</u>			f gain, also enter in Part I, line 7	-		
2	Capital gain net income or	(not contol loca)	f (loss), enter -0- in Part I, line 7	2		31,182.
2	Net short-term capital gain	'' ا or (loss) as defined in sections 12 ا	•	-	-	<u> </u>
		line 8, column (c) (see pages 13				
	•	line 8		3		
			uced Tax on Net Investment Inc	come		
Wa			outable amount of any year in the b	ase period	d? [Yes X No
			r, see page 18 of the instructions be	efore mak	ing any entries	
÷	(a)	(b)	(c)	l line	(d)	
С	Base period years calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	atio col(c))
_	2008	22,205.	267,910.			0.082882
_	2007	82,208.	202,165.			0.406638
	2006	525.	174,071.			0.003016
	2005					
_	2004					
	- · · - · · · · · · · · · · · · · · · ·					
2	Total of line 1, column (d)			2		0.492536
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	number of years the found	dation has been in existence if les	s than 5 years	3		0.164179
						012 002
4	Enter the net value of non	charitable-use assets for 2009 fro	om Part X, line 5	4		213,803.
						25 102
5	Multiply line 4 by line 3			5		35,102.
	= 1 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	400 of Bodd Sec 075)				337.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
_	4 dd Carr 5 3 A			,		35,439.
7	Add lines 5 and 6			7		- 33, 333.
	Enter qualifying distributio	ne from Part VII lino 4		8		248,108.
o	If line 8 is equal to or gre Part VI instructions on pag	eater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

PAGE 3

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18	of th	he ins	structi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	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				337.
	here \blacktriangleright X 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		_		222
3	Add lines 1 and 2				337.
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				337.
6	Credits/Payments				
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations-tax withheld at source				
C	, , , , , , , , , , , , , , , , , , , ,				
ď	Backup withholding erroneously withheld				0
7	Total credits and payments Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				337.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				557.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11 Do	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11				
	rt VII-A Statements Regarding Activities		-	Voc	No
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	Yes	No X
_	participate or intervene in any political campaign?		, ia		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		1 b		X
	of the instructions for definition)?	• • •	10		
	published or distributed by the foundation in connection with the activities.		3		
_	·		1 c	'	X
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	• •	71.Yg	13 G	
đ	(1) On the foundation (2) On foundation managers \$\square\$ \$\square\$	-	1		
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		, , , , ,	ا می آمود. استان می از ا	, y''
•	on foundation managers > \$0.		er, en Jugge	1, 1, 25 	200
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	If "Yes," attach a detailed description of the activities.	• • •		(3.5)	S.,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		7,3		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
h	If "Yes," has it filed a tax return on Form 990-T for this year?	• • • • • • • • • • • • • • • • • • • •	4 b		Χ.
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
·	If "Yes." attach the statement required by General Instruction T		س مر ر بن مور	1,71	1 40
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			$\langle \cdot \cdot \cdot \rangle$	13 773
•	By language in the governing instrument, or		, ,	- 3,4,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	l		3	220
	conflict with the state law remain in the governing instrument?		6	Х	İ
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	Х	
		[,	-	
	instructions) > MN,				,
b	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		8 b	X	
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	

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		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	•	13	Х	
	Website address N/A		-	
14	The books are in care of TONKAWA, INC. Telephone no 952 404	1-560	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			
	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)			
	(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			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	′		_
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	5 -		
	the benefit or use of a disqualified person)?	`	,*	•
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if		, _,	, , , , 2
	the foundation agreed to make a grant to or to employ the official for a period after	1.,	` .'	1
	termination of government service, if terminating within 90 days) Yes X No) v,	. 5	
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	The state of the s		3.3
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- 3.		
	were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		2.75	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	w ; .	- '	1 3
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	4.4		- 4
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No	4.7		
	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)		,	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		· . ·	
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b	- ,1	<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1	٠	. "
	>	* *,		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business		7	
	enterprise at any time during the year?	1:	(- ·	. ,
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	55 ° S	~ :{	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	[5.7]	::`	•
	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>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	~ ~		•
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b		<u> </u>

Total number of other employees paid over \$50,000

Part VIII	Information About Officers, Directors, Trustees, Foundation Manag and Contractors (continued)	ers, Highly Paid Emplo	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of	the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		,	
			
		· 	
			•
Total aumbe	as of others recovered over \$50,000 for professional controls		NONE
Total numbe	er of others receiving over \$50,000 for professional services	<u> </u>	NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficianes served, conferences convened, research papers produced, etc.	on such as the number	Expenses
1 N/A			
		_ 	
2			
	·		
3			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
*			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instruc	tions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		- Amount
1 NONE			
2			<del></del> -
<del>-</del>			
A !! - !!	and the second of the second o		
	ram-related investments See page 24 of the instructions		
3 NONE			
Total, Add li	nes 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	115,043.
b		1b	102,016.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	217,059.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	217,059.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
		4	3,256.
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	213,803.
6	Minimum investment return. Enter 5% of line 5	6	10,690.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this p		
1	Minimum investment return from Part X, line 6	1	10,690.
2 a	227	-	
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	337.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	10,353.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	10,353.
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,		
	-	7	10,353.
_		<u> </u>	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
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	248,108.
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.,		
		2	0.
3	purposes  Amounts set aside for specific charitable projects that satisfy the:	- , -	
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	248,108.
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	337.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	247,771.
-	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 found	ation

Pa	art XIII Undistributed Income (see page	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				10,353.
2	Undistributed income, if any, as of the end of 2009		•		<del></del>
- a	_				
b	07 06 05				
3	Excess distributions carryover, if any, to 2009				
a	i				
h	From 2005	i			
-	From 2006				
q	From 2007 55, 460.				
-	From 2008 22,205.				
f	Total of lines 3a through e	77,665.			,
4	Qualifying distributions for 2009 from Part XII,				
•	line 4: ▶ \$ 248,108.	·			
•	Applied to 2008, but not more than line 2a			i	,
		-		-	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
			N		
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)	248,108.			
		JE 74 PT 1 24 PT 1 1 1 1 1	2.5		
	Applied to 2009 distributable amount	0.	48 27 (Ass) 6 37 - 32	25,1 12 15 1 2 2	
5	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2009	10,353.			10,353.
•	(If an amount appears in column (d), the same	4 3 5 4 5 3 5 7 5	vid vermi Tim tesso.		7.7.63
_	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	315,420.		the state of the s	
	•	124 1 100 01 15 25	10 % - 1 (see - 1 )	100000000000000000000000000000000000000	15 20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Þ	Prior years' undistributed income. Subtract line 4b from line 2b			1997年 1997年	<b>的人员来看到他们</b>
С	Enter the amount of prior years' undistributed	CARE WELL TO THE		Res I have been all the	THE STATE OF THE STATE OF
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed			强致 提出证明	
	· · · · ·			1. 4. C. S.	7 7 2
đ	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions			Party And Carl	The state of the
е	Undistributed income for 2008. Subtract line	के ए रेने च स्टेन्स्ट्रेस	TOTAL SERVICE CARE		
	4a from line 2a Taxable amount - see page				
	27 of the instructions		130-20-32 13 19 34	अंदर्भ न अंदर्श	
f	Undistributed income for 2009. Subtract lines		John War and Market Control		
	4d and 5 from line 1 This amount must be distributed in 2010.				
7	Amounts treated as distributions out of corpus		101 - 121	1,7 p. 11 p. 1 p. 1 p. 1	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)			m 2 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
8	Excess distributions carryover from 2004 not		1.1		
	applied on line 5 or line 7 (see page 27 of the		.3		, , ,
^	instructions)				
9	Excess distributions carryover to 2010.	315,420.			3
4.0	Subtract lines 7 and 8 from line 6a				<u>.</u> .3
	Analysis of line 9 Excess from 2005				•
_	Excess from 2006	-`	•		1
b	45 107		•	;	-
c	20 205				
ď	Excess from 2008	, , ,	- ,	· .	
	LACE33 HUIII 2003				

Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling					
þ	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(j	)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	- ₁	(e) Total
2 a	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 1041
	I or the minimum investment					
	return from Part X for each year listed					
ь	85% of line 2a		<del></del>			
c						
·	Qualifying distributions from Part XII, line 4 for each year listed					
ď	Amounts included in line 2c not					
	used directly for active conduct					
e	of exempt activities					
•	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the	<del></del>			-	
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying				- ;	
	under section					1
ь	4942(j)(3)(B)(i)				<u> </u>	<del></del>
-	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
С	"Support" alternative test - enter		ł			
	(1) Total support other than gross investment income					
	(interest, dividends, rents,		,			:
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more		1			
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					· · · · · · · · · · · · · · · · · · ·
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization					
	(4) Gross investment income		1 1 11 1		-4' h	
Pa	art XV Supplement	ary Intormation (C during the year - se	omplete this part	only it the tound	ation had \$5,000	or more in assets
_	Information Regardin	•		structions.		
1_	List any managers of			a than 2% of the tots	al contributions receiv	ed by the foundation
а	before the close of any	tax vear (but only if th	nev have contributed r	nore than \$5,000) (S	ee section 507(d)(2))	ed by the roundation
	•	•			, ,	
	ATTACHMI					
b	List any managers of ownership of a partner	the foundation who	own 10% or more of	the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the loundation	inas a 10% of greate	interest.	
	N/A					
2	Information Regardin	Contribution, Grant	Gift, Loan, Scholarsh	nip. etc Programs:	·	
-	~	-		-	table organizations a	nd does not accent
	unsolicited requests f	or funds. If the found	nakes contributions dation makes diffs of	to preselected chair trants etc (see page	28 of the instruction	ns) to individuals or
	organizations under ot				20 01 1110 1110110	, 15
_	The name, address, a				e addressed	· · · · · · · · · · · · · · · · · · ·
а	ATTACHMI		of the person to whor	ii applications should t	e addressed	
b	The form in which app		omitted and information	on and materials they	should include	
	STATEMENT A	ATTACHED (STATE	CMENT A)			
c	Any submission deadli	nes:				
	STATEMENT A	ATTACHED (STATE	CMENT A)			
d	Any restrictions or life	mitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of I	nstitutions, or other
		ATTACHED (STATE	MENT A)			
		,				

Form 990-PF (2009)			20-4900208	Page 1
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr		uture Payment	
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)	or_substantial contributor	recipient	contribution	
а Paid duпng the year				
ATTACHMENT 12				
ATTACIMENT 12				
Total			▶ 3a	248,083.
<b>b</b> Approved for future payment				
				•
		•		
		! 		
	L		<u> </u>	
Total			▶ 3ь	1

r gross amounts unless otherwise indicated		d business income	Excluded by	section 512, 513, or 514	(e) Related or exemp function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
Program service revenue	<del>                                     </del>	<del></del>	<del>-    </del>	<del></del>	the motifications
	-	<del></del>	<del> -</del> :		
		<del></del>	<del></del>		<del></del> -
	<del></del>				<del></del>
· · · · · · · · · · · · · · · · · · ·	<b> </b>				
					<del></del>
Fees and contracts from government agencies		<u> </u>			
fembership dues and assessments					
nterest on savings and temporary cash investments					
vividends and interest from securities			14	3,116.	
let rental income or (loss) from real estate					<del></del>
Debt-financed property					
Not debt-financed property					_
et rental income or (loss) from personal property					
Other investment income					
ain or (loss) from sales of assets other than inventory			18	31,182.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory.	1 1	•			
Other revenue a					
	-		-		
	<del></del>				
	CC 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			34 298	
Subtotal Add columns (b), (d), and (e)	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  END. Explain below how each active	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed important
tubtotal Add columns (b), (d), and (e)  total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the fe	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed important
otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	xempt Purp	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions) mplishment of E	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
tubtotal Add columns (b), (d), and (e)  total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  t XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the fe	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	34,2
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importan
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 28  TXVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the feacomplishment.	to verify calculates to the Acco	ions)  mplishment of E  Income is report  kempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importar

Pa	rt XVI	Information Exempt Orga		Transfer	s To and	Transa	ctions	and R	elation	nships	With	Nonc	hari	table
1	Did 1	the organization directle	y or indirectly	engage ii	n any of the	followin	g with	any othe	er organi 527. rela	ization ating to	described political		Yes	No
2	organ	nizations? sfers from the reporting t	oundation to a n	oncharitabl	e exempt organ	uzation of	,		·		<b>P</b> • • • • • • • • • • • • • • • • • • •			
		Cash										1a(1)	ļ	Х
		Other assets										1a(2)	1	X
ŧ		r transactions												
	(1) S	ales of assets to a nonc	haritable exempt	organızatıor	١							1b(1)		X
		urchases of assets from										1b(2)		X
		tental of facilities, equipm										1		X
		leimbursement arrangem										ı		X
		oans or loan guarantees										,		X
_		erformance of services											<del>}</del>	$\frac{\lambda}{X}$
		ng of facilities, equipmer e answer to any of											fair i	
•		of the goods, other			•	_					-			
		in any transaction of		_	•	-								
		any mandadian c				(-,			<b>3</b> ,		,			
(a)	Line no	(b) Amount involved	(c) Name of	noncharitab	le exempt organiz	ation	(d) Des	scription of	transfers,	transactio	ons, and sha	nng ama	ngeme	nts
		N/A					N/A							
				<u> </u>										
		<del> </del>												
								_						
		<del> </del>	<del></del>		<del></del>			_						
—		<del> </del>			<del></del>									
							-							
				<u></u>										
					_				·				_	
					_ <del>-</del>									
2 a	is the	e foundation directly or	indirectly affilia	ited with,	or related to,	one or m	ore tax-	exempt o	rganizati	ons des	cribed in		_	7
		on 501(c) of the Code (oth		501(c)(3)) c	or in section 52	7?	• • • •				l	Y(	×s <u> </u>	∐ No
	<u>If "Ye</u>	s," complete the following (a) Name of organization			(b) Type of orga	nization			(c) [	Descriptio	n of relations			
		(a) Name of Organization	···		(b) Type of organ	THE AUGIN			(0)		on telations	, iip		
					<u> </u>				-					
					_									
		penalties of perjury I decl	age that I have explete Declaration	amined this	return, including	accompar	lying sche	dules and	statement	s, and to	the best o	f my k	nowled	ge and
	bellet,	it is true correct, and com		Or preparer (	other than taxpa	iyer or nau			moman	On or wit	iicii prepaiei	nas ai	iy kilov	wieuge
	_	(). Lun	a yes				<u>5/(</u>	<u>1/(0</u>		2	reta	uj-		
ere	Sı	gnature of officer or trustee					Date	·	Tit		(		_	
Sign Here			./			Date		Check		بادحار	Preparer's number (Se	e Signa	ture or	
ign	er's	Preparer's	M Hans	111	<b>Δ</b> Λ 1Δ	1.5//	מו/ ו	self-er	nployed	· لـــا⁴	page 30 of t	he instr		
တ	Paid Preparer Use Only	signature	CARTS		INGS, IN	<u> </u>	1/10			<del></del> -	P00292			
j	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address	$\frac{\text{CARLSO}}{301 \text{ CZ}}$		PARKWAY,	SUITER	275			N ▶ 4	1-0200	0.50		
		and ZIP code	MINNET		MN			305	Ph	one no	952 40	04-5	600	
		<u> </u>												

### 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

Employer identification number

Name of the organization DIANA NELSON AND JOHN ATWATER FAMILY 20-4900208 FOUNDATION 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 Ш 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

JSA

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

				· age or o
Name of organization	DIANA NELSON	AND JOHN ATWATER	FAMILY	Employer identification number
	FOUNDATION			20-4900208

	FOUNDATION		20-4900208
Part I	Contributors (see instructions)		
(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	\$\$59,145.	Person X 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	DIANA NELSON  3746 JACKSON STREET  SAN FRANCISCO, CA 94118	\$\$	Person Payroli 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
3	JOHN ATWATER  3746 JACKSON STREET  SAN FRANCISCO, CA 94118	\$\$	Person X 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
		<b>\$</b>	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

\$

(Complete Part II if there is a noncash contribution)

Payroli

Noncash

of

of Part II

Name of organization DIANA NELSON AND JOHN ATWATER FAMILY FOUNDATION

**Employer identification number** 20-4900208

Part II Noncash Property (see instructions)

			· <del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1170 SHARES MDT		
2			
		<u>\$</u> 50,462.	12/10/2009
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
		(see instructions)	
		—	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		(see instructions)	
(a) No. from	(b)	(c)	(d)
Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		(ccc inclination)	
		<del>-</del>	
		\\$	
(a) N =			<u></u>
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		_   _	
		\$	
(a) No.		(0)	
from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		_	<del></del>
		_	
		\	

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

DIANA NELSON AND JOHN ATWATER FAMILY 20-490 FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C/	APITAL GAI	INS AND LO	SSES FOR	K IAX ON I	NVEST	<b>IVI</b>		
Kind of Property Description			or D	Date acquired	Date sold			
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 1.2/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		95 SHARES I PROPERTY TY	SHARES MSCI	EAFE INDEX	ζ	P	10/17/2007	06/22/200
4,319.		8,009.					-3,690.	
		55 SHARES I PROPERTY TY			ζ	P	12/28/2006	06/22/200
2,500.		4,038.	IB. BECKI	110			-1,538.	
		140 SHARES PROPERTY TY		TES		D	04/12/1993	Ó6/22/200
4,608.		508.	re. Seconti	1150			4,100.	
		180 SHARES PROPERTY TY			rs.	Р	10/17/2007	06/22/200
16,303.		27,689.	PE: SECURII	.165			-11,386.	
		I .	50 SHARES S&P DEPOSITARY RECEIPTS PROPERTY TYPE: SECURITIES		Р	10/17/2007	07/01/200	
4,548.		7,691.	PE: SECURIT	TES			-3,143.	
		1170 SHARES		arno.		D	04/12/1993	12/14/200
51,088.		PROPERTY TY 4,249.	PE: SECURIT	TES			46,839.	
TAL GAIN(L	oss)						31,182.	
							:	
								•
						П		

PAGE 18

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

	NET	INVESTMENT	INCOME	3,116.
REVENUE	AND	EXPENSES	PER BOOKS	3,116
			DESCRIPTION	CITIBANK

TOTAL

3,116.

3,116.

PROFESSIONAL FEES
OTHER
- 1
$\vdash$
PART
990PF,
۱۱,۰

	NET	INVESTMENT	INCOME	.005	500.
REVENUE	AND	EXPENSES	PER BOOKS	500.	500
					SIATOT
			DESCRIPTION	CITIBANK FEES	

ATTACHMENT 2

PAGE 19

ATTACHMENT 3

TAXES
I
<b>-</b>
PART
990PF.
FORM

NET INVESTMENT INCOME	38.	38.
REVENUE AND EXPENSES PER BOOKS	4,124.	4,162.
		TOTALS
DESCRIPTION	FEDERAL EXCISE TAX FOREIGN TAX	

ATTACHMENT 4

EXPENSES	
OTHER	
۱	
H	I
PART	
990PF,	
FORM	

CHARITABLE PURPOSES 25.	25.
NET INVESTMENT INCOME 30.	30.
REVENUE AND EXPENSES PER BOOKS 25.	. 55.
	TOTALS
DESCRIPTION MN ATTORNEY GENERAL FEE CREDIT CARD/BANK FEES	

Ŋ

ATTACHMENT

ATTACHMENT 5	
CORPORATE STOCK	
PART II - C	
FORM 990PF,	

DIANA NELSON AND JOHN ATWATER FAMILY

ENDING <u>FMV</u>	15,414. 58,840. 16,971. 28,151.	119,376.
ENDING BOOK VALUE	15,414. 58,840. 16,971. 28,151.	119,376.
DESCRIPTION	MIDCAP SPDR SPDR ISHARES MSCI EAFE INDEX MEDTRONIC INC DIAMOND HILL LONG-SHORT	TOTALS

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

DESCRIPTION		AMOUNT
ACCRUED DIVIDENDS ACCRUED INTEREST		241. 372.
	TOTAL	613.

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

DESCRIPTION AMOUNT

UNREALIZED GAIN/LOSS ON INVESTMENTS

7,441.

ROUNDING

٥.

TOTAL

7,444.

PAGE 25

- NEW SUBSTANTIAL CONTRIBUTORS FORM 990PE,

LINE 10 PART VII-A,

NAME AND ADDRESS

DIRECT PUBLIC

SUPPORT

DATE

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

59,145.

10/20/2009

TOTAL CONTRIBUTION AMOUNTS

59,145.

ω

ATTACHMENT

DIRECTORS, AND TRUSTEES

FORM 990PF, PART VIII - LIST OF OFFICERS,

EXPENSE ACCT AND OTHER ALLOWANCES	.0	Ö	ó	0
CONTRIBUTIONS ETO EMPLOYEE BENEFIT PLANS	0	.0	· o	.0
COMPENSATION	.0	o	0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT, TRUSTEE 1.00	TREASURER, TRUSTEE 1.00	SECRETARY, TRUSTEE 1.00	GRAND TOTALS
NAME AND ADDRESS	DIANA NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356	JOHN ATWATER 550 TONKAWA ROAD · LONG LAKE, MN 55356	C. DAVID NELSON 550 TONKAWA ROAD LONG LAKE, MN 55356	

Q

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DIANA NELSON JOHN ATWATER

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

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

DIANA NELSON AND JOHN ATWATER FAMILY

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BLAKE SCHOOL	NONE	ANNUAL FUND	200
110 BLAKE ROAD	PUBLIC		
HOPKINS, MN 55343			
CHILDREN FOR CHILDREN	NONE	ANNUAL FUND	1,000
6 EAST 43RD STREET, 25TH FLOOR	PUBLIC		
NEW YORK, NY 10017			
GUTHRIE THEATER FOUNDATION	NONE	ROMEO & JULIET PRODUCTION	3, 333
818 SOUTH 2ND STREET	PUBLIC		
MINNEAPOLIS, MN 55415			
HARVARD COLLEGE FUND	NONE	RADCLIFFE INSTITUTE & HARVARD COLLEGE FUND	200,000
124 MOUNT AUBURN ST, SUITE 430 NORTH	PUBLIC		
CAMBRIDGE, MA 02138			
KIPP FOUNDATION	NONE	GENERAL OPERATING SUPPORT	5,000
135 MAIN STREET, SUITE 1700	PUBLIC		
SAN FRANCISCO, CA 94105			
. LEADERSHIP PUBLIC SCHOOLS	NONE	GENERAL OPERATING SUPPORT	5,000
2601 MISSION ST , 9TH FLOOR	PUBLIC		
SAN FRANCISCO, CA 94110			

ATTACHMENT 12 (CONT'D)

DIANA NELSON AND JOHN ATWATER FAMILY

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

	AMOUNT	15,000		3,750			2,000			12,500			
	PURPOSE OF GRANT OR CONTRIBUTION	ANNUAL FUND		ANNUAL FUND			ANNUAL FUND			ANNUAL FUND			
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	PUBLIC	NONE	PUBLIC		NONE	PUBLIC		NONE	PUBLIC		
	RECIPIENT NAME AND ADDRESS	MARIN ACADEMY	1600 MISSION AVENUE SAN RAFAEL, CA 94930	PHILLIPS ACADEMY ANDOVER	180 MAIN STREET	ANDOVER, MA 01810	SAN FRANCISCO DAY SCHOOL	350 MASONIC AVENUE	SAN FRANCISCO, CA 94118	SAN FRANCISCO MUSEUM OF MODERN ART	151 THIRD STREET	SAN FRANCISCO, CA 94103	

248,083 TOTAL CONTRIBUTIONS PAID

PAGE 30 ATTACHMENT 12

### **SCHEDULE D** (Form 1041)

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

# **Capital Gains and Losses**

DIANA NELSON AND JOHN ATWATER FAMILY

► 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

2009

F	OUNDATION				20-49002	208			
Note	Form 5227 filers need to complete only Pa	arts I and II							
Part	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ear or Less					
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, ут)	(c) Date sold (mo , day, уг)	(d) Sales price	(e) Cost or other (see page 4 of instructions	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)		
1a						<u> </u>			
		ļ							
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b			
	Short-term capital gain or (loss) from Form					2			
	Net short-term gain or (loss) from partners Short-term capital loss carryover Enter th			-		3			
5	Carryover Worksheet		in column (f)	Enter here and on lin		4	<u>(                                    </u>		
	column (3) on the back			<u> </u>		5			
Part	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other (see page 4 of		(f) Gain or (loss) for the entire year		
6a	(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo , day, yr )	(0, 0 = 0 = 0	instructions		Subtract (e) from (d)		
		-							
			!						
						6b	31,182.		
b	<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b								
7	Long-term capital gain or (loss) from Form	7	<del></del>						
8	Net long-term gain or (loss) from partnersh	8							
9	Capital gain distributions					9			
10	Gain from Form 4797, Part I					10			
	Long-term capital loss carryover. Enter the Carryover Worksheet			•		11	( )		
12	Net long-term gain or (loss). Combine lines column (3) on the back	6 6a through 11	in column (f)	Enter here and on lin	e 14a,		31,182.		
	perwork Reduction Act Notice, see the Instru						D (Form 1041) 2009		

Sche	dule D (Form 1041) 2009	_		_	Page 2
Pa	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this	part.	(see page 5)	or trust's	
13	Net short-term gain or (loss)	13			
14	3 . 3				21 100
	Total for year	14a			31,182.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		<del></del>	
С		14c		_	21 102
	Total net gain or (loss). Combine lines 13 and 14a	15	T D 111 1 151	44 445	31,182.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo art V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete F	rm 990 Part IV i	I-T, Part I, line 4a)  If line and the <b>Capital Loss Ca</b> n	s 14a and 15, column <b>rvover Worksheet.</b> as n	(2), are net gains, go necessarv
	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I i	ne 4c if a trust) the sn	naller of	<del></del>
					)
Note	The loss on line 15, column (3) or b \$3,000 if Form 1041, pages of the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pages over Worksheet on page 7 of the instructions to figure your capital loss carryove	e 1, lır	ne 22 (or Form 990-T, III	ne 34), is a loss, comp	lete the Capital Loss
			<u> </u>		
	Tax Computation Using Maximum Capital Gains Rate				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu			ount is entered in F	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), <b>and</b> Form 1041, line 22, is moi <b>tion:</b> Skip this part and complete the worksheet on page 8 of the instruc				
	ither line 14b, col (2) or line 14c, col (2) is more than zero, or	Clioris	"		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
For	n 990-T trusts. Complete this part only if both lines 14a and 15 ar	e gair	ns, or qualified divide	ends are included ii	n income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	i complete the works	sheet on page 8 of	the instructions of
eithe	er 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)		T.	-5/25/2	
	but not less than zero				
19	Enter the estate's or trust's qualified dividends			2.3	
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	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		22		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
	Enter the smaller of the amount on line 17 or \$2,300		24		
25	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		25	100 S	
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24	• • •	20	# Y = 4 1 4 1	
27	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 line	00	27	يعرب أن الم	
	Yes. Skip lines 27 thru 30, go to line 31	ne 22	21		
20	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	The state of the s	
28	Enter the amount from line 20 (if line 20 is blank, enter -0-)		20	14	
20	Subtract line 28 from line 27		29		
29				30	
30	Multiply line 29 by 15% (15)				
31	(see the Schedule Ginstructions in the instructions for Form 1041)				
	(see the ochedule of instructions in the instructions for Form 1041).	• • •			
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate	 e Sch	edule for Estates an	· · · · · <del>                            _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _  </del>	
<b>J J</b>	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33				
	G, line 1a (or Form 990-T, line 36)				

PAGE 32

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side DIANA NELSON AND JOHN ATWATER FAMILY

Employer identification number 20-4900208

t II Long-Term Capital Gains and	(b) Date	(c) Date sold	(d) Sales price	(e) Cost or other basis	(A Cair "
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr )	(mo , day, yr )	(see page 4 of the instructions)	(see page 4 of the instructions)	(f) Gain or (lo Subtract (e) from
95 SHARES ISHARES MSCI					
EAFE INDEX	10/17/2007	06/22/2009	4,319.	8,009.	-3,6
55 SHARES ISHARES MSCI					
EAFE INDEX	12/28/2006	06/22/2009	2,500.	4,038.	-1,5
.40 SHARES MEDTRONIC	04/12/1993	06/22/2009	4,608.	508.	4,1
.80 SHARES S&P DEPOSITARY RECEIPTS	10/17/2007	06/22/2009	16,303.	27,689.	-11,3
00 SHARES S&P DEPOSITARY	10/11/2001	00/22/2003	10,303.	27,003.	11/3
RECEIPTS	10/17/2007	07/01/2009	4,548.	7,691.	-3,1
RDCDII I U	10/11/2001	0170172003	1/0101	,, 3321	
170 SHARES MEDTRONIC	04/12/1993	12/14/2009	51,088.	4,249.	46,8
			<u></u>		<del>.</del>
					-
			•		
	<u> </u>				<u></u>
					,
				-	
	:		<del></del>		
Total. Combine the amounts in column		<u> </u>		·	

# Diana Nelson and John Atwater Family Foundation 20-4900208

### U.S. Return of Private Foundation Calendar Year 2009

### Part XV, line 2a

C. David Nelson
Diana Nelson and John Atwater 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.

### The Diana Nelson and John Atwater Family Foundation

550 Tonkawa Road

Long Lake, MN 55356

20-4900208

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'alarie Melson	C. David Nelson	5/11/1
Signature)	(Name)	(Date)
	Trustee	
	(Title)	