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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning 2009, and ending Initial return Initial Return of a former public charity G Check all that apply: Final return Amended return Address change Name change Employer Identification number Use the TENNYSON FAMILY FOUNDATION, INC. 20-5632475 IRS label. Otherwise, 35 SOUTH 4TH STREET Telephone number (see the instructions) print CUSTER, SD 57730 (605)673-2350or type. See Specific If exemption application is pending, check here Instructions D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check Check type of organization: X Section 501(c)(3) exempt private foundation here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method: X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ under section 507(b)(1)(B), check here 53,058. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not neces purposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 5,450 if the foundn is not req to att Sch B 理學是自然 Interest on savings and temporary 235 cash investments 235 235 Dividends and interest from securities 181 181 **第一章 对象证明** 5a Gross rents **经验的数据的** 形态 b Net rental income or (loss) **然似在"两个**"之 されると問題 開發主主主教的無 是是沒在來都一句表 **对自己的 承以下李明**章中"塞 6a Net gain/(loss) from sale of assets not on line 10. 學學學可以 b Gross sales price for all assets on line 6a SCANNED MAY 医二烷医疗 **建筑工作的** Capital gain net income (from Part IV, line 2) Net short-term capital gain A STATE OF S 本意式論式問題 9 Income modifications g 2 8 40 10a Gross sales less returns and allowances b Less Cost of goods sold · ** c Gross profit/(loss) (att sch) ·特殊的是不少。 11 Other income (attach schedule) AND THE RESERVE STATE OF THE PARTY 12 Total. Add lines 1 through 11 7.4.2 416 416 5,866 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits See St 1 337. 16a Legal fees (attach schedule) b Accounting fees (attach sch) c Other prof fees (attach sch) See. St 2 3,167. OPERATING 17 Interest 106 18 See Stm 3 Taxes (attach schedule)(see instr.) R A T Depreciation (attach 35 to 12 to sch) and depletion ¥ E Occupancy 21 Travel, conferences, and meetings Printing and publications **၁**၄၅-နွဲ့ Other expenses (attach schedule) See Statement 4 310 Total operating and administrative expenses. Add lines 13 through 23 920 6,500 Contributions, gifts, grants paid Part XV 6,500. まいいそ ふ Total expenses and disbursements. Add lines 24 and 25 10,420 0 6,500 Subtract line 26 from line 12: a Excess of revenue over expenses 554 and disbursements 416. A Bridge b Net investment income (if negative, enter -0-) 1403 *,*_ 25. 416. C Adjusted net income (if negative, enter -0-)

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

58,659

6

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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 Part VI instructions.

 6
 4.

 7
 3,325.

 8
 6,500.

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Add lines 5 and 6

Enter qualifying distributions from Part XII, line 4

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	the in	struction	5)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here . And enter 'N/A' on line 1.				Tier.	
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1			4.
	check here ► X and enter 1% of Part I, line 27b					2000年
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) .					400
	_					4
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			0.
3	Add lines 1 and 2		3			4.
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	٠,.	5			4.
6	Credits/Payments ⁻		3	建 机(4)		<u>- ا</u>
a	2009 estimated tax pmts and 2008 overpayment credited to 2009		1		2 5 5 5 A.	
	Exempt foreign organizations — tax withheld at source 6b		ŝ			1
	Tax paid with application for extension of time to file (Form 8868) 6c					62 (x 533a -
	Backup withholding erroneously withheld . 6d		3			2
			7		Air	0.
7	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	}	8			<u> </u>
0			9			4.
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					4.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Finter the amount of line 10 to be: Credited to 2010 estimated tax Refunded		10			
11			11	<u>_</u>		
ran	VII-A Statements Regarding Activities				1 7	I
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	d it		18	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			11		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materi	ale nu	hlichor	ئىد. مۇرىد	1	i E
	or distributed by the foundation in connection with the activities	ais pui	UIISHEC			, <u></u>
С	Did the foundation file Form 1120-POL for this year?			. 10	:	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			,	100	`ti=
	(1) On the foundation . \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$			_0. ≇		(1)
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed	on			
_	foundation managers \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{			2	خندن	٠
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?.			2	1.61.	X
	If 'Yes,' attach a detailed description of the activities			1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	articles	5	- 345	1 2 2	7. Y
		es		3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			43		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			41	N - 1	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	115	X
_	If 'Yes,' attach the statement required by General Instruction T			1.1		4, 4, 2
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			· · · · · · · · · · · · · · · · · · ·	5 4	
	By language in the governing instrument, or					15"
	 By state legislation that effectively amends the governing instrument so that no mandatory directions with the state law remain in the governing instrument? 	that co	nflict	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	>			18074	4
	SD					₩.
h	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 .			81	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)	(3) or	49424	1/5)		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' co			XIV 9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing and addresses See Stater	heir n ent	ames 6	10	x	

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	n 990-RF (2009) TENNYSON FAMILY FOUNDATION, INC.	20	-563247	/5	P	Page 5
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 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	Did the foundation comply with the public inspection requirements for its annual returns and exemption	n applica	ation?	13	_X	<u> </u>
	Website address ► N/A	. -	7,5,0,5			<u>-</u> – -
14	The books are in care of MICHAEL E TENNYSON Telephone Located at MICHAEL E TENNYSON ZIP + 4 MICHAEL E		_(<u>603)</u> . 730	~ 6 \73	_235	<u>'U</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		130	 N/A	<u>-</u>	FT-
13	and enter the amount of tax-exempt interest received or accrued during the year		15	III/ II		N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L	<u></u>	-		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			1	Yes	No
1 a	During the year did the foundation (either directly or indirectly):			手 凝	**	43.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo		藍	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		32	
		□.••	1.10			12
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo	英文		
ь	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?	_	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	· 📋	× 4	學問	77
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that 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 operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20					4 - 1
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see the instructions.)	(a)(2) a)(2) to		25	N	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years listed in 2a, list the years listed in 2b. If the provisions of section 4942(a)(b) are being applied to any of the years listed in 2b. It is the years listed in 2b. It i	nere	•		群。英	TI
	► 20, 20, 20	1010				湯川
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
b	o 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 approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	d		3b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	- NA PO -	X
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?		·	4b		X
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Part VII-B Statements Regarding Activit		n 4/20 May Be Req	uirea (continuea)	' 	
5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attem	-	on (section 4945(e))?	∏Yes ∑	₹ No	
(2) Influence the outcome of any specific pub	olic election (see section				
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive? .		Yes Yes	No No	
(4) Provide a grant to an organization other t	han a charitable, etc, o	rganization described		- 一 	10000000000000000000000000000000000000
in section 509(a)(1), (2), or (3), or section (5) Provide for any purpose other than religion			Tes 2	S No	
educational purposes, or for the prevention	on of cruelty to children	or animals? .	Yes 🛚 Yes	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions :	. 5b	N/A
Organizations relying on a current notice rega	erding disaster assistan	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes]No	
If 'Yes,' attach the statement required by Reg 6a Did the foundation, during the year, receive a			s		
on a personal benefit contract? b Did the foundation, during the year, pay prem			∐Yes [∑	No ☐ 6b	X
If 'Yes' to 6b, file Form 8870	-				
7a At any time during the tax year, was the found	, -			No	· · · ·
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				. 7b Employees,	N/A
and Contractors					
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(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	other allov	account, vances
MICHAEL E TENNYSON	Director	0.	0.		0
35 SOUTH 4TH STREET	0.50				
CUSTER, SD 57730			_)	
BONNIE L TENNYSON	Director	0.	0.		0
35 SOUTH 4TH STREET	0.50			ţ	Ū
CUSTER, SD 57730	0.00				
SONJA A TENNYSON	Director	0.	0.		0
35 SOUTH 4TH STREET	0.50		•		0
CUSTER, SD 57730	0.50				
JERAD M TENNYSON	Director	0.	0.	+	0
35 SOUTH 4TH STREET	0.50	0.	0.		U.
CUSTER, SD 57730	0.30				
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1— see in	structions) If none	enter 'NONE '	
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to		account
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allow	vances
None					
				-	
				 	

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Total. Add lines 1 through 3

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0.

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1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities	1 - x	10.510
	1a	19,649.
b Average of monthly cash balances	. 1b	31,714.
c Fair market value of all other assets (see instructions)	1c	<u> </u>
d Total (add lines 1a, b, and c)	1 d	51,363.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
· · · · · · · · · · · · · · · · · · ·	<u>o.</u>	•
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	51,363.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	770.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	50,593.
6 Minimum investment return. Enter 5% of line 5	6	2,530.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► X and do not complete this		ndations
1 Minimum investment return from Part X, line 6 N/A	11	
2a Tax on investment income for 2009 from Part VI, line 5	355	
b Income tax for 2009 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1 .	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4 .	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see Instructions)		,
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	6,500.
b Program-related investments — total from Part IX-B	1 b	0,300.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes	2	·
	2.5	
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,500.
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 instructions)	5	4.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,496.

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Pa	rt:XIII Undistributed Income (see insti	ructions)	N/A		
	7. 13	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2009: a Enter amount for 2008 only			学者 アプラン	
	b Total for prior years: 20 , 20 , 20	"有多种"的		人、文書語は異ない。	设建筑建筑
3	Excess distributions carryover, if any, to 2009	· 1987年	建物的 註 於此	建工工作	
	a From 2004				
1	From 2005 .				
	From 2006				
	d From 2007 .				
	e From 2008				
1	Total of lines 3a through e				
	Qualifying distributions for 2009 from Part	- ;		张·吉朗 · 14	
	XII, line 4· ► \$				
	Applied to 2008, but not more than line 2a	-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,			
	a Applied to undistributed income of prior years (Election required – see instructions)				
	,	· · · · · · · · · · · · · · · · · · ·	a 4년 동생 5월	C. SANDERS	
•	: Treated as distributions out of corpus (Election required – see instructions)				
(Applied to 2009 distributable amount		Aug To May Color	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(*,*
	Remaining amount distributed out of corpus			Mar Harry	正维与的第二 字
5	Excess distributions carryover applied to 2009		1 《日本品》文字编辑		
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:		والمرابع سيام		
•	a Corpus. Add lines 3f, 4c, and 4e Subtract line 5				The state of the s
	Prior years' undistributed income Subtract line 4b from line 2b	The Marie Control of the Control of			
•	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				and and and
•	Subtract line 6c from line 6b. Taxable amount — see instructions				
•	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions		企作的企		
1	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)			No. of the last	
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.	NEW PROPERTY OF	《图图 经金融		
ä	Excess from 2005	"公司"			
ł	Excess from 2006				
(Excess from 2007				
(Excess from 2008				
•	Excess from 2009	· A. S. A. A. S. A.	《新聞》		

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If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or	Amount
substantial contributor	recipient	Contribution	
substantial contributor	recipient	CONTIDUITOR	
		► 3a	6,500.
			5,000.
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient	show any relationship to any foundation manager or substantial contributor Show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution

Part XVI-A			D	A
Part XVILA I	Analyeic	AT INCAMA	Droducina	Activities
	MIIGIVSIS	OI IIICOINE	riouucina	ACUVIUCS

	s amounts unless otherwise indicated.	Unrelate	d business income	Excluded by	section 512, 513, or 514	
	ram service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
•	Tam Service revenue.	 		- wde		(see the instructions)
d		 		 		·
e		-				
f	and contracts from government agencies	 		 		
_	bership dues and assessments	 		 		
	st on savings and temporary cash investments			14	235.	
	ends and interest from securities			14	181.	······
5 Net re	ental income or (loss) from real estate					三 <u>事</u>
a Debt-	financed property					
b Not d	lebt-financed property					
	ntal income or (loss) from personal property			 		
	r investment income			 		
	r (loss) from sales of assets other than inventory			 		
	ncome or (loss) from special events s profit or (loss) from sales of inventory					
	r revenue				e maj Taring T	- , <u>- , - , - , - , - , - , - , - , - ,</u>
	Teverine		<u> </u>	 		- 1
				 		
е	· ·				•	
· —						
12 Subto	otal Add columns (b), (d), and (e)	* . * . *		- 4 ° ° ° ° °	416.	41.0
12 Subto	. Add line 12, columns (b), (d), and (e)				416. 13 ₋	416.
12 Subto 13 Total (See works		alculations)	shment of Exemp		13	416.
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	
12 Subto 13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify carbon Relationship of Activities to the	alculations)	-	ot Purpose	13 <u>-</u>	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	description description (1) C (2) C (2) F (3) F	Other assets r transactions. Sales of assets to a non Purchases of assets from Pental of facilities, equip	of the Code (o tions? I foundation to ncharitable exe om a noncharita oment, or othe	ther than section a noncharitable empt organization able exempt orga	n 501(c)(3) organ exempt organız	nizations) or in sec	ization tion 527,	1a (1) 1a (2) 1b (1) 1b (2) 1b (3)	Yes	X X X
		leimbursement arrange oans or loan guarantee			•		•	1 b (4) 1 b (5)		X
		erformance of services		ID or fundraising	i solicitations	•		1b(5)		X
		ng of facilities, equipme				ees.	•	1c		X
			_							
	the a	oods, other assets, or s	services given	by the reporting	foundation If the	e foundation recei	ld always show the fair r ived less than fair marke sets, or services receive	t value in	ue of	
) Line no	(b) Amount involved	(c) Name o	of noncharitable exem	npt organization	(d) Description	of transfers, transactions, and	sharing arrai	ngement	is
N/	/A .									
		<u> </u>								
			-							
										
	-									
	-									
							 			
	b If 'Ye	foundation directly or ibed in section 501(c) of s,' complete the following (a) Name of organization	ng schedule.	· · · · · · · · · · · · · · · · · · ·	ated to, one or m 501(c)(3)) or in of organization	ore tax-exempt or section 527?	ganizations (c) Description of rela	Yes	X	No
_					······································					
S I G N	-	alties of perjury, I declare that I Declaration of preparer (other to ature of officer or trystee	have examined that has expayed of the	preturn, including accuciary) is based on all	companying schedules I information of which	and statements, and to preparer has any knowle	the best of my knowledge and bidge DIRECTOR Title	elief, it is true	e, correc	t, and
H	Paid	Preparer's signature	F4	el O	a hel	Date 4/29/10	Check if (See	rer's Identifyi Signature in	ng numt	per s)
- i	Pre- parer's	Firm's name (or CAMPI	BELL, BURK	ART, SAGE, CI		1 4/23/10	employed ► PUC EIN ► 46-039			
	Use Only	yours if self- employed), address, and	JACKSON		TE 201			·		
\perp	y	address, and RAPII		D 57702			Phone no ► (60.	5) 348-	-772	1
ВА	A	_ _			,			Form 99 0)-PF (2009)

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

2009

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

Name of the organization		Employer identification number
TENNYSON FAMILY FOUNDATION	N, INC	20-5632475
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not to 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat 501(c)(3) taxable private foundation	ed as a private foundation
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10)	the General Rule or a Special Rule O) organization can check boxes for both the General F	Rule and a Special Rule See instructions.
General Rule – X For an organization filing Form 990, 9 contributor. (Complete Parts I and II.)	990-EZ, or 990-PF that received, during the year, \$5,00	00 or more (in money or property) from any one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received fro	ling Form 990 or 990-EZ, that met the 33-1/3% supporting any one contributor, during the year, a contribution of the e 1h or (ii) Form 990-EZ, line 1 Complete Parts I and	greater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) or aggregate contributions of more than prevention of cruelty to children or an	ganization filing Form 990 or 990-EZ, that received fro \$1,000 for use <i>exclusively</i> for religious, charitable, sci imals Complete Parts I, II, and III	om any one contributor, during the year, entific, literary, or educational purposes, or the
contributions for use exclusively for rethis box is checked, enter here the to	rganization filing Form 990 or 990-EZ, that received fro eligious, charitable, etc, purposes, but these contribution tal contributions that were received during the year for parts unless the General Rule applies to this organizar	ons did not aggregate to more than \$1,000 If ran exclusively religious, charitable, etc,
religious, charitable, etc, contributions	of \$5,000 or more during the year.	▶ \$
990-PF) but it must answer 'No' on Part I	red by the General Rule and/or the Special Rules does V, line 2 of their Form 990, or check the box on line Hie filing requirements of Schedule B (Form 990, 990-E.	I of its Form 990-EZ, or on line 2 of its Form

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Name of org	SON FAMILY FOUNDATION, INC.	I .	oyer identification number -5632475
	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MIKE & BONNIE TENNYSON		Person X
	35 SOUTH 4TH STREET	\$5,250	Noncash
	CUSTER, SD 57703		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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)

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

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of 1

of Part I

Page

of **1**

of Part II

Name of organization

TENNYSON FAMILY FOUNDATION, INC.

Employer identification number 20-5632475

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(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
		\$\$	

Name of organ				Employer Identification number				
	ON FAMILY FOUNDATION, INC.			20-5632475				
Part III	Exclusively religious, charitable, e organizations aggregating more t	etc, individual contribution	ns to secti omplete cols	on 501(c)(7), (8), or (10) (a) through (e) and the following line en	try)			
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of exclusively religious, c	haritable, etc.	, ons) ▶\$]	N/A			
(a)	(b)	(c)	See manach	(d)	. 1/ A			
No. from	Purpose of gift	Use of gift		Description of how gift is held				
Part I			,					
	N/A		 					
				· · · · · · · · · · · · · · · · · · ·				
			•					
		(e)						
	T f t	Transfer of gift	Relationship of transferor to transferee					
	Transferee's name, addres	ss, and ZIP + 4						
			 					
				_				
				· · · · · · · · · · · · · · · · · · ·				
(a)	(b)	(c)	<u> </u>	(d)				
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held				
1 diti								
	(e) Transfer of gift							
	Transferee's name, addres		Relationship of transferor to transferee					
i								
(a)	· (b)	(c)		(d)				
No. from	Purpose of gift	Use of gift		Description of how gift is held				
Part I				3				
			- ,, ·					
			-,,					
	(e)							
	Turnefour la nome address	Transfer of gift	Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4			monship of transferor to transferee				
					—			
					—			
(a)	(b)	(c)		(d)				
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held				
					_			
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee				
					_			

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

of 1

of Part III

Page 1

2009	709 Federal Statements				
	TENNYSON FAMILY FOUNDATION, INC.				
4/26/10 Statement 1 Form 990-PF, Part I, Line 16a Legal Fees		04:39PM			
APPLICATION FEE (ATTORNEY	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income FEE) \$ 337. \$ 0. Total \$ 0. \$ 0.	_			
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees					
PROFESSIONAL FEES	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income Total \$ 3,167. \$ 0. \$ 0.	(d) Charitable Purposes \$ 0.			
Statement 3 Form 990-PF, Part I, Line 18 Taxes					
FEDERAL TAXES	(a) (b) Net (c) Expenses Investment Adjusted Income Net Income S 106. \$ 0. \$ 0. \$ 0.	(d) Charitable Purposes \$ 0.			
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses					
ANNUAL FEE (STATE OF SD) APPLICATION FEE (IRS)	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 10.	-			
		:			

2009

Federal Statements

Page 2

TENNYSON FAMILY FOUNDATION, INC.

20-5632475

4/26/10

04:39PM

Statement 5 Form 990-PF, Part II, Line 13 Investments - Other

	Valuation <u>Method</u>		Book <u>Value</u>		Fair Market Value	
Other Investments	_					
GROWTH FUND OF AMERICA MUTUAL FUND	Cost	\$	29,284.	\$	23,683.	
	Total	\$	29,284.	\$	23,683.	

Statement 6 Form 990-PF, Part VII-A, Line 10 **Substantial Contributors During the Tax Year**

Name of Substantial Contributor Address of Substantial Contributor

MIKE & BONNIE TENNYSON

35 SOUTH 4TH STREET CUSTER, SD 57703

Statement 7 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

MICHAEL E TENNYSON BONNIE L TENNYSON

Statement 8 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

JILL TENNYSON MEMORIAL SCHOLARSHIP TENNYSON FAMILY FOUNDATION, INC

Name: Care Of:

MICHAEL E TENNYSON 35 SOUTH 4TH STREET

Street Address: City, State, Zip Code:

CUSTER, SD 57730

Telephone:

(605) 673-2350 SEE ATTACHED APPLICATION FORM

Form and Content: Submission Deadlines:

FEBRUARY 15

Restrictions on Awards:

SEE ATTACHED APPLICATION FORM

Donee Relationship NONE	Found- ation Status	Purpose of		20-5632475 04.39PM
<u>Relationship</u>	ation Status			04.39PM
<u>Relationship</u>	ation Status			!
NONE		<u>Grant</u>		Amount
	EXEMPT	FUND YOUTH PROGRAMS	\$	250.
NONE	INDIVIDUA	JILL TENNYSON MEMORIAL SCHOLARSHIP		1,000.
NONE	EXEMPT	FUNDS FOR GIFTS FOR CHILDREN		500.
NONE	EXEMPT	RENT/UTILITY ASSISTANCE		500.
NONE	EXEMPT	FUND PROGRAMS		250.
NONE	EXEMPT	FUND EDUCATION AND OUTREACH PROGRAMS		100.
NONE	EXEMPT	FUND YOUTH READING PROGRAMS		500.
NONE	EXEMPT	FUNDS FOR COMPUTERS FOR SENIOR CENTER		250.
NONE	EXEMPT	VIOLENCE VICTIMS ASSISTANCE		500.
NONE	EXEMPT	FUND YOUTH READING PROGRAM		150.
NONE	EXEMPT	FUND FOOD PROGRAM		500.
NONE	EXEMPT	FUND CHRISTMAS FOR CHILDREN		250.
NONE	EXEMPT	FUND YOUTH PROGRAMS		500.
	NONE NONE NONE NONE NONE NONE NONE NONE	NONE EXEMPT NONE EXEMPT	NONE INDIVIDUA JILL TENNYSON MEMORIAL SCHOLARSHIP NONE EXEMPT FUNDS FOR GIFTS FOR CHILDREN NONE EXEMPT RENT/UTILITY ASSISTANCE NONE EXEMPT FUND PROGRAMS NONE EXEMPT FUND EDUCATION AND OUTREACH PROGRAMS NONE EXEMPT FUND YOUTH READING PROGRAMS NONE EXEMPT FUNDS FOR COMPUTERS FOR SENIOR CENTER NONE EXEMPT VIOLENCE VICTIMS ASSISTANCE NONE EXEMPT FUND YOUTH READING PROGRAM NONE EXEMPT FUND YOUTH READING PROGRAM NONE EXEMPT FUND FOOD PROGRAM NONE EXEMPT FUND CHRISTMAS FOR CHILDREN	NONE EXEMPT FUND FOR SENIOR CENTER NONE EXEMPT FUNDS FOR GIFTS FOR CHILDREN NONE EXEMPT FUND PROGRAMS NONE EXEMPT FUND EDUCATION AND OUTREACH PROGRAMS NONE EXEMPT FUND YOUTH READING PROGRAMS NONE EXEMPT FUND YOUTH READING PROGRAMS NONE EXEMPT FUNDS FOR COMPUTERS FOR SENIOR CENTER NONE EXEMPT VIOLENCE VICTIMS ASSISTANCE NONE EXEMPT FUND YOUTH READING PROGRAM NONE EXEMPT FUND YOUTH READING PROGRAM NONE EXEMPT FUND FOOD PROGRAM NONE EXEMPT FUND CHRISTMAS FOR CHILDREN

2009	Federal Statements				Page 4
	TENNYSON FAMILY FOUNDATION, INC.				20-5632475
4/26/10			 		04:39PM
Statement 9 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant		Amount
RESSLER BENEFIT CUSTER, SD 57730	NONE	INDIVIDUA	MEDICAL EXPENSES	\$	250.
SALVATION ARMY CUSTER, SD 57730	NONE	EXEMPT	FUND PROGRAMS		500.
UNITED WAY OF THE BLACK HILLS CUSTER, SD 57730	NONE	EXEMPT	FUND PROGRAMS		500.
	-		Total	\$	6,500.

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