

## 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



# 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

		ar year 2009, or ta	ax year beginnin	g		, 200	, and ending	1		•		
G C	neck a	all that apply:	Initial return	Init	ial Return o	f a former p	oublic charity		Final return			
			Amended ret	um	· Address change Nan				e change			
Use	the	· · · · · ·	—				<u> </u>		A Employer identification number			
IRS L		DAVID B. J	OHNSON FAM	IILY	FOUNDATION				41-1859513			
Other	wise,	5408 STAUD			LOUNDITION				В	Telephone number (see the	undrudona)	
- pri		EDINA, MN							<b>D</b>	· ·	instructions)	
or ty See Sp								<u> </u>		612-455-5570		
Instruc									C	If exemption application is		
H			VIC.	1 50	1 ( ) (2)		<del></del>			l Foreign organizations, che		
п		type of organiza			1(c)(3) exem				2	2 Foreign organizations mee here and attach computati	ting the 85% test, check	
		ection 4947(a)(1)					private found		Ε	If private foundation statu		
		rket value of all asset Part II, column (c), line		la Voi	counting me		ash LAC	crual	_	under section 507(b)(1)(A	), check here	
				╽_└	Other (specify)				F	If the foundation is in a 60	)-month termination	
<b>, ⊲</b>	<u> </u>		,868.	(Part I	<u>, column (d)</u>	must be or	n cash basis.	)		under section 507(b)(1)(B	), check here 🟲	
Part		Inalysis of Re			(a) Reve	nue and	(b) Net inv	vestment		(c) Adjusted net	(d) Disbursements	
		xpenses (The olumns (b), (c), a			expenses	per books	inco			income	for charitable	
	S	arily equal the an	nounts in columi	n (a)							purposes	
	(5	see the instruction	ns).)				I				(cash basis only)	
	1		grants, etc, received					,		,		
	2		oundn is not req to a						<u> </u>			
	3		ings and tempor				1					
	1		rest from securities.		<del> </del>	12		- 10	+		[	
,	5.	a Gross rents .	est nom securities.	• •	i	12.	ļ	12	<del>' ·  </del>	<del></del>	<u> </u>	
		Net rental income or (loss)			<del></del>	<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	$\dashv$			
R		or (loss) a Net gain/(loss) from	eals of accets not or	line 10	<del>  '''</del>	21,364.	<b></b>	······································	┉┼	······································		
E		<b>b</b> Gross sales price to		862.	<del> </del>	21, 304.	· · · · · · · · · · · · · · · · · · ·	<u></u>	-1	<del></del>		
V E	٦,	assets on line 6a	ome (from Part IV, lin		<del> </del>	<del></del>	<del></del>		7.	······································		
N	8			H <del>O</del> 2)		••••••			<del>'</del> +			
U	9	Income modific		• • 		······································		······	-			
E	10:	a Gross sales less returns and	Ī	• • •	ļ	<del></del>	<b></b>		+			
	1	allowances										
	י ן	b Less: Cost of goods sold	ĺ		-		-		T		,	
	(	c Gross profit/(loss)	(att sch)		·····	*******	<del>[</del>		-		, , , , , , , , , , , , , , , , , , , ,	
<b>,</b>		Other income (		l			1		十	·		
	1		•		1		İ					
:	12	Total. Add lines	1 through 11.		-:	21,352.		12		0.	**	
	13	Compensation of off		ees, etc		0.			I			
	14	Other employee sala	•						$\perp$			
, ————		Pension plans,		fits .					$\perp$			
DA	767	a tegal fees (attach s	chedule)						_			
T I		Acopurating fees (at	tach sch) SEE	ST.1		1,999.			_	····	1,999.	
J	-	Other prof fees (atta	a¢hsch)						4			
DE RA	V'1	INCENTAGE OF TAKE	4					· ··· · - · ·	_			
RR	18	Taxes (attach schedule)(s							4	-		
14.4	19	Depreciation (a	ttach						- 1			
<b>Ø</b> G	D <sub>6</sub> -	Occupandy	1						╌┼	<del></del>		
GE	21		nces, and meeti	nas i					十			
A E N X D P	22	Printing and put	blications						寸		-	
A E X D P	23	Other expenses		le)			·	•	$\top$			
N					<u> </u>		<u> </u>		$\perp$			
S E	24	Total operating	and administra	tive		1 000				- <del></del>		
S	-	expenses. Add				1,999.		···	_		1,999.	
	25	Contributions, gifts,				51,000.	·			<u> </u>	51,000.	
	26	Total expenses Add lines 24 an	and disburseme	ents.		52,999.		0	, I	0.	E2 000	
	27	Subtract line 26					. ,		<u>'</u>	<u> </u>	52,999.	
		Excess of rever		es	′ ′ ′		,	., :	4	Sugar Contract	17 77 37 17 3	
		and disburseme				74,351.	<u> </u>	<u> </u>			1 42 14 /s	
	l	Net investment incom		•		, , , , ,		12			,	
		Adjusted net income	(if negative, enter -(	)-) .						0.		

ŘŠ	30 Total net assets or fund balances (see the instructions)	1,803,107.	1,728,	756.	
	31 Total liabilities and net assets/fund balances (see the instructions)	1,806,807.	1,732,4		50 25 40
Par	III Analysis of Changes in Net Assets or Fund Balanc	es			
1	Total net assets or fund balances at beginning of year - Part II, columend-of-year figure reported on prior year's return)	nn (a), line 30 (must agree	with	1	1,803,107
2	Enter amount from Part I, line 27a			2	-74, <u>3</u> 51
3.	Other increases not included in line 2 (itemize)			3	
4	Add lines 1, 2, and 3			4	1,728,756
5	Decreases not included in line 2 (itemize)			5	
	Total net assets or fund balances at end of year (line 4 minus line 5) -		0	6	1,728,756

3,700

1,803,107

3,700

1,728,756

22

Ε

N F E U T N

A S S E

ND

В Ā

A T

27

28

Mortgages and other notes payable (attach schedule). . .

Capital stock, trust principal, or current funds

Foundations that do not follow SFAS 117, check here... > and complete lines 27 through 31.

Paid-in or capital surplus, or land, building, and equipment fund . . . Retained earnings, accumulated income, endowment, or other funds. .

Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Temporarily restricted ......

Permanently restricted . . . .

Other liabilities (describe

Unrestricted. .

	Losses for Tax on Investment			·	
(a) List and describ 2-story brick warehou	oe the kınd(s) of property sold (e.g., re use; or common stock, 200 shares MLC		b) How acquired P Purchase D Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 7000 VASCULAR SOLU	TIONS		P	4/19/04	12/21/09
b GLOBAL MIXERS LLC			P	VARIOUS	12/31/09
c RAYMEDIA LLC			P	VARIOUS	12/31/09
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	(loss) inus (g)
a 55,862.		74	,202.		-18,340.
Ь		2,	934.	-	-2,934.
<u> </u>	<u> </u>		90.	·	<u>-90.</u>
d		· · · · · · · · · · · · · · · · · · ·			
<u>e</u>	<u></u>				
	ng gain in column (h) and owned by the	<del></del>		(1) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(f) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	) t	gain minus column (l nan -0-) or Losses (fi	
a		<del></del>		·	-18,340.
b					-2,934.
c					<u>-90.</u>
d					
<u>e</u>	<u></u>			γ	
2 Capital gain net income or (net	capital loss).	enter in Part I, line 7 er -0- in Part I, line 7	2		-21,364.
3 Net short-term capital gain or (I	oss) as defined in sections 1222(5) ar	nd (6):		1	
If gain, also enter in Part I, line	8, column (c) (see the instructions). I	f (loss), enter -0-	] 3		0
Part V Qualification Unde	r Section 4940(a) for Boduces	Tox on Not Investmen	<u></u>	<del></del>	0.
If 'Yes,' the foundation does not quali	fy under section 4940(e). Do not comp	olete this part.		Yes	X No
	each column for each year; see the		y entries.	(4)	
(a) Base perod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	ts (co	<b>(d)</b> Distributior lumn (b) divided	
2008	58,226.	934	826.	<del></del>	0.062285
2007	56,445.		172.		0.057764
2006	82,182.	1,228			0.066898
2005	94,575.	1,589	940.		0.059483
2004	43,214.	2,052	, 262.		0.021057
2 Total of line 1, column (d)			2		0.267487
3 Average distribution ratio for the	e 5-year base period – divide the total	on line 2 by 5, or by the			
number of years the foundation	has been in existence if less than 5 y	rears	3		0.053497
4 Enter the net value of nonchard	table-use assets for 2009 from Part X,	line 5	4	ļ	631,537.
5 Multiply line 4 by line 3			5		33,785.
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6_	ļ	
7 Add lines 5 and 6			7		33,785.
8 Enter qualifying distributions fro	om Part XII, line 4		8		52,999.
If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI, lin	ne 1b, and complete that part	using a 1% to	ax rate. See the	

Form 990-PF (2009) DAVID B. JOHNSON FAMILY FOUNDATION		<u> 1859</u>			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 — see	the ins	tructions	<u>;)                                    </u>	
1 a Exempt operating foundations described in section 4940(d)(2), check here And enter 'N/A' on line 1.	7			del la	« / · · ·
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,	<b>-</b>	1		····	0.
check here . ► X and enter 1% of Part I, line 27b			4		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, column (b)	ز.		11.	·	: ( د.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	te l'		<u>"0."</u>
3 Add lines 1 and 2 . `		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter	-	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5		<del> </del>	0.
6 Credits/Payments:			14 6	,	,
a 2009 estimated tax pmts and 2008 overpayment credited to 2009			200		·
b Exempt foreign organizations — tax withheld at source				•	3 1
c Tax paid with application for extension of time to file (Form 8868) 6c				. 1	1
d Backup withholding erroneously withheld				, 2,	
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	►	9		<del></del>	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10			
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax . Refunde	<u>d</u> ►	11			
Part VII-A Statements Regarding Activities			<del></del>		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or participate or intervene in any political campaign?	did it		1	Yes	No X
				1	+
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1	ь	X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any main or distributed by the foundation in connection with the activities.	erials pub	lished			
c Did the foundation file Form 1120-POL for this year?			.   _1	c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			0.	ł	
(1) On the foundation > \$ 0. (2) On foundation managers > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax foundation managers > \$ 0.	mposed or	n	<u> </u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	. 1	X
If 'Yes,' attach a detailed description of the activities.			· ·   -	1	1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrumer	t articles			J.	
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the cha	anges		3	<u>.                                    </u>	_X_
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4	la	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			. 4	ь і	VΑ
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.					1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					10
By state legislation that effectively amends the governing instrument so that no mandatory direction with the state law remain in the governing instrument?	ns that cor	nflict		x x	
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	<del></del>	†
8a Enter the states to which the foundation reports or with which it is registered (see the instructions).  MN			- 7		173
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			- ľ.	3 <b>ь</b> Х	
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				**	100
9 Is the foundation claiming status as a private operating foundation within the meaning of section 494 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,	۷()(ع) or 4 Complete عام	1942(j)( Part X	5) · · · · · · · · · · · · · · · · · · ·	<b>,</b> "[""	X

Form 990-PF (2009)

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.

BAA

Form 990-PF (2009) DAVID B. JOHNSON FAMILY FOUNDATION	41-185951	.3	F	age 5
Part 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		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption  Website address.  ▶ N/A	n application?	13	X	
14 The books are in care of ► EUGENE R. WRIGHT Telepho	ne no. ► _952-5	45-8	388	
Located at > 13911 RIDGEDALE DR., #245 MINNEAPOLIS MN ZIP + 4		-,=,=		
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	<b>-</b>   15	. N./ A	•	N/A
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required				11/11
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		1 3	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 XNo		,	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	. Yes X No	<b>.</b>	ľ	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	. Yes X No	/	ľ	1/ 3
(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 the benefit or use of a disqualified person)?	. Yes X No		,	3
(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 X No		.,,	,, ş
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ons)?	1b	N	/A
Organizations relying on a current notice regarding disaster assistance check here	▶ 📋		,	
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	,	<u>x</u>
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 X No		, ,	".
If 'Yes,' list the years ► 20, 20, 20, 20			,	
b Are there any years listed in 2a for which the foundation is <b>not</b> 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		N	/3
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere.	-20	14	<u> </u>
► 20, 20, 20	ioro.			
3a 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 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	3Ь	N	/A_
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		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	than .	X
BAA	Fo	orm <b>9</b> 9	0-PF	(2009)

TEEA0305L 07/06/09

Form 990-PF (2009) DAVID B. JOHNSON B			41-18	
Part VII-B Statements Regarding Activit	ies for Which For	n 4720 May Be Rec	uired (continued)	
5a, During the year did the foundation pay or incur	any amount to:			Q. 1 3 1 6 7
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No & A
(2) Influence the outcome of any specific public, on, directly or indirectly, any voter registra	tion drive?			No
(3) Provide a grant to an individual for travel,		•	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, or 4940(d)(2)? (see instruc	ganızatıon described ctions)	Yes 🗓	No (1) (1)
(5) Provide for any purpose other than religious educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children o	, literary, or or animals?	Yes X	No (
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	ne transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5ы N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	►	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ibility for the grant?.	• • • • • • • • • • • • • • • • • • • •	N/A Yes	No S
If 'Yes,' attach the statement required by Regulation 6a Did the foundation, during the year, receive an		* *		
on a personal benefit contract?				No "
b Did the foundation, during the year, pay premit If 'Yes' to 6b, file Form 8870.	ums, airectly or indirect	ily, on a personal benefit	t contract?	66   Х
7a At any time during the tax year, was the found	ation a party to a prohi	bited tax shelter transact	tion? Yes X	No .
b If yes, did the foundation receive any proceeds				7b N/A
Part VIII Information About Officers, D and Contractors				Employees,
1 List all officers, directors, trustees, foundation	managers and their co	mnensation (see install	rtions)	
1 200 0.1 0110010, 41100010, 5, 2 20000, 10411440011	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
BETTY L. JOHNSON	PRESIDENT	0.	0.	0
60 SOUTH SIXTH ST., SUITE 3000	0			
MINNEAPOLIS, MN 55402				
DAVID B. JOHNSON	SEC/TREASURE	0.	0.	0
920 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402	0	}		
MOLLY B. JOHNSON	DIRECTOR	0.	0.	0
920 SECOND AVENUE SOUTH	0	0.	<b>.</b>	ľ
	, o			
MINNEAPOLIS, MN 55402	DIRECTION			<u> </u>
JOEL C. JOHNSON	DIRECTOR	0.	0.	0
920 SECOND AVENUE SOUTH	0			
MINNEAPOLIS, MN 55402				- WONE !
2 Compensation of five highest-paid employees				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		-		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				}
Total number of other employees paid over \$50,000 BAA	TFFA0306L	07/06/09	<u> </u>	Form <b>990-PF</b> (2009

		-1859513	Page 7
Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employee	es,
3 F	Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.		
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	ensation
NONE			
		ŀ	
		į	
Total	number of others receiving over \$50,000 for professional services	<b>-</b>	0
		<u></u>	
Part	IX-A Summary of Direct Charitable Activities		
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expe	ncac
	tions and other beneficiaries served, conferences convened, research papers produced, etc.		
1 ]	N/A		
-			
2 -			<del></del>
_			
3 _			
_			
_			
4 _			
_			
Pan	Summary of Program-Related Investments (see instructions)		
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amo	ount
1 <u>1</u>	N/A		
_			
		<del></del>	
2 _			
_			
All oth	ner program-related investments. See instructions.		
3 _			
_			
	Add lines 1 through 3	. Þ	0.
BAA		ישש ווווטיז	0-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this par see instructions.)	t. Foreign f	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:	7.4	
a Average monthly fair market value of securities	. 1a	640,035.
b Average of monthly cash balances	. 1ь	1,119.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	641,154.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	}	
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	641,154.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	9,617.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	631,537.
6 Minimum investment return. Enter 5% of line 5	6	31,577.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ► ☐ and do not complete this	perating for	undations
1 Minimum investment return from Part X, line 6	. 1	31,577.
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009. (This does not include the tax from Part VI.) 2b	$\neg$	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	31,577.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	31,577.
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	31,577.
Parl 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	. 1a	52,999.
<b>b</b> Program-related investments — total from Part IX-B	1ь	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	. 2	
Amounts set aside for specific charitable projects that satisfy the:  a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	. Зь	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	. 4	52,999.
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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,999.
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.	nether the four	ndation
BAA	F	orm 990-PF (2009)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7	The strain of th	Chair Hogy Co. after	of a constitution of the	31,577.
2 Undistributed income, if any, as of the end of 2009:			and more than	24,6 7 M
a Enter amount for 2008 only	14	4 4 4 4	37,374.	
<b>b</b> Total for prior years: 20, 20, 20	<u> </u>	0.		
3 Excess distributions carryover, if any, to 2009:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	954	14, 6 1
a From 2004			1 2 1 3	in the second
b From 2005	"X",			
d From 2007			Sugar Sugar Sugar Sugar	
e From 2008				
f Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
4 Qualifying distributions for 2009 from Part		4		<del>, , , , , , , , , , , , , , , , , , , </del>
XII, line 4: ► \$ 52,999.		7 1 23 T		7 / 2/2
a Applied to 2008, but not more than line 2a .	// >	3	37,374.	
Applied to undistributed income of prior years     (Election required – see instructions)		0.		<i>,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c Treated as distributions out of corpus		<b>.</b>		
(Election required — see instructions)	0.			15 (25
d Applied to 2009 distributable amount	0.			15,625.
Remaining amount distributed out of corpus     Excess distributions carryover applied to 2009	0.		,	0.
(If an amount appears in column (d), the	0.			· · · · · · · · · · · · · · · · · · ·
same amount must be shown in column (a).)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
6 Enter the net total of each column as			,	, ,
6 Enter the net total of each column as indicated below:		,	,	11, 1
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.	<u> </u>	,	
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.	, ,	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency			, ,	
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		, , , , , , ,
d Subtract line 6c from line 6b. Taxable		_		3 m (m, 1)
amount - see instructions	4 2	0.	<u> </u>	
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	4.7
Undistributed income for 2009. Subtract lines	$\alpha = \alpha = \alpha$		day be a	
4d and 5 from line 1. This amount must be distributed in 2010	( //		, , ,	15,952.
7 Amounts treated as distributions out of			,	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(see instructions)	0.		4.	
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	: 7 × 6 %	£ (1 /2)		" B. G. G. G.
a Excess from 2005.			1. 1. 1. 1. 1. 1.	16 - St - S
b Excess from 2006	10 m			
c Excess from 2007				
d Excess from 2008		(1) (A) (M)		
e Excess from 2009	<u> </u>		37	1 1/2 ( See ) 3

	990-PF (2009) DAVID B. JOHNSON			VII A susstian	41-1859513	
	XIV Private Operating Foundatio					N/A
	i, if the foundation has received a ruling or de is effective for 2009, enter the date of the ru	ılıng			▶ٳ	
	Check box to indicate whether the foundation		ating foundation des		4942(j)(3) or	4942(j)(5)
22	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
	investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
Ŀ	85% of line 2a	_ <del></del>				
C	: Qualifying distributions from Part XII, line 4 for each year listed					
c	Amounts included in line 2c not used directly for active conduct of exempt activities					
€	Qualifying distributions made directly for active conduct of exempt activities.  Subtract line 2d from line 2c	<del></del>				
3	Complete 3a, b, or c for the alternative test relied upon:					
а	'Assets' alternative test - enter:				i	
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					- <del></del>
ь	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	'Support' alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization	_ ·				
	(4) Gross investment income					
Par	Supplementary Information ( assets at any time during the	Complete this year — see in	part only if the structions.)	organization ha	ad \$5,000 or mo	re in
	Information Regarding Foundation Manager List any managers of the foundation who ha close of any tax year (but only if they have of DAVID B. JOHNSON	ve contributed mor	re than 2% of the to nan \$5,000). (See so	tal contributions rec ection 507(d)(2).)	eived by the foundat	tion before the
b	List any managers of the foundation who ow a partnership or other entity) of which the fo NONE	n 10% or more of undation has a 10	the stock of a corpo % or greater interes	oration (or an equally t.	/ large portion of the	ownership of
2	Information Regarding Contribution, Grant,	Gift, Loan, Schola	rship, etc, Program	s:		
	Check here I if the foundation only marequests for funds. If the foundation makes					
a	complete items 2a, b, c, and d.  The name, address, and telephone number	of the person to w	hom applications sh	ould be addressed:		
Ь	The form in which applications should be su	bmitted and inforn	nation and materials	they should include	:	
c	Any submission deadlines:					
	·					
d	Any restrictions or limitations on awards, su	ch as by geograph	ical areas, charitabl	le fields, kinds of ins	stitutions, or other fa	ctors:

TEEA0310L 07/06/09

Form 990-PF (2009)

BAA

Part XV | Supplementary Information (continued)

3 , Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year ANGEL FOUNDATION NONE PUBLIC | 501 (C) (3) CHARITABLE 51,000. 708 S. 3RD ST. MINNEAPOLIS, MN 55415 Total . 51,000. b Approved for future payment 3b Total . .

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded b	y section 512, 513, or 514	
1	Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
	a	<del> </del>	<u> </u>			
ı	b	<b> </b>	<u> </u>	<b></b>		
•	cd	<del> </del> -		┼┼-		
•		<del> </del>	<del></del>	┼┼-		
	e	<del> </del>	<u></u>	┼┈╾┼╌		
	g Fees and contracts from government agencies	<del> </del>	<del></del>	+		
	Membership dues and assessments	<del></del>		<del> </del> -		
3			<del></del>	<del> </del>	<del></del>	<del></del>
4	Dividends and interest from securities			1	12.	
-	Net rental income or (loss) from real estate:		, , ,	1 1	, , , , , , , , , , , , , , , , , , ,	
	a Debt-financed property			<del>1</del>	·· <u>·······</u>	
	b Not debt-financed property.		<del></del>	<del>                                     </del>		<del></del>
			<del></del>			
7			<del></del>	<del>                                     </del>		<del></del>
8	Gain or (loss) from sales of assets other than inventory			18	-21,364.	<del></del>
9	Net income or (loss) from special events			† <u>-</u> -		
10	Gross profit or (loss) from sales of inventory.					
11	Other revenue:			1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	, ,"
ä	B					
	b					
(	c					
•	d					
•	e	ļ				
12	Subtotal. Add columns (b), (d), and (e)			<u></u>	-21,352.	
	Total. Add line 12, columns (b), (d), and (e)				13	-21,352.
(See	worksheet in the instructions for line 13 to verify cal	culations.)				
Par	XVI-B Relationship of Activities to the	Accompl	ishment of Exemp	t Purpos	es	
	re No. Explain below how each activity for which inc		tod in a share (a) a6 Oc	4 VV// A ===	Andread community to	
Ш	Explain below how each activity for which include accomplishment of the foundation's exempt	purposes (oth	er than by providing fur	nds for such	purposes). (See the	instructions.)
N	I/A				<del></del>	
			<del></del>		<del></del>	
					~ <del></del>	
			_ <del></del>			
					· · · · · · · · · · · · · · · · · · ·	

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

	descretat a Tran (1) (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	the organization ribed in section ing to political or sfers from the recash  Other assets  Transactions: Sales of assets to Purchases of asset assets of facilities remove and or loan guidential of facilities, in gof facilities, in answer to any	501(c) of rganization of the above to find the above to find the above to find the above the second the above the ab	f the Code (ons? foundation to the constant able expenses a nonchariment, or other ments	o a noncha  empt orgal table exem er assets chip or func ists, other	section 501(initable exemination in the following section of the follow	c)(3) organization of the control of	ations) on of	or in section 52	7,	1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5) 1c	Yes	X X X X X X X
	any f	poods, other assi transaction or sh	ets, or se laring arr	ervices give rangement,	n by the re show in co	porting tound lumn (d) the	value of the	goods,	other assets, o	ss than fair marke or services receive	et value in ed.		
<u>(</u> ;	a) Line no.	(b) Amount in				able exempt org				sfers, transactions, an		gement	s
_	/A	1		<u> </u>				\\		. ,	g wirtur	<u></u>	
_	· · · · · · · · · · · · · · · · · · ·	<u> </u>							<del></del>	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			
_													
		<del> </del>											
-		<del> </del>					·		<del></del>				
-		<del> </del>									-		
		<del></del>	<del></del>										
		<del> </del>							<del></del>				
_		<del> </del>									•		
		<del> </del> -	}										
_				· · · · · · · · · · · · · · · · · · ·									
		<del> </del>											
_													
		ļ											
_		<u> </u>		<del></del>						<del></del>			
		<u>L</u>											
	-				-								
	desc	e foundation dire ribed in section s es,' complete the (a) Name of or	501(c) of followin	the Code ( g schedule.	other than	section 501(		ection 5	527?		. Yes	; X	No 
_													
_													
	Under pen	alties of perjury, I declar Declaration of prepa	are that I hav	ve examined this han taxpayer or	return, includir fiduciary) is b	ng accompanying ased on all infor	schedules and sta mation of which	tements,	and to the best of my has any knowledge.	knowledge and belief, it i	s true, correct, a	ınd	
	١.		,										
	ν	1						XI	0-1-10	X Tressi	·~~		
	Sign	nature of officer or tru	stee					Date	- , , , -	Title			
i	- J.y.	1			<del></del>	N		Date	. /		parer's Identify	ring num	
,	ם מים	Preparer's	5	$\checkmark$	· \	$\Delta \mathbf{l}$ c	es		/ /	Check if (S)	Signature in	the inst	rs)
	Paid Pre-	signature	u	me A	<u>, Wir</u>	7.00	M/		12/10	employed >	00175	18	
	parer's	Firm's name (or	EUGEN	ER. WE	IGHT,	Ь¥Ď.				EIN > 41-1	776483		
	Use Only	yours if self- employed),	13911	RIDGEL	ALE DR	STE 245	5					-	
	Cilly	address, and ZIP code	HOPKI		55305-					Phone no. ► 95	2-545-8	388	
,	ΛΑ	<u>, =                                   </u>									Form 96		(2009)

2	n	n	Q
	u	u	_

## **FEDERAL STATEMENTS**

PAGE 1

DAVID B. JOHNSON FAMILY FOUNDATION

41-1859513

STATEMENT 1 FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES** 

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING TOTAL	\$ 1,999. \$ 1,999.	<u>\$ 0.</u>	\$ 0.	\$ 1,999. \$ 1,999.

# STATEMENT 2 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE
199,000 SHARES MEDWAVE 39,065 POINTS INTERNATIONAL LTD 400,000 DEXMA INC 155,100 INCISIVE SURGICAL INC 22,750 NEUROVASX INC 13,000 VASCULAR SOLUTIONS	COST COST COST COST COST COST TOTAL	\$ 937,680. 8,109. 200,500. 155,875. 73,000. 137,806. 1,512,970.	\$ 1,592. 14,845. 80,000. 310,200. 113,750. 109,070. \$ 629,457.

#### STATEMENT 3 FORM 990-PF, PART II, LINE 13 **INVESTMENTS - OTHER**

	VALUATION METHOD	l 	BOOK VALUE	FAIR MARKET VALUE
OTHER SECURITIES				
UNRECOVERED CONTINGENT INSTALLMENT SALE	COST	\$	215,075.	\$ 10,000.
	TOTA	L <u>\$</u>	215,075.	\$ 10,000.

#### **STATEMENT 4** FORM 990-PF, PART II, LINE 20 LOANS FROM OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

BALANCE DUE

LENDER'S NAME: LENDER'S TITLE: DATE OF NOTE: MATURITY DATE:

DAVID JOHNSON DIRECTOR 3/04/2003

REPAYMENT TERMS:

ON DEMAND

INTEREST RATE: SECURITY PROVIDED:

NONE

WORKING CAPITAL

PURPOSE OF LOAN:
DESC. OF CONSIDERATION:
FMV OF CONSIDERATION: ORIGINAL AMOUNT:

CASH . 3,700. 2009 .

# **FEDERAL STATEMENTS**

PAGE 2

**DAVID B. JOHNSON FAMILY FOUNDATION** 

41-1859513

STATEMENT 4 (CONTINUED) FORM 990-PF, PART II, LINE 20 LOANS FROM OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

BALANCE DUE:

BALANCE DUE

\$ 3,700.

TOTAL \$ 3,700.

Form 8868	(Rev 4-2009)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II	and check this	box .		. ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month extension o	n a previously	filed Form	8868.	
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file t	the original	(no copi	es needed	).
	Name of Exempt Organization		Employer ide	itification number	r
Type or	100				
print	DAVID B. JOHNSON FAMILY FOUNDATION		41-1859	513	
	Number, street, and room or suite number. If a P O box, see instructions	- /\/	For IRS use o	nty	
File by the extended	EUGENE R. WRIGHT, LTD.	1199 [6]			
due date for filing the	13911 RIDGEDALE DR STE 245	1111	11 191		<del></del>
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	`	7 7		•
	HOPKINS, MN 55305-1800		13		- 4
Check type	e of return to be filed (File a separate application for each return).				
Form 9		Form 1041-A		Form 6	069
Form 9	190-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 8	870
Form 9	——————————————————————————————————————	Form 5227			
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month extension	on a previous	ly filed For	m 8868.	
	oks are in care of FEUGENE R. WRIGHT				
	one No. ► 952-545-8388 FAX No. ► 952-545-8891				
•	irganization does not have an office or place of business in the United States, check t	this box			▶ [
	s for a Group Return, enter the organization's four digit Group Exemption Number (GI			. If this	ىب is for the
whole grou	ip, check this box ► . If it is for part of the group, check this box ► . and at	tach a list wit	h the name		
•	he extension is for.				
4 I reau	uest an additional 3-month extension of time until 11/15 , 20 10.				
-		and ending		. 20	
			Change	in accounting	a period
	in detail why you need the extension ADDITIONAL TIME IS REQUIR		_ ~	-	
	TAILED INFORMATION REQUIRED TO FILE A COMPLETE AND AC				reture.
			=	<u> </u>	<del>-</del>
Ra If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	loce any			
	efundable credits. See instructions.	, iess arry	8a	\$	0.
<b>b</b> If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits at	nd estimated	tax		
	nents made. Include any prior year overpayment allowed as a credit and any amount	paid previous	ly	c	0.
	Form 8868		<u>. 8b</u>	<del>}</del>	<u> </u>
c Balan	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if requ FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	uired, deposit	. 8c	۹	0.
WIGHT	Signature and Verification	y. See ilisus.	.   00	.4	
Under nenaltie		o the best of my l	snowledge and	belief, it is true.	
correct, and co	es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and t omplete, and that I am authorized to prepare this form				
Signature -	Title ►		D:	ate ►	
Orgination C	1				
BAA	, FIF20502L 03/11/09			Form 8868 (	(Rev 4-2009)
_, ,	I II EGGGGG GOVERNOUS			,	<del>-</del> /

# Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a separate application for each return.	l	
If you are	filing for an	Automatic 3-Month	Extension, complete only Part I and check this box		▶
• If you are	filing for an A	Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	,
Do not comp	lete Part II un	<i>less</i> you have alrea	dy been granted an automatic 3-month extension on a previously fi	led Form 8	868.
Parti /	Automatic	3-Month Extens	sion of Time. Only submit original (no copies needed		
				•	
A corporation	required to fi	ile Form 990-T and	requesting an automatic 6-month extension — check this box and c	omplete P	artlonly .►[
All other corp	orations (incl	udıng 1120-C filers)	, partnerships, REMICS, and trusts must use Form 7004 to request	an extens	on of time to file
ıncome tax re	eturns.	·			
returns noted the additiona Form 990-T.	l below (6 moi l (not automal Instead, you r	nths for a corporation lic) 3-month extensions wast submit the full	ectronically file Form 8868 if you want a 3-month automatic extension required to file Form 990-T). However, you cannot file Form 8868 on or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a y completed and signed page 2 (Part II) of Form 8868. For more de -file for Charities & Nonprofits.	3 electronic composite	cally if (1) you want or consolidated
	Name of Exempt	Organization		Employer	dentification number
Type or					
print	DAVID B.	JOHNSON FAM	ILY FOUNDATION	41-18	59513
File by the due date for	Number, street,	and room or suite number	If a P O box, see instructions		
filing your return See		UDER CIRCLE			
instructions.	1		de For a foreign address, see instructions		
	EDINA, M	N 55436			
		filed (file a separate	e application for each return).		
Form 990		1	Form 990-T (corporation)	′20	
Form 990			Form 990-T (section 401(a) or 408(a) trust)	27	
Form 990			Form 990-T (trust other than above)	69	
X Form 990	)-PF		Form 1041-A Form 88	70	
Telephone  If the orga	No. ► 952- anization does or a Group Re	eturn, enter the orga	R. WRIGHT FAX No. ▶ 952-545-8891  or place of business in the United States, check this box	f this is for	
	sion will cover				
untıl _ The ext ► X	8/15	_, 20 <u>10</u> _, to file he organization's re r 20 <u>09</u> or	the exempt organization return for the organization named above.  turn for:		
2 If this ta	ax year is for l	ess than 12 months	i, check reason: Initial return Final return	Change in	accounting period
3a If this a nonrefu	pplication is foundable credits	or Form 990-BL, 990 s. See instructions	O-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a \$	(
<b>b</b> If this a made, I	pplication is for nclude any pr	or Form 990-PF or 9 ior year overpayme	990-T, enter any refundable credits and estimated tax payments nt allowed as a credit	3ь\$	(
deposit See ins	with FTD cou tructions	pon or, if required,	Ba. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment System).	. 3c \$	(
Caution. If you payment instruction		o make an electroni	c fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-EO 	for
RAA For Priv	vacy Act and I	Paperwork Reduction	on Act Notice, see instructions	Fo	rm 8868 (Rev. 4-20)