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Form 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.

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning , and ending Final return Initial return of a former public charity Initial return G Check all that apply: Address change Name change Amended return A Employer identification number Name of foundation Use the IRS MADELINE APPLAUDS GREAT GOALS IN labei. 41-1884780 EDUCATION, INC. Otherwise, Room/suite Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number print (952)473-6422or type. 3266 ROBINSONS BAY ROAD See Specific City or town, state, and ZIP code C if exemption application is pending, check here. Instructions. D 1. Foreign organizations, check here WAYZATA, MN 55391 2. Foreign organizations meeting the 85% test, check here and attach computation .... H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year | J Accounting method: X Cash under section 507(b)(1)(A), check here Accrual Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 2,334,903. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here ... **▶**\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment for charitable purposes (cash basis only) (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income Contributions, gifts, grants, etc., received ... ... 2 Check X if the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 37,147 STATEMENT 37,651 4 Dividends and interest from securities..... 5a Gross rents ..... Net rental income or (loss) -285,6376a Net gain or (loss) from sale of assets not on line 10 . .... b Gross sales price for all assets on line 6a ... 1,156,684. 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications OGDEN. U 10a Gross sales less returns and allowances ..... Less: Cost of goods sold ... 32,087 O.STATEMENT 37,147. -215.8990. Total. Add lines 1 through 11 Ô. 0. 0. Compensation of officers, directors, trustees, etc. . . . . 15 Pension plans, employee benefits ... .. 0 0. b Accounting fees ..... STMT 3 2,338. 2,338 c Other professional fees ... ... 17 Interest .... . ...... 2,687. 2,687 0. 0. STMT 4 18 Taxes ...... 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0 0. 15,932. 15,932 STMT 5 23 Other expenses .... 24 Total operating and administrative 20,957 0 20,957. expenses. Add lines 13 through 23 5,500. 5,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 5,500. 20,957 0 26,457 Add lines 24 and 25 Subtract line 26 from line 12: -242,356 3 Excess of revenue over expenses and disbursements 16,190. b Net Investment Income (if negative, enter -0-) 0. c Adjusted net Income (if negative, enter -0-) Form 990-PF (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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41-1884780

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Temporarily restricted  26 Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  20 Total net assets or fund balances  20 Total liabilities and net assets/fund balances		
Temporarily restricted  26 Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds  28 Paid-in or capital surplus, or land, bldg., and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  20 Total net assets or fund balances  20 Total liabilities and net assets/fund balances  21 Total liabilities and net assets/fund balances	ŀ	
Permanently restricted  Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  Capital stock, trust principal, or current funds  Paid-in or capital surplus, or land, bldg., and equipment fund  Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  2,534,342.  2,291  Analysis of Changes in Net Assets or Fund Balances		* :
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bidg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 32		, j
and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds		
27 Capital stock, trust principal, or current funds	1	1
28 Paid-in or capital surplus, or land, bidg., and equipment fund 94,694. 94 29 Retained earnings, accumulated income, endowment, or other funds 2,439,648. 2,197 30 Total net assets or fund balances 2,534,342. 2,291 31 Total liabilities and net assets/fund balances 2,534,342. 2,291  Analysis of Changes in Net Assets or Fund Balances	0.	*
Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  2,534,342.  2,291  Analysis of Changes in Net Assets or Fund Balances	,694.	,,
Total liabilities and net assets/fund balances  2,534,342. 2,291  Total liabilities and net assets/fund balances  2,534,342. 2,291  Analysis of Changes in Net Assets or Fund Balances		
31 Total liabilities and net assets/fund balances 2,534,342. 2,291  art III Analysis of Changes in Net Assets or Fund Balances		
art III Analysis of Changes in Net Assets or Fund Balances	,986.	
rt III Analysis of Changes in Net Assets or Fund Balances		
	<u>,986.</u>	·····
atal not apport our friend halances at harmonism of record Dark Hardenson (A) the CO		
otal net assets or fund balances at beginning of year - Part II, column (a), line 30	1 ]	
must agree with end-of-year figure reported on prior year's return)	1	2,534,342
inter amount from Part I, line 27a	2	2,534,342 -242,356
ther increases not included in line 2 (itemize)	3	0.
dd lines 1, 2, and 3	4	2,291,986
ecreases not included in line 2 (itemize)	·	0.
	5	2,291,986.
otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Form <b>990-PF</b> (2009)

Part IV   Capital Gains a	ind Losses for Tax on Ir	<u>ivestmen</u>	t Income				
	be the kind(s) of property sold (e.g ehouse; or common stock, 200 shs			P-	w acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a WELLS FARGO	<del></del>				P	VARIOUS	VARIOUS
b WELLS FARGO					P	VARIOUS	VARIOUS
c CAPITAL GAINS D	DIVIDENDS						
d							-
8				l			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (a) plus (f) minu	
a 691,316.			739,95				-48,639.
b 463,542.			702,36	6.			-238,824.
1,826.					<u> </u>		1,826.
<u>d</u>			- <u>-</u>				
8					<del></del>		
Complete only for assets showing	gain in column (h) and owned by t	he foundation	n on 12/31/69			) Gains (Col. (h) ga	
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (j), if any			. (k), but not less ti Losses (from co	
<u>a</u>		-					-48,639.
b							-238,824.
C							1,826.
d							
8							
2 Capital gain net income or (net capi	If gain, also enter (If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2		-285,637.
3 Net short-term capital gain or (loss) if gain, also enter in Part I, line 8, co	olumn (c).	d (6):		}		27./	-
If (loss), enter -0- in Part I, line 8  Part V Qualification Un	der Section 4940(e) for				3	N/	<u>A</u>
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify	on 4942 tax on the distributable amy under section 4940(e). Do not co	mplete this pa	ırt.				Yes X No
1 Enter the appropriate amount in ea	· · · · · · · · · · · · · · · · · · ·	ictions before	making any entre		<del></del>	<del></del>	(4)
Base period years Calendar year (or tax year beginning			Net value of nor			(col. (b) c	(d) ribution ratio livided by col. (c))
2008		8,000.			488,235		.011253
2007		7,500.			988,087		.035976
2006		7,554.			834,316		.216731
2005		0,596.			91,468		.115844
2004	154	4,455.			245,409	·	.629378
2 Total of line 1, column (d)						2	1.009182
3 Average distribution ratio for the 5-y the foundation has been in existence		-				3	.201836
4 Enter the net value of noncharitable	-use assets for 2009 from Part X, II	ine 5				4	1,965,010.
5 Multiply line 4 by line 3						5	396,610.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	162.
7 Add lines 5 and 6						7	396,772.
8 Enter qualifying distributions from F	Part XII, line 4					8	5,500.
If line 8 is equal to or greater than lin	ne 7, check the box in Part VI, line	1b, and comp	lete that part using	j a 1% t	ax rate		
See the Part VI instructions.	<u> </u>					<del></del>	

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

10

Х

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse 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.)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form **990-PF** (2009)

4a

X

MADELINE APPLAUDS GREAT	GOALS IN			
Form 990-PF (2009) EDUCATION, INC.			41-18847	780 Page
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	L Y	es 🗶 No 📗	3
(2) Influence the outcome of any specific public election (see section 4955);				. 4.4
any voter registration drive?		Y	es 🔀 No 🔋	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	🗀 Y	es X No	111
(4) Provide a grant to an organization other than a charitable, etc., organization				1 1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?		🗀 Y	es 🗶 No 🚦	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for	_	
the prevention of cruelty to children or animals?		🗀 Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations	Į.	
section 53 4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	here		▶□ [	, le 1.7
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption			•	
expenditure responsibility for the grant?		I/A 🗀 Ye	es 🔲 No	- l: l
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		🔲 Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a				6b X
If "Yes" to 6b, file Form 8870.			· · · · · · · · · · · · · · · · · · ·	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid.	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RAYMOND O MITHUN, JR	(b) Title, and average hours per week devoted	(if not paid.	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	allowances
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00	(If not paid, enter -0-)	compensation	allowances
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	compensation	allowances
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN	(If not paid, enter -0-)	compensation 0 .	allowances  O .
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00	(If not paid, enter -0-)	compensation	allowances 0 •
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN	(If not paid, enter -0-)	compensation 0 .	allowances  O .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY	(If not paid, enter -0-)  O .	O .	0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00	(If not paid, enter -0-)	compensation 0 .	allowances 0.
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY	(If not paid, enter -0-)  O .	O .	0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY	(If not paid, enter -0-)  O .	O .	0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00	(If not paid, enter -0-)  O.  O.	O .	0 .
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .	0.
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH MINNEAPOLIS, MN 55401	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .	0.
RAYMOND O MITHUN, JR 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 MARY G MITHUN 3266 ROBINSONS BAY ROAD WAYZATA, MN 55391 ALAN C EIDSNESS HENSON & EFRON, 400 SECOND AVE SOUTH MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .
RAYMOND O MITHUN, JR  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  MARY G MITHUN  3266 ROBINSONS BAY ROAD  WAYZATA, MN 55391  ALAN C EIDSNESS  HENSON & EFRON, 400 SECOND AVE SOUTH  MINNEAPOLIS, MN 55401  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  1.00  VICE-PRESIDEN  1.00  SECRETARY  1.00  (b) Title, and average hours per week	(If not paid, enter -0-)  0.  0.  enter "NONE."	O .  O .  (d) Contributions to employee benefit plans and deleted	0 .  0 .  0 .

0

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

41-1884780

Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	<del> </del>	<del></del>
	_	
	1	
Total number of others receiving over \$50,000 for professional services	<u> </u>	<u>▶ 0</u>
Part IX-A Summary of Direct Charitable Activities	<del></del>	···
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the ced, etc.	Expenses
1 N/A		
2		
^		
3	<del></del>	
4		
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on $\ln N/A$	nes 1 and 2.	Amount
1N/A	<del></del>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.

EDUCATION, INC. Part X: Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,779,817. Average monthly fair market value of securities ...... 1a Average of monthly cash balances .. 215,117. 1b b 10 1,994,934. đ 10 Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) ...... 1e 2 1,994,934 3 29,924 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 1,965,010. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 98,251 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 98,251. Minimum investment return from Part X, line 6 1 Tax on investment income for 2009 from Part VI, line 5 324. 2a Income tax for 2009. (This does not include the tax from Part VI.) 324 2c Add lines 2a and 2b ..... 97,927. 3 3 0. 4 97,927. 5 5 Deduction from distributable amount (see instructions) 6 97,927. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 5,500. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B b 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) . ... . ... ... 3a Cash distribution test (attach the required schedule) 3b b 5,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ...... 5,500 6 Adjusted qualifying distributions. Subtract line 5 from line 4 .......

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

Form 990-PF (2009)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				97,927.
2 Undistributed Income, if any, as of the end of 2009				
a Enter amount for 2008 only	· 3 // (1 // )		0.	
b Total for prior years:		0.		138 SA
3 Excess distributions carryover, if any, to 2009:	7, 72, 7 7 7 7 7	<i>Y</i>		**************************************
a From 2004 142,211.				
b From 2005 6,061.				Description of the second
c From 2006 333,946.			, (* )	
d From 2007				
e From 2008				
f Total of lines 3a through e	482,218.	, , , , , , , , , , , , , , , , , , , ,		<u> </u>
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 5,500.				
a Applied to 2008, but not more than line 2a	· • • • • • • • • • • • • • • • • • • •		0.	<del></del>
b Applied to undistributed income of prior		^		
years (Election required - see instructions)	<u></u>	0.	<del></del>	***************************************
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<b>U.</b>	······································		5,500.
d Applied to 2009 distributable amount  e Remaining amount distributed out of corpus	0.	<del></del>		3,300.
5 Excess distributions carryover applied to 2009	92,427.			92,427.
(If an amount appears in column (d), the same amount must be shown in column (a)	7			<i>32/32/6</i>
6 Enter the net total of each column as indicated below:	***			,
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	389,791.	* 1		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	3	*
c 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		0.	į.	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	* '	······································
в Undistributed income for 2008. Subtract line		?		· · ·
4a from line 2a. Taxable amount - see instr	<u> </u>		0.	<u> </u>
f Undistributed income for 2009. Subtract	·			
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2010	<u></u>			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	l	: 1	
8 Excess distributions carryover from 2004	<del></del>			······································
not applied on line 5 or line 7	49,784.	, ,	1	
9 Excess distributions carryover to 2010.				······
Subtract lines 7 and 8 from line 6a	340,007.	j	<u> </u>	
O Analysis of line 9:		*	,	
a Excess from 2005 6,061.	3			
b Excess from 2006 333,946.			·	
c Excess from 2007	*	Ą		,
d Excess from 2008		1		
e Excess from 2009				5 000 PF (2000)

#### NONE

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

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

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

MADELINE APPLAUDS GREAT GOALS IN EDUCATION, INC, 952-473-6422

PO BOX 292, LAPOINTE, WI 54850

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

APPLICATION FORMS ARE AVAILABLE UPON WRITTEN REQUEST

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors. SCHOLARSHIPS ARE AVAILABLE FOR MADELINE ISLAND, WI RESIDENTS Form 990-PF (2009)

Part XV

8009) EDUCATION, INC.
Supplementary Information (continued)

41-1884780 Page 11

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	Amount
a Paid during the year			,	
			,	
		1		
SEE STATEMENT 8				
to approved for future payment	<del></del>			5,500.
a Approved for luture payment				
NONE				
		!		
		ļ		
Total			<b>▶</b> 3b	0.
10121			<b>₩</b> 30 1	· ·

Form 990-PF (2009)	EDUCATION, INC	· •			41-1	<u>. o</u>
Part XVI-A	Analysis of Income-Produ	ucing Activitie	s			
Enter gross amounts u	nless otherwise indicated.	Unrelated by	usiness income	Excluded by	section 512, 513, or 514	

1 Program service revenue:  a  b  c  d  g  Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5 Net rental income or (loss) from real estate:  a Debt-inanced property  b Not debt-financed property  6 Net rental income or (loss) from personal property  7 Other investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a TAX REFUND  b  c  d  e  12 Subtotal Add columns (b), (d), and (e)  0247, 986 - 32	Enter gross amounts unless otherwise indicated.	Uniterate	a pasiness income		ded by section 512, 513, or 514	(8)
b grees and contracts from government agencies green and assessments as interest on awangs and temporary cash investments investments are all to the state of the		Business	• •	(c) Exclu- sion code		Related or exempt function income
b grees and contracts from government agencies green and assessments at the state of awangs and temporary cash investments investments are state as awangs and temporary cash investments in the state of the state and temporary cash investments in the state and temporary cash investment in the state and temporary cash investment in the state and temporary cash investment in the state and the s	a			1		
Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on savings and temporary cash investments  4 Ovidends and interest from securities  5 Net notal income or (loss) from securities  7 Net ontal income or (loss) from personal property  8 Net ontal income or (loss) from personal property  7 Other investment income  8 Call or (loss) from special events  10 Gross priorit or (loss) from special events  11 Clore revenue:  12 Subtotal Add columns (b), (d), and (e)  13 Tatal. Add line 12, columns (b), (d), and (e)  14 TAX REFUND  15 Test, Add line 12, columns (b), (d), and (e)  16 Test Add line 12, columns (b), (d), and (e)  17 Test Add line 12, columns (b), (d), and (e)  18 Explain below how sech activities to the Accomplishment of Exempt Purposes  Line No.  Y  Explain below how asch activities to the Accomplishment of Exempt Purposes  Line No.  Y  Explain below how asch activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	b					
g Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on awangs and temporary cash investments  4 Dividends and interest from securities  5 Not motal acrone or (cross) from securities  8 Debt-hanned property  1 Not debt-linanced property  1 Not debt-linanced property  1 Not dest-linanced property  1 Not dest-linanced property  1 Not motal acrone or (cross) from personal property  1 Not motal acrone or (cross) from personal property  1 Not inchair conce or (cross) from special events  1 Giross print or (cross) from special events  2 TAX REFUND  3 Commission (cross)  2 Giross destructions (cross)  3 Commission (cross)  4 Commission (cross)  4 Commission (cross)  5 Commission (cross)  6 Commission (cross)  6 Commission (cross)  6 Commission (cross)  7 Commission (cross)  8 Commission (cross)  8 Commission (cross)  9						
## Personal contracts from government agencies ## American Contracts from government agencies ## American Contracts from securities ## American Co				<del>                                     </del>		
g Fees and contracts from government apencies  2 Membership dues and assessments  3 Intraest on savings and temporary cash investments  4 Dividends and interest from securities  5 Net rental income or (loss) from seals estate:  a Debt-hanneed property  b Not debt-linanced property  b Not debt-linanced property  7 Other investment income  8 Gain or (less) from sales of assets other than investment income  9 Net incentain come or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a TAX REFUND  5 Subtotal Add columns (b), (d), and (e)  12 Subtotal Add columns (b), (d), and (e)  13 Total Add line 12, columns (b), (d), and (e)  15 Total Add line 12, columns (b), (d), and (e)  17 Substanced in line 13 instructions to verify calculations.)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's axempt purposes (other than by providing funds for such purposes).		-		+		<del></del>
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 14 Dividends and interest from securities 15 Net rental income or (loss) from assessments 2 Debt-hanned property 5 Net rental income or (loss) from personal property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from special events 18 —285,637. 9 Net Income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 1 TAX REFUND 2 Debt 17 TAX REFUND 32 Debt 17 TAX REFUND 32 Debt 17 TAX REFUND 32 Debt 18 D	4	<b> </b>		+		
2 Membership drues and assessments			<del></del>	+		
3 Interest on savings and temporary cash investments    Dividends and interest from securities   1.4   37,651.     Not rental income or (loss) from real estate:		ļ		╂		<del></del>
investments 4 Dividends and interest from securities 5 Net ranks income or (loss) from real estate: a Debt-hinanced property 6 Net renks income or (loss) from personal property 6 Net renks income or (loss) from personal property 9 Net renks income or (loss) from sales of assets other than inventory 18 —285,637. 9 Net linear or (loss) from sales of savests other than inventory 19 Gross profit or (loss) from sales of inventory 10 Gross profit or (loss) from sales of inventory 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a TAX REFUND 5 C d d 6 C 12 Subtotal Add columns (b), (d), and (e) 13 —247,986 32. 13 Total. Add line 12 columns (b), (d), and (e) 15 —215.  See workshed in line 13 instructions to varify calculations  Part XVI-E. Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. V Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).		<b> </b>		+		<del></del>
4 Obtidends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-hanced property b Not debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from special events 18 —285,637. 9 Net income or (loss) from special events 10 Gross profor or (loss) from special events 11 Other revenue: a TAX REFUND b c d d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 Cise worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No.  V Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exampt purposes (other than by providing funds for such purposes).	investments	]				
8 Net rental income or (loss) from real setate: a Debt-Innanced property b Not debt-Innanced property commended property b Not debt-Innanced property 7 Other investment income 8 Gain or (loss) from sess of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from special events 11 Other revenue: a TAX REFUND b c d e e 12 Subtotal Add columns (b), (d), and (e) 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12 columns (b), (d), and (e) 13 Total. Add line 12 columns (b), (d), and (e) 13 Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	4 Dividends and Interest from securities			14	37,651.	
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b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 10 Gross profit or (loss) from special events 10 Gross profit or (loss) from special events 11 Other revenue: a TAX REFUND 5 C C C C C C C C C C C C C C C C C C C	· · · · · · · · · · · · · · · · · · ·			1		
6 Net rental income or (loss) from personal property  Other Investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net Income or (loss) from sales of inventory  10 Gross profit or (loss) from sales of inventory  10 Gross profit or (loss) from sales of inventory  10 Gross profit or (loss) from sales of inventory  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a TAX REFUND  b  c  d  e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (of) and (e)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).			<del></del>	+	<del>  -</del>	
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8 Gain or (loss) from sales of assets other than inventory   18						
than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue:  a TAX REFUND  b c d d 12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).				1		·····
9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a TAX REFUND 5 C d 9 C 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Texplain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	• •	j l		18	-285-637	
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to de la subtotal Add columns (b), (d), and (e)	a TAX REFUND	<b> </b>		4—4		32,087.
d e	b	<b></b>	<u> </u>	4		
8 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities to the Accomplishment of Exempt Purposes    Line No.   Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	C		<u>.</u>			<del></del>
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12 Subtotal Add columns (b), (d), and (e) 13 Instructions to verify calculations.)    Part XVI-B   Relationship of Activities to the Accomplishment of Exempt Purposes    Line No.   Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	•					
13 Total. Add line 12, columns (b), (d), and (e)	12 Subtotal Add columns (b), (d), and (e)	1 1	0.	•	-247,986.	32,087.
See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					13	-215,899.
Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.   ▼ Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).						
the foundation's exempt purposes (other than by providing funds for such purposes).						olishment of
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	Part X	VII Information R Exempt Organ		ransfers To	and Transactions a	and Relationships With Noncha	ritable	9	
-	Did t	he organization directly or ind	irectly engage in	any of the followi	ng with any other organization	on described in section 501(c) of	T	Yes	No
		ode (other than section 501(c			•				,
		sfers from the reporting found							
		• •		-	•		1a(1)		X
									X
		r transactions:					1675		7
		*** ******	ahle exempt orga	nization		· · ···· ··· ··· ········· · · · · · ·	16(1)		X
							10(2)		X
								$\vdash$	X
							_	$\vdash$	X
							1b(4)		X
							1b(5)		X
						···· ·· ··· ·· · · · · · · · · · · · ·	1b(6)	$\vdash$	X
						and the fair modest when of the code	10	لــــــا	
						ways show the fair market value of the goods, o		ets,	
						e in any transaction or sharing arrangement, s	now in		
7.		nn (d) the value of the goods, (b) Amount involved			e exempt organization	1 (4)			
10	l) Line no	(n) Antount involved	(c) Nam		e exempt organization	(0) Description of transfers, transactions, and s	hanng an	rangeme	nts
_		<u> </u>	<del> </del>	N/A		<del></del>	——		
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_			<u></u>		<del></del>	<del></del>			
2		foundation directly or indirect	•	· ·	· •	zations described	_	(-O-	1
		tion 501(c) of the Code (other		1(c)(3)) or in sec	tion 527?		Yes	LA	] No
_	b if Ye	s," complete the following sch			(h) Turn of aggregation	(a) Description of relationsh	<del></del>		
_		(a) Name of org	anization		(b) Type of organization	(c) Description of relationsh	ıp		
		N/A				· · · · · · · · · · · · · · · · · · ·			
_		<del></del>	<del></del>	_ <del></del>	ļ	<del></del>			
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		enaities of perjury, I declare that I have in the included of preparer (other				ents, and to the best of my knowledge and belief, it is tr has any knowledge	ue, correc	<b>;</b> L	
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Ĕ	210	gnature of officer or trustee			Date /	Title	a identific		
Sign Here	, o _	Preparer's	ーノノ		-/DA 10	1 9 1/1 self-	's identify	ing num	<i>1</i> 31
์ซี้	Paid Preparer's Use Only	signature				employed			
	Pai Prepa Use (	Firm's name (or yours COPE			PANY P.L.L.P	<u> </u>			
	๕๖	if self-employed),			ULEVARD, SUI		476	71	
	L	address, and ZIP code WAYZ.	ATA, MN	55391-	1/66	Phone no (952)			
						Fori	m <b>990</b> -	-PF (2	(900:

S AND	INTER	EST FROM	SECU	JRITIES	STATEMENT
	GROSS	AMOUNT			COLUMN (A) AMOUNT
		39,477.		1,826.	37,651
.N 4 =		39,477.	********	1,826.	37,651
ro	HER I	NCOME		<del></del>	STATEMENT 2
		(A) REVENUE PER BOOKS	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
		32,0	087.	0 .	•
LINE	11 _	32,0	087.	0.	
ACC	OUNTI	NG FEES			STATEMENT 3
(A	۷)	/P)			
PER B	SES SOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PER B		NET INVE		ADJUSTED NET INCOME	CHARITABLE
PER B	OOKS	NET INVE	COME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
PER B	,338.	MENT INC	, 338.	ADJUSTED NET INCOME	CHARITABLE PURPOSES  0. 0.
PER B	TAX	MENT INC	338. ,338.	ADJUSTED NET INCOME	CHARITABLE PURPOSES  O. O.  STATEMENT 4  (D) CHARITABLE
PER B 2 2 (A EXPEN PER B	TAX	MENT INC  2,  2,  ES  (B)  NET INVE MENT INC	338. ,338.	ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME	CHARITABLE PURPOSES  O. O.  STATEMENT 4  (D) CHARITABLE
	LINE ACC	GROSS OTHER I  LINE 11  ACCOUNTIN	GROSS AMOUNT  39,477.  39,477.  OTHER INCOME  (A)  REVENUE  PER BOOKS  32,0  LINE 11 32,0	GROSS AMOUNT 1  39,477.  OTHER INCOME  (A)  REVENUE PER BOOKS  32,087.  LINE 11 32,087.	39,477. 1,826.  OTHER INCOME  (A)  REVENUE PER BOOKS MENT INCOME  32,087. 0  LINE 11 32,087. 0

FORM 990-PF	OTHER EXPENSES				STATEMENT		5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
STATE OF MINNESOTA ADMINISTRATION FEES	25. 15,907.	15,	25. 907.		0.		0.
TO FORM 990-PF, PG 1, LN 23	15,932.	15,	932.		0.		0.
FORM 990-PF	CORPORAT	E STOCK	<del></del>		SI	АТЕМЕПТ	6
DESCRIPTION			вос	OK VALUE	FA	IR MARKE VALUE	T
WELLS FARGO INVESTMENTS - EQU WELLS FARGO INVESTMENTS - REA SPECIALTY ASSETS		D	1	75,588.		1,761,8	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		1	,719,894.		1,813,7	
FORM 990-PF	OTHER INV	ESTMENTS	=	<u></u>	ST	ATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FA	IR MARKE' VALUE	r
WELLS FARGO INVESTMENTS - ALTERNATIVE INVESTMENTS WELLS FARGO INVESTMENTS - FIX		COST		313,147.		259,5	64.
INCOME	ED (	CODI		6,022.		8,6	34.
TOTAL TO FORM 990-PF, PART II	, LINE 13	•		319,169.		268,1	98.

STATEMENT

FORM 990-PF

	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
HAMMER RESIDENCE 5209 MICHAELE LANE MINNETONKA, MN 55345-4223	NONE GENERAL FUND	501(C)(3)	750.
HEART 10800 OLD COUNTY ROAD 15, SUITE 100 PLYMOUTH, MN 55441	NONE GENERAL FUND	501(C)(3)	900.
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI , OH 45250-0301	NONE GENERAL FUND	501(C)(3)	250.
	NONE GENERAL FUND	501(C)(3)	500.
SALVATION ARMY 2445 PRIOR AVE ROSEVILLE, MN 55113	NONE GENERAL FUND	501(C)(3)	1,000.
ST JOHN'S UNITED CHURCH PO BOX 14 LAPOINTE, WI 54850	NONE GENERAL FUND	501(C)(3)	100.
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE, SUITE 430 MEMPHIS, TN 38119	NONE GENERAL FUND	501(C)(3)	1,000.
MARGARET "PEGGY" ATWOOD SCHUSTER MEMORIAL BLAKE SCHOOL, 110 BLAKE ROAD HOPKINS, MN 55343	NONE GENERAL FUND	501(C)(3)	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		5,500.

GRANTS AND CONTRIBUTIONS

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

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If you.</li></ul>					
	are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	•			
		ilea ra			
Pant	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corr	nplete			
Part I on!	/			▶ □	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ome tax returns.	n exte	nsion of time	9	
noted be (not auto you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	ically i nsolid	f (1) you wa lated Form 9	nt the additional 990-T. Instead,	
Type or	Name of Exempt Organization	Emp	oloyer ident	ification number	
print	MADELINE APPLAUDS GREAT GOALS IN	<b>!</b> .			
File by the	EDUCATION, INC.	4	1-1884	1780	
due date for filing your return See	e for Number, street, and room or suite no. If a P.O. box, see instructions.  1 3266 ROBINSONS BAY ROAD				
instructions.					
Check ty	pe of return to be filed (file a separate application for each return):				
For	m 990 Form 990-T (corporation) Form 47	<b>7</b> 20			
For	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227			
=	m 990-EZ Form 990-T (trust other than above) Form 60	69			
1 <b>V</b> ! –					
For	m 990-PF	370			
• The bo	RAYMOND O MITHUN, JR  oks are in the care of > 3266 ROBINSONS BAY ROAD - WAYZATA, MN 5		1		
• The bo	RAYMOND O MITHUN, JR  boks are in the care of ▶ 3266 ROBINSONS BAY ROAD - WAYZATA, MN 5  one No.▶ (952)473-6422 FAX No.▶	539	1		
• The bo	RAYMOND O MITHUN, JR  boks are in the care of   3266 ROBINSONS BAY ROAD - WAYZATA, MN 5  one No.   (952) 473-6422  FAX No.   granization does not have an office or place of business in the United States, check this box	539		. <b>&gt;</b>	
<ul><li>The both</li><li>Teleph</li><li>If the control</li></ul>	RAYMOND O MITHUN, JR  boks are in the care of ▶ 3266 ROBINSONS BAY ROAD - WAYZATA, MN 5  one No. ▶ (952)473-6422 FAX No. ▶	539	 or the whole		
The by Teleph If the co If this Doox	RAYMOND O MITHUN, JR  soks are in the care of   3266 ROBINSONS BAY ROAD — WAYZATA, MN 5  one No.   (952) 473—6422  FAX No.   organization does not have an office or place of business in the United States, check this box  s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this  If it is for part of the group, check this box  quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unturally august an august august august august an august august august august august august august a	539	 or the whole pers the exte	ension will cover.	
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The book Teleph If the co If this Doox If this	RAYMOND O MITHUN, JR  soks are in the care of   3266 ROBINSONS BAY ROAD — WAYZATA, MN 5 one No.   (952) 473—6422  FAX No.   organization does not have an office or place of business in the United States, check this box sofor a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this  If it is for part of the group, check this box  quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untured to file Form 990-T), to file the exempt organization return for the organization named as	539	 or the whole pers the exte	ension will cover.	
The book Teleph If the co If this book  I re  Is for left the co If the co	RAYMOND O MITHUN, JR  soks are in the care of   3266 ROBINSONS BAY ROAD - WAYZATA, MN 5  one No.   (952) 473-6422  FAX No.   organization does not have an office or place of business in the United States, check this box  s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this  if this for part of the group, check this box  and attach a list with the names and EINs of all includes the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untured the organization's return for:  AUGUST 16, 2010  to file the exempt organization return for the organization named all or the organization's return for:  Calendar year 2009  The company of the care of the group and the properties of the care of t	539  ss is fo memb	or the whole pers the extension. The extension.	ension will cover.	
The box Teleph If the co If this DOX If the si If the co	RAYMOND O MITHUN, JR  soks are in the care of > 3266 ROBINSONS BAY ROAD - WAYZATA, MN 5 one No. > (952) 473-6422  FAX No. > FAX No. PAX No.	539  ss is fo memb	or the whole pers the extension. The extension.	ension will cover.	
The box Teleph If the co If this box I re Is for I re Is for I for	RAYMOND O MITHUN, JR  boks are in the care of ▶ 3266 ROBINSONS BAY ROAD - WAYZATA, MN 5  cone No. ▶ (952) 473-6422 FAX No. ▶  conganization does not have an office or place of business in the United States, check this box  soft of a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all industry and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 16, 2010, to file the exempt organization return for the organization named all or the organization's return for:  X calendar year 2009 or tax year beginning, and ending is tax year is for less than 12 months, check reason: Initial return Final return is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions.	539  ss is fo memb	or the whole pers the extension. The extension.	ension will cover.	
The both Teleph If the control of th	RAYMOND O MITHUN, JR  boks are in the care of ▶ 3266 ROBINSONS BAY ROAD — WAYZATA, MN 5  cone No. ▶ (952) 473—6422 FAX No. ▶  briganization does not have an office or place of business in the United States, check this box	539s is formember the bove.	The extensi	ension will cover.	
The bx Teleph If the c If this box ►    1   re is fr     2   If the c     3a   If the c     b   If the c     the c	RAYMOND O MITHUN, JR  loks are in the care of ▶ 3266 ROBINSONS BAY ROAD → WAYZATA, MN 5  lone No. ▶ (952) 473-6422  FAX No. ▶  lorganization does not have an office or place of business in the United States, check this box  so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all indicates an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization's return for:  AUGUST 16, 2010  It is the exempt organization return for the organization named all or the organization's return for:  August an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization return for the organization named all or the organization's return for:  August an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization return for the organization named all or the organization named all orga	539	or the whole pers the extensi The extensi  Change in a	ension will cover.	
The bx Teleph If the c If this boox I I re Is fo If th Is fo	RAYMOND O MITHUN, JR  soks are in the care of   3266 ROBINSONS BAY ROAD — WAYZATA, MN 5 one No.   (952) 473—6422  FAX No.   organization does not have an office or place of business in the United States, check this box sofor a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this  If it is for part of the group, check this box  and attach a list with the names and EINs of all industry and attach a list with the names and EINs of all industry and attach a list with the names and EINs of all industry are companization's return for:  X calendar year 2010  Initial return  Final return  is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions.  Is application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit.  Indicate the care of PAX No.   Initial return  Initial	539s is formember the bove.	The extensi	ension will cover.	
The box Teleph If the color lift this boox I lift this l	RAYMOND O MITHUN, JR  loks are in the care of ▶ 3266 ROBINSONS BAY ROAD → WAYZATA, MN 5  lone No. ▶ (952) 473-6422  FAX No. ▶  lorganization does not have an office or place of business in the United States, check this box  so for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all indicates an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization's return for:  AUGUST 16, 2010  It is the exempt organization return for the organization named all or the organization's return for:  August an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization return for the organization named all or the organization's return for:  August an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto the organization return for the organization named all or the organization named all orga	539 sis formemb	The extensi	ension will cover.	

Form 8868 (Rev. 4-2009)	Page 2				
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Fo	orm 8868.				
If you 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 the original (no copies needed).					
	Employer identification number				
MADELINE APPLAUDS GREAT GOALS IN	41 1004700				
EDUCATION, INC.	41-1884780				
extended Number, street, and room or suite no. If a P.O. box, see instructions.	or IRS use only				
fling the					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WAYZATA, MN 55391					
Check type of return to be filed (File a separate application for each return):					
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Form 5227 Form 8870				
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Form 6069				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
RAYMOND O MITHUN, JR					
• The books are in the care of ▶ 3266 ROBINSONS BAY ROAD - WAYZATA, MN 55	391				
Telephone No. ► (952) 473-6422 FAX No. ►					
If the organization does not have an office or place of business in the United States, check this box	▶ □				
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	s for the whole group, check this				
box . If it is for part of the group, check this box and attach a list with the names and EINs of all me					
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.	STATE OF THE SALESHEET TO TON				
5 For calendar year 2009, or other tax year beginning, and ending					
6 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
7 State in detail why you need the extension					
ACCOUNTANTS DO NOT HAVE SUFFICIENT INFORMATION TO PREPA	RE AN ACCURATE				
RETURN AT THIS TIME.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions.	8a \$ 1,140.				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.	вь \$ 640.				
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 500.				
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that, I am authorized to prepare this form.					
Signature > Kanlun Janunsanka Title > CPA	Date ► 8-10-10				

Form 8868 (Rev 4-2009)