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Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: SHJON PODEIN CHILDRENS FOUNDATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 415 3RD AVE SE
City or town, state or country, and ZIP + 4: ROCHESTER, MN 55904

D Employer identification number: 41-1901141
E Telephone number: (507) 282-9488
F Group Exemption Number:

G Accounting method: Cash Accrual
Other (specify):

I Website: TEAM25.COM
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): 501(c)(3) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 139,091

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 61,522
2 Program service revenue including government fees and contracts	2 66,816
3 Membership dues and assessments	3
4 Investment income	4 10,753
5a Gross amount from sale of assets other than inventory	5a
5b Less cost or other basis and sales expenses	5b
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a Gross revenue (not including \$ of contributions reported on line 1)	6a
6b Less direct expenses other than fundraising expenses	6b
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
7b Less cost of goods sold	7b
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 139,091
Expenses	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 32,431
13 Professional fees and other payments to independent contractors	13 3,775
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 1,401
16 Other expenses (describe)	16 142,586
17 Total expenses. Add lines 10 through 16	17 180,193
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -41,102
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 628,220
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 587,118

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	629,966	22 588,660
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	629,966	25 588,660
26 Total liabilities (describe)	1,746	26 1,542
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	628,220	27 587,118

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO SUPPORT CHILDRENS ORGANIZATIONS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31 Other program services (attach schedule)		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 150,109

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-06-15

Type or print name and title: TIMOTHY TIBOR, TREASURER

Paid Preparer's Use Only

Preparer's signature: TIMOTHY R TIBOR Date: 2010-06-15 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCHUMANN GRANAHAN HESSE & WILSON LTD, 415 SE THIRD AVENUE, ROCHESTER, MN 55904

Preparer's identifying number (See instructions): EIN: Phone no: (507) 282-9488

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SHJON PODEIN CHILDRENS FOUNDATION

Employer identification number

41-1901141

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	267,912	255,779	238,301	209,895	61,522	1,033,409
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					77,569	77,569
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	267,912	255,779	238,301	209,895	139,091	1,110,978
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						1,110,978

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	267,912	255,779	238,301	209,895	139,091	1,110,978
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,401	15,925	22,393	16,341		66,060
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	11,401	15,925	22,393	16,341		66,060
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)	279,313	271,704	260,694	226,236	139,091	1,177,038
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	94.390 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	94.370 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	6.000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	6.000 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 41-1901141
Name: SHJON PODEIN CHILDRENS FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 THE ORGANIZATION HELPED APPROXIMATELY 400 TO 500 CHILDREN AND THEIR FAMILIES THAT ARE AFFECTED BY THE DISEASE ATAXIA -TELANGIECTASIA (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	107,731
29 THE ORGANIZATION HELPED APPROX 40 DISABLED CHILDREN PARTICIPATE IN ATHLETIC EVENTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 THE ORGANIZATION HELPED APPROX 275 CHILDREN BY FUNDING PROGRAMS THAT HELP CHILDREN CHANGE THEIR LIVES AROUND (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
PRIMARY PURPOSE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		42,378

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHJON PODEIN 4350 BROWDALE AVE 4350 BROWDALE AVE ST LOUIS PARK, MN 55424	CHAIRMAN 0	0		
SHERRY PODEIN 4350 BROWDALE AVE 4350 BROWDALE AVE ST LOUIS PARK, MN 55424	VICE CHAIRMA 0	0		
JAMES RENN 3142 21ST NE 3142 21ST ST NE ROCHESTER, MN 55906	PRESIDENT 0	0		
JAMES RUSH 3541 FAIRWAY RIDGE LN SW 3541 FAIRWAY RIDGE LN SW ROCHESTER, MN 55902	VICE PRESIDE 0	0		
TIMOTHY TIBOR 4229 1ST ST NW 4229 1ST ST NW ROCHESTER, MN 55901	TREASURER 0	0		
CALLY VINZ 5204 NICKLAUS DR NW 5204 NICKLAUS DR NW ROCHESTER, MN 55901	SECRETARY 0	0		
HOLLY RENN 3142 21ST ST NE 3142 21ST ST NE ROCHESTER, MN 55906	DIRECTOR 0	0		
MARY TIBOR 4229 1ST ST NW 4229 1ST ST NW ROCHESTER, MN 55901	DIRECTOR 0	0		
JOE POWERS 1203 2ND ST SW 1203 2ND ST SW ROCHESTER, MN 55902	DIRECTOR 0	0		
MARK CLARK 1530 GREENVIEW DR SW 1530 GREENVIEW DR SW ROCHESTER, MN 55902	DIRECTOR 0	0		
ROBERT SUK 2434 SUPERIOR DR NW 2434 SUPERIOR DR NW ROCHESTER, MN 55901	DIRECTOR 0	0		
JOE CHASE 9129 COUNTY RD SE 9129 COUNTY 1 RD SE STEWARTVILLE, MN 55976	DIRECTOR 0	0		
LANCE DAHL 415 3RD AVE SE 415 3RD AVE SE ROCHESTER, MN 55904	DIRECTOR 0	0		

TY 2009 Compensation Explanation

Name: SHJON PODEIN CHILDRENS FOUNDATION

EIN: 41-1901141

Person Name	Explanation
SHJON PODEIN	
SHERRY PODEIN	
JAMES RENN	
JAMES RUSH	
TIMOTHY TIBOR	
CALLY VINZ	
HOLLY RENN	
MARY TIBOR	
JOE POWERS	
MARK CLARK	
ROBERT SUK	
JOE CHASE	
LANCE DAHL	

TY 2009 Other Assets Schedule

Name: SHJON PODEIN CHILDRENS FOUNDATION

EIN: 41-1901141

Description	Beginning of Year Amount	End of Year Amount
	1,541	1,541
LESS ACCUMULATED DEPRECIATION	1,541	1,541

TY 2009 Other Expenses Schedule**Name:** SHJON PODEIN CHILDRENS FOUNDATION**EIN:** 41-1901141

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	7,041
OFFICE	83
OTHER	3,291
AIRLINE	6,532
INSURANCE	3,708
UNIFORMS	203
DUES & SUBSCRIPTIONS	873
BANK CHARGES	2,424
EQUIPMENT RENT	1,472
PROFESSIONAL DEVELOPMENT	753
FOREIGN TAXES	37
EVENT CONCESSIONS	825
COACHES	4,320
CAMP LUNCHES	509
BUSING	1,902
SHUTTLE VEHICLES	1,732
LODGING	17,242
SUPPLIES	2,638
BAD CHECKS	350
DONATIONS & GRANTS	86,651

TY 2009 Other Liabilities Schedule

Name: SHJON PODEIN CHILDRENS FOUNDATION

EIN: 41-1901141

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,746	1,542
	1,746	1,542