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# . Form **990-PF**

SCANNED MAY 2 0 2010

# **Return of Private Foundation**

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

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.

OMB No 1545-0052

2009

For	caler	dar year 2009, or tax year beginning		, and ending		
G (	Check	all that apply: Initial return	Initial return of a fo	ormer public charity	Final return	1
		Amended return	Address chan	ge	Name change	
	the abel	Name of foundation			A Employer identification	number
	erwi	se, JAMES D LESLIE FAMILY	FOUNDATION _		41-1918212	2
	print	Number and street (or P O box number if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	r type	D/J KOKEDII PRIMID KD			952-473-93	881
	Spe	I GIV OF IOWN, SIZIE, AND ZIP CODE			C If exemption application is p	pending, check here
ınsı	ructio	ORONO, MN 55359-9786	<u> </u>		D 1. Foreign organization	
H (	heck	type of organization: X Section 501(c)(3) ex	xempt private foundation		Foreign organizations me check here and attach co	eeting the 85% test, proputation
	] Se	L	Other taxable private founda	ation	E If private foundation sta	
l Fa	ur ma	irket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	under section 507(b)(1	
(fi	om i	Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a	60-month termination
_	\$	350,021. (Part I, colu	ımn (d) must be on cash l	basis)	under section 507(b)(1	
Pa	irt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	20,006.		N/A	
	2	Check X if the foundation is not required to attach Sch B			,	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	6,791.	6,791.	· . · · · · · · · · · · · · · · · · · ·	STATEMENT 2
	5a	Gross rents				
	Ь	Net rental income or (loss)			•	
Δ.	6a	Net gain or (loss) from sale of assets not on line 10	<13,990.	>		STATEMENT 1
ž	Ь	Gross sales price for all assets on line 6a 127, 198.				
Revenue	7	Capital gain net income (from Part IV, line 2)		5,237.		
Œ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				-
	b	Less Cost of goods sold				-
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	12,807.	12,028.		
	13 .	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
/۸	15	Pension plans, employee benefits				
nse	16a	Legal fees				
		Accounting fees STMT 3	800.	0.		800.
ŭ	C	Other professional fees STMT 4	1,371.	1,371.		0.
ïŸ	17	Interest				
tra	18	Taxes STMT 5	25.	0.	E SOFIII	25.
inis	19	Depreciation and depletion			RECEIVE	
臣	20	Occupancy				010
Ā	21	Travel, conferences, and meetings			8 MAY 1-8 2	010   9
aŭ	22	Printing and publications		<del></del>	10 MAI	88
ing	23	Other expenses			000101	117
rati	24	Total operating and administrative			OGDEN,	<u>  U                                   </u>
Operating and Administrative Expe		expenses. Add lines 13 through 23	2,196.	1,371.		825.
J	,	Contributions, gifts, grants paid	8,300.			8,300.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	10,496.	1,371.		9,125.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	2,311.	40	ļ	
		Net investment income (if negative, enter -0-)		10,657.		
	L C	Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	1

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

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F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
느	urt	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	6,610.	7,433.	7,433.
	2	Savings and temporary cash investments	35,068.	23,418.	23,418.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts		İ	
	4	Pledges receivable ►		-	
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	1 7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Ŋ	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges		***	
As	1	Investments - U.S. and state government obligations STMT 6	40,114.	55,110.	55,524.
		Investments - corporate stock STMT 7	246,481.	244,623.	263,646.
		Investments - corporate bonds	240,401.	233,023.	203,040.
	i	Investments - land, buildings, and equipment basis			
	' '	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment: basis			
	'	Less accumulated deprecation			
	15	Other assets (describe			<del></del>
	'3	Onici assets (describe >			<del></del>
	1.5	Total assets (to be completed by all filers)	220 272	220 504	250 021
_	17	Total assets (to be completed by all filers)	328,273.	330,584.	350,021.
	18	Accounts payable and accrued expenses Grants payable		<del></del>	
	1	' -	1		
Liabilities	19	Deferred revenue		<del></del>	
iiq	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľa	21	Mortgages and other notes payable	0.4	0.4	
	22	Other liabilities (describe STATEMENT 8)	84.	84.	
	22	Total liabilities (add lians 17 through 00)	0.4	0.4	
	23	Total liabilities (add lines 17 through 22)	84.	84.	
		Foundations that follow SFAS 117, check here			
es	١.,	and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted		-	
Fund Baland	25	Temporarily restricted			
d B	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
ğ		and complete lines 27 through 31.			
sts	27	Capital stock, trust principal, or current funds	0.	0.	`
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	328,189.	330,500.	
Net	30	Total net assets or fund balances	328,189.	330,500.	
	31	Total liabilities and net assets/fund balances	328,273.	330,584.	<del></del>
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_				<del></del>	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	328,189.
		amount from Part I, line 27a		2	2,311.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	330,500.
5	Decr	eases not included in line 2 (itemize)	·		0.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	330,500.
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(a) List and describ	e the kind(s) of property sold (e.g.	., real estate,		( <b>b</b> ) H	ow acquired Purchase	(c) Date	acquired	(d) Date sold
2-story brick ware	house; or common stock, 200 shs	s. MLC Co.)		D.	Donation	` (mo., d	lay, yr.)	(mó., day, yr.)
1a SEE ATTACHMENT	CG-1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	P	VARI	OUS	VARIOUS
b SEE ATTACHMENT	CG-1				P	VARI	<u>ous</u>	VARIOUS
c CAPITAL GAINS D	IVIDENDS			ļ				
<u>d</u>				<u> </u>				
<u>e</u>		<del>,</del>		<u> </u>			_	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	(g)
a 21,438.			19,72			· - · - · - ·		1,716.
<u>ь</u> 105,570.			102,23	9.				3,331.
c 190.								190.
d								
<u>e</u>		<u>l</u>	10/04/00					
Complete only for assets showing		1			r	(I) Gains (C ol. (k), but i	Col. (h) gain not less tha	n minus
(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				(from col.	(h))
a								1,716.
b								3,331.
С	<del></del>							190.
d	· · · · · · · · · · · · · · · · · · ·							
е								
2 Capital gain net income or (net capit	tal loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$			}	2		<u>.</u>	5,237.
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) an	nd (6):						
If gain, also enter in Part I, line 8, co				$\mathbf{I}$				
If (loss), enter -0- in Part I, line 8	C	. Dadwaa	I Tau am NaA		3		N/A	1
<u> </u>	der Section 4940(e) for				<del></del>	come		
(For optional use by domestic private for	oundations subject to the section 4	4940(a) tax on	i net investment in	ncome	.)			
If section 4940(d)(2) applies, leave this	s part blank.							
Man the foundation habit for the contra	- 4040 to			40				Yes X No
Was the foundation liable for the section			-	nour				Tes LA_ NO
If "Yes," the foundation does not qualify  1 Enter the appropriate amount in each				es.				· · · ·
	(b)			(c)				(d) bution ratio
(a) Base period years Calendar year (or tax year beginning	Admeted analytings dia	tributions	Net value of no		table-use asse	is	Distri (col. (b) di	bution ratio vided by col. (c))
2008		0,275.			344,47		(00.11 (0) 0.1	.029828
2007		5,235.			382,08		-	.118391
2006		8,925.			345,83			.054723
2005		9,325.			311,54			.062030
2004		8,966.			295,38			.098061
							ļ	
2 Total of line 1, column (d)						2		.363033
3 Average distribution ratio for the 5-y	year base period - divide the total (	on line 2 by 5,	or by the number	of year	ars			
the foundation has been in existenc		•				3		.072607
	•							
4 Enter the net value of noncharitable	-use assets for 2009 from Part X,	line 5				4		307,248.
5 Multiply line 4 by line 3						5		22,308.
5 Miditiply line 4 by line 3						-		22,300.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6		107.
7 Add lines Food 6						,		22,415.
7 Add lines 5 and 6						7	<del>                                     </del>	
8 Enter qualifying distributions from R	Part XII, line 4					8		9,125.
If line 8 is equal to or greater than li See the Part VI instructions.	ine 7, check the box in Part VI, line	tb, and comp	plete that part usin	ng a 19	6 tax rate.			

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see	<u>instr</u>	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.		ŀ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1	_		2	13.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		l			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			2	13.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				_0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2	13.
6	Credits/Payments:			·		
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 737.	]				
b	Exempt foreign organizations - tax withheld at source 6b	]				
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments. Add lines 6a through 6d	7			7	37.
8	Enter any penalty 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				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5	24.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax > 524. Refunded	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	e in			Yes	No
	any political campaign?			1a		Х
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	]	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	5		Х
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1	
_	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	e law				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
va	MN					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ł
U	of each state as required by General Instruction G? If "No," attach explanation			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar		00	<del>  **</del>	
3	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	onuai		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
10	and any persons seeming seeming contributions during the tax year. If ites, attach a schedule listing their names and addresses					_ ^2

X

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

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire		[==	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yo	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f			
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 uni	der the exceptions described i	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?	N	I/A ∐ Y∈	es L No	
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d).			
$\mathbf{6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	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 s		Ye	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	y 	
List all officers, directors, trustees, foundation managers and their	<del>, </del>			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
JAMES D. LESLIE	SECRETARY			
575 KOKESH FARMS ROAD			<u>'</u>	
DRONO, MN 55359	0.00	0.	0.	0.
	PRESIDENT		i	
575 KOKESH FARMS ROAD				_
ORONO, MN 55359	0.00	0.	0.	0.
	ļ	r		
		}		
<del></del>				
Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
	(b) Title, and average	liter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position	<del> </del>	compensation	anowances
MOND	1			
		<del> </del>		
	1			
	·			
	1	j		
		<del> </del>		<del></del>
otal number of other employees paid over \$50,000	·	•	<b>D</b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	e (c) Compensation
NONE	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	▶ 0
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	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1 N/A	
2	
3	
4	-
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	<u>0.</u>
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	276,307.
	Average of monthly cash balances	1b	35,620.
	Fair market value of all other assets	1c	
d		1d	311,927.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	311,927.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,679.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	307,248.
6	Minimum investment return. Enter 5% of line 5	6	15,362.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	15,362.
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.)		
C	Add lines 2a and 2b	2c	213.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,149.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	15,149.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	15,149.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<del></del>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,125.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,125.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,125.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies fo	r the section

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# 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				15,149.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0		•
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004 13, 206.		·		
b From 2005 3,902.			•	
c From 2006 1,890.				
d From 2007 27,931.				
e From 2008				
f Total of lines 3a through e	46,929.			
4 Qualifying distributions for 2009 from	1			
Part XII, line 4: $\triangleright$ \$ 9,125.			,	
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<b>&gt;</b>		
(Election required - see instructions)	0.			0.105
d Applied to 2009 distributable amount		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	9,125.
e Remaining amount distributed out of corpus	0.		<del> </del>	C 024
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	6,024.			6,024.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 31, 4c, and 4e Subtract line 5	40,905.		•	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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.	,	•
d Subtract line 6c from line 6b. Taxable		<u></u>	·····	
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of			, , , , , ,	:
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	7 100			
not applied on line 5 or line 7	7,182.			<del></del>
9 Excess distributions carryover to 2010.	22 722			
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:	33,723.			
a Excess from 2005 3 , 902 .				
b Excess from 2006 1,890.				
c Excess from 2007 27,931.				
d Excess from 2008				
e Excess from 2009				
				Corm 000- DE (2000)

		ILY FOUNDAT		41-19	18212 Page 10
Part XIV Private Operating F	<del></del>		-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	the ruling	▶	<del>-</del>	<del></del>
<b>b</b> Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		_			
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4 for each year listed					
d Amounts included in line 2c not				1	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "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:		<del></del>			
(1) Total support other than gross					
investment income (interest,				İ	
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					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	_	than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed n					<b>,</b>
SEE STATEMENT 9					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha					•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:	<u>- , , , , , , , , , , , , , , , , , , ,</u>	
Check here X if the foundation of			-	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions,	complete items 2a, b, c, and	l d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should t	e submitted and informa	tion and materials they sh	rould include:	· · · · · · · · · · · · · · · · · · ·	
c Any submission deadlines:	<u> </u>				
			<del> </del>		
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year THE MARROW FOUNDATION 30 EAST END AVE, STE 1F NEW YORK, NY 10028	N/A	PUBLIC CHARITY	GENERAL SUPPORT	100
THE BLAKE SCHOOL ANNUAL FUND 110 BLAKE RD S. HOPKINS, MN 55305	N/A	PUBLIC CHARITY	GENERAL SUPPORT	7,500
EAST PHILLIPS IMPROVEMENT COALITION 2536 18TH AVE S MINNEAPOLIS, MN 55404	N/A	PUBLIC CHARITY	GENERAL SUPPORT	200.
ORONO ALLIANCE FOR EDUCATION PO BOX 211 LONG LAKE, MN 55356	N/A	PUBLIC CHARITY	CAL FUND	500.
Total			▶ 3a	8,300
b Approved for future payment				
NONE				
Total		.l	<b>▶</b> 3b	0.

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					· · · · · · · · · · · · · · · · · · ·
e	— <del> </del>				·····
g Fees and contracts from government agencies					
! Membership dues and assessments			<del></del>		<del></del>
Interest on savings and temporary cash		·····			
investments					
Dividends and interest from securities			14	6,791.	
5 Net rental income or (loss) from real estate:				0,751.	
a Debt-financed property			-   -		
b Not debt-financed property		<del></del>			
Net rental income or (loss) from personal	<del></del>				
property					
Other investment income					<del></del>
Gain or (loss) from sales of assets other					
than inventory			18	<13,990.	
Net income or (loss) from special events				1	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C	1				
d					
e			_		
2 Subtotal. Add columns (b), (d), and (e)		(	0.	<7,199.>	
3 Total. Add line 12, columns (b), (d), and (e)				13	<7,199
See worksheet in line 13 instructions to verify calcula					·
Part XVI-B Relationship of Activ	ities to the Accom	plishment of	Exempt Pu	ırposes	
ine No. Explain below how each activity for wh	uch income is reported in c	olumn (a) of Part XV	/I-Δ contributed	importantly to the accomp	lichment of
the foundation's exempt purposes (other				importainty to the accomp	normicht Of
		,,			

L	the foundation's exempt purposes (other than by providing funds for such purposes).					
l						
┢╌						
├—						
_						
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	orm 990-PF (2009) JAMES D LESLIE FA			41-191			age 13
	Exempt Organizations	3 10 ai	ia mansactions ai	ia nerationalipa with world	aiitabii	5	
1	Did the organization directly or indirectly engage in any of the	following	with any other organization	described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in se		-	ations?			İ
a	a Transfers from the reporting foundation to a noncharitable exe	empt orga	nization of:				
	(1) Cash				1a(1)	<u> </u>	X
	(2) Other assets				1a(2)	<u> </u>	X
	b Other transactions:						
	(1) Sales of assets to a noncharitable exempt organization				1b(1)	l	X
	<ul><li>(2) Purchases of assets from a noncharitable exempt organiz</li><li>(3) Rental of facilities, equipment, or other assets</li></ul>	zation			1b(2)		X
	(4) Reimbursement arrangements				1b(3)		X
	(5) Loans or loan guarantees				1b(4) 1b(5)		X
	(6) Performance of services or membership or fundraising so	olicitations	<b>.</b>		1b(6)		X
c	c Sharing of facilities, equipment, mailing lists, other assets, or				1c		X
	d If the answer to any of the above is "Yes," complete the followi		· '=	ays show the fair market value of the goods	L	ets.	
	or services given by the reporting foundation. If the foundation					,	
	column (d) the value of the goods, other assets, or services re			-			
(a)	) Line no (b) Amount involved (c) Name of nonch	haritable e	xempt organization	(d) Description of transfers, transactions, an	d sharing an	rangeme	nts
		A/N	· · · · · · · · · · · · · · · · · · ·				
			<del></del>				
_		· · · · · · · · · · · · · · · · · · ·					
			······································				
2a	<ul> <li>a Is the foundation directly or indirectly affiliated with, or related in section 501(c) of the Code (other than section 501(c)(3)) or</li> </ul>		· · · · ·	tions described	Yes	X	] No
Ь	b If "Yes," complete the following schedule.						
	(a) Name of organization		<b>b)</b> Type of organization	(c) Description of relation	ship		
	N/A						
٦	Under penalties of perjury, I declare that I have examined this return, include	dino accomo	panying schedules and statemen	nts, and to the best of my knowledge and belief it i	strue corre		
	and complete Declaration of preparer (other than taxpayer or fiduciary) is b				3 000, 001.0	<b></b> ,	
	Dama Therlin		15/12/10	Resident			
2	Signature of officer or trustee		Date	Title			
ᆌ	Preparer's Note that the second of the secon	CPA	Dat	te Check if Prepa	rer's identify	ring num	ber
Sign Here	LINDA GRAUPMAN, C	CPA		l self-	0423	48	0
"	Firm's name (or yours BAKER TILLY VIRO		KRAUSE, LLP	EIN ►			
Ì	Signature LINDA GRAUPMAN, C		2300			-	
	address, and ZIP code MINNEAPOLIS, MN	<u>5540</u>	2	Phone no. (612	8)876	<u>-45</u>	00

(612)876-4500 Form **990-PF** (2009)

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

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization Employer identification number JAMES D LESLIE FAMILY FOUNDATION 41-1918212 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions of \$5,000 or more during the year.

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

Page	1 of	1	of Part I

Schedule B	(Form oan	000.F7	$\alpha$	OOD-DE	(2000)

Name of organization

Employer identification number

# JAMES D LESLIE FAMILY FOUNDATION 41-1918212

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES & NORMA LESLIE  575 KOKESH FARM RD  MAPLE PLAIN, MN 55359	- \$\$\$779.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

. Name of organization

Employer identification number

# JAMES D LESLIE FAMILY FOUNDATION

41-1918212

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	365 SH COCA COLA STOCK		· · · · · · · · · · · · · · · · · · ·
$\frac{1}{}$			
		s 20,006.	10/14/09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
<u> </u> 53 02-01-	10		), 990-EZ, or 990-PF) (20

	G.	AIN OR (LOSS	) FROM S	ALE OF	ASSETS	ST	ATEMENT	1	
(A) DESCRIPTION OF	PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SO	OLD	
SEE ATTACHMENT	CG-1	<b></b>		F	URCHASED	VARIOUS	VARIOU	JS	
GR	B) OSS PRICE	(C) VALUE AT TIME OF ACQ	EXPE	D) NSE OF ALE	(E) DEPRE	C. GAII	(F) N OR LOSS	5	
	21,438.	19,72	2.	C	· ·	0.	1,71	16.	
(A) DESCRIPTION OF	PROPERTY	_			MANNER ACQUIRED	DATE ACQUIRED	DATE SO	DLD	
SEE ATTACHMENT	CG-1			F	URCHASED	VARIOUS	VARIOU	JS	
GR	B) OSS PRICE	(C) COST OR OTHER BASIS	EXPE	O) NSE OF ALE	(E) DEPRE	C. GAII	(F) IN OR LOSS		
	105,570.	121,46	6.	0	<u> </u>	0.	<15,89	96.	
CAPITAL GAINS	DIVIDENDS	FROM PART I	v				19	0.	
CAPITAL GAINS							<13,99		
TOTAL TO FORM	990-PF, PA		6A	FROM	SECURITIE	S STA			
TOTAL TO FORM FORM 990-PF	990-PF, PA	ART I, LINE	6A		SECURITIE  CAPITAL O  DIVIDE	GAINS CO	<13,99	2	
	990-PF, PA	ART I, LINE	6A INTEREST GROSS AMO		CAPITAL	GAINS CO	<13,99 ATEMENT	2	

FORM 990-PF	ACCOUNTI	NG FEES	S'	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
TAX PREPARATION	800.	0.		800.
TO FORM 990-PF, PG 1, LN 16B	800.	0.		800.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	TATEMENT 4
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	
AGENCY FEES BANK CHARGES	1,294. 77.			0.
TO FORM 990-PF, PG 1, LN 16C	1,371.	1,371.		0.
FORM 990-PF	TAX	ES	S'	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES
MINNESOTA ANNUAL REGISTRATION	25.	0.		25.
TO FORM 990-PF, PG 1, LN 18	25.	0.		25.

FORM 990-PF U.S. AND STATE/O	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	6
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	ŗ
BONDS	Х		55,110.	55,52	34.
TOTAL U.S. GOVERNMENT OBLIGATIONS		_	55,110.	55,52	₹4.
TOTAL STATE AND MUNICIPAL GOVERNMEN	NT OBLIG	SATIONS			
TOTAL TO FORM 990-PF, PART II, LINE	E 10A	=	55,110.	55,52	24.
FORM 990-PF COR	RPORATE	STOCK		STATEMENT	7
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	?
STOCKS		_	244,623.	263,64	١6.
TOTAL TO FORM 990-PF, PART II, LINE	E 10B	=	244,623.	263,64	6.
FORM 990-PF OTHE	ER LIABI	LITIES		STATEMENT	8
DESCRIPTION			BOY AMOUNT	EOY AMOUNT	
DUE TO JAMES LESLIE		<del>-</del>	84.	8	34.
TOTAL TO FORM 990-PF, PART II, LINE	3 22	=	84.	8	34.
FORM 990-PF PART 2 LIST OF FOU	KV - LIN		o c	STATEMENT	9

NAME OF MANAGER

JAMES D. LESLIE

NORMA F. LESLIE

STATEMENT

JAMES LESLIE FAMILY FOUNDATION M/A 20537700 Schedule D Detail of Short-term Capital Gains and Losses

25. APACHE CORP	Short-term Gain/Loss	١.	161.69		-283.08	•		214.91			ا ا	272.62	•											1	1,716.00	
Date   Date   Gross Sales	Cost or Other Basis	,722.7	,351.	979.	,604.	,173.		,242.	,917.	,531.	,284.	489.	,425.												19,722.00	
Description   Description	Gross Sales Price	,944.7	,513.0	423.2	,321.6	,339.1		,456.	,764.	,689.	,720.	,762.	,502.											ı	4	
Description  25. APACHE CORP  75. EDISON INTL COM  30. GENERAL ELECTRIC CO  35. ISHARES DOW JONES SELECT  30. MEDCO HEALTH SOLUTIONS INC  55. RESEARCH IN MOTION  50. RESEARCH IN MOTION  12/04/  80. UNION PACIFIC CORP  11/04/  135. XCEL ENERGY INC  12/05/  135. XCEL ENERGY INC  12/05/  135. ACEL ENERGY INC	Date Sold	1/28/	1/28/	1/14/	/14/	1/28/		/28/	/28/	/28/	/28/	/28/	/28/													
Description 25. APACHE CORP 75. EDISON INTL COM 30. GENERAL ELECTRIC CO 35. ISHARES DOW JONES SELEC 30. MEDCO HEALTH SOLUTIONS 55. REPUBLIC SERVICES INC COMM 50. RESEARCH IN MOTION 45. THERMO FISHER SCIENTIFI 80. UNION PACIFIC CORP 70. VALERO ENERGY CORP 135. XCEL ENERGY INC	Date Acquired	2/04/	1/14/	5/07/	1/06/	2/04/		2/04/	2/04/	2/04/	1/14/	1/04/	2/02/													
	Description	APACHE	. EDISON INTL	GENERAL ELECTRIC CO	. ISHARES DOW JONES SELEC	. MEDCO HEALTH SOLUTIONS	5. REPUBLIC SERVICES INC C	COMM	RESEARCH IN MOTION	THERMO FISHER SCIENTIFI	. UNION PACIFIC CORP	70. VALERO ENERGY	35. XCEL ENERGY IN												Totals	15A 1F0871 2 000

BOK148 501D 02/05/2010 20537700

STATEMENT

JAMES LESLIE FAMILY FOUNDATION M/A 20537700 Schedule D Detail of Long-term Capital Gains and Losses

Long-term Gain/Loss		1 -1	1.968.73	,310.		-4,822.55		00 103 6	100-	386.97		٠.		228.37		108.	-1	4	3,331.00						3,331.00		
Lost or Utner Basis			1,691,25	778.		10,000.00		25,000.00	668	3,962.25	848.	,972.		,690.		4,581.46	/65.	,266.	102,239.00						102,239.00		
Lross Sales Price		,000.	3,659,98	,089.		5,177.45		25,000.00	577	4,349.22		,167.	,859.	,918.	ì	4	ر د	,277.	105,570.00					[	105,570.001		
Sold		/23/	01/28/2009	/19/		01/29/2009		08/07/2009	14	2	/28/	/14/	8	/28/		14/	787	01/28/2009									
Date		09/19/2008	/13/ /19/	/22/		03/28/2006		07/25/2007		<b>4</b> ~	/10/	/60/	$\sim$	/08/		707	157	08/18/2005									
Description	15% RATE CAPITAL GAINS (LOSSES)	1458.789 CLEAR RIVER FUND	CHEVRON	COCA CO	~~1	FD #1048	HOME LN BK	175 CENERAL RIECTRIC CO	NOSNHOL & NONHOL	1 1	. MEDTRONIC	١.	. PEPSICC	. TARGET CORP	입	ADR	000	130. ACCENTURE LTD	TOTAL 15% RATE CAPITAL GAINS (LOSSES)						lotals	JSA 9F0370 2.000	

20537700 02/05/2010 BOK148 501D