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_	00	Λ	n	_
Form	99	U-	ר	_

## **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

IIII	i iai i ic	value Service		return to estivity etate top						
For	cale	ndar year 2009, or tax year beginning		, and ending						
G	Chec	k all that apply Initial return	Initial return of a fo	ormer public charity	Final return	 ]				
		Amended return	Address chan	ge	Name change					
He	e the	IRS Name of foundation			A Employer identification	number				
	label									
	herwi	heroughus se about of of	IRESI FOUNDA	TION	41-1926735					
	print	Number and street (or P O box number if mail is not de	B Telephone number							
	r typ	p, o minum officer o	00 LASALLE A	VE. 2800						
	Spe				C If exemption application is pending, check here					
ınsı	ructi	ons MINNEAPOLIS, MN 5540	2		D 1. Foreign organizations	s, check here				
H (	Check	type of organization X Section 501(c)(3) ex	kempt private foundation		<ol><li>Foreign organizations me check here and attach co</li></ol>	eeting the 85% test,				
	] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation sta					
1 Fa		arket value of all assets at end of year   J   Account	ng method X Cash	Accrual	under section 507(b)(1					
(f	rom i	Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a	60-month termination				
	<b>-</b> \$	44,178. (Part I, colu	mn (d) must be on cash i	basis.)	under section 507(b)(1					
Pá	art (	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements				
		(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)				
	1	Contributions, gifts, grants, etc., received	250,000.	7.17	N/A	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	2	Check If the foundation is not required to attach Sch. B								
	3	Interest on savings and temporary cash investments								
	4	Dividends and interest from securities	11.	11	•	STATEMENT 1				
	5a	Gross rents		,		<del>                                     </del>				
	b	Net rental income or (loss)								
•	6a	Net gain or (loss) from sale of assets not on line 10		<del>                                     </del>	**************************************	***************************************				
ž	b	Gross sales price for all assets on line 6a								
Revenue	7	Capital gain net income (from Part IV, line 2)		0	•	111111111111111111111111111111111111111				
ď	8	Net short-term capital gain								
	9	Income modifications		· · · · · · · · · · · · · · · · · · ·						
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold	17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.							
	6	Gross profit or (loss)								
	11	Other income								
	12	Total. Add lines 1 through 11	250,011.	11						
	13	Compensation of officers, directors, trustees, etc	1 00	FOE: 0		0.				
	14	Other employee salaries and wages		EUEIVEN	77					
	15	Pension plans, employee benefits	13/		1					
ses	16a	Legal fees	1-1 NO	V 2 2 2010 10	3					
	b	Accounting fees	141		1					
Ä	c	Other professional fees	00	DE: 500	ll .	· · · · · · · · · · · · · · · · · · ·				
Ş	17	Interest	<u></u>	UEN IIT						
rati	18	Taxes								
ist	19	Depreciation and depletion				, , , , , , , , , , , , , , , , , , ,				
Ē	20	Occupancy								
Ą	21	Travel, conferences, and meetings								
P	22	Printing and publications								
6	23	Other expenses STMT 2	120.	0 .		0.				
Operating and Administrative Expe	24	Total operating and administrative								
beri		expenses Add lines 13 through 23	120.	0 .		0.				
ō	25	Contributions, gifts, grants paid	264,200.			264,200.				
	26	Total expenses and disbursements.								
	-	Add lines 24 and 25	264,320.	0 .	.	264,200.				
	27	Subtract line 26 from line 12								
		Excess of revenue over expenses and disbursements	-14,309.							
		Net investment income (if negative, enter -0-)		11.	•					
		Adjusted net income (if negative, enter -0-)		_ <b>_</b>	N/A					
						<del></del>				

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2009)

CIRESI

Ö		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	-1.		<u>-1.</u>
	2	Savings and temporary cash investments	44,148.	29,839.	29,839.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
	`	Less: allowance for doubtful accounts ▶		1	
	_	Grants receivable			<del></del>
		· · · · · · · · · · · · · · · · · · ·			···-
	0	Receivables due from officers, directors, trustees, and other		•	
		disqualified persons			,
	7	Other notes and loans receivable .	1	1	,
		Less allowance for doubtful accounts		_	
ţs	8	inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 3	33,405.	33,405.	14,340.
		Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
	''	Less: accumulated deprecation	<b>i</b>	i	
	122				
	l	Investments - mortgage loans			<del></del>
	13	Investments - other			<del></del>
	14	Land, buildings, and equipment basis		Ī	
		Less: accumulated depreciation			<del></del>
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	77,552.	63,243.	44,178.
	17	Accounts payable and accrued expenses			
	18	Grants payable		-	
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	A			
Ë	l				
	22	Other liabilities (describe )		<del></del>	
			0.	0.	
_	23		0.	<u>v.</u>	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
ä	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balan		and complete lines 27 through 31.		Ì	
ō	27	Capital stock, trust principal, or current funds	1,040,186.	1,040,186.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
155	29	Retained earnings, accumulated income, endowment, or other funds	-962,634.	-976,943.	
et/		• • • • • • • • • • • • • • • • • • • •	77,552.	63,243.	
Z	30	Total net assets or fund balances	111332.	03/2431	
	١.		77 550	62 242	
	31	Total liabilities and net assets/fund balances	77,552.	63,243.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
=					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		. 1	77,552. -14,309.
		r amount from Part I, line 27a		2	-14,309.
		r increases not included in line 2 (itemize)	•	3	0.
		lines 1, 2, and 3		4	63,243.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b) line 30	6	63,243.
U	I ULd	i liet assets of fund parances at ene of year thire 4 fillings line J ] " Falt II, CU	טט טוווו ולמל זווויונויי		

	HAEL V. & ANN C			OITA	N_		4	1-192	6735	Page 3
(a) List and desc	ribe the kind(s) of property sold (e prehouse, or common stock, 200 s	g , real estate,	moone	P-	(b) How acquired P - Purchase D - Donation			(c) Date acquired (mo , day, yr.)		sold , yr )
a										
b NO	NE									
<u>C</u>	<del></del>			-						_
<u>d</u>				<del> </del>			<del></del>			_ <del>_</del> _
<u>e</u>	(f) Depreciation allowed	(n) Cos	t or other basis	<del> </del>		I	(b) G	ain or (loss)		
(e) Gross sales price	(or allowable)		xpense of sale					s (f) minus (		
a										
b										
<u>c</u>		ļ		_						
d		-								
Complete only for accets showin	ng gain in column (h) and owned b	the foundation	on 12/31/60			40.4	Counc (C	'al (h) anın		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)			col (	k), but i	ol (h) gain i not less than (from col (l	1 -0-) ar	
a		+	(1), 2						<del></del>	
b		<del>                                     </del>				<u>.</u>		<del></del>		
C										
d	<u> </u>					٠				
e										
Capital gain net income or (net ca	. (()	0- ın Part I, line	7 7 .	. }	2					<u>.</u>
Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		and (6)	_	}	3					
	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	stme	nt Inco	me			
For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	ncome )						
section 4940(d)(2) applies, leave th	nis part blank									
Vas the foundation liable for the sect	·	mount of any ye	ear in the base per	nod?					Yes [	X No
"Yes," the foundation does not qual										
<del> </del>	each column for each year, see inst	tructions before	making any entri				T		(a)	
(a) Base period years Calendar year (or tax year beginnir			Net value of no	(c) encharita				Distribi	(d) ution ratio ded by col (	
2008		11,610.				,153.			4.78	
2007		24,670. 16,255.				,155. ,189.			$\frac{3.81}{2.32}$	
2006 2005		51,900.				, 166.			1.32	
2003		97,700.	<u> </u>			,603.				6261
						·				
Total of line 1, column (d)							2		13.20	4340
Average distribution ratio for the 5	•	on line 2 by 5,	or by the number	of year	S					
the foundation has been in exister	nce if less than 5 years .						3		2.64	0868
Enter the net value of noncharitab	le-use assets for 2009 from Part X	, line 5					4		56,	556.
Multiply line 4 by line 3				-		•	5_		149,	357.
Enter 1% of net investment incom	ne (1% of Part I, line 27b)					•	6			0.
Add lines 5 and 6							7		149,	357.
Enter qualifying distributions from	n Part XII, line 4					· -	8		264,	200.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions. 923521 02-02-10

Form **990-PF** (2009)

Forn	990-PF(2009) MICHAEL V. & ANN C. CIRESI FOUNDATION 41-1926	735		Page 4			
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstrı	ıctio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1						
	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%							
	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)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .			0.			
3	Add lines 1 and 2			0.			
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-			0.			
6	Credits/Payments						
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a						
	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868)						
đ	Backup withholding erroneously withheld 6d			_			
	Total credits and payments Add lines 6a through 6d			0.			
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11						
	rt VII-A Statements Regarding Activities	<del></del>	132	1 6 6			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No			
	any political campaign?	1a	<b> </b> -	X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	ļ	X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1			
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?	10		X			
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
_	(1) On the foundation. ►\$ 0. (2) On foundation managers ►\$ 0.			<b>[</b>			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.	ĺ		1			
	managers. > \$	,		х			
2		2		_ A			
2	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			Į			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X			
Aa	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?	4b		<del></del>			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
•	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	-		ŧ			
•	By tanguage in the governing instrument, or	F		I			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	} '		ŧ			
	remain in the governing instrument?	6	Х	1			
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.						
	Enter the states to which the foundation reports or with which it is registered (see instructions)	}		1			
_	MN			Ì			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			Ī			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	Ī			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Χ			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 4	10	Х				

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009) ...

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

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

.... 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 grft or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

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X

3b

4a

Yes X No

N/A

during the year?

orm 996	O-PF(2009) MICHAEL V. & ANN C. CIRE	SI FOU	JNDA	MOITA			41-1926	735	Page	6
	VII-B Statements Regarding Activities for Which I					(contin	ued)			_
	ring the year did the foundation pay or incur any amount to.							-		
	Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?				Ye	s X No			
	Influence the outcome of any specific public election (see section 4955), o		, directi	ly or indire	ctly,			ľ		
, ,	any voter registration drive?	-				Ye	es 🗓 No			
(3)	Provide a grant to an individual for travel, study, or other similar purposes	?				Ye	es X No			•
	Provide a grant to an organization other than a charitable, etc., organization		n secti	on						
, ,	509(a)(1), (2), or (3), or section 4940(d)(2)?					Y <sub>E</sub>	es X No			
(5)	Provide for any purpose other than religious, charitable, scientific, literary,	or education	al purp	oses, or f	or					
	the prevention of cruelty to children or animals?					Y6	es 🗓 No	-		
b If a	ny answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excep	tions d	escribed ii	n Regulation	s				
	tion 53 4945 or in a current notice regarding disaster assistance (see instru						N/A	5b		
Org	anizations relying on a current notice regarding disaster assistance check h	ere								
c If ti	ne answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax b	ecause	it maintai	ned					
				N		Y6	es 🔲 No	Ł		
If "	Yes," attach the statement required by Regulations section 53.494	5-5(d).						1		
6a Did	the foundation, during the year, receive any funds, directly or indirectly, to	pay premium	is on							
ар	ersonal benefit contract?					Ye	es X No	1		
<b>b</b> Did	the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal bene	fit con	tract?				6b	X	<u></u>
	Yes" to 6b, file Form 8870.									
7a Ata	any time during the tax year, was the foundation a party to a prohibited tax s	helter transa	ction?			Y6	es X No	L		
b If y	es, did the foundation receive any proceeds or have any net income attribut	able to the tra	ansacti	on?			N/A	7b	ll	
Part '	Information About Officers, Directors, Trust	ees, Fou	ndat	ion Ma	nagers,	Highly	y			
	Faid Employees, and Contractors									_
List	all officers, directors, trustees, foundation managers and their	· · · · · · · · · · · · · · · · · · ·			(c) Compe	neation	(d) Contributions	to I	(a) Evana	
	(a) Name and address	(b) Title, hours per	week (	devoted	(If not p	aid,	employee benefit pla and deferred	ns ;	e) Expens) account, oth	er
			osition		enter	0-)	compensation		allowances	<u>.                                    </u>
		BOARD	OF.	DIKE	CTORS					
	LASALLE PLAZA, 800 LASALLE AVENU EAPOLIS, MN 55402	_	.00			0.		).	0	) .
		BOARD		DIDE	CTOPS	<u> </u>	<u>`</u>	<del>' •</del>  -	<del></del>	•
	LASALLE PLAZA, 800 LASALLE AVENU	DOM	OF	DIKE	CIOND					
	EAPOLIS, MN 55402		.00			0.	1	).	0	) .
		BOARD		DIRE	CTORS	<u> </u>		<del>'-</del>		•
	LASALLE PLAZA, 800 LASALLE AVENU	DOM	Or	DIKL	CIOND			!		
	EAPOLIS, MN 55402	n	.00			0.	(	).	C	١.
I T TATA	EAFOLIS, FIN 33402		. 00			- •	-	<del>'</del>		<u>.</u>
Con	pensation of five highest-paid employees (other than those inc	luded on li	ne 1).	If none,	enter "NO	NE."				_
		(b) Title.	and av	/erage			(d) Contributions employee benefit pla		(e) Expens	8
	(a) Name and address of each employee paid more than \$50,000	hours devoted	to po:	eek sition	(c) Compe	nsation	and deferred compensation	'	allowances	
	NONE									_
						_	<u> </u>	_		
							ļ			
							<u> </u>	$\perp$		
		1								
		l <u></u>						11		0
otal nu	imber of other employees paid over \$50,000		<u>·</u>				F	m 00	0-PF (200	
							F01	111 AA	U-F F (200	7)

0.

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part X	oart. Foreign foundations, sec	e 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	13,865. 43,552.
b Average of monthly cash balances	1b	43,552.
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	10	57,417.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation) 1e	0.	
Acquisition indebtedness applicable to line 1 assets	. 2	0.
Subtract line 2 from line 1d .	3	57,417.
Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	861.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	56,556.
Minimum Investment return. Enter 5% of line 5		2,828.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations or organizations check here and do not complete this part.)	ting foundations and certain	
Minimum investment return from Part X, line 6	1	2,828.
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	0.
Distributable amount before adjustments. Subtract line 2c from line 1	3	2,828.
Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	. 5	2,828.
Deduction from distributable amount (see instructions)	6	0.
Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,828.
Part XII Qualifying Distributions (see instructions)		<del> </del>
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 <sub>a</sub>	264,200.
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1b	0.
b Program-related investments - total from Part IX-B	2	
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	·   2	
Amounts set aside for specific charitable projects that satisfy the:	3a ,	
a Suitability test (prior IRS approval required)	3b	
b Cash distribution test (attach the required schedule)	· · · <del></del>	264,200.
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	. 4	204,200.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0.
income Enter 1% of Part I, line 27b	5	264,200.
Adjusted qualifying distributions. Subtract line 5 from line 4	6	<del></del>
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth 4940(e) reduction of tax in those years	er the foundation qualmes for th	e section

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 .	**************************************	<del></del>		2,828.
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.	1,11,1,11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	U •	·, I11	
a From 2004   187, 497.				
b From 2005 242,418.				
c From 2006 309,536.				
d From 2007 320, 472.				
e From 2008 308, 432.				
1 Total of lines 3a through e	1,368,355.			
4 Qualifying distributions for 2009 from				
Part XII, line 4. ► \$ 264,200.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	· - · · · · · · · · · · · · · · · · · ·	0.		** ************************************
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	1'l. 1111 11.11.1111111111111111		2 020
d Applied to 2009 distributable amount	261 272			2,828.
e Remaining amount distributed out of corpus	261,372.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		^
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,629,727.			
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		0.		
amount - see instructions		U •		
e Undistributed income for 2008. Subtract line			0.	
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		<del>                                     </del>		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	187,497.			:
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	1,442,230.			•
10 Analysis of line 9				
a Excess from 2005 242, 418.				
b Excess from 2006 309,536.				
c Excess from 2007 320, 472.	,			
d Excess from 2008 308, 432.				
e Excess from 2009 261, 372.	<u> </u>			Form <b>900</b> , <b>DE</b> (2000)

Form **990-PF** (2009

<del></del>		. CIRESI FO			26/35 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2009, enter the date of	the ruling	▶ ∟		<del></del>
b Check box to indicate whether the found	dation is a private operati	ng foundation described i		49 <u>42(j)(3)</u> or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1,0000	·
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>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	1				
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					
(1) Total support other than gross				:	
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					·
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					<u> </u>
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 m	ore in assets
at any time during t				·	
1 Information Regarding Foundatio	n Managers:				<del>-</del>
a List any managers of the foundation wh	o have contributed more	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 in	nore than \$5,000) (See s	section 507(d)(2) )			
NONE					
b List any managers of the foundation wh			or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater intere	st.			
NONE					
2 Information Regarding Contributi					
Check here ▶ X if the foundation o					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions,	complete items 2a, b, c, and	d 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 b	as submitted and informa	tion and materials they sh	nould include		
	e southilled also intottilla	mon and materials they st			
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors	
	·				- 222
923601 02-02-10					Form <b>990-PF</b> (2009)

10

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 5				
Total			<b>▶</b> 3a	264,200.
none				
Total			<b>▶</b> 3h	0.

923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

	(a)	business income (b)	(c) Exclu-	by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	sion code	Amount	function income
a	-	<del> </del>	<del>-</del>		
b	-	. —	<del>                                     </del>	<del>-</del>	
<u> </u>	1 1		┼─┼-		
d	1 1		+ +-		
e		-	<del>                                     </del>		
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			<u> </u>		
4 Dividends and interest from securities		····	14	11.	
5 Net rental income or (loss) from real estate			-		
a Debt-financed property			<del>                                     </del>		
b Not debt-financed property		<del> </del>	<del>                                     </del>		<del></del>
6 Net rental income or (loss) from personal					
property			<del>                                     </del>		
7 Other investment income 8 Gain or (loss) from sales of assets other			<del>  </del>		
than inventory					
9 Net income or (loss) from special events		<del> </del>			
ID Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
c			<u> </u>		
				Ī	
d			<del></del>		
e				11	
e 2 Subtotal Add columns (b), (d), and (e)	-   -	0.	,	11.	0
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		11.	
e  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations)				13	4.4
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	4.4
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of the	to the Accom	nplishment of Exposure of Part XVI-A	xempt P	13	11
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incompared to the columns of the	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
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2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities Line No.  Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
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e  12 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B  Relationship of Activities  Line No.  Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11
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e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	to the Accom	nplishment of Exposure of Part XVI-A	kempt P	13	11

Fo	rm 990-	PF (2009) MICHA	AEL V. & ANN C.	CIRESI FOUNI	DATION	41-	-19267	35	Pa	ge 13
P	art X		egarding Transfers To	and Transactions	and Relation	ships With No	oncharita	ble	;	
_		Exempt Organ				-to 504(a) -f			Yes	Na
1			rectly engage in any of the following			Ction 501(c) of			162	NO
		·	c)(3) organizations) or in section 5		nizations?					
		· · · · · · · · · · · · · · · · · · ·	lation to a noncharitable exempt o	rganization of						v
	(1) (							(1)	_	X
		Other assets	•				118	(2)		Х
i		transactions								.,
		Sales of assets to a noncharita	, •				.   <u>1t</u>	(1)		X
	(2)	Purchases of assets from a no	oncharitable exempt organization	••••			115	(2)		Х
	(3)	Rental of facilities, equipment,	or other assets			-	<u>11</u>	1(3)		Х
	(4)	Reimbursement arrangements	3				16	(4)		X
	(5) I	oans or loan guarantees				•	. <u>11</u>	(5)		X
	(6)	Performance of services or me	embership or fundraising solicitati	ons			. <u> 1</u>	(6)		X
1	<b>S</b> han	ng of facilities, equipment, ma	ailing lists, other assets, or paid er	nployees			L	l c		X
(	d If the	answer to any of the above is	"Yes," complete the following sch	edule Column (b) should a	lways show the fair	market value of the	goods, other	ass	ets,	
	or se	vices given by the reporting f	oundation. If the foundation recer	ved less than fair market val	ue in any transactio	on or sharing arrang	ement, show	in		
	colun	nn (d) the value of the goods,	other assets, or services received							
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description	on of transfers, transact	bons, and shanr	пд ап	angeme	nts
			N/A							
										-
				<del></del>		_				
			<del></del>							
					· ·				-	
		<u> </u>								
_				<del></del>		<del> </del>				
						<del></del>				
22	ls the	foundation directly or indirec	tly affiliated with, or related to, on	e or more tax-exempt organ	izations described					
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	tion 527?			. 🔲 🛚	es/	X	] No
Ł	If "Ye	s," complete the following sch			·					
		(a) Name of org	ganization	(b) Type of organization		(c) Description of	relationship			
		N/A				<del></del>	_			
			aye examined this return, including acc			of my knowledge and b	elief, it is true, o	сопе	rt,	
	and con	plete Declaration of preparer (oth	than texpayer or fiduciary) is based or	all information of which prepare	r has any knowledge.	_				
	N Y			X 11/15/12	NX 50.	es et				
စ္က	Ši	nature of officer or trustee	0 0	Date	Title		1			
۲Į		Preparer's			Date / C	heck if	Preparer's ide	entify	ing num	ber
Sign Here	s ≥	signature	1 Ri		/ / si	elf- mployed ▶ 🔲	1			
n	Paid Preparer's Use Only	DC* D	, ETD	<u> </u>	· 1 w ms 16	EIN -	.1			
	g g s		SOUTH NINTH ST.	, SUITE 3000	1	LINE				
	₫⊃			3402	•	Phono no	(612)35	50	_06	30
		TITINIA	TIT OTTO, LIM D	172		Phone no	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	- 70	<u> </u>

#### 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

**Employer identification number** Name of the organization 41-1926735 MICHAEL V. & ANN C. CIRESI FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 X 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., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ... 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).

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Employer identification number

## MICHAEL V. & ANN C. CIRESI FOUNDATION

41-1926735

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No. 1	MICHAEL & ANN CIRESI PHOENIX ON THE RIVER 222 2ND ST SE #1601 MINNEAPOLIS, MN 55414	Aggregate contributions  \$ 250,000.	Person X Payroll Noncash (Complete Part II of 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 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 Oncash 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.)

FORM 990-PF DIVIDENT	OS AND	INTERE	EST	FROM	SECUR	ITIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT	<b>.</b> )
MORGAN STANLEY MORGAN STANLEY	•			8.		0.		8.
TOTAL TO FM 990-PF, PART I, I	LN 4			11.		0.		11.
FORM 990-PF	0'	THER EX	(PEI	ISES			STATEMENT	2
DESCRIPTION	EXPE			(B) INVI IT INC	EST- COME	(C) ADJUSTED NET INCOM		
INVESTMENT FEES		120.	•		0.			0.
TO FORM 990-PF, PG 1, LN 23		120.			0.			0.
FORM 990-PF	CO	RPORATE	E SI	госк			STATEMENT	3
DESCRIPTION					вос	K VALUE	FAIR MARKE VALUE	T
3,000 INSIGNIA SYSTEMS INC						33,405.	14,3	40.
TOTAL TO FORM 990-PF, PART II	I, LIN	E 10B				33,405.	14,3	40.

<del></del>	<del></del> _		
	SSTANTIAL CONTRIBUTORS VII-A, LINE 10	STAT	EMENT 4
NAME OF CONTRIBUTOR	ADDRESS		
MICHAEL AND ANN CIRESI	PHOENIX ON THE RIVER MINNEAPOLIS, MN 55414		E #1601
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ADMISSION POSSIBLE 450 NORTH SYNDICATE ST #200 ST PAUL, MN 55104	NONE EDUCATIONAL	N/A	1,000.
CATHOLIC CHARITIES 1200 2ND AVE SO MINNEAPOLIS, MN 55403	NONE CHARITABLE	N/A	15,000.
CHILDREN'S THEATRE CO. 2400 THIRD AVE SO MINNEAPOLIS, MN 55404	NONE ARTS	N/A	10,000.
FRIENDS OF CHILDREN FOUNDATION PO BOX 583054 MINNEAPOLIS, MN 55458	NONE CHARITABLE	N/A	200.
FRIENDS OF REGIONS CAMPAIGN 2052 MARSHALL AVE ST PAUL, MN 55104	NONE CHARITABLE	N/A	2,000.
GUTHRIE THEATRE 818 S 2ND ST MINNEAPOLIS, MN 55415	NONE CHARITABLE	N/A	5,000.

MICHAEL V. & ANN C. CIRESI FOUN	IDATION		41-1926735
JEREMIAH PROGRAM 932 CONCORDIA AVE SUITE 100 ST PAUL, MN 55104	NONE CHARITABLE	N/A	3,000.
MONTESSORI TRAINING CENTER OF MINNESOTA 1611 ARMES AVE ST PAUL, MN 55106	NONE CHARITABLE	N/A	25,000.
ONE PERCENT CLUB 1925 NICOLLET AVE MINNEAPOLIS, MN 55403	NONE CHARITABLE	N/A	5,000.
ORDWAY CENTER 345 WASHINGTON ST ST PAUL, MN 55102	NONE CHARITABLE	N/A	5,000.
PAGE FOUNDATION PO BOX 942270 ATLANTA, GA 31141	NONE CHARITABLE	N/A	5,000.
SCHOOL SISTERS OF NOTRE DAME 13105 WATERTOWN PLANK RD ELM GROVE, WI 53122	NONE CHARITABLE	N/A	5,000.
SOBRIETY HIGH FOUNDATION 2233 UNIVERSITY AVE #421 ST PAUL, MN 55114	NONE CHARITABLE	N/A	2,500.
ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS RD MENDOTA HEIGHTS, MN 55120	NONE EDUCATIONAL	N/A	20,000.
THE BASILICA OF SAINT MARY P.O. BOX 50010 MINNEAPOLIS, MN 55405	NONE RELIGIOUS	N/A	5,000.
UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	NONE CHARITABLE	N/A	10,000.

 MICHAEL V. & ANN C. CIRESI FOUR	NDATION		41-1926735
UNIVERSITY OF MINNESOTA LAW SCHOOL 229 19TH AVE S MINNEAPOLIS, MN 55455	NONE EDUCATIONAL	N/A	10,000.
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVE ST PAUL, MN 55105	NONE EDUCATIONAL	N/A	20,000.
WEISMAN GALLERY 333 EAST RIVER RD MINNEAPOLIS, MN 55455	NONE ARTS	N/A	5,000.
YOUTH FRONTIERS 6009 EXCELSIOR BLVD MINNEAPOLIS, MN 55416	NONE CHARITABLE	N/A	2,500.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD, 2ND FLOOR BETHESDA, MD 20814	NONE CHARITABLE	N/A	1,000.
OPEN ARMS 2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	NONE CHARITABLE	N/A	2,500.
BAY LAKE ENVIRONMENTAL PROTECTION FUND PO BOX 461 DEERWOOD , MN 56444	NONE CHARITABLE	N/A	10,500.
ST. PAUL PUBLIC SCHOOL FOUNDATION 55 5TH ST E #600 ST PAUL, MN 55101	NONE CHARITABLE	N/A	13,000.
CHILDREN'S HOSPITAL 345 N SMITH AVE ST. PAUL, MN 55102	NONE CHARITABLE	N/A	30,000.
TWIN CITY RISE 800 WASHINGTON AVE N #203 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	2,500.

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MICHAEL V. & ANN C. CIRESI FOUN	IDATION		41-1926735
MINNESOTA ORCHESTRA 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	NONE ARTS	N/A	2,500.
SUMMIT ACADEMY 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405	NONE EDUCATIONAL	N/A	2,500.
SISTERS OF CHARITY 54 WEST MAIN ST BALTIC , CT 06330	NONE CHARITABLE	N/A	500.
MINNESOTA HISTORICAL SOCIETY 345 W KELLOG BLVD ST PAUL, MN 55102		N/A	2,500.
BOOKS FOR AFRICA 253 E 4TH ST #200 ST PAUL, MN 55101	NONE EDUCATIONAL	N/A	1,000.
DEERWOOD VOLUNTEER FIRE DEPARTMENT 23786 SERPENT RD DEERWOOD , MN 56444	NONE CHARITABLE	N/A	500.
SHARING AND CARING HANDS 525 N 7TH ST MINNEAPOLIS, MN 55405		N/A	1,000.
YWCA 2025 M ST NW #550 WASHINGTON, DC 20036	NONE CHARITABLE	N/A	1,000.
LAWYERS COMMITTEE FOR CIVIL RIGHTS 1401 NEW YORK AVE NW #400 WASHINGTON, DC 20005	NONE CHARITABLE	N/A	1,000.
SUPREME COURT HISTORICAL SOCIETY 1 1ST ST NE WASHINGTON, DC 20543	NONE CHARITABLE	N/A	1,000.

 MICHAEL V. & ANN C. CIRESI FOUN	DATION		41-1926735
LITTLE SISTERS OF THE POOR 2325 NORTH LAKEWOOD AVE CHICAGO, IL 60614	NONE CHARITABLE	N/A	500.
TWIN CITIES PUBLIC TELEVISION 172 E 4TH ST ST PAUL, MN 55101		N/A	2,500.
FUND FOR LEGAL AID SOCIETY 430 1ST AVE N #300 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	1,000.
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE SO MINNEAPOLIS, MN 55404	NONE ARTS	N/A	2,000.
CRETIN DERHAM HALL 550 S ALBERT ST ST PAUL, MN 55116	NONE EDUCATIONAL	N/A	1,000.
ST PAUL FOUNDATION 55 5TH ST E #600 ST PAUL, MN 55101	NONE CHARITABLE	N/A	1,000.
CENTER FOR CHANGING LIVES 2485 COMO AVE ST PAUL, MN 55108	NONE CHARITABLE	N/A	25,000.
MINNESOTA CENTER FOR ENVIRONMENTAL ADVOCACY 26 E EXCHANGE ST #206 ST PAUL, MN 55101	NONE CHARITABLE	N/A	1,000.
COUNCIL ON CRIME AND JUSTICE 822 S 3RD ST #100 MINNEAPOLIS, MN 55415	NONE CHARITABLE	N/A	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	-	264,200.
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Form 8868 (Rev 4-2009)		Page <b>2</b>
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×	<b>▶</b> [X]
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		3.
If you are filling 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 co	pies need	ed).
_ Name of Exempt Organization	Employe	r identification number
Type or		
print MICHAEL_V. & ANN C. CIRESI FOUNDATION	41-	1926735
File by the extended due date for C/O MICHAEL CIRESI 800 LASALLE AVE., NO. 280	For IRS u	se only
filing the return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MINNEAPOLIS, MN 55402	( 3.	
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 5	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 previou	sly filed Fo	orm 8868.
DS&B, LTD - 222 SO. NINTH STREET, SUITE	3000	
• The books are in the care of MINNEAPOLIS, MN - 55402	3000	
Telephone No. ► 612-359-9630 FAX No. ►		
If the organization does not have an office or place of business in the United States, check this box		
<ul> <li>If the organization does not have an office of place of business in the office States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> </ul>	 o la far tha	whole group, shock this
box . If it is for part of the group, check this box and attach a list with the names and EINs of all		- • •
4   request an additional 3-month extension of time until   NOVEMBER 15, 2010.	members t	ne extension is ior.
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	Char	nge in accounting period
7 State in detail why you need the extension		igo in accounting period
ADDITIONAL TIME IS NEEDED TO GATHER ALL INFORMATION NE	EDED !	TO FILE A
COMPLETE AND ACCURATE RETURN.		
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 \$	0.
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.	8b \$	0.
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 \$	0.
Signature and Verification		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form	best of my	knowledge and belief,
Signature Title > CA	Date ► 2	Kladin
		Form 8868 (Rev. 4-2009)

#### 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. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits. **Employer identification number** Name of Exempt Organization Type or print 41-1926735 MICHAEL V. & ANN C. CIRESI FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your C/O MICHAEL CIRESI 800 LASALLE AVE., NO. 2800 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions MINNEAPOLIS, MN 55402 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 Form 990-EZ Form 990-T (trust other than above) X Form 990-PF Form 8870 Form 1041-A DS&B, LTD - 222 SO. NINTH STREET, SUITE 3000 The books are in the care of ► MINNEAPOLIS, MN -55402 Telephone No. ► 612-359-9630 FAX No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_. If this is 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 members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2009 or tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 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. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated 3ь tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

OMB No. 1545-1709