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Form 99	0-PF
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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation **2000**

OMB No 1545-0052

		nt of the Tr evenue Sei		Note	: The foundati	on may b	e able to use a copy of the	is return to sati	sfy state rep	orting re	equirements	<u>(</u>	UU :	J
_					x year begin				and endin				, 20)
_			nat apply		Initial retur		Initial return o	of a former pu	blic charity	,		Final ret	urn	
_	•		F F 7		Amended			ss change			ne change			
_	_		Name of fo	undat						_	Employer Identifi	cation numb	er	
	lee th	ne IRS		J-4										
•		ie iko jel.	DEAN D	ΔM	DEBSON E	VITMA	FOUNDATION				41 -	1953725	,	
		wise,		_			mail is not delivered to street	address)	Room/suit		Telephone number (see p			
		int	i Tuniber an	3116	CL (UIFU DOX	namber il f	nan is not denyered to sileet	uuui cooj	Noom/sun	~ °	темрионе нитоет (1866 р	esta in our maruer	ucuons)	
		ype.	1,145		TIIM TTN	מוס מים					/05	2 \ 470	_210	۵
		pecific			IUM LANE				<u> </u>	- -	(9.5 If exemption applicati	2) 472	-210	<u>, </u>
l	nstruc	ctions.	City or tow	n, stat	te, and ZIP cod	16				٦		ion is	!	*
			 			264				D	1 Foreign organization			
_					A, MN 55				_		2. Foreign organization 85% test, check he		9	
H	$\overline{}$		-		_		c)(3) exempt private for				computation .			-
1					mpt chantable		Other taxable pri			⊢ [If private foundation s	status was term	ınated	
1	Fair	market	t value of a	II ass	ets at end	1 —	unting method X C	ash Acc	rual	-	under section 507(b)(•
			m Part II, c				ther (specify)			F	If the foundation is in	a 60-month ter	mination	
_		▶ \$;				column (d) must be or	cash basis)			under section 507(b)	(1)(B), check he	ere . 🕨	<u> </u>
Ŀ	art I	Analy	sis of Rev	enue	and Expens	es (The	(a) Revenue and	(b) Nation	otmost T	/e\ A	durate di mart	(d) Disb		
_	_				nns (b), (c), an al the amount		expenses per	(b) Net inve			djusted net income		arıtable poses	•
_					of the instruc		books				**************************************	cash b		ıly)
	1	Contribut	ions, gifts, grants	s, etc , re	eceived (attach sch	edule) .	62,275.							
	2	Check	If the	e found	lation is not req	uired to								,
	3		allal		orary cash inves									
	4		-		om securities		1,170.		1,170.			ATCH	1	
	l .													
	l													1
	[_	of assets not on I		6.							
Jue.	°Б	Gross s	ales price for a		u assers HOLOU I	me 10 6.								
Revenue	,		on line 6a		from Dort N/ I				6.					
8	7	•	•	•	from Part IV, li	•				-				
	8		ort-term capi	-	in				+					
	9 10 a	Gross sa	ales less retur	ns										
		and allo	wances • •	• • •	<u> </u>							-		
			ost of goods s				-	 				 		
					ach schedule)							ATCH	ີ າ	
	11				edule)		63,640.		1,176.			MICH		
_	12	•			<u>h 11</u>	_	03,640.		1,1/0.				_	
	13				ectors, trustees,		ļ···					 		
ģ	14				and wages .							 		
Şě	15				benefits							 		
en Se	16 a	Legal f	ees (attach s	schedi 	ule)		2 275							^
ž	þ				schedule) ATC		2,275.		0.		0.			0
ě	C	•		•	attach schedul	•				+	RECE	VED		
Operating and Administrative Expense	17	Interes	t							\dashv			70	
istr	18	Taxes (a	attach schedul	le) (see	page 14 of the inst	ructions)				<u> </u> m	MAY 17	2010	18	
Ë	19	•	-		edule) and dep					_6	IAIWI T (2010	10	
턴	20] <u>&</u>	
Ď.	21	Travel,	conferences	s, and	meetings					_ _	OGDE	1-1-		
a	22	Printing	g and publica	ations						<u> </u>	CODE	v, U		
ī	23	Other e	expenses (at	ttach s	schedule)		ļ					L		
rat	24	Total o	perating an	d adm	ninistrative exp	penses.								
ğ	1		es 13 throug				2,275.	[0.		0.			0
0	25		-		s paid									
_	26		_	-	ents Add lines 24		2,275.		0.		0.			0
	27		ct line 26 fro											
	l				es and disbursen	nents	61,365.							
				-	(if negative, e				1,176.					
					negative, ente						-0-			

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 000 35995A 5838 5/7/2010 8:24:48 AM V 09-6.1

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_Page **2**

Р	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	7,583.	22,792.	22,792.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
ı	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	·		
		Less allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
155	-	Investments - U S and state government obligations (attach schedule)		•	
		Investments - corporate stock (attach schedule)		. =-	
		Investments - corporate bonds (attach schedule)		***************************************	
	11	Investments - land, buildings,			
		Less accumulated depreciation (attach schedule)			
	12	investments - mortgage loans			 -
	13 14	Investments - other (attach schedule)			
	•	equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ATCH 4)	176,408.	222,564.	199,065.
1	16	Total assets (to be completed by all filers - see the			· ·
ı		instructions Also, see page 1, item I)	183,991.	245,356.	221,857.
ᄀ	17	Accounts payable and accrued expenses	0.	0.	
-	18	Grants payable	•	·	
δ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
흶	21	Mortgages and other notes payable (attach schedule)		***	
3	22	Other liabilities (describe			
-		`			
-	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
핆	25	Temporarily restricted			
∞	26	Permanently restricted			
밁		Foundations that do not follow SFAS 117,			
리	_	check here and complete lines 27 through 31. ▶ X	50.000	F.O. 000	
힐	27	Capital stock, trust principal, or current funds	50,000.	50,000.	
ΦI	28	Paid-in or capital surplus, or land, bldg , and equipment fund	122 001	105 256	
ş	29	Retained earnings, accumulated income, endowment, or other funds	133,991.	195,356.	
ᇷ	30	Total net assets or fund balances (see page 17 of the	100 001	0.45 0.56	
z	•4	instructions)	183,991.	245,356.	
	31	Total liabilities and net assets/fund balances (see page 17	100 001	0.15 056	
	L LI	of the instructions)	183,991.	245,356.	
		Analysis of Changes in Net Assets or Fund			
		I net assets or fund balances at beginning of year - Part II, col		*	102 001
		If B III 07			183,991.
		r amount from Part I, line 27a		2	61,365.
3	Othe	r increases not included in line 2 (itemize)			045 356
		lines 1, 2, and 3		4	245,356.
2	Decr	eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line	E) Death set (6)	5	245 256
<u> </u>	iota	inet assets of fund balances at end of year (line 4 minus line	ع) - Paπ II, column (b), I	ine 30 6	<u>245,356</u> .

Part IV	Capital Gains	s and Losses for Tax on Inv	estment Income			
		d describe the kind(s) of property sold (e nck warehouse, or common stock, 200 sl		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEI	E PART IV SCHE	DULE		5 55,7545.7		
b						
С						
d						
<u>e</u>						
(e)	Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>						
_b			<u> </u>			
С						
<u>d</u>						
<u>e</u>				ļ		
Comple	te only for assets sho	wing gain in column (h) and owned l			Gains (Col (h) g	
(i) F M	IV as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
_a						
_b						
<u> </u>						
<u>d</u>						
_е						
2 Capita	al gain net income or (gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		6.
		or (loss) as defined in sections 1222 line 8, column (c) (see pages 13 and				
		line 8		3		
Part V	Qualification Un	nder Section 4940(e) for Reduc	ed Tax on Net Investment Inc	ome		
Was the		eave this part blank he section 4942 tax on the distributa not qualify under section 4940(e) Do		penod?	□	Yes X No
		ount in each column for each year, se	<u> </u>	makıng a	any entries	
	(a)	(b)	(c)	Indiang	(d)	
	Base period years ear (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	<u> </u>	Distribution ra (col (b) divided by	
	2008	31,093.	157,163.			0.197839
	2007	0.	146,533.		······································	0.00000
	2006	0.	78,920.			0.000000
	2005	0.	25,652.			0.00000
	2004	0.	821.			0.00000
2 Total	of line 1, column (d)			2		0.197839
3 Avera	age distribution ratio f	for the 5-year base period - divide the				
numb	per of years the found	lation has been in existence if less th	nan 5 years	3		0.039568
4 Enter	the net value of none	charitable-use assets for 2009 from	Part X, line 5	4		169,979.
5 Multip	ply line 4 by line 3			5		6,726.
6 Enter	1% of net investmen	nt income (1% of Part I, line 27b)		6		12
7 Add I	ines 5 and 6			7		6,738.
	qualifying distribution	ns from Part XII, line 4		8		0.
If line		eater than line 7, check the box in	n Part VI, line 1b, and complete	hat part	using a 1% tax	rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			24.
	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-) 2			
3	Add lines 1 and 2			24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		·	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			24.
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 200.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		:	200.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			176.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 176. Refunded ▶ 11			
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the 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 or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$(2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers \$	*****		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
_	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	-		x.
4-	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		^
	If "Yes," has it filed a tax return on Form 990-T for this year?	_4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ů	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 law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		· · · · ·	
	instructions) ► MN,			
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) of each state as required by General Instruction G° If "No," attach explanation	8b	Х	
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 on page			
	27)? If "Yes,"complete Part XIV	9	<u>L</u>	х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х
		01	00-PE	(0000)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	ł		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MARY ANDERSON Telephone no ► 952-472	-310	9	
	Located at ▶4145 TRILLIUM LANE EAST MINNETRISTA, MN ZIP+4 ▶ 55364			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		🕨	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	}		
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			-
	were not corrected before the first day of the tax year beginning in 2009?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b		
С	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 during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		-	-
	foundation had excess business holdings in 2009)	3b	<u> </u>	X
4a	, , , , , , , , , , , , , , , , , , ,	4a		 ^-
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	- 4b		x
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b om 99	n.PF	
	•	JIII J J	→	(2003)

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

and Contractors (continued)			
3 Five highest-paid independent contractors for professional services (see page	23 of the instructions). If none	e. enter "NO	ONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service		pensation
NO INDIVIDUALS PAID FOR PROFESSIONAL SERVICES	N/A		
Total number of others receiving over \$50,000 for professional services		<u> </u>	NONE
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical infor of organizations and other beneficianes served, conferences convened, research papers produced, etc.	mation such as the number	Expe	enses
1_N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments (see page 23 of the in Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a		1	
1 NOT APPLICABLE	iliu 2	Amo	ount
2			
All other program-related investments See page 24 of the instructions			
3 NONE			
~			
Total. Add lines 1 through 3		<u> </u>	

Form 990-PF (2009)

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rom	1990-PF (2009) 41-1903/20		Page o
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundat	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	147,390.
b	Average of monthly cash balances	1b	25,178.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	172,568.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	172,568.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		2.2,000.
-	of the conducations)	4	2,589.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	169,979.
6	Minimum investment return. Enter 5% of line 5	6	8,499.
	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	L I	
	foundations and certain foreign organizations check here and do not complete this particular to the foundations and certain foreign organizations.		
1	Minimum investment return from Part X, line 6	1	8,499.
	Tax on investment income for 2009 from Part VI, line 5 24.		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	1 1	
C		2c	24.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	8,475.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	8,475.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		******
	line 1	7	8,475.
Da			
Fe	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
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	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	ner the four	ndation

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				8,475.
2	Undistributed income, if any, as of the end of 2009			···	
а	Enter amount for 2008 only				
b	Total for prior years 20 07 20 06 20 05		5,131.		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
	From 2008 16, 189.				
f	Total of lines 3a through e	16,189.		7-11-11	
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$0.				
а	Applied to 2008, but not more than line 2a				
þ	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
	Applied to 2009 distributable amount Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009	8,475.		· · · · · · · · · · · · · · · · · · ·	8,475.
-	(If an amount appears in column (d), the same				0,1,3.
6	amount must be shown in column (a)) Enter the net total of each column as				
٠	indicated below:	_			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,714.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		5,131.		
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				
d	Subtract line 6c from line 6b Taxable		F 101		
е	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line		5,131.		
	4a from line 2a Taxable amount - see page				
	27 of the instructions				
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) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.	5.54			
	Subtract lines 7 and 8 from line 6a	7,714.	·		
	Analysis of line 9				
	Excess from 2005 Excess from 2006	ļ			
d	Excess from 2007				
	Excess from 2009				

Form **990-PF** (2009)

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b Check box to indicate whether the foundation is a private operating foundation described in section 1 4942()(3) or 4942	1 a		•		at it is a private oper	rating			
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	10		7/2010 9.24.	48 AM 17 00 6	1 60	0712		1 0111	PAG1

1261 3	t XV Supplementary Information (co Grants and Contributions Paid Durin	ontinued) og the Year or Appr	oved for F	uture Payment	
<u> </u>	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		
	Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a	Paid during the year	Gr Substantial Continuotor			· · · · - · · · · - · · · ·
-	r and during and your	}			
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	Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	▶ 3a	
U	Approved for future payment				
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Enter gross	amounts unless otherwise indicated	Unrelated	business income	Excluded by s	section 512, 513, or 514	(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
1 Program	1 service revenue				741132111	tne instructions)
a						
·						
				 		
e						
f _				 		
-	s and contracts from government agencies		 			
	rship dues and assessments					
	on savings and temporary cash investments			14	1,170.	
	ds and interest from securities			14	1,170.	
	al income or (loss) from real estate					
	ot-financed property					
	debt-financed property					
	il income or (loss) from personal property					
	vestment income	-		18	6.	
	loss) from sales of assets other than inventory		 	18	0.1	
	ome or (loss) from special events					
-	rofit or (loss) from sales of inventory					
	evenue a				100	
	CISE TAX REFUND				189.	
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e					1 265	
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Pa	rt XVII	Information Exempt Orga	Regarding Tran	sfers To and	Transa	ctions a	and Relation	ships With	Nonc	harit	table
1	ın se organi	he organization directly ction 501(c) of the C izations?	ode (other than sec	ction 501(c)(3) or	ganizations	with ar	ny other organiza ection 527, relat	ation described ing to political		Yes	No
а		fers from the reporting fou							4-44	1	,
		ash								 	X
		ther assets transactions		• • • • • • • • • •	• • • • •	• • • • •			1a(2)	 	 ^
U			estable avamet arganiz	estion					45/41	l	x
		ales of assets to a noncha urchases of assets from a								 	X
										-	X
		ental of facilities, equipme							1b(3)	 	X
		eimbursement arrangeme bans or loan guarantees							1b(4)		X
		erformance of services or							1b(5)		X
c		ng of facilities, equipment,									X
		e answer to any of					Column (b) show		1c	four r	٠
u		of the goods, other			_			•			
		in any transaction of									
(a) l	ine no	(b) Amount involved	(c) Name of noncha	antable exempt organi	zation	(d) Desc	nption of transfers, tra	ansactions, and shar	ing arrai	ngemen	ıts
		N/A				N/A					
							- 				
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		····									.
											
										-	
	section	foundation directly or n 501(c) of the Code (oth s," complete the following	er than section 501(c)(3)) or in section 5	527?					es 🗀	× No
		(a) Name of organization		(b) Type of org	anization		(c) De	escription of relations	hip	_	
	_		-								
	_		-							-	
					—n						
								······································			
	Under belief,	penalties of penury, I decli	are that I have examine plete Declaration of pre	d this return, including parer (other than tax	ng accompar payer or fidu	lying scheduciary) is bas	ules and statements sed on all information	n of which prepare ス	r has a	nowled; ny know	ge and wledge
	—	1 ray	· Ch	duson		<u> </u>	110	Direc	10		
ire	Sı	gnature of officer or trustee				Date	Title				
Sign Here	Paid Preparer's Use Only	Preparer's signature	h M Bo	nger	Date 5/7	110	Check if self-employed	Preparer's number (S page 30 of t P00626	ee Signa he instru	ature o	
-/	Paid Preparer' Use Only	Firm's name (or yours if	SIMMA FLO	TTEMESCH &	ORENSTE	IN, LT	D. EIN				
ı	۾ ج	self-employed), address		TWR., 901					<u> </u>		
		and ZIP code	MINNEAPOI		2	554	02 Pho	neno 612-3	37-8	100	

Phone no 612-337-8100 Form **990-PF** (2009)

MINNEAPOLIS, MN

55402

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

2009

Internal Revenue Service Name of the organization **Employer Identification number** DEAN R. ANDERSON FAMILY FOUNDATION 41-1953725 Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 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** 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 Ш 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 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

JSA

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

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

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

Name of organization

DEAN R. ANDERSON FAMILY FOUNDATION

Employer Identification number

			41-1953725
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ZINPRO CORPORATION 10400 VIKING DRIVE EDEN PRAIRIE, MN 55344	\$	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 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.)

41-1953725

DEAN R. ANDERSON FAMILY FOUNDATION 41-1953
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GA Kind of Property			Desci	ption		P P	Date	Date sold
Gross sale	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	D	Gain or	
expenses of sale	allowable	basis TOTAL SHORT	12/31/69 '-TERM CAPIT!	12/31/69 AL GAIN DIV	adı basıs		(loss) 6.	
POTAL GAIN (I	.oss)						6.	
, , , , , , , , , , , , , , , , , , , ,								

ATTACHMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	1,170.	1,170.
REVENUE AND EXPENSES PER BOOKS	1,170.	1,170.
		TOTAL
DESCRIPTION	CHARLES SCHWAB	

PAGE 18

DEAN R. ANDERSON FAMILY FOUNDATION

41-1953725

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

REVENUE AND

DESCRIPTION EXCISE TAX REFUND EXPENSES PER BOOKS

189.

TOTALS

189.

ATTACHMENT 3

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

	REVENUE		
	AND	NET	ADJUSTED
	EXPENSES	INVESTMENT	NET
DESCRIPTION	PER BOOKS	INCOME	INCOME

CHARITABLE	PURPOSES		0.
ADJUSTED NET	INCOME		0.
NET INVESTMENT	INCOME		0
REVENUE AND EXPENSES	PER BOOKS	2,275.	2,275.
			TOTALS
	DESCRIPTION	ACCOUNTING FEES	

PAGE 21

FORM 990PF, PART II - OTHER ASSETS

TOTALS

	ENDING <u>FMV</u>
Allachment 4	ENDING BOOK VALUE

39,723. 62,032. 50,537. 10,318.	9,06	
55,393. 69,528. 51,966. 10,122.	2,56	

ATTACHMENT 5

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	· 0	0.0	.0	0.
CO TO COMPENSATION BE	O	ō	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	MARY ANDERSON 4145 TRILLIUM LANE EAST MINNETRISTA, MN 55364	MICHAEL ANDERSON C/O ZINPRO, INC. 10400 VIKING DRIVE, SUITE 240 EDEN PRAIRIE, MN 55344	JOHN HOULE C/O ZINPRO, INC. 10400 VIKING DRIVE, SUITE 240 EDEN PRAIRIE, MN 55344	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

 Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

Name of estate or trust **Employer Identification number** DEAN R. ANDERSON FAMILY FOUNDATION 41-1953725 Note: Form 5227 filers need to complete onlyParts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo , day, yr) 12 SHORT-TERM CAPITAL GAIN DIVIDENDS ATCH 6 6. **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (mo, day, yr) (mo, day, yr) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b **6b** Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back .

JSA 9F1210 2 000

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Sche	dule D (Form 1041) 2009			Page 2
Pai	t III Summary of Parts I and II	(1) Beneficianes'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss)			6.
14	Net long-term gain or (loss):			
a	Total for year			
	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
	28% rate gain			
15 Note	Total net gain or (loss). Combine lines 13 and 14a		11 115 1 (2)	
to Pa	2: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, art V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and			
	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line			,
a Note	The loss on line 15, column (3) or b \$3,000 or f Form 1041 page 1 line.	22 (or Form 990-T III	ne 34) is a loss comp	lete the Canitall oss
Carr	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line yoverWorksheeton page 7 of the instructions to figure your capital loss carryover	22 (0. 1 0.111 000-1, 111	10 0+), 13 a 1033, comp	
Par	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2)		ount is entered in P	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than ze	ero		
	tion: Skip this part and complete the worksheet on page 8 of the instructions if ther line 14b, col (2) or line 14c, col (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
For	n 990-T trusts. Complete this part only if both lines 14a and 15 are gains	, or qualified divide	ends are included in	income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and cer line 14b, col. (2) or line 14c, col. (2) is more than zero.	complete the works	sheet on page 8 of	the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	.	
18	Enter the smaller of line 14a or 15 in column (2)			
	but not less than zero	_		
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 19	_		
20	Add lines 18 and 19	-		
21	If the estate or trust is filing Form 4952, enter the			
20	amount from line 4g, otherwise, enter -0-	-		
22	Subtract line 21 from line 20 If zero or less, enter -0-	. 22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	. 23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24?	• 24		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			
	No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same?			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
29	Subtract line 28 from line 27	29		
30	M. V. I. I. OO. 1507 (15)		30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate Sched		· · · · · - - - 	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Scheo	dule for Estates an		
	(see the Schedule G instructions in the instructions for Form 1041) \dots		33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and			
	G, line 1a (or Form 990-T, line 36)		34	

600712

Schedule D (Form 1041) 2009

DEAN R. ANDERSON FAMILY FOUNDATION

41-1953725

FEDERAL	CAPITAL	GAIN	DIVIDENDS	

ATTACHMENT 6

SHORT-TERM CAPITAL GAIN DIVIDENDS

CHARLES SCHWAB

6.

TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

IIICIII I I I I I I			
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			
If you are f Do not comple	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a previous	2 of this form). busly filed Form 8868.	
Part I Auto	matic 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			
Part I only		▶ □	
All other corp time to file ince	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 ome tax returns	04 to request an extension of	
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auton turns noted below (6 months for a corporation required to file Form 990-T). However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 composite or consolidated From 990-T. Instead, you must submit the fully completed and see details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charles.	you cannot file Form 8868 90-BL, 6069, or 8870, group signed page 2 (Part II) of Form	
Type or	Name of Exempt Organization	Employer identification number	
print	DEAN R. ANDERSON FAMILY FOUNDATION	41-1953725	
File by the due date for	Number, street, and room or suite no. If a P O. box, see instructions 4145 TRILLIUM LANE EAST		
filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions	MINNETRISTA, MN 55364		
Check type o	f return to be filed (file a separate application for each return):		
Form 990 Form 990-T (corporation) Form 4720		4720	
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) Form	5227	
Form 990	-EZ Form 990-T (trust other than above) Form	6069	
X Form 990-PF Form 1041-A Form 8870		8870	
If the organIf this is for for the whole g	No ▶ 952 472-3109 FAX No. ▶ nization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box If it is for part of the group, check this box and the organization will cover		
		000 The extension of time	
U11til	tan automatic 3-month (6 months for a corporation required to file Form $08/15$, 2010 , to file the exempt organization return for the organization real ganization's return for: calendar year 2009 or tax year beginning, and ending	named above. The extension is	
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in accounting period	
· ·	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	· 1 1	
	dable credits. See instructions.	3a \$ 200.	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pay	yments	
	clude any prior year overpayment allowed as a credit	3b \$ 0.	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit			
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	· 	
Instructio	ns	3c \$ 200.	
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO	
for payment in	structions.		
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)	