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Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calendar year 2009, or tax year beginning		, and ending		· <u> · - · - · - · · · · · · · · · ·</u>
G Check all that apply: Initial return		ormer public charity	Final retur	n
Amended return	Address chan	ge 🔛	Name change	
Use the IRS Name of foundation			A Employer identificatio	n number
label. HORST M. RECHELBACHER	R FOUNDATION		41 105667	2
Otherwise, C/O DENNIS RITCHIE Number and street for P O box number if mail is not or	tolivorad to street address)	Room/suite	41-195667	9
print Number and street (or PO box number if mail is not or type. 220 SOUTH SIXTH STREET	,	300	B Telephone number 612/376-45	500
See Specific City or town, state, and ZIP code	71	500		
Instructions MINNEAPOLIS, MN 5540	12		D 1. Foreign organization	
H Check type of organization: X Section 501(c)(3) e			Foreign organizations makes here and attach of the control of	eeting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation		
	ting method: X Cash	Accrual	E If private foundation st under section 507(b)(
· 1 —	Other (specify)		F If the foundation is in a	
	umn (d) must be on cash l	basis.)	under section 507(b)(
Part I 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 necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	406,827.		N/A	
2 Check fithe foundation is not required to attach Sch. B				<u> </u>
3 Interest on savings and temporary cash investments				1
4 Dividends and interest from securities.	1,009.	1,009.		STATEMENT 1
5a Gross rents				
Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				<u> </u>
assets on line 6a		0.		-
7 Capital gain net income (from Part IV, line 2)		0.		- ' '
8 Net short-term capital gain 9 Income modifications				<u>.</u>
Gross sales less returns				
10a and allowances b Less Cost of goods sold				,
c Gross profit or (loss)		٠ -		, ,
11 Other income	57,000.	0.		STATEMENT 2
12 Total. Add lines 1 through 11	464,836.	1,009.		, 1"
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
SILLE ACES ALTIMETER / P. P. J. P. J	3,150.	0.		3,150.
i c Uther protessional lees				
17 Interest 0 4 2010 OSTMT 4	245.	0.		
Taxes CT 0 4 2010 CSTMT 4 17 Interest 18 Taxes CT 0 4 2010 20 Occupancy EN, UT 21 Iravel, conferences, and meetings 22 Printing and publications	245.	0.	<u> </u>	0.
E 20 OccupanoDEN, UT				
A 21 Travel, conferences, and meetings				
22 Printing and publications		<u> </u>		
22 Other expenses STMT 5	25.	0.		25.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	3,420.	0.		3,175.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	675,000.			675,000.
26 Total expenses and disbursements.		.		
Add lines 24 and 25	678,420.	0.		678,175.
27 Subtract line 26 from line 12:		, ·		
2 Excess of revenue over expenses and disbursements	-213,584.		,	
b Net investment income (if negative, enter -0-)		1,009.		<u> </u>
C Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	Form 990-DF (2000)

1

Form	990-PF (2009) C/O DENNIS RITCHIE			1956679 Page:
Par	t II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing .	333,455.	119,871.	119,871.
2				
3				
-	Less: allowance for doubtful accounts			
4	Pledges receivable ▶	~	-	
	Less: allowance for doubtful accounts			-
5				
6				
	disqualified persons			·
7			•	
	Less: allowance for doubtful accounts			
Ssets	· · · · · · · · · · · · · · · · · · ·			
88	· · · · · · · · · · · · · · · · · · ·			
- 1	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis		•	
	Less accumulated depreciation			
12	· ·· · · · -			
13				
14		-	•	i
	Less accumulated depreciation			
15	Other assets (describe ►)		· · · · ·	***************************************
		222 455	110 071	140 074
16		333,455.	119,871.	119,871.
17				-
18				
<u>s</u> 19		-		
apilities 20 21	The state of the s			`.
_				1
- 22	Other liabilities (describe)			•
		0	0	
23	Total liabilities (add lines 17 through 22)	0.	0.	•
	Foundations that follow SFAS 117, check here			1
ر دوا	and complete lines 24 through 26 and lines 30 and 31.	222 455	110 071	A ₁
일 24	·	333,455.	119,871.	•
Fund Balances			- 	· - ·
mi 26 o	· · · · · · · · · · · · · · · · · · ·			
튀	Foundations that do not follow SFAS 117, check here			
声	and complete lines 27 through 31.			
Sets 27	' ' . ' . ' . '	-		•
ဗ္ဟ 28	raiu-in or capital surplus, or land, blog., and equipment lund			

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333,455.

119,871.

30 Total net assets or fund balances

29 Retained earnings, accumulated income, endowment, or other funds

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b)	How acquired - Purchase - Donation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)	
<u>1a</u>					_				
b NO	NE				<u> </u>				
_ C					ļ				
<u>_d</u>				. =	-				
_ e		Depresenting allowed	(a) Co	at or other bosis	١		(b) C:	(1000)	
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale				nn or (loss) (f) minus (
<u>a</u>					-				
<u>b</u>									
d d		• •							
e						***************************************			
Complete only for assets showing	g gain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E	ccess of col. (1) col. (j), if any		C	ol. (k), but n	ot less thar (from col. (1 - 0-) or
a			+-						
b									
С									
d									
e									
2 Capital gain net income or (net ca	pital loss	If gain, also enter	ın Part I, line ın Part I, line	7 7	}	2			
3 Net short-term capital gain or (los	e) as defi	•							
If gain, also enter in Part I, line 8,			u (0).		λl				
If (loss), enter -0- in Part I, line 8						3			
Part V Qualification U	nder S	ection 4940(e) for	Reduced	l Tax on Net	Inv	estment In	come		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the section of the foundation does not qualting the foundation of the foundation of the foundation of the foundation does not provide a foundation does not provide a foundation of the fou	tion 4942 Ify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	ırt					Yes X No
(a) Base period years Calendar year (or tax year beginnii	па іл)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchai	ritable-use asset	s (Distrib col. (b) divi	(d) ution ratio ided by col. (c))
2008	<u>, , , , , , , , , , , , , , , , , , , </u>	77	7,485.			454,85			1.709299
2007			8,735.			300,12			2.361490
2006			5,500.			125,49			2.195359
2005			<u>2,483.</u>			46,80			7.745198
2004		<u> 17</u>	<u>5,845.</u>			54,37	1.		3.234169
2 Total of line 1, column (d)		· · · · · · · · · · · · · · · · · · ·					2	-18	17.245515
3 Average distribution ratio for the state foundation has been in existent		than C	on line 2 by 5,	or by the number	of ye	ars 	3		3.449103
4 Enter the net value of noncharitab	le-use as	sets for 2009 from Part X, i	ine 5				. 4	_	277,743.
5 Multiply line 4 by line 3							5		957,964.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)			••		. 6		10.
7 Add lines 5 and 6							7		957,974.
8 Enter qualifying distributions from							8		678,175.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ct	eck the box in Part VI, line	1b, and comp	olete that part usin	g a 1	% tax rate.			000 DE (000)

HORST M. RECHELBACHER FOUNDATION

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instr	uctio	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%			20.
	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			20.
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-			20.
6	Credits/Payments:	•		
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			,
	Total credits and payments. Add lines 6a through 6d			0.
8	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			20.
	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			
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	<u> </u>	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		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		 	
_	(1) On the foundation. \triangleright \$ 0 • (2) On foundation managers. \triangleright \$ 0 •			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
Ī	managers. ►\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	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 incorporation, or		l	
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	x
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	1	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	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	-		5
	remain in the governing instrument?	6	x	-
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.			
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Ja	MN	·		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	•		
,	of each state as required by General Instruction G? If *No, * attach explanation	8b-	х	
Q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	- 00	<u> </u>	
3	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	. 10		X
10		orm QQ ()	DE	

HORST M. RECHELBACHER FOUNDATION				
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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 meaning of				
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
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	n?	13	X	
Website address ► N/A				L
14 The books are in care of ► DENNIS RITCHIE	elephone no. ▶ 612-31	76-4	500	
	1N ZIP+4 ▶5			
15 Section 4947(a)(1) nonexempt charitable 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	15	N	<u>/A</u>	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	ired	,		
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?	Yes X No			
(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		1 1		
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)?	N/A	1b		
Organizations relying on a current notice regarding disaster assistance check here	.▶□			
c 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		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating	ng foundation			
defined in section 4942(j)(3) or 4942(j)(5)):		.		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year	ear(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) (relati	ng to incorrect	1 -1	-	
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 instructions.)	N/A	2ь		
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				
during the year?	Yes X No			•
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualifi	ed persons after	,		•
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 45	943(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)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	• • • •	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its cha	ritable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2009?	<u> </u>	4b		X

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HORST M. RECHELBACHER FOUNDATION

Part VII-B Statements Regarding Activities for Which	Form 4700 May Do	Dogwined / /	41-19566	79 Page (
	Form 4/20 May Be	Requirea (contir	nued)	
5a During the year did the foundation pay or incur any amount to:	- 40.454.330	<u> </u>	च्चि	1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,	_	es X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); any voter registration drive?	or to carry on, directly or indir	• • • • • • • • • • • • • • • • • • • •	es X No	
, , , , , , , , , , , , , , , , , , , ,				
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		<u>,</u>	ਿਦ⊓	
			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary			es X No	
			es LAL No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	37/3	-
section 53.4945 or in a current notice regarding disaster assistance (see instri	•	-	N/A	5b
Organizations relying on a current notice regarding disaster assistance check in the second of the s				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to				
expenditure responsibility for the grant?		I/A∟ Yı	es L No	
If "Yes," attach the statement required by Regulations section 53.494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		F	1 1
		Ц Ү	es X No	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		. LY	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation Ma	inagers, Highly	У	
1 List all officers, directors, trustees, foundation managers and their	compensation.	-		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	(e) Expense account, other allowances
HORST RECHELBACHER	PRESIDENT	Citter -0-7	compensation	anowances
220 SOUTH SIXTH STREET, SUITE 300				
MINNEAPOLIS, MN 55402	5.00	0.	0.	0.
PETER RECHELBACHER	DIRECTOR		<u> </u>	<u> </u>
220 SOUTH SIXTH STREET, SUITE 300	1			
MINNEAPOLIS, MN 55402	5.00	0.	0.	0.
NICOLE THOMAS	DIRECTOR			
220 SOUTH SIXTH STREET, SUITE 300				
MINNEAPOLIS, MN 55402	5.00	0.	0.	0.
JAMES GREUPNER	SECRETARY			
100 WASHINGTON AVENUE SOUTH SUITE 130	4			
MINNEAPOLIS, MN 55401	5.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE				
]			
				, ,
				·
		_		is
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi	ghly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type o	f service	(c) Compensation
NONE		
	-	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as th number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	е	Expenses
1 N/A		
2		
~		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
No. thank it is		
······································		
2		
All other program-related investments. See instructions.		
3		
U		
Total. Add lines 1 through 3		0.
		5 000 DE (0000)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	281,973.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	281,973.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	281,973.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,230.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	277,743.
6	Minimum investment return. Enter 5% of line 5	6	13,887.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Mınımum investment return from Part X, line 6	1	13,887.
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	20.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,867.
4	Recoveries of amounts treated as qualifying distributions	4	57,000.
5	Add lines 3 and 4	5	70,867.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	70,867.
P	art XII Qualifying Distributions (see 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	678,175.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	678,175.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	678,175.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				70,867.
2 Undistributed income, if any, as of the end of 2009			1	
a Enter amount for 2008 only			0.	
b Total for prior years:				_
3 Excess distributions carryover, if any, to 2009:		0.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
a From 2004 173,136.				
b From 2005 360, 177.				
c From 2006 269, 286.				
d From 2007 694,072.				
e From 2008 754,987.				
f Total of lines 3a through e	2,251,658.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 678,175.				
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.			
d Applied to 2009 distributable amount	<u> </u>			70,867.
e Remaining amount distributed out of corpus	607,308.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	_			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,858,966.			
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.		<u> </u>
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line			_	
4a from line 2a. Taxable amount - see instr.	-		0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010		,		0.
7 Amounts treated as distributions out of			· · · · · · · · · · · · · · · · · · ·	
corpus to satisfy requirements imposed by				-
section 170(b)(1)(F) or 4942(g)(3)	0.			<u></u>
8 Excess distributions carryover from 2004		× ·		,
not applied on line 5 or line 7	173,136.			<u> </u>
9 Excess distributions carryover to 2010.		*	•	
Subtract lines 7 and 8 from line 6a	2,685,830.			•
O Analysis of line 9:				
a Excess from 2005 360,177.				•
b Excess from 2006 269, 286.	>			
c Excess from 2007 694,072.	i			
d Excess from 2008 754,987.	ı	,	İ	
e Excess from 2009 607,308.			·	

Form **990-PF** (2009)

Form 990-PF (2009)

C/O DENNIS RITCHIE

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contraduction	, , , , ,
a Paid dunng the year				
SEE STATEMENT 6				655 000
Total			. ▶ 3a	675,000.
b Approved for future payment				
NONE				
Total			▶ 3h	0.

Form **990-PF** (2009)

923611 02-02-10

Form 990-PF (2009)

C/O DENNIS RITCHIE

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	741100111	Tanodon modific
a	-		- · · · - ·		
ь	- 				
C			+		
d			 		
e	-		+		
g Fees and contracts from government agencies	- 		+ +-		
2 Membership dues and assessments		 -	1 1		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,009.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a REFUNDED CHARITABLE			_		
b GRANTS	_		01	57,000.	
_	1 1				
C	_ 				
d					
d					
e		0		58,009.	0
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0		58,009.	
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.				13	
d				13	
d 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	to the Accor	nplishment of E	xempt I	urposes	58,009
d 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 in	to the Accor	nplishment of E	xempt I	urposes	58,009
d 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	to the Accor	nplishment of E	xempt I	urposes	58,009
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d 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 in	to the Accor	nplishment of E	xempt I	urposes	58,009

41-1956679 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Page 13

	Exempt Organizations					
1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	on described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52					
•	Transfers from the reporting foundation to a noncharitable exempt or					
۰	(1) Cash	guilleation of.		1a(1)		X
	* * * * * * * * * * * * * * * * * * * *		• • • • • • •		<u> </u>	
	(2) Other assets			1a(2)		_X_
b	Other transactions:					
	(1) Sales of assets to a noncharitable exempt organization			1b(1)		_X_
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		_X_
	(3) Rental of facilities, equipment, or other assets			1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees	• •		1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	ons		1b(6)		Х
	Sharing of facilities, equipment, mailing lists, other assets, or paid em			1c		X
	If the answer to any of the above is "Yes," complete the following sche				L	
0		• •			eis,	
	or services given by the reporting foundation. If the foundation received		ie in any nansaction of sharing arrangement, si	IUW III		
	column (d) the value of the goods, other assets, or services received.		(1)			
(a)	Line no (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and s	naring an	rangeme	nts
	N/A					
_		·				
						
						
22	Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organi	zations described			
~~	in section 501(c) of the Code (other than section 501(c)(3)) or in sect	• =		Yes	X	T No
	If "Yes," complete the following schedule.			J 103		טוו נ
	(a) Name of organization	(b) Type of organization	(c) Description of relationsh			
_	N/A	(b) typo or organization	(c) Description of Tolladorion	Ψ		
_	N/A	· · · · · · · · · · · · · · · · · · ·				
			/			
_	<u> </u>	<u> </u>	l./			
	Under penalties of periury, I declare that I have examined this return, including acco			ue, corre	ct,	
	and complete Declaration of preparer (other than taxpayer or fiduciary) is based on	all information of which prepared	r has any knowledge			
	I was end	Cetel A /	▶ (€0			
ē	Signature of Afficer or trustee	Date	Title			
윈	Prenarer's	——————————————————————————————————————	Check If Preparer	's identify	/ing nun	ber
Sign Here	signature	/ C	7 O Senj- employed ►	•	-	
ű						
	Tim's name (or yours LARSONALLEN LLP		EIN ►			
1	if self-employed), 220 SOUTH SIXTH STR		00		450	^
	address, and ZIP code MINNEAPOLIS, MN 554	.02	Phone no. 612-3			
			For	m 990	-PF(2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organizatio	Employer identification number 41-1956679	
Organization type (check	C/O DENNIS RITCHIE cone):	41-1930079
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	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(General Rule X For an organizati	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) or General Rule and a Special Rule, (10) or General Rule, (10) or Genera	
contributor. Com	plete Parts I and II.	
For a section 50° 509(a)(1) and 170°	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rep D(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contri	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conti- butions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, for cruelty to children or animals. Complete Parts I, II, and III.	- ·
contributions for If this box is che purpose. Do not	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not acceed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, chantable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act and for Form 990, 990-		B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 1 of Part I

Name of organization

HORST M. RECHELBACHER FOUNDATION

C/O DENNIS RITCHIE

41-1956679

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HORST M. RECHELBACHER 800 TCF TOWER, 121 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	\$\$ <u>406,827.</u>	Person X Payroll
(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
		s	Person Payroli 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)

S AND	INTER	EST FRO	M SEC	URITIES	STATEMENT	1
	GROSS	AMOUNT			COLUMN (A AMOUNT)
_		1,009	•	0.	1,0	09.
N 4 =		1,009	•	0.	1,0	09.
ľO	HER I	NCOME			STATEMENT	2
	;			(B) NET INVEST- MENT INCOME		
		57	,000.	0	•	
LINE	11	57	,000.	0	•	
ACC	COUNTI	NG FEES			STATEMENT	3
EXPEN	ISES	NET IN	VEST-			
3	3,150.	0.		3,1	50.	
3	3,150.		0	•	3,1!	50.
DRM 990-PF TAXES						
	TAX	ES			STATEMENT	4
(A EXPEN PER B	l) ISES	ES (B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITAI	BLE
EXPEN	l) ISES	(B NET IN	VEST-	ADJUSTED NET INCOME	(D) CHARITAI	BLE
	LINE ACC	GROSS OTHER I	GROSS AMOUNT 1,009 1,009 OTHER INCOME (A) REVENUE PER BOOD 57 LINE 11 57 ACCOUNTING FEES (A) (B EXPENSES NET INT PER BOOKS MENT INT 3,150.	GROSS AMOUNT 1,009. 1,009. OTHER INCOME (A) REVENUE PER BOOKS 57,000. LINE 11 57,000. ACCOUNTING FEES (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME 3,150. 0	1,009. 0. 1,009. 0. OTHER INCOME (A) REVENUE PER BOOKS MENT INCOME 57,000. 0. LINE 11 57,000. 0. ACCOUNTING FEES (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME 3,150. 0.	CAPITAL GAINS COLUMN (A AMOUNT 1,009. 0. 1,000 IN 4 1,009. 0. 1,000 OTHER INCOME STATEMENT (A) (B) (C) (C) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D

FORM 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION		(B) NET INVEST- MENT INCOME			
MN AG FILING FEE	25.	0.			25.
TO FORM 990-PF, PG 1, LN 23	25.	0.			25.
	NTS AND CON			STATEMENT	6
RECIPIENT NAME AND ADDRESS		IENT RELATIONS PURPOSE OF GRA		PIENT PATUS AMOU	NT
ANIMAL HUMANE SOCIETY 845 MEADOW LANE NORTH MINNEAPOLIS, MN 55422	NONE GENERA	L OPERATIONS	CHARI	ITY 2,0	00.
CAMPAIGN FOR SAFE COSMETICS 1388 SUTTER STREET, SUITE 400 SAN FRANSISCO, CA 94109	NONE GENERA	L OPERATIONS	CHARI	TTY 150,0	00.
MINNESOTA DANCE THEATRE 528 HENNEPIN AVENUE, FIFTH FL MINNEAPOLIS, MN 55403	NONE OOR GENERA	L OPERATIONS	CHARI	TTY 10,0	00.
NATIONAL CHILD SAFETY COUNCIL 1005 WEST MAIN STREET, SUITE BALSAM LAKE, WI 54810		L OPERATIONS	CHARI	TTY 3,0	00.
NOWA CUMIG INSTITUTE PO BOX 134 FEDERAL DAM, MN 56641	NONE GENERA	RAL OPERATIONS		TY 10,0	00.
OSCEOLA MEDICAL CENTER 301 RIVER STREET OSCEOLA, WI 54020	NONE GENERA	L OPERATIONS	CHARI	TY 250,0	00.

HORST M. RECHELBACHER FOUNDATION	C/O DEN		41-1956679
OSCEOLA POLICE DEPARTMENT PO BOX 217, 310 CHIEFTAIN ST OSCEOLA, WI 54020	NONE GENERAL OPERATIONS	CHARITY	50,000.
THE ORGANIC CENTER PO BOX 20513 BOULDER, CO 80308	NONE GENERAL OPERATIONS	CHARITY	100,000.
HENRY FORD HEALTH SYSTEM 1 1 FORD PLACE DETROIT, MI 48202 0	NONE GENERAL OPERATIONS	CHARITY	100,000.
TOTAL TO FORM 990-PF, PART XV, LINE	E 3A		675,000.