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### Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning

**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

, 2009, and ending

, 20

	G	Check al	Il that apply:	🔲 Initial re			etum of a forme			☐ Final return			
					ed return	L. Add	ress change		lame change		· · · —		
	Us	e the IR							1	identification number	•		
	Ot	label. herwise	Hallberg	Family	<u>/ Founda</u>	tion	to street address)	Room/su		89115 number (see page 10 c	f the metrication	<del></del>	
	٠.	print		-		i is not delivered t	o street address)	Roomvsu	I '		i the moductions	s)	
		or type.	Post Off						651 4	62 4516			
		e Specif truction	_ 1			_			C If exempt	ion application is pendir	-	▶∐	
			I TOLESC F		55025					D 1. Foreign organizations, check here .			
			pe of organization						a book	n organizations meeting here and attach compi		▶ □	
			4947(a)(1) nonex						<u>n _                                   </u>	foundation status was			
		Fair market value of all assets at end of year (from Part II, col. (c),					07(b)(1)(A), check here						
						her (specify)				ndation is in a 60-mont			
			<b>\$</b> 623104.6				on cash basis.)		underse	ction 507(b)(1)(8), chec		<u>▶</u>	
		art I	Analysis of Rev				(a) Revenue an		Net investment	(c) Adjusted net	(d) Disburseme for chantable		
			amounts in columns the amounts in colu				expenses per books	' '	ıncome	ıncome	purposes (cash basis or		
							00000	-			(Casii Dasis O		
			Contributions, gifts,				90000.0	ען טע					
⊊	•		Check ▶ ☐ if the f		•		10	- 1	16.54	14 54	ļ		
2010	ì		nterest on saving	-	-		14.		14.54	14.54			
~		1	Dividends and int		secunties		9036.	19	9036.49	9036.49	<del></del>		
83		1	Pross rents				<u></u>				<del></del>	—	
	as.		let rental income			han line 10						—	
0	ž		let gain or (loss)			on line 10					<del></del>		
2	Revenue		Gross sales price for					- +					
$\Box$	Re	,	Capital gain net ir Net short-term ca			•	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del> </del>		
Z		1	ncome modificat						·· <del>··········</del>				
SCANNED NOV		1	Gross sales less ret										
3			ess: Cost of goo		wances		<del> </del>		<del></del>				
$\tilde{\mathbf{v}}$			Gross profit or (lo				-	+			<del>                                     </del>		
		1	Other income (att		-								
			Fotal. Add lines 1		•		99051.	03	9051.03	9051.03	<del> </del>	—	
			Compensation of				7,5001.	<del></del>	3001.00	3001.00			
	nistrative Expenses		Other employee s										
	Ë	J	Pension plans, er		-							-,-	
	Ř	1	_egal fees (attach										
	Ŭ		Accounting fees (							RECEIVE			
	Š	1	Other profession		•	e)			٦	100011	<del></del>		
	ā	1	nterest							A1011 4 - F	181		
	ist	18 T	Taxes (attach sche	dule) (see pa	age 14 of the	instructions)			<u> </u>	NUV 1 5 20	10 9		
	Ē	19 [	Depreciation (atta	ach schedu	le) and depl	letion					I&		
	ġ	20 (	Occupancy							OGDEN, L	<del></del>		
	9	21 7	Travel, conferenc		etings .		L			DODEN, C			
	Ē	22 F	Printing and publ								ļ <u> </u>		
	Б	23 (	Other expenses (										
	藍	24 1	Total operating										
	Operating and Admi	<i>'</i>	Add lines 13 thro				27700	<del>~</del>		ļ <del></del>	2000	~~	
	o	25 (	Contributions, gif				33200.			ļ	33200		
	_	26	Total expenses an			nes 24 and 25	33200.	<u>uu  </u>		ļ	33200	<u>).u</u>	
			Subtract line 26 f			_	65054						
			Excess of revenue	-			65851.	U3	0051 05		<del> </del>		
			Net Investment				<b> </b>		9051.03	0051 00	<del> </del>		
		, c /	Adjusted net inc	ome (if neg	jative, entei	r -U-)	L			9051.03	<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat. No. 11289X

Form **990-PF** (2009)

Da	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	of year
۲a	rt II	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1170.42	1242.56	
- 1	2	Savings and temporary cash Investments	18048.88	11510.53	11510.53
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	i		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		<del> </del>	
	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) ▶	1		1
φQ		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use '			
Ş	9	Prepaid expenses and deferred charges			<u> </u>
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)	528054.22	600371.46	610351.55
	С	Investments—corporate bonds (attach schedule)			<u></u>
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	ļ. <u></u>		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	ļ		
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ )			<del></del>
	16	Total assets (to be completed by all filers—see the	E47070 E0	612124 EE	622104 64
		instructions. Also, see page 1, item I)	547273.52	613124.55	623104.64
	17	Accounts payable and accrued expenses		<del> </del>	
S	18	Grants payable			4
≝	19	Deferred revenue		·	4
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·	-
<b>"</b>	21	Mortgages and other notes payable (attach schedule)			-
	22 23	Other liabilities (describe > )			-
	23	Total liabilities (add lines 17 through 22)			4
<b>"</b>		Foundations that follow SFAS 117, check here >  and complete lines 24 through 26 and lines 30 and 31.	i		
Balances		Unrestricted	547273.52	613124.55	
ğ	24		341213.32	013124.33	-
ğ	25 26	Temporarily restricted			-
	20	Permanently restricted			┪
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
Ē	27	Capital stock, trust principal, or current funds			
Ö	28	Paid-in or capital surplus, or land, bldg., and equipment fund			1
ets	29	Retained earnings, accumulated income, endowment, or other funds			╡
SS	30	Total net assets or fund balances (see page 17 of the			-
۲		instructions)	547273.52	613124.55	
Š	31	Total liabilities and net assets/fund balances (see page 17	3.7.27.3.32		1
	[ ]	of the instructions)	547273.52	613124.55	
Pa	art III			010111100	<del></del>
		al net assets or fund balances at beginning of year-Part II, colu		t agree with	T
		l-of-year figure reported on prior year's return)			547273.52
4		er amount from Part I, line 27a		<u></u>	65851.03
		er increases not included in line 2 (itemize)			1
	4 Adr	I lines 1, 2, and 3		4	613124.55
	5 Dec	creases not included in line 2 (itemize) ▶		5	
	B Tota	creases not included in line 2 (itemize) ►	Part II, column (b). lir	ne 30 6	613124.55
_				1	222 22

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income				
	(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 P-Purchase D-Donation (m.)					(d) Date sold (mo., day, yr)	
1a							
b							
С	· · · · · · · · · · · · · · · · · · ·						
<u>d</u>							
е			1 (1)		210		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		rother basis ense of sale		(h) Gain or (loss) e) plus (f) minus (g)	
a							
þ				··· · · · · · · · · · · · · · · · · ·			
<u> </u>						<del> </del>	
<u>d</u>						<u> </u>	
<u>e</u>	Complete only fer assets oh	ovine sale is salven (b) and average	but the foundation	10/01/00			
	Complete only for assets sn	owing gain in column (h) and owned	† · · · · · · · · · · · · · · · · · · ·	- · · - · · · · · · · · · · · · · · · ·		ol (h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I. (j), If any		ot less than -0-) or from col. (h))	
a							
<u>b</u>							
<u>C</u>			ļ			··	
<u>d</u>				<del></del>			
е		6 16	-)	11 11 2 2 3	ļ		
2	Capital gain net income of	or inet canital inee) / ~ ·	, also enter in Pa ), enter -0- in Pa		2		
3		tin or (loss) as defined in section: 1, line 8, column (c) (see pages 1					
	If (loss), enter -0- in Part			}	3		
Part	V Qualification Un	der Section 4940(e) for Red	uced Tax on N	let Investment	Income		
if sect Was t	ion 4940(d)(2) applies, lea he foundation llable for the	section 4942 tax on the distribu	utable amount o	fany year in the I	·	[]Yes ∏ No	
If "Yes		ot qualify under section 4940(e). In ount in each column for each year			ne hefore making	amy entrice	
<del></del>	(a)	(b)	ar, see page 10	(c)	IS DEIOLA HERVING	(d)	
Cale	Base period years endar year (or tax year beginning i	Adjusted qualifiance distribution	ns Net value o	of nonchantable-use a		stribution ratio divided by col. (c))	
	2008	117	· · · · · · · · · · · · · · · · · · ·		(001. (0)	divided by coi. (c))	
	2007						
	2006					·· • ·· · · · · · · · · · · · · · · · ·	
	2005						
	2004						
2	Total of line 1, column (c				. 2		
3		for the 5-year base period—div			the		
	number of years the four	ndation has been in existence if I	ess than 5 years	3	. 3		
4	Enter the net value of no	ncharitable-use assets for 2009	from Part X, line	5	. 4		
5	Multiply line 4 by line 3				. 5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27	b)		. 6	·· <del>-</del>	
7	Add lines 5 and 6				. 7		
8		ions from Part XII, line 4				33200.00	
	If line 8 is equal to or gre Part VI instructions on part	eater than line 7, check the box	in Part VI, line 1	b, and complete	that part using a	1% tax rate. See the	

orm 99	0-PF (2009)					,	Page 4
Part	Excise Tax Based on Investment Income (Section 4940(a), 4940	(b), 4940(e), or 49	48-see pa	ge 18 of th	ne inst		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ a Date of ruling or determination letter: (attach copy of letter if n					-	
b	Domestic foundations that meet the section 4940(e) requirements in Pa	-	·	1	N/	١	
	here ▶ □ and enter 1% of Part I, line 27b						
С							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero of	or less, enter -0-		5			
6	Credits/Payments:	1 1	1				
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a		}			
b	Exempt foreign organizations—tax withheld at source	6b		}			
c d	Tax paid with application for extension of time to file (Form 8868)	6c					
7	Backup withholding erroneously withheld	6d		7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $\Box$ if			8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of the state of the sta		▶	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the			10			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶	•	ınded ▶	11			
Part	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national participate or intervene in any political campaign?	onal, state, or loca			1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirect	tly) for political pu	rposes (see	page 19			
	of the instructions for definition)?				1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the published or distributed by the foundation in connection with the activity		oies of any	materials			
C	Did the foundation file Form 1120-POL for this year?	. <b></b> .			1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955)  (1) On the foundation. ▶ \$ (2) On foundation materials (2) (3)		ne year:				
e	Enter the reimbursement (if any) paid by the foundation during the year on foundation managers. ▶ \$	for political exper	diture tax i	mposed			
2	Has the foundation engaged in any activities that have not previously b	een reported to th	e IRS? .		2		x
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRI incorporation, or bylaws, or other similar instruments? If "Yes," attach a co	S, in its governing in Conformed copy of t	nstrument, he changes	articles of	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or				4a		Х
b	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 contract	tion during the yea	ır?		5		X
6	If "Yes," attach the statement required by General Instruction T.	.h. 4045)41-611 .	tal				
O	Are the requirements of section 508(e) (relating to sections 4941 throug   By language in the governing instrument, or	ın 4945) satistied (	eitner:				İ
	<ul> <li>By state legislation that effectively amends the governing instrument</li> </ul>	t so that no mand	atony direc	tions that			
	conflict with the state law remain in the governing instrument?		atory unec	uona mai	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) an	d Part XV	7	X	1^
8a	Enter the states to which the foundation reports or with which instructions) ► Minnesota	t is registered (s	ee page 1	9 of the	Ė		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of	Form 990-PF to	the Attorne	y General			
	(or designate) of each state as required by General Instruction G? If "No	o," attach explanat	ion		8b	X	
9	Is the foundation claiming status as a private operating foundation with 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009	nin the meaning of (see instructions	section 49 for Part XIV	42(j)(3) or on page			
	27\2 If "Ves " complete Part VIV				1 -	1	I

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

	0-PF (2009)		P	age 5
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 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	х	
14	Website address ►  The books are in care of ► E C Hallberg Telephone no. ► 651 46	2 45	16	
	Located at ► Forest Lake MN ZIP+4 ► 55025-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.		. 1	<b>▶</b> □
Dart	and enter the amount of tax-exempt interest received or accrued during the year			
ı aıı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly):		163	110
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes  (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes  (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)?			
	(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.)			
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		x
	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		x
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?			
	If "Yes," list the years > 20, 20, 20, 20			
Þ	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> 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 <b>any</b> of the years listed in 2a, list the years here.  • 20 , 20 , 20 , 20			
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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		x

Page	€

During the year did the foundation pay or incur any amount to:  (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes (Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes (Influence a grant to an individual for travel, study, or other similar purposes? Yes (Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?							
directly or indirectly, any voter registration drive?	1						
(4) Provide a grant to an organization other than a charitable, etc., organization described in	1 1						
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes X No		ļ					
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?							
Organizations relying on a current notice regarding disaster assistance check here	1						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?							
<ul> <li>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</li> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums</li> </ul>							
on a personal benefit contract?	1						
<b>b</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 shelter transaction?	7b						
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em		ees,					
and Contractors							
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the ins	structi	ons).					
(a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation							
	other a						
Eugene C Hallberg							
Eugene C Hallberg Chairman -00-		-0-					
Eugene C Hallberg Chairman -00-  Denise Hallberg Tetrault							
Eugene C Hallberg Chairman -00-  Denise Hallberg Tetrault Forest Luke MN 55025 Director -00-  Dana Hallberg Chairman -00-		-0-					
Eugene C Hallberg       Chairman       -0-       -0-         Forest Lake MN       55025       Chairman       -0-       -0-         Denise Hallberg Tetrault       Director       -0-       -0-         Dana Hallberg       Director       -0-       -0-         Forest Lake MN       55025       Director       -0-       -0-	-	-0- -0-					
Eugene C Hallberg         Chairman         -0-         -0-           Forest Lake MN 55025         Chairman         -0-         -0-           Denise Hallberg Tetrault         Director         -0-         -0-           Dana Hallberg         Director         -0-         -0-           Melissa Hallberg         Director         -0-         -0-	-	-0- -0- -0- -0-					
Eugene C Hallberg         Chairman         -0-         -0-           Forest Lake MN 55025         Chairman         -0-         -0-           Denise Hallberg Tetrault         Director         -0-         -0-           Dana Hallberg         Director         -0-         -0-           Melissa Hallberg         Director         -0-         -0-           Michael Hallberg         Director         -0-         -0-	-	-0- -0- -0- -0-					
Eugene C Hallberg         Chairman         -0-         -0-           Forest Lake MN 55025         Chairman         -0-         -0-           Denise Hallberg Tetrault         Director         -0-         -0-           Dana Hallberg         Director         -0-         -0-           Melissa Hallberg         Director         -0-         -0-           Michael Hallberg         Director         -0-         -0-	-	-0- -0- -0- -0-					
Eugene C. Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the lift none, enter "NONE."	he inst	-0- -0- -0- -0-					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Lake MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  Z Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week deveted to resettion and deferred (c) Compensation (d) Contributions to employee benefit plans and deferred (e) Page 10-  (d) Contributions to employee benefit plans and deferred (e) Page 10-  (d) Contributions to employee benefit plans and deferred (e) Page 10-  (e) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred (e) Page 10-  (e) Name and address of each employee paid more than \$50,000 (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred (d) Compensation (e) C	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					
Eugene C Hallberg Forest Lake MN 55025 Chairman -00- Denise Hallberg Tetrault Forest Luke MN 55025 Director -00- Dana Hallberg Forest Lake MN 55025 Director -00- Melissa Hallberg Director -00- Michael Hallberg Director -00-  2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the included on line 1—see page 23 o	he inst	-0- -0- -0- -0- -0- -tructions).					

art \	and Contractors (continued)		
3	Five highest-paid independent contractors for professional services (see p	page 23 of the instructions). If no	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Ño	one	· · · · · · · · · · · · · · · · · · ·	
otal r	number of others receiving over \$50,000 for professional services	<u> </u>	<u>L</u>
Part	X-A Summary of Direct Charitable Activities		
	the foundation's four largest direct chantable activities during the tax year include relevant stati nizations and other beneficianes served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1			
		<del></del>	
2			
3			
_			
4			
Part	IX-B Summary of Program-Related Investments (see page 24	of the instructions)	<u> </u>
Desc	cribe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 _			
			<u> </u>
2 _			
-			

3 \_\_\_\_\_

All other program-related investments See page 24 of the instructions

Form **990-PF** (2009)

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Part	see page 24 of the instructions.)	gn foui	ndations,
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	0.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0.
e	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	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	1 1	
	the instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► □ and do not complete this part.)	operat	ing
1	Minimum investment return from Part X, line 6	1	0
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.)	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ♥	7	0
Part	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	33200.00
b	Program-related investments—total from Part IX-B	1b	·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	li	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 1	
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	33200.00
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33200.00
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation

Part	XIII Undistributed Income (see page 26	of the instructions	s)		N/A
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	fine 7				
2	Undistributed income, if any, as of the end of 2009:				
а	Enter amount for 2008 only				
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2009:				
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
4	Qualifying distributions for 2009 from Part XII, line 4: ▶ \$				
а	Applied to 2008, but not more than line 2a .				
b	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) .				
d	Applied to 2009 distributable amount			•	
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
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)				l I
	tax has been previously assessed				· · · · · · · · · · · · · · · · · · ·
đ	Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions .				
e	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page				
_	27 of the instructions	<u> </u>			
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				
-					
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	Ì			
	instructions)				
8	Excess distributions carryover from 2004 not	-			
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)				i
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	<u> </u>	<u></u>		
10	Analysis of line 9:				
а		]			
ь	Excess from 2006	]			
C	Excess from 2007	1			
đ	Excess from 2008	]			
е	Excess from 2009			}	

Part	XIV Private Operating Foundation	tions (see page	27 of the instruc	tions and Part VI	I-A. question 9)	1 ago 10
	If the foundation has received a ruling				, -	
	foundation, and the ruling is effective for					
ь	Check box to indicate whether the four	ndation is a private	operating foundati	ion described in se	ction 4942()(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	
	each year listed	9051.03	12110.28	6859.47	7045.77	<u>35066.55</u>
b	85% of line 2a	7693.38	9990.09	5830.55	5988.90	29502.92
С	Qualifying distributions from Part XII, line 4 for each year listed	33200.00	32250.00	34430.00	30375.00	130255.00
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	for active conduct of exempt activities. Subtract line 2d from line 2c	33200.00	32250.00	34430.00	30375.00	130255.00
3	Complete 3a, b, or c for the alternative test relied upon:	` 				
а	"Assets" alternative test-enter:	613624.55	E47070 E0	502412 24	440060 77	2112200 00
	(1) Value of all assets	013024.55	547273.52	502413.24	449068.77	2112380.08
	(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					
С	"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)	90000.00	65000.00	80000.00	105000.00	340000.00
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization (4) Gross investment income	9051.03	12110.28	6050 47	7045 77	שבטכב דר
Pari	<u> </u>		is part only if the	6859.47	7045.77	35066.55
ı uı	any time during the year-				aa <del>40,000 o</del> i iii	ore in assets at
1	Information Regarding Foundation				· · · ·	
a			uted more than 29	6 of the total conti	ributions received	by the foundation
	before the close of any tax year (but o					•
N	lone					
b	List any managers of the foundation ownership of a partnership or other e					rge portion of the
N	lone					
2	Information Regarding Contribution					
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the	•	•		•	•
	organizations under other conditions,			ic. (see page 20 t		) to maividuals or
a	The name, address, and telephone no	· · · · · · · · · · · · · · · · · · ·		ations should be a	ıddressed:	<del></del>
	Hallberg Family Foundation	on P.O.E	Box 130 st Lake MN		551 462 4516	5
	The form in which applications should				uld include:	
L	etter form, purpose and	amount of fu	ınds request	ed		
	Any submission deadlines:					
	Any restrictions or limitations on a	wards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
11	factors: Inited States area					
	Jou Jourson alle					

Form **990-PF** (2009)

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year Fprest Lake High School Forest Lake MN 55025 Athletic equipment 11,000.00 Masquers Theatre Group Forest Lake MN 55025 Theatre 2,000.00 Forest Lake High School Forest Lake MN 55025 Wrestling Club 1,000.00 Forest Lake Community Scholarship Forest Lake MN 55025 EducationScholarship 5,000.00 Ordway Center for Performing Arts Saint Paul MN 55102 Theatre 2,500.00 Youth Service Bureau Forest Lake MN 55025 Youth development 2,000.00 Youth Perdorming Arts Forest Lake MN 55025 Theatre 4,500.00 Grace Alliance Church Activity Center Forest Lake MN 55025 10,000 sq ft 500.00 Family Pathways Cambridge MN 55008 Food pantry 250.00 Salvation Army Roseville MN 55113 Emergency assistance 500.00 Union Gospel Mission Saint Paul MN 55101 Christmas meals 350.00 The Refuge Network Shelter & support Lindstrom MN 55045 for battered women&Chil 500.00 <u>Continuation</u> 33200.00 Total **b** Approved for future payment Total

Pai	rt <u>X</u> 1	/I-A Analysis of Income-Producing Ac	tivities				N/A
_		ss amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
1	Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
	а						
	þ						
	C				ļ. —	<u> </u>	
	d						
	0						
	t						
_	_	Fees and contracts from government agencies					
2		mbership dues and assessments					<del> </del>
3		rest on savings and temporary cash investments			<del> </del>		
4		idends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property		<del> </del>	<del> </del>		
6		Not debt-financed property			<del> </del>		
6 7		terital income or (loss) from personal property					
8		n or (loss) from sales of assets other than inventory	<b></b>	<del> </del>	<del> </del>		<del> </del>
9		t income or (loss) from special events		-	<del>                                     </del>		
10		oss profit or (loss) from sales of inventory					
11		ner revenue: a		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
••	b						
	C				<u> </u>		
	d		i				
	е						
12	Su	ototal. Add columns (b), (d), and (e)					
13	To	tal. Add line 12, columns (b), (d), and (e)				13	. <del></del>
		ksheet in line 13 instructions on page 28 to verif					··
_		VI-B Relationship of Activities to the	Accomplishin	nent of Exemp	t Purposes	I A combath doed :	
	e No ▼	Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	purposes (other	than by providi	ng funds for suc	ch purposes). (Se	e page 29 of the
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Part	XVII	Exempt Or	_	_	sters to and	a frans	sacuon	s and F	(elado	nsnips wit	n Moncha	ntable	9	
1	in se	the organization of the ction 501(c) of the	directly or	indirectly e									Yes	No
_	-	nizations?				<b>-</b> 1			-£.					
а		sfers from the replacement of the second sec	porting for		a nonchantai	Die exen	npt orga	nization	OI:			1a(1)		х
		Other assets .										1a(2)	-	X
b		er transactions:										1-1-7		
	(1) 5	(1) Sales of assets to a noncharitable exempt organization								1b(1)		х		
	(2) F	Purchases of asse	ets from a	noncharita	ble exempt o	rganizat	ion					1b(2)		X
	• •	Rental of facilities										1b(3)		Х
		Reimbursement a	U									1b(4)		Х
		oans or loan gua Performance of se			in or fundraisi							1b(5) 1b(6)		Х
С		ing of facilities, e				-						1c		X
ď		e answer to any		_			•	-					air m	 arket
	valu	e of the goods, o	ther asset	s, or servi	ces given by t	the repo	rting fou	ındation	. If the	foundation re	eceived less	than f	fair m	arket
	valu	e in any transacti	on or shar	ing arrange	ement, show	in colum	n (d) the	value c	f the g	oods, other a	ssets, or se	rvices	recei	ved.
(a) Lin	e no	(b) Amount involved	(c) N	ame of nonch	aritable exempt o	organizatio	n	(d) Descr	ription of	transfers, transa	ctions, and sha	ung ama	ingeme	ents
					<del></del>						<del></del>			
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<b>2</b> a		e foundation dir									_	_		
_		cribed in section es." complete the		-		TION SUI	(C)(3)) O	'in secti	on 52/	· · · · ·	L	J Yes	Ш	No
Þ	- 11 1	(a) Name of organ		Scriedule		ype of orga	anization			(c) Descr	ption of relation	nshin	_	
		(a) Namo or organ	IIIZAGOTI		(6)	ypo or orge	Z I Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	· · · ·		(0) 2000	iption of relatio	папр		
		A												
	Under	perfaities of penury, tris true, corrections	de la th	t have exam	nined this return,	including	accompar	nying sche	dules and	d statements, an	d to the best	of my kr	nowled	ge and
	Dollor,			0012121011 011	preparer (outer un	an taxpaye		( <sub>0</sub> / 2 d	2/ <i>0</i>		in propared in	as any K	IOWIGC	igo
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Sign Here	٣	5					Date			,	Preparer's i	dentifi	na .	
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Sig	Preparer's	Preparer's	//	1/7/	1/		11/9/		self-en	nployed ► 🗆	page 30 of t			ns)
	P P S	signature	Jul	' /20			7/-	(0/6			P 0040		3	
	<u>~</u> =	self-employed), ad		Ronald	L Holt,	Ltd	140.	F F 6 -		EIN►		8345		
	L	and ZIP code	. 7	r.U.Bo	x 256, SI	nater	MN	55074	<u> </u>	Phone no.	651 25	7 419		
			EXTENS	ins p	TTACILE	(J					F	om 99	V-PF	' (20

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization	Employer identification number					
Hallberg Family	v Foundation	41 : 1989115				
Organization type (chec	<b>▼</b>					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	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 trust trus	vate foundation				
	501(c)(3) taxable private foundation					
Note. Only a section 50 instructions  General Rule	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 11(c)(7), (8), or (10) organization can check boxes for both the Ge					
~	ion filing Form 990, 990-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II.	year, \$5,000 or more (in money or				
Special Rules	,					
sections 509(a)(1	1(c)(3) organization filing Form 990 or 990-EZ that met the 33½ and 170(b)(1)(A)(vi), and received from any one contributor, du (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	ring the year, a contribution of the greater				
the year, aggrega	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reate contributions of more than \$1,000 for use exclusively for religionses, or the prevention of cruelty to children or animals. Complete	gious, charitable, scientific, literary, or				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, describing the year, contributions for use exclusively for religious, chantable, 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 year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Ru</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or during the year						
Caution. An organization 990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special R t it must answer "No" on Part IV, line 2 of its Form 990, or chec 990-PF, to certify that it does not meet the filing requirements	ules does not file Schedule B (Form 990, ck the box on line H of its Form 990-EZ,				

Schedule	8	(Form	990.	990-EZ.	or	990-PF)	(2009)

Page \_\_\_\_ of \_\_\_ of Part I

Name of organization Hallberg Family Foundation Employer identification number 41 : 1989115

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
••••	Hallberg Marine, Inc Post Office Box 277 Wyoming MN 55092	\$ 10,000.00	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
	Hallberg, Inc Post Office Box 277 Wyoming mN 55092	\$ 50,000.00	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
	Hallberg Family Limited Partnership  Post Office Box 130  Forest Lake MN 55025- 0130	\$ 10,000.00	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
	E.C.Hallberg Post Office Box 130 Forest Lake MN 55025-0130	\$ 20,000.00	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.)

## Part XV Supplementary information 3 Grants and Contributions during the Year

a. Paid during the year	Amount	
Covenant Pines Bible Camp McGregor MN 55760	Summer camp 250.00	)
Leukemia Society Golden Valley MN 55426	Annual fundraiser 500.00	0
GammelGarden Museum Scandia MN 55073	Preserve, promote & present Swedish immigrant heritage 250.00	0
The Lake Association Forest Lake MN 55025	Annual fundraiser 500.00	0
Wyoming Lions Club Wyoming mN 55092	Annual fundraiser 600.00	0
City of Wyoming Fire Dept Wyoming MN 55092	Safety equipment 500.00	0
City of Wyoming Police Dept Wyoming MN 55092	Safety equipment	0

#### Form 8868 (Rev. April 2008) Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

nternal Revenue						
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or filete Part II unless you have already been granted an automatic 3-month extension on a granted and automatic 3-month extension on a granted an automatic 3-month	on page 2 o	f this for	m).		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	ded).				
Part I only .	n required to file Form 990-T and requesting an automatic 6-month extension—check			. ▶ 📋		
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to requ	iest an e	extension of		
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howery if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T Instead, you must submit the fully completed and created and creat	ver, you cai s 990-BL, 60 id signed pa	nnot file 169, or 8 ge 2 (Par	Form 8868 3870, group t II) of Form		
Type or	Name of Exempt Organization			ion number		
print	Hallberg Family Foundation	41 198	9115	<del></del>		
File by the due date for filing your	Number, street, and room or suite no. If a PO box, see instructions Post Office Box 130					
return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Forest Lake MN 55025					
Check type	of return to be filed (file a separate application for each return)			<del> </del>		
Form 99			Form 47	20		
☐ Form 99		Ō	Form 5227			
☐ Form 99	<u> </u>		☐ Form 6069			
▼ Form 99	<u> </u>		Form 8870			
<ul><li>If the org</li><li>If this is f</li><li>for the who</li></ul>	FAX No. ► ( )  anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box	s box		. ► □ this is attach		
	he names and EINs of all members the extension will cover					
until for the	uest an automatic 3-month (6 months for a corporation required to file Formation August 15, 20, 10 to file the exempt organization return for the organization or a corporation's return for calendar year 2009, or	named abo	ove. The	extension is		
▶ ∐	tax year beginning, 20, and ending			, 20		
2 If this	tax year is for less than 12 months, check reason.   Initial return  Final return	☐ Change	in accou	unting period		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative to any nonrefundable credits. See instructions.	ax, 3a	s	-0-		
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to		T	<del></del>		
paym	ents made. Include any pnor year overpayment allowed as a credit.	<u>  3b</u>	s	<del></del>		
depo	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions.	ent	s			
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 nt instructions	453-EO and	Form 8	879-EO		
				_		

	868 (Rev	4-2009)				Page 2						
Note.	Only co	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on page 1)	sion on a pre	and check thi viously filed F	s box , orm 8868.	<b>▶</b> ⊠						
Part	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).											
Type print	pe or Name of Exempt Organization September   Name of Exempt Organization number   Hallberg Family Foundation   41 1989115											
•	e by the Number, street, and room or suite no. If a P.O. box, see instructions.  For IRS use only											
extend	ed Ì	Post Office Box 130	ļ	, 0, 200	J ,							
due da filing th		City, town or post office, state, and ZIP code. For a foreign address, see instructions.		···								
return Instruct	See	Forest Lake MN 55025										
		of return to be filed (File a separate application for each return):	<u> </u>									
_	orm 990		orm 1041-A	□ f	Form 6069							
	orm 990		orm 4720	_	orm 8870							
_	orm 99		orm 5227		J J. J							
STOP	! Do no	ot complete Part II if you were not already granted an automatic 3-mont		on a previous	ty filed For	n 8868.						
					·							
Tele	enhone	are in the care of ►         No. ► ( )       FAX No. ► ( )										
		nization does not have an office or place of business in the United State				▶ □						
	_	r a Group Return, enter the organization's four digit Group Exemption N										
		e group, check this box ▶ □ . If it is for part of the group, ch										
		names and EiNs of all members the extension is for.										
		est an additional 3-month extension of time until November15		20 10								
		endar year 2009 or other tax year beginning , 20, 20				20						
		tax year is for less than 12 months, check reason: I Initial return										
		n detail why you need the extension										
		The trustee is out of town and not available to	sign the	.document	·							
				<del></del>								
8a	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative ta									
	less ar	ny nonrefundable credits. See instructions.		8a	<u>s</u>							
Ь		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda										
		ted tax payments made. Include any prior year overpayment allowed as a	credit and a									
	amour	nt paid previously with Form 8868.		8b	\$							
с ——	Balanc with FT	e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	required, depo See instruction	sit ns. <b>8c</b>	\$							
Under	Signature and Verification  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form											
Signat	ture ►			Date ►								

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