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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

2010

OMB No 1545-0052

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Rame of foundation	Name of foundation	G C	heck all that apply: Initial return				rn
THE AFREMOV FOUNDATION Number and street (or PO box number if mail at not delivered to street address)	THE APREMOV POUNDATION Planther and strong to P O box nomine if mail is not delivered to account and account on P O box nomine if mail is not delivered to account and account on P O box nomine if mail is not delivered to account on P O box nomine if mail is not delivered to account on P O box nomine if mail is not delivered to account on P O D O D O D O D O D O D O D O D O D O		Amended return	Address change	e <u></u>	Name change	
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City or town, state, and ZIP code MINNEAPOLITS MN 55405 H Check type of organization:	Circum, state, and ZP code MTNNEAPOLLS MN 55405	Num	ber and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite		
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H Check type of organization:	MINNEAPOLIS, MN 55405 Check type of prograzation: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation	City	or town, state, and ZIP code			C If exemption application is	pending, check here
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year Accounting method: X Cash Accrual Index section 507(b)(1)(A), check here Cash Cash Cash Accrual Index section 507(b)(1)(A), check here Cash	Section 4947(a)(1) nonexempt chartrable trust	1		5		D 1. Foreign organization	ns, check here
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year J. Accounting method: X Cash Accrual Index section 507(b)(1)(A), check here Market Cash Accounting method: X Cash Accrual Index section 507(b)(1)(A), check here Market Cash Accounting method: X Cash Accrual Index section 507(b)(1)(A), check here Market Cash Accounting method: X Cash	Section 4947(a)(1) nonexempt chartrable trust	H C	heck type of organization: X Section 501(c)(3) exe	mpt private foundation		Foreign organizations n check here and attach i	neeting the 85% test, computation
Fair market value of all assets at end of year (from Part II, cot. (c), Inne 16)	Farr market value of all assets at end of year Jacounting method: XI Cash Accrual Information Jacounting method: Jacounti		_ * * * * * * * * * * * * * * * * * * *		ion	i	_
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Part Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charlable purposes for charlable purposes for charlable purposes (cash basis only)	Part Analysis of Revenue and Expenses (not provided in the provided in the provided in the analysis of Revenue and Expenses per Books (a) New Investment (normal in the provided in the analysis of Revenue and Expenses per Books (b) Net Investment (normal in the provided in the analysis of Revenue and Expenses per Books (b) Net Investment (normal in the provided in the analysis of Revenue and Expenses per Books (b) Net Investment (normal in the provided in the analysis of Revenue and Expenses per Books (b) Net Investment (normal in the provided in the provided in the section in the section of the provided in the section in the section of the provided in the section in th				asis.)		
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a Excess of revenue over expenses and disbursements	b Net investment income (if negative, enter -0-)		Excess of revenue over expenses and disbursements	<71,883.	>	<u> </u>	<u> </u>
b Net investment income (if negative, enter -0-)			· · · · · · · · · · · · · · · · · · ·		26,058		
37/3	c Adjusted net income (if negative, enter -0-)		:			N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

ГБ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing .			
	2	Savings and temporary cash investments .	306,540.	459,616.	459,616.
	3	Accounts receivable >	<u> </u>		rii ka
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶		<u> </u>	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			: 1, \$\frac{1}{2}\delta \tau \tau \tau \tau \tau \tau \tau \t
		Less; allowance for doubtful accounts	plane and the second of the se		
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	1,642,799.	1,300,842.	1,436,792.
	ı	Investments - corporate bonds			
	ı	Investments - land, buildings, and equipment basis	3. 2 . 2. 2. 2. 3. 1. 1. 1.		" (
	١	Less accumulated depreciation			- Tarifferina de La Caracteria de La Car
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	99,249.	216,247.	224,466.
	1	Land, buildings, and equipment basis			
	' '	Less accumulated depreciation	a men diskum manda kun 1200 men e		ann s
	15	Other assets (describe ►			
	')			· · · · · · · · · · · · · · · · · · ·
	16	Total assets (to be completed by all filers)	2,048,588.	1,976,705.	2,120,874.
_	_	Accounts payable and accrued expenses	2,010,000		18.1.10
	18	Grants payable			
	19	Deferred revenue	:		
Liabilities	20				
Ē		Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
		Tatal Kahilitias (add lines 17 through 99)	0.	0.	
	23	Total liabilities (add lines 17 through 22)	0.	<u> </u>	
		Foundations that follow SFAS 117, check here			
S	١,,	and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
9	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			, , , , , , , , , , , , , , , , , , ,
or Fund Ba		and complete lines 27 through 31.	^	_	
ts (i	Capital stock, trust principal, or current funds	0.	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2,048,588.	1,976,705.	
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	2,048,588.	1,976,705.	;
			0 040 500	1 000 000	5
_	31	Total liabilities and net assets/fund balances	2,048,588.	1,976,705.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
				· · · · · · · · · · · · · · · · · ·	
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30	1.	2 040 500
	•	st agree with end-of-year figure reported on prior year's return)		1	2,048,588.
		r amount from Part I, line 27a		2	<71,883.>
		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		. 4	1,976,705.
5		eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,976,705.
	_				Form 990-PF (2010)

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		sses for Tax on In		t Income	[(b)	How ac	quired	(c) Date	acquired	(d) Date sold
2-story brick war	rehouse;	or common stock, 200 shs	. MLC Co.)		6	- Purc - Dona	hase ation		lay, yr.)	(mo., day, yr.)
1a										
b SEE ATTACHED	STAT	PEMENT			ļ					
d d										
e			.		╁╌					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
a										
b				 						
d d							•			
e 501,182.				599,11	5.					<97,933.
Complete only for assets showing	g gain in d	column (h) and owned by t	the foundation			 	(I) Gains (C	Col. (h) gain	
(i) F.M.V. as of 12/31/69	-	j) Adjusted basis as of 12/31/69	(k) E:	cess of col. (i)	_		còl.	(k), but r	not less tha (from col. (ın -0-) or
a										
b										
C										
d e										<97,933.
2 Capital gain net income or (net cap	oital loss)	If gain, also enter			}	2				<97,933.
3 Net short-term capital gain or (loss	s) as defir	ned in sections 1222(5) an			ر ۲					
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	•	•			<u> </u>	3			N/A	L
(For optional use by domestic private		ection 4940(e) for					nent Inc	ome		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	on 4942 fy under s	tax on the distributable am section 4940(e). Do not co	mplete this pa	art.		÷				Yes X No
(a) Base period years Calendar year (or tax year beginnin	a in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) oncha		use assets		Distrit	(d) bution ratio vided by col. (c))
2009	y ,	1	6,275.		1	,61	7,473		((-)	.010062
2008			6,112.		2	,02	0,326	•		.012925
2007		11	6,425.				9,009			.051086
2006		49	9,253.				9,996			.196557
2005		2	6,728.	L	2	,26	5,297	•		.011799
2 Total of line 1, column (d)								2		.282429
3 Average distribution ratio for the 5	-vear bas	e period - divide the total o	on line 2 by 5.	or by the number	of ve	ars		<u> </u>		- 1202123
the foundation has been in existen	-	•	······································					3		.056486
4 Enter the net value of noncharitable	e-use ass	ets for 2010 from Part X, I	ine 5		_			4		1,897,499.
5 Multiply line 4 by line 3			•		•	•		5		107,182.
6 Enter 1% of net investment income	e (1% of l	Part I. line 27h)						6		261.
7 Add lines 5 and 6	- (. 70 01)							7		107,443.
	David VIII	line 4		•	٠					· -
8 Enter qualifying distributions from			46	.1.4.46.4		o		8	L	1,115.
If line 8 is equal to or greater than See the Part VI instructions.	iine /, ch	eck the box in Part VI, line	10, and comp	piete that part usin	g a 1	% tax r	ate.			
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Pa	art 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		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► 612-3	77-4	404	
	Located at ▶ 2501 WAYZATA BOULEVARD, MINNEAPOLIS, MN ZIP+4 ▶55	405		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			,
_	the foreign country	\$, ,
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, (2) 5	Yes	No
18	ı 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?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 : 5		
	a disqualified person?		3.2	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			, Ú\$.,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			را را
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?	8.40.25.3		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No'			Ì
	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.)		ž m	HŽ OŽŠ
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		112	ella l
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	١ , ١		,
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	مُن مِن سَلَمُن	1	X
9	before the first day of the tax year beginning in 2010? Taxes on failure to describe according (content 4042) (does not exply for years the foundation was a savete consisting foundation.	1c	30007	A
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));	,	N.	
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			, ,
	before 2010? Yes X No			1
	If "Yes," list the years \blacktriangleright ,,,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	4534, 2	an derre on a	
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		N 1	· , }
				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	? .	أيم ا	`` \
	during the year? Yes X No	1 4	۲.	
t	If "Yes," did it have excess business holdings in 2010 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,	, h .		أ.تــــا
	Form 4720, to determine if the foundation had excess business holdings in 2010.) N/A	3b		
	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 charitable purpose that			- <u></u> -
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х
	Foi	m 990	-PF (2010)

orm 990-PF (2010) THE AFREMOV FOUNDATION			20-31374	17
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be R	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section).			s X No	· ‹
 (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes 			s X No	30.13.17.4.
(4) Provide a grant to an organization other than a charitable, etc., organizatio 509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?		☐ Ye	s X No	A Name of the Park
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?	n Regulations	N/A	5
Organizations relying on a current notice regarding disaster assistance check if c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption f expenditure responsibility for the grant?	rom the tax because it maintair	ned /A Ye	es No	*L
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	5-5(d)	,		ii.
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract.		Ye	es X No	6
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No	,
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	<i>'</i>	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	
MICHAEL R. AFREMOV	PRESIDENT			1
2501 WAYZATA BLVD				1
MINNEAPOLIS, MN 55405	1.00	0.	0	<u>. l</u>
NEAL CONRAD 2501 WAYZATA BLVD	VICE-PRESIDEN	T		
MINNEAPOLIS, MN 55405	1.00	0.	0	4
LORIE AFREMOV 2501 WAYZATA BLVD	SECRETARY / T	REASURER		
MINNEAPOLIS, MN 55405	1.00	0.	0	
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "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 deferred compensation	•
NONE				T
				T

(e) Expense account, other allowances

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

Part VIII : Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 info number of organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 N/A		
2		······································
3		
4		· · ·
		- Marin - 1
Part IX-B. Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2010)

P	art X 4 Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	i die	
а	Average monthly fair market value of securities	1a	364,530.
	Average of monthly cash balances	1b	364,530. 1,561,865.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,926,395.
е	Reduction claimed for blockage or other factors reported on lines 1a and	340 3	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,926,395.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,896.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,897,499.
6	Minimum investment return. Enter 5% of line 5	6	94,875.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	94,875.
2a			•
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	521.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,354.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	94,354.
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	94,354.
P	art XII Qualifying Distributions (see instructions)	a 2 ° , 45 l	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 115
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,115.
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:		
	Surtability test (prior IRS approval required)	3a	
b	,	3b	1 115
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,115.
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. 1,115.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for	the section

Form 990-PF (2010) THE A	FREMOV FOUNDATION		20-	3137478 Page 9
Part XIII Undistributed Inc	come (see instructions)			
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from P	art XI,			
line 7				94,354.
2 Undistributed income, if any, as of the end o	of 2010			
a Enter amount for 2009 only			0.	, ,
b Total for prior years:	, .	0.	`,	,
3 Excess distributions carryover, if any,	to 2010:		· · · · · · · · · · · · · · · · · · ·	
a From 2005				٠
	,646.	•	, ,	ì
	,425.			
d From 2008 26	,112.		P	*
e From 2009 16	,275.	· Sh	<i>*</i>	* **
f Total of lines 3a through e	209,458	•		*
4 Qualifying distributions for 2010 from		AT.		
	<u>,115.</u> ** • ** · ·		-> de // 2 ->	** **
a Applied to 2009, but not more than lin			0.	······································
b Applied to undistributed income of pri		0.		
years (Election required - see instruct		<u> </u>	, ,	·
c Treated as distributions out of corpus (Election required - see instructions)	** 1,115		, , , , , , , , , , , , , , , , , , , ,	1 15 12 X
d Applied to 2010 distributable amount		•		0.
e Remaining amount distributed out of		•		1 ×1
5 Excess distributions carryover applied to 20		• 4,,,,	, y , ", ,	94,354.
(If an amount appears in column (d), the sam must be shown in column (a))	ne amount	1 24 - 4-3 1		2 2 4 - ·
6 Enter the net total of each column as indicated below:		, ",		, ,
a Corpus Add lines 3f, 4c, and 4e Subtract lin	ne 5 116,219			
b Prior years' undistributed income. Su			a wi /	. 131 👸
line 4b from line 2b		0.		
c Enter the amount of prior years'				, , , , , , , , , , , , , , , , , , ,
undistributed income for which a noti			t 4	, } ;;
deficiency has been issued, or on whi the section 4942(a) tax has been prev				
assessed	, , ,	0.		į, ·
d Subtract line 6c from line 6b. Taxable			4. /	;
amount - see instructions		0.		
e Undistributed income for 2009. Subtr			0.	*
4a from line 2a. Taxable amount - see			0.	
f Undistributed income for 2010. Subtr lines 4d and 5 from line 1. This amou				
be distributed in 2011	iit iiidat			0.
7 Amounts treated as distributions out	of			
corpus to satisfy requirements impos				
section 170(b)(1)(F) or 4942(g)(3)	0			
8 Excess distributions carryover from 2	2005			
not applied on line 5 or line 7	0	•		
9 Excess distributions carryover to 20				
Subtract lines 7 and 8 from line 6a	116,219	•		
10 Analysis of line 9:		1		
a Excess from 2006	717			
b Excess from 2007 72	717.			
c Excess from 2008 26	,112.	1		I

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d Excess from 2009

e Excess from 2010

SEE STATEMENT 8

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1,115.

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Grants and Contributions Paid During the Recipient	If recipient is an individual,			· - ·
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
Tad during the year		!		
NONE				
			•	
Total			▶ 3a	
Approved for future payment				
NONE				
	-		j	

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclus	ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise maleated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					· · · · · · · · · · · · · · · · · · ·
b	-		+		
c	-				
4					
	_			•	
•			+		
g Fees and contracts from government agencies	_				·
g Fees and contracts from government agencies2 Membership dues and assessments		<u> </u>	+		<u> </u>
3 Interest on savings and temporary cash			-		
investments					
4 Dividends and interest from securities			14	32,005.	
5 Net rental income or (loss) from real estate:	DESCRIPTION OF THE PARTY OF THE	Man commercial debites on the committee		ARREST STATES AND	KANALET HARANGER STA
a Debt-financed property	Photo Transfer of the W	Dr. v. elected and Belleting States and Belletin	tut interior	Artificial Confession of Latin to self-article and the Nova his of the self-article and the self-article and the self-article article and the self-article article article and the self-article article articl	ST ALA MAN MAN THE CANADA SEASON AND THE PARTY OF
b Not debt-financed property			+	· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal			+		
property					
7 Other investment income	 		+		<u> </u>
8 Gain or (loss) from sales of assets other			+		
than inventory			18	<97,933.	
9 Net income or (loss) from special events		<u> </u>	+ - 4	737,333.	
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:		<u> </u>			
			1		
8 b	-		-		
	_ 				
d	-				
e	-		+		
12 Subtotal. Add columns (b), (d), and (e)				<65,928.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)	Seass 1.045 c. 1		· Marie as	13	<65,928.
(See worksheet in line 13 instructions to verify calculations.	٠.,	•	•	,°_	(00/3201.
· · · · · · · · · · · · · · · · · · ·					
Part XVI-B Relationship of Activities	s to the Acc	omplishment of E	Exemp	t Purposes	
Line No. Explain below how each activity for which in	ncome is reported	in column (e) of Part XVI-	-A contrib	outed importantly to the accor	mnlishment of
the foundation's exempt purposes (other th			71 00111110	rated importantly to the tool	iipiioiiiioiit oi
•	, , , , , , , , , , , , , , , , , , ,				· - · · - · · · · · · · · · · · · · · ·
					
					
· · · · · · · · · · · · · · · · · · ·					
					
					
	····		-		
	<u> </u>				
					
					<u> </u>
					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the f	ollowing with any other organization	described in section 501(c) of	Yes No
	the Code (other than section 501(c)(3) organizations) or in sec	tion 527, relating to political organiz	rations?	
a	Transfers from the reporting foundation to a noncharitable exe	mpt organization of:		
	(1) Cash			1a(1) X
	(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	ation		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 so	licitations		1b(6) X
C	Sharing of facilities, equipment, mailing lists, other assets, or p	aid employees		1c X
d	If the answer to any of the above is "Yes," complete the following	• ,,		· ·
	or services given by the reporting foundation. If the foundation		in any transaction or sharing arrangement, s	how in
	column (d) the value of the goods, other assets, or services re-			
(a)L	1	aritable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements
	N	7/A		
			<u> </u>	
	In the formation department of the control of the c			
2 a	Is the foundation directly or indirectly affiliated with, or related		ations described	Yes X No
	in section 501(c) of the Code (other than section 501(c)(3)) or	in section 52/?	L	YesX_ No
	If "Yes," complete the following schedule.	(h) Type of example to p	(a) Description of relational	hun
	(a) Name of organization	(b) Type of organization	(c) Description of relations	пр
	N/A			
	<u>-</u>			
	Under penalties of perjury, I declare that I have examined this return	notuding accompanying schedules and	etatements, and to the heet of my knowledge and hel	tief it is true correct
C :	and complete Declaration of preparer (other than taxpayer or fiduce			ioi, it is ado, contact,
	ere X Lorie Tremo	 	1/11 × Office	

					
Sign Here	Under penalties of perjury, I declare that I have examined it and complete Declaration of preparer (other than taxpayer Signature of officer or trystee				e and belief, it is true, correct
Paid	Print/Type preparer's name Teffrey Starbird	Preparer's signature	Date //-/0 ~//	Check if self- employed	PTIN \$0003449,

Use Only

Preparer Firm's name ► LURIE BESIKOF LAPIDUS & COMPANY, LLP

Firm's address ▶ 2501 WAYZATA BOULEVARD MINNEAPOLIS, MN 55405-2197

(612)377-4404 Form **990-PF** (2010)

023622 04-26-11

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Firm's EIN ▶

Phone no.

THE AFREMOV FOUN	DATTON	20-313	NUATION FOR	-	PART IV		
	sses for Tax on Investment Income)/4/0 F	AGE I	. <u>OF 1</u>		
	describe the kind(s) of property solu	d, e.g., real estate.	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold		
2-story br	P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)				
1a IMS HEALTH INC	P	VARIOUS	02/26/10				
	& RESTRUCTURING	FUND	P		07/08/10		
c COLUMBIA SELEC			P		07/08/10		
	ING MARKETS FUND		P		07/08/10		
e DONNELLY RR &			P		07/12/10		
f ELECTRONIC ART	P		07/12/10				
g INTERNATIONAL	P		07/12/10				
h MONSANTO CO NE		P		10/01/10			
ROLLS-ROYCE GR	SETTLEMENT PROCE	EDC	P	VARIOUS	11/10/10 01/15/10		
k CAPITAL GAINS		פחפ	F	VARIOUS	01/13/10		
K CAPITAL GAINS	DIAIDENDS			 	 		
m	-			1			
n				 			
0			 -	 	 		
• •	(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)	<u> </u>		
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minus (g)			
a 22,000.		26,506.			<4,506.		
b 173,884.		207,187.	•		<33,303.		
c 99,120.		120,000.			<20,880.		
d 107,642.		120,000.			<12,358.		
e 11,200.		24,042.			<12,842.		
f 6,534.		21,974.			<15,440.		
g 11,271.		24,014.			<12,743.		
h 28,917.		23,479.			5,438.		
34,143.		31,913.			2,230.		
J 958.					958.		
k 5,513.					5,513.		
<u> </u>							
m							
n							
Complete only for accets above	ig gain in column (h) and owned by	the foundation on 12/21/60					
	(j) Adjusted basis	(k) Excess of col. (i)	(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k),				
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	DULI	but not less than "-0-")			
a					<4,506.		
b					<33,303.		
C					<20,880.		
d					<12,358.		
e					<12,842.		
f					<15,440.		
g					<12,743.		
h					5,438.		
<u> </u>	· · · · · · · · · · · · · · · · · · ·				2,230.		
1.				·	958. 5,513.		
<u>k</u>			· · · · · · · · · · · · · · · · · · ·		3,513.		
<u> </u>							
m n							
<u>n</u>							
0			 [
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-C	in Part I, line 7 -" in Part I, line 7	2		<97,933.		
3 Net short-term capital gain or (los	• •	, I					
If gain, also enter in Part I, line 8,		· · · · · ·					
If (loss), enter "-0-" in Part I, line 8				N/A			

FORM 990-PF DIVIDEND	S AND	INTER	EST FRO	OM SECUI	RITIES	STATEMENT	1	
SOURCE		GROSS	CAPITAL GA AMOUNT DIVIDEND					
U.S. TRUST - DIVIDENDS U.S. TRUST - INTEREST	_	-	32,084		5,513.	26,5° 5,4°		
TOTAL TO FM 990-PF, PART I, L	N 4 =		37,51	3.	5,513.	32,00	05.	
FORM 990-PF	AC	COUNTIL	NG FEE:	3		STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	(D) CHARITAI E PURPOSI		
ACCOUNTING FEES		2,180.		1,090.		1,09	1,090.	
TO FORM 990-PF, PG 1, LN 16B		2,180.		1,090.		1,09	90.	
FORM 990-PF O	THER 1	PROFES	SIONAL	FEES		STATEMENT	3	
DESCRIPTION	EXPE	A) NSES BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	(D) CHARITAI E PURPOSI		
INVESTMENT FEES	4	4,961.		4,961.			0.	
TO FORM 990-PF, PG 1, LN 16C		4,961.		4,961.			0.	
The state of the s		mavi		 		STATEMENT		
FORM 990-PF		TAX					4	
DESCRIPTION	EXPE	A)	(1 NET II	B) NVEST- INCOME	(C) ADJUSTED NET INCOM		BLE	
	EXPE	A) NSES	(1 NET II	WEST-	ADJUSTED	CHARITA	BLE	

FORM 990-PF	OTHER E	KPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
MN ATTORNEY GENERAL FEE FOREIGN TAXES MISC	25. <104.: 1,098.	> <10	0. 4.>	25. 0. 0.
TO FORM 990-PF, PG 1, LN 23	1,019.	<10	4.>	25.
FORM 990-PF	CORPORATI	E STOCK		STATEMENT 6
DESCRIPTION		1	BOOK VALUE	FAIR MARKET VALUE
DOMESTIC & INT'L EQUITIES			1,300,842.	1,436,792.
TOTAL TO FORM 990-PF, PART II	, LINE 10B		1,300,842.	1,436,792.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
COMMERCIAL PAPER		COST	216,247.	224,466.
TOTAL TO FORM 990-PF, PART II	, LINE 13		216,247.	224,466.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT

8

TAXPAYER ELECTS TO TREAT CURRENT YEAR DISTRIBUTIONS OF \$1,115 AS DISTRIBUTIONS OUT OF CORPUS.

Form 886	68 (Rev. 1-2011)				Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ox	► X		
	ily complete Part II if you have already been granted an a			Form 8868.			
Processing and the same	are filing for an Automatic 3-Month Extension, comple						
Part I		xtensio	n of Time. Only file the original (no c	T			
Type or	Name of exempt organization	Employer identification number					
print	THE AFREMOV FOUNDATION 20-3137478						
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for filling your	2501 WAYZATA BOULEVARD						
return See instructions	City, town or post office, state, and ZIP code. For a fom MINNEAPOLIS, MN 55405	oreign add	iress, see instructions.				
Enter the	Return code for the return that this application is for (fik	e a separa	te application for each return)		0 4		
Applicat	lon	Return	Application		Return		
Is For		Code	Is For		Code		
Form 99		01					
Form 99	D-BL	02	Form 1041-A				
Form 99)-EZ	03	Form 4720		09		
Form 99)-PF	04	Form 5227		10		
Form 99	D-T (sec 401(a) or 408(a) trust)	05	Form 6069		11		
Form 99	0-T (trust other than above)	06	Form 8870	12			
STOPI D	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	ısly filed Form 8868.			
	THE FOUNDATION						
	cooks are in the care of \triangleright 2501 WAYZATA BO	DULEV	ARD - MINNEAPOLIS, N	<u>4N 55405</u>			
	hone No. ► 612-377-4404		FAX No. ►		_		
	organization does not have an office or place of business						
	is for a Group Return, enter the organization's four digit	1	· · · · · · · · · · · · · · · · · · ·				
box ►			ach a list with the names and EINs of all	members the extension	is for.		
		NOVEM	BER 15, 2011.				
For calendar year 2010, or other tax year beginning, and ending,							
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return							
_ L	Change in accounting period						
	7 State in detail why you need the extension TAYDAYED TO MATTING FOR ADDITIONAL INFORMATION MEGEGGARY TO FILE A						
	TAXPAYER IS WAITING FOR ADDITIONAL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.						
<u> </u>	MEDDIE AND ACCORAGE RETORIC.						
8a If t	ble application is for Form 990-R1 990-PE 990-T 4720	or 6060 a	inter the tentative tay less any				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				8a \$	750.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
previously with Form 8868.				8b \$	750.		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
	TPS (Electronic Federal Tax Payment System). See instru	-		8c \$	0.		
			nd Verification				
Under per	natties of periury. I declare that I have examined this form, includ	ino accomi		e best of my knowledge and	belief,		
it is true, o	correct, and complete, and that I am authorized to prepare this fo	om.	· An	,	4-		
Signature	► MUW. Stars Title >>	<u> </u>	MY	Date 🗶 8-15-7	<u>//</u>		
	7-00			Form 8868 (Rev. 1-2011)		