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Form **990-PF**

Department of the Treasury

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.

2010

OMB No 1545-0052

					be able to ase a copy of time			g oqu olonto.	
For ca	len	dar year 2010, or tax year	r beginning			, and e			
G Ch	eck	all that apply.	Initial return		Initial return of a fo	ormer public o	charity	Final returi	n
			Amended return		Address chan	ge		Name change	
Name	e of	foundation						A Employer identification	n number
1		mire Oxomor	DANTE	E O F	TINITA MIT ON			20 2211740	1
Nr.m.	or c	THE CARTER					Room/suite	20-3311749	·
Numb	er ar	·		to stree	et address)		Hoom/suite	B Telephone number 763-390-42	77
City	\r +-	130 SPUR C	TKCTF				<u> </u>		
Louis (JI LC	own, state, and ZIP code WAYZATA, M	IN 55391	_ 0 =	577			C if exemption application is p D 1 Foreign organization	
H LP	prk				exempt private foundation			2 Foreign organizations micheck here and attach or	eeting the 85% test,
		ction 4947(a)(1) nonexem			Other taxable private foundation	ation			
I Fair	_	rket value of all assets at e	L			Accr	rual	 E If private foundation sta under section 507(b)(1 	
		Part II, col (c), line 16)			Other (specify)			F If the foundation is in a	,, ,,
▶\$,772. (Part		lumn (d) must be on cash	basis)		under section 507(b)(1	
Par	t I	Analysis of Revenue and	d Expenses		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in colur necessarily equal the amount	nns (b), (c), and (d) ma is in column (a))	ау пот	expenses per books		ome	ıncome	for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	s, etc., received		279,600.			N/A	
	2	- —	is not required to attach S	ich B					
	3	Interest on savings and tempo cash investments	rary		2,953.		2,953.		STATEMENT 1
2011	4	Dividends and interest fro	m securities						
	5a	Gross rents						ļ	
2	b	Net rental income or (loss)							
ا و ⊝		Net gain or (loss) from sale of a Gross sales price for all	assets not on line 10						
اؤيَّت	b assets on line 6a				فيما الأمواز بالأراب المساور		^		
_8 }		Capital gain net income (from I		[_	HHIDHIVE		0.	<u>'</u>	
	8	Net short-term capital gail	II.		1	2	·		
Ž .	3 10-	Income modifications Gross sales less returns		8	AUG 2 2 2011				
Revenue Revenue	_	and allowances Less Cost of goods sold			W LUII	<u> </u>		<u> </u>	
3		Gross profit or (loss)		1	OGDEN. UT		·		<u> </u>
	11	Other income		<u> </u>					
	12	Total Add lines 1 through	h 11		282,553.		2,953.		
1	13	Compensation of officers dire			0.		0.	,	0.
-	14	Other employee salaries a	nd wages						
	15	Pension plans, employee	benefits						
	16a	Legal fees							
ben		Accounting fees	STMT	2	1,070.		535		535.
Ä		Other professional fees							
tive	17	Interest							
stra	18	Taxes	_						
<u> </u>	19	Depreciation and depletio	П						
- F	20	Occupancy	meatings						<u> </u>
رُ اِعِ	21 22	Travel, conferences, and in Printing and publications	រាជដពេរដូង			ļ 		-	
gar	22 23	Other expenses	STMT	3	53.		0.	<u> </u>	53.
<u>.</u>	23 24	Total operating and adm		•	33.	-			
Operating and Administrative Expen		expenses Add lines 13 th			1,123.		535.	,	588.
ŏ,	25	Contributions, gifts, grant	•		18,750.				18,750.
- 1.		Total expenses and disb							
		Add lines 24 and 25			19,873.		535	,	19,338.
:	27	Subtract line 26 from line	12:					_	
	a	Excess of revenue over expen	ses and disbursemen	ts	262,680.				
	b	Net investment income (f negative, enter -0-)				2,418		
02350		Adjusted net income (if no	egative, enter -0-)		<u> </u>			N/A	
U233U		LIIA Fas Danasanadi D	aduation to the co		- Ab - Innanualisms				Form QQQ_DE (2010)

Pa	-	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	218.	111,661.	111,661.
	2	Savings and temporary cash investments	194,874.	346,111.	346,111.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and toans receivable			
	•	Less; allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges		-	·
Ass		Investments - U.S. and state government obligations			
		Ţ Ţ			
		Investments - corporate stock			
ļ		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
-		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe)			
į					
\perp	16	Total assets (to be completed by all filers)	195,092.	457,772.	<u>457,772.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
တ္က	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
=	22	Other liabilities (describe)			
	23_	Total liabilities (add lines 17 through 22)	0.	0.	
	-	Foundations that follow SFAS 117, check here			
}		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
띭	25	Temporarily restricted			
391	26	Permanently restricted			
or Fund Balance	20	Foundations that do not follow SFAS 117, check here			
ᆵ		,			
ě		and complete lines 27 through 31	0.	0.	
ş	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	7 .		
* I	29	Retained earnings, accumulated income, endowment, or other funds	195,092.	457,772.	
ž	30	Total net assets or fund balances	195,092.	457,772.	
			105 000	457 770	
	31	Total liabilities and net assets/fund balances	195,092.	457,772.	
Pa	art	III Analysis of Changes in Net Assets or Fund B	alances		
=	_				
		net assets or fund balances at beginning of year - Part II, column (a), line	30		408.000
		st agree with end-of-year figure reported on prior year's return)		1	195,092.
		r amount from Part I, line 27a		2	262,680.
		r increases not included in line 2 (itemize)		3	
4 /	∖dd	lines 1, 2, and 3		4	457,772.
5 [)ecr	eases not included in line 2 (itemize)		5	0.
<u>6</u>]	ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	457,772.
		·			Form 990-PF (2010)

(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.)				` P -	w acquired Purchase Donation	(c) (n	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)	
la						<u></u> .			
b NC	NE	·							- -
C					+				
d e									
(e) Gross sales price		preciation allowed (or allowable)		t or other basis epense of sale				(h) Gain or (loss)) plus (f) minus (
a	ļ								
<u>b</u>	<u> </u>				-	 .			
<u>c</u>	<u> </u>								
e	 								
Complete only for assets show	ing gain in co	olumn (h) and owned by	the foundation	on 12/31/69			(I) Gai	ins (Col. (h) gain	minus
(i) F.M V. as of 12/31/69	(i) Adjusted basis (k) Excess of col. (i) col. (col. (k), but not less than -0-) or Losses (from col. (h))						
a	1								
b								, ,	
C									
d									
е			<u></u>						
. Capital gain net income or (net c	apital loss)	$\begin{cases} \text{If gain, also enter } \\ \text{If (loss), enter } \end{cases}$	er in Part I, line i D- in Part I, line	7 7	}	2			
Net short-term capital gain or (lo	oss) as defin	`							
If gain, also enter in Part I, line 8			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]				
If (loss), enter -0- in Part I, line 8 Part V Qualification I	3					3		····	
f section 4940(d)(2) applies, leave Vas the foundation liable for the se f "Yes," the foundation does not qu	ction 4942 ta alify under si	ax on the distributable ar ection 4940(e). Do not c	omplete this pa	rt.	_				Yes X No
Enter the appropriate amount in	each colum	n for each year; see inst	ructions before	making any entr	ies.				(4)
(a) Base period years Calendar year (or tax year beginn	ning in)	(b) Adjusted qualifying di		Net value of no	(c) oncharit			Distrit (col. (b) div	(d) oution ratio rided by col. (c))
2009		1	L3,983.			38,43			.36385
2008			445.			7,05			.06310
2007			445.			7,85			.05663 .07913
2006 2005			648.			8,18 1,67		·	1.23954
		·	2,013.			1,0,			1.23334
? Total of line 1, column (d)								2	1.80227
3 Average distribution ratio for the	e 5-year base	period - divide the total	on line 2 by 5,	or by the numbe	r of yea	rs			
the foundation has been in exist	ence if less t	han 5 years					L	3	.36045
Enter the net value of noncharita	able-use asso	ets for 2010 from Part X	, line 5					4	282,951
			•					5	101,991
Multiply line 4 by line 3								5	
6 Enter 1% of net investment inco	ome (1% of F	Part I, line 27b)					+	6	24
7 Add lines 5 and 6							-	7	102,015
B Enter qualifying distributions fro	om Part XII, I	ine 4						8	_19,338
If line 8 is equal to or greater the See the Part VI instructions.	an line 7, che	ck the box in Part VI, lin	e 1b, and comp	lete that part usi	ng a 1%	tax rate.			

_			211			Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - 5	see ir	ıstru	CTIO	15)
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%	1				<u>48.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				48.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				48.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 4	9				48.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				10.
		11				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	11				
			 -T		Voc	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	l	ŀ	_	163	$\overline{}$
	any political campaign?		ŀ	1a		X
t	Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for definition)?		}	1b		<u>X</u>
	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					
(Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ļ		
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .					
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$O.		İ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_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					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		Ì	3		_X_
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
ı	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	Α	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1	5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ļ		
	By language in the governing instrument, or		ŀ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state keys	aw				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		Ī	7	Х	
•	If "Yes," complete Part II, col. (c), and Part XV		Ī			
8:	Enter the states to which the foundation reports or with which it is registered (see instructions)		-			
-	MN					
1	of 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	X	
q	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	dar	ļ			
J	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	-41		9		х
10		TM	5	10	X	
	2			n 990		2010)
			. 0.11		1	20101

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) 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 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2010)

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

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 2010?

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Х

N/A

2b

3b

4a

Form 990-PF (2010) THE CARTER FAMILY FOUNDA Part VII-B Statements Regarding Activities for Which I		Peguired (sente	20-33117	49 Page 6
	OIIII 4720 May De I	required (contin	luea)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955), or				
any voter registration drive?	, , ,		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta			
expenditure responsibility for the grant?	N	[/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	_		
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u></u>	6b X
If "Yes" to 6b, file Form 8870				ļ į
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Hıgnı	У	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
() Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
DIANA CLARKE-CARTER	DIRECTOR/CHIE	F EXECUTI	VE O	
130 SPUR CIRCLE				
WAYZATA, MN 55391	0.25	0.	0.	0.
ROBERT LOWELL CARTER	DIRECTOR/OFFI	CER		
130 SPUR CIRCLE				
WAYZATA, MN 55391	0.25	0.	0.	0.
ALISON CLARKE CARTER	DIRECTOR/EXEC	UTIVE DIR	ECTO	
130 SPUR CIRCLE	0.05			
WAYZATA, MN 55391	0.25	0.	0.	0.
JASON ROBERT CARTER	DIRECTOR/OFFI	CER		
130 SPUR CIRCLE	0.25			•
WAYZATA, MN 55391 2 Compensation of five highest-paid employees (other than those inc	0.25	enter "NONE "	0.	0.
		T. C. TOILE.	(d) Contributions to	(e) Expense
(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	(e) Expense account, other allowances
NONE				
		}		
	-			
	-	1		
		 		
	1			
Total number of other employees paid over \$50,000	<u> </u>	I	•	0
- Can				

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T. I. I number of others recovering over \$50,000 for professional accuracy	<u> </u>	▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat	ictical information cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	l	
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions		

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>

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	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.
	Average of monthly cash balances	1b	287,260.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	287,260.
	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	287,260.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,309.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	282,951.
6	Minimum investment return Enter 5% of line 5	6	14,148.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	14,148.
2a	Tax on investment income for 2010 from Part VI, line 5	[
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	48.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,100.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,100.
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	14,100.
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	19,338.
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	19,338.
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	19,338.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				14,100.
2 Undistributed income, if any, as of the end 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				
b From 2006 17.				
c From 2007 52.				
d From 2008 445.				
e From 2009 13,983.				
f Total of lines 3a through e	14,497.			
4 Qualifying distributions for 2010 from		•		
Part XII, line 4: ► \$19,338.				
a Applied to 2009, 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) **	19,338.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	14,100.			14,100.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	10 725			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,735.			· · · · · · · · · · · · · · · · · · ·
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u>. </u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line			İ	
4a from line 2a. Taxable amount - see instr.	=317		0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	19,735.			
10 Analysis of line 9:		:		
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 397.				
e Excess from 2010 19,338.				
•	** SEE STATEM	ENT 7		Form 990-PF (2010)

	TER FAMILY			20-33	11749 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	the ruling	▶ ∟		
b Check box to indicate whether the foun-	dation is a private operatir	ng foundation described i		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		-			
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		-			
alternative test relied upon:					
a "Assets" alternative test - enter.					
(1) Value of all assets		 			_
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return		<u> </u>			
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization			 		
(4) Gross investment income		As Abis was sales	if the formulation	- had \$5,000 as ma	and in consta
Part XV Supplementary Info			ii the ioundatioi	i nad \$5,000 or inc	ore in assets
		maductions.,			
1 Information Regarding Foundation	-				
a List any managers of the foundation wi year (but only if they have contributed			ributions received by th	e foundation before the clos	se of any tax
SEE STATEMENT 8	note than \$5,000). (See s	Section 507 (a)(2).)			
b List any managers of the foundation w	no own 10% or more of th	ne stock of a cornoration	Or an equally large port	ion of the ownership of a n	artnershin or
other entity) of which the foundation ha			(or an equally large port	ion of the owner only of a p	arthoromp or
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here 🕨 🔙 if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc	. (see instructions) to indi	viduals or organizations u	inder other conditions, o	complete items 2a, b, c, and	l d
a The name, address, and telephone nur	nber of the person to who	m applications should be	addressed;		
CEE COMPANDADIO O					
SEE STATEMENT 9 b The form in which applications should	be submitted and informa	ation and materials they sl	hould include:		
		·			
c Any submission deadlines:					
d Any restrictions or limitations on aware	ts, such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:	
- rang reconstitution or miniations on aware	, 222 20 0, goograpino	s. cae, enament nelle,			

023601 12-07-10

3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		711100111
a Paid during the year SEE STATEMENT 10	or śubstantial contributor	recipient		
Total			▶ 3a	18,750.
NONE Total 023611 12-07-10			▶ 3b	0 . orm 990-PF (2010)

Part XVI-A **Analysis of Income-Producing Activities**

er gross amounts unless otherwise indicated.	Unrelated business income Ex			ded by section 512, 513, or 514	(e)		
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	Code		COGE				
a		-		·			
b							
C							
d							
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments		<u> </u>					
3 Interest on savings and temporary cash							
investments			14	2,953.			
4 Dividends and interest from securities	1						
5 Net rental income or (loss) from real estate.							
a Debt-financed property			i				
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			 				
10 Gross profit or (loss) from sales of inventory	-		 				
			 				
11 Other revenue:							
a							
b							
c							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		•	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	2,953.		
(See worksheet in line 13 instructions to verify calculations.)		******					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes			
Line No. Explain below how each activity for which incor		un polymer (a) of Dort VV/I A	aantril	autod importantly to the oppor	nallahment of		
abore of a color control of a feet about			COILLI	Juled importantly to the accor	iipiisiiment oi		
the foundation's exempt purposes (other than t							
	by providing it	inds for such purposes).		<u></u>			
	y providing it	mas for such purposes).					
	y providing to	inus ioi sacri purposes).					
		inus iui sucii pui puscaj.					
	y providing to	inus iui sucii pui puscaj.					
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MINNEAPOLIS, MN 55435

Part X			egarding Tran		and Transactions	and Relations	hips With Non	charitable		ye IS
		Exempt Organ					•			
1 Did t	he org	anization directly or indi	rectly engage in any	of the followin	g with any other organizati	ion described in sec	ion 501(c) of		Yes	No
the C	ode (d	other than section 501(c))(3) organizations) o	or in section 52	7, relating to political orga	nizations?				
a Tran	sfers f	rom the reporting founda	ation to a noncharita	able exempt org	ganization of:					
(1)	Cash							1a(1)		X
(2)	Other a	assets						1a(2)		X
b Othe	r trans	actions:								
(1)	Sales	of assets to a noncharita	ible exempt organiza	ation				1b(1)		X
(2)	Purcha	ases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimb	ursement arrangements)					1b(4)		X
(5)	Loans	or loan guarantees						1b(5)	<u></u>	X
(6)	Perfor	mance of services or me	embership or fundra	using solicitatio	ns			1b(6)		X
	-	facilities, equipment, ma						1c	<u> </u>	X_
d If the	answ	er to any of the above is	Yes, complete the	following sche	dule. Column (b) should a	lways show the fair i	market value of the go	oods, other as:	sets,	
		• • •			ed less than fair market val	lue in any transaction	n or sharing arranger	nent, show in		
colu		the value of the goods,					· · · ·			
(a) Line no	1	(b) Amount involved	(c) Name o		exempt organization	(d) Descriptio	n of transfers, transaction	ns, and sharing ar	rangeme	ents
	_		 	N/A						
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	-		<u> </u>							
			 							
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	-		 							
22 ls th	e foun	dation directly or indirec	Lthe affiliated with or	related to one	or more tax-exempt organ	nizations described		,		
		501(c) of the Code (othe	-			nearrons accordes		Yes	X] No
		mplete the following sch		-,(-,,						
		(a) Name of org			(b) Type of organization		(c) Description of rel	ationship		
		N/A		·						
		· · · · · · · · · · · · · · · · · · ·								
					<u> </u>					
					ing accompanying schedules a ased on all information of which			and belief, it is tr	ие, сопте	ect,
Sign		A Y/////	1	a o, madolaly, is al	1010	11				
Here	.		<u>~</u>		6-75		IRECTOR/CI	<u> </u>		
		Signature 61 öfficer 6r tri		T	Date		Title	DTIN		
		Print/Type preparer's na		Preparer's s	ignature	Date		PTIN		
D-:-!		ELLYN W. M	IARELL,			00/04/15	self- employed			
Paid		CPA		<u> </u>	W. MARELL,	08/04/11				
Prepa		Firm's name ► WIP	LPT PPB				Firm's EIN ►			
Use Only Firm's address > 7601 FRANCE AVENUE SOUTH SUITE 400										

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

2010

Employer identification number Name of the organization 20-3311749 THE CARTER FAMILY FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990 EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page	l of	of Part

Name of organization

Employer identification number

THE CARTER FAMILY FOUNDATION

20-3311749

Part I	Contributors (see instructions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SUMMIT MORTGAGE CORPORATION 1335 10TH AVE. N, STE 100 PLYMOUTH, MN 55441	\$279,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

THE CARTER FAMILY FOUNDATION

20-3311749

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		Schodulo B (Form 0	00 000.E7 or 000.PE\/2010\

		•							
Schedule	В	(Form	990,	990-EZ.	Of	990-PF) (20	10

^oage

of

of Part III

Employer identification number Name of organization 20-3311749 THE CARTER FAMILY FOUNDATION Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) > \$ (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
AMEICAN INVESTOR BANK AND MOR	TGAGE		-	2,909. 44.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	2,953.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE
TAX RETURN PREPARATION	1,070.	535.		535.
TO FORM 990-PF, PG 1, LN 16B	1,070.	535.		535.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
MN ANNUAL REGISTRATION SUPPLIES	25. 28.			25. 28.
TO FORM 990-PF, PG 1, LN 23	53.	0.	· · · · · · · · · · · · · · · · · · ·	53.

		UBSTANTIAL CONTRIBUTORS VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	₹	ADDRESS		
SUMMIT MORTGAGE COF	RPORATION	1335 10TH AVE. N, STE 100 PLYMOUTH, MN 55441		

FORM 990-PF

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

STATEMENT

ELECTION REGARDING TREATMENT OF QUALIFYING DISTRIBUTIONS

THE CARTER FAMILY FOUNDATION, EMPLOYER ID#20-3311749, HEREBY ELECTS UNDER IRC REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT THE OUALIFYING DISTRIBUTIONS OF \$19,338, MADE DURING 2010, AS DISTRIBUTIONS OUT OF CORPUS.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

DIANA CLARKE-CARTER ROBERT LOWELL CARTER FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EXECUTIVE DIRECTOR, CARTER FAMILY FOUNDATION 130 SPUR CIRCLE WAYZATA, MN 55391

TELEPHONE NUMBER

763-390-4277

FORM AND CONTENT OF APPLICATIONS

APPLICANTS SHOULD REVIEW MISSION STATEMENT AND SUBMIT LETTER OF INTEREST INDICATING THE FOCUS OF THE PROGRAM, HOW THE FOCUS IS CONSISTENT WITH THE FOUNDATIONS GOALS AND THE AMOUNT AND SPECIFIC USE OF THE REQUESTED GRANT. THE FOUNDATION WILL NOTIFY THE APPLICANT WITHIN 3 WEEKS IF THE FOUNDATION IS WILLING TO REVIEW A FULL PROPOSAL.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

MUST BE CONSISTENT WITH FOUNDATION MISSION STATEMENT.

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
GRAND CENTRAL CHARITIES DBA FIRST STEP INITIATIVE 8400 GOLDEN VALLEY RD, STE 314 GOLDEN VALLEY, MN 55427	N/A GENERAL	PUBLIC CHARITY	10,000.
HUBBARD UNITED METHODIST CHURCH 12150 BROADWAY ROAD PARK RAPIDS, MN 56470	N/A GENERAL	PUBLIC CHARITY	1,500.
JACOB WETTERLING RESOURCE CENTER PROGRAM 2314 UNIVERSITY AVENUE WEST, SUITE 14 ST. PAUL, MN 55114	N/A GENERAL	PUBLIC CHARITY	500.
KWANZAA COMMUNITY CHURCH 2100 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	N/A GENERAL	PUBLIC CHARITY	2,500.
NATIONAL MS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 55415-1255	N/A GENERAL	PUBLIC CHARITY	1,000.
RESTART, INC. 4000 OLSON MEMORIAL HIGHWAY, STE 610 GOLDEN VALLEY, MN 55422	N/A GENERAL	PUBLIC CHARITY	1,000.
SPARE KEY 1550 AMERICAN BLVD E, SUITE L-2 BLOOMINGTON, MN 55425	N/A GENERAL	PUBLIC CHARITY	1,000.
VAIL PLACE 15-9TH AVENUE SOUTH HOPKINS, MN 55343	N/A GENERAL	PUBLIC CHARITY	1,000.

THE CARTER FAMILY FOUNDATION		2	0-3311749
WESTMINSTER CHURCH 1200 MARQUETTE AVENUE SOUTH MINNEAPOLIS, MN 55403	N/A GENERAL	PUBLIC CHARITY	250.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		18,750.

Form 8868 (Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Exte If you are filing for an Additional (Not Automati 	· · · · · · · · · · · · · · · · · · ·		this form)	•	X
•	•	, , , ,	•	rm 0060	
Do not complete Part II unless you have already	-	·	•		
Electronic filing (e-file). You can electronically file	•				
required to file Form 990-T), or an additional (not a		·-		•	
of time to file any of the forms listed in Part I or Par	•	•			
Personal Benefit Contracts, which must be sent to	• •	(see instructions) For more details (on the ele	ctronic tiling of this	torm,
visit www irs gov/efile and click on e-file for Charitie					
Part I Automatic 3-Month Extens					
A corporation required to file Form 990-T and requ	esting an automatic 6-m	onth extension - check this box and	complete	_	_
Part I only				P	• 📖
All other corporations (including 1120-C filers), par to file income tax returns	tnerships, HEMICs, and	trusts must use Form 7004 to reques	t an exter	nsion of time	
Type or Name of exempt organization			Emp	loyer identification	n number
print					
File by the THE CARTER FAMILY F	<u>OUNDATION</u>		2	<u>10-3311749</u>	
due date for Number, street, and room or suite no	If a P O box, see instru	ctions			
filing your return See 130 SPUR CIRCLE					
instructions City, town or post office, state, and ZI	_	dress, see instructions			
WAYZATA, MN 55391-	<u>9577 </u>				
Enter the Return code for the return that this appli	cation is for (file a separ	ate application for each return)			0 4
Application	Return	Application		<u>-</u>	Return
Is For					
Form 990	01				
Form 990-BL	02	Form 1041-A			07
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
	LARKE-CARTER				12
• The books are in the care of ▶ 130 SPU		<u> AYZATA, MN 55391-9</u>	<u>577</u>		
Telephone No ► <u>763-390-4277</u>		FAX No 🕨			
If the organization does not have an office or pl				•	• 🗀
If this is for a Group Return, enter the organization					
box If it is for part of the group, check t	his box 🕨 💹 and att	ach a list with the names and EINs o	f all memb	ers the extension i	s for
1 request an automatic 3-month (6 months for AUGUST 15, 2011, to	•	•		The extension	
is for the organization's return for					
► X calendar year 2010 or					
tax year beginning	, a	nd ending		_	
2 If the tax year entered in line 1 is for less that Change in accounting period	n 12 months, check rea	son Initial return I	Fınal retu	m	
2. If this configuration is for Form 000 BL 000 BL	: 000 T 4720 or 6060	enter the tenteture toy less and	- 		
3a If this application is for Form 990-BL, 990-PF	-, 990-1, 4720, or 6069,	enter the tentative tax, less any	٥		0.
nonrefundable credits See instructions	4700 0* 6000	refundable and the sed	3a_	\$	<u> </u>
b If this application is for Form 990-PF, 990-T,			0.		Λ
estimated tax payments made Include any			3b	\$	0.
c Balance due. Subtract line 3b from line 3a] _		0
by using EFTPS (Electronic Federal Tax Pay		uctions	3c	TO for a series 1	0.