

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form 990-PF

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

OMB No 1545-0052

2010

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, and ending 12/31 For calendar year 2010, or tax year beginning 3/08 2010 Initial Return of a former public charity G Check all that apply: X Initial return Final return Address change Amended return Name change Employer identification number Keiser Family Foundation 27-2059883 2915 Willowood Farm Road Telephone number (see the instructions) Hamel, MN 55340 (612) 991-0240 If exemption application is pending, check here. D 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation here and attach computation If private foundation status was terminated Accounting method. X Cash Fair market value of all assets at end of year under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here 169,709 Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books for charitable income income columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions) ) Contributions, gifts, grants, etc, received (att sch) 歌學所被漢字家 かい、高州等の記事の **建新运行等** If the foundn is not req to att Sch B Interest on savings and temporary بطائر cash investments 4,033 4,033 Dividends and interest from securities 4,033 年代中心 我才也多个明点 5a Gross rents b Net rental income or (loss) 海水流流 主笔 And the state of 6a Net gain/(loss) from sale of assets not on line 10 REVENU b Gross sales price for all assets on line 6a Galat of 76,966 0 Capital gain net income (from Part IV, line 2) 7、1 Net short-term capital gain آريارية ركياه 0 ·大学學: 77 至388 The state of the Income modifications മ 10a Gross sales less returns and allowances b Less Cost of **学院,他就国际地名 国情况被对你从**。 c Gross profit/(loss) (att sch) 11 Other income (attach schedule) "神经" 海岸 14(11) [ [ 12](14) 4,033 2,000 から、小型、小型、小型 627 4,033 Total. Add lines 1 through 11 000 2.000 13 Compensation of officers, directors, trustees etc Other employee salaries and wages. 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) 8,707 8,707. 8,707 c Other prof fees (attach sch) See St 1 17 Interest 36 36 Taxes (attach scheduleYsee instr.). See Stm 2 36 Depreciation (attach sch) and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) See Statement 3 376. 376 376 Total operating and administrative 11,119 11,119 ,119 expenses. Add lines 13 through 23 Contributions, gifts, grants paid Part XV 35,500. いるでは、一個などのできる。 THE PROPERTY. 35,500. Total expenses and disbursements. 46,619 Add lines 24 and 25 11,119 11,119 35,500. Subtract line 26 from line 12: S. M. S. A. a Excess of revenue over expenses -42.992and disbursements A STATE OF b Net investment income (if negative, enter -0-) Ω. 2数,形成化心态的方式不断建筑的心理 **《新聞報》** C Adjusted net income (if negative, enter -0-)

5 Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

167,299.

5

6

BAA

Part VI instructions

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Form	990-PF (2010) Keiser Family Foundation		27-2059	883	F	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)	o), 4940(e), or 4948 -	see the ins	tructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A'	on line 1		٠. يو د.		
	Date of ruling or determination letter (attach copy of letter if necessary -	see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	ł	- 1			0.
	check here. ▶ and enter 1% of Part I, line 27b			- \$		- , ,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12	2, column (b)		- 1 - 3		٠,,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				14 m	,
-	foundations only Others enter -0-)		2			0.
3	Add lines 1 and 2.		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or	nly Others enter -0-	) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	-	5			0.
6	Credits/Payments				•	-
а	2010 estimated tax pmts and 2009 overpayment credited to 2010	ia				
		ib .		<b>.</b> .		,
С	Tax paid with application for extension of time to file (Form 8868)	ic				
d	Backup withholding erroneously withheld	id		- 1 A	rin.	
7	Total credits and payments. Add lines 6a through 6d		7	- <del></del>		<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	▶ 10			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded	<u>► 11</u>			
Par	t VII-A   Statements Regarding Activities				T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local participate or intervene in any political campaign?	al legislation or did	it	1:	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political p (see the instructions for definition)?	ourposes		11	<b>b</b>	х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copor distributed by the foundation in connection with the activities	pies of any material	s published			
С	Did the foundation file Form 1120-POL for this year?			10	c .	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during			,	. , . ,	
_	(1) On the foundation  \$ 0. (2) On foundation manage Enter the reimbursement (if any) paid by the foundation during the year for political expensions.		rod on	0.		
-	foundation managers \$ 0.	xperionare tax impos	seu on		1, -	
2	Has the foundation engaged in any activities that have not previously been reported to	o the IRS?		2	2'	Х
	If 'Yes,' attach a detailed description of the activities			<u> </u>	1	
2	Has the foundation made any changes, not previously reported to the IRS, in its gove	rning instrument or	ticlos			, '
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed	copy of the change	S	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during th	ne year?		4:	3	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4	o N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T			- 13	30.2	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	ed either.				.4.
	By language in the governing instrument, or			146	13.54	15
	By state legislation that effectively amends the governing instrument so that no man	ndatory directions th	at conflict		(OL)	
	with the state law remain in the governing instrument?	-		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column	nn (c), and Part XV		7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see the	instructions)	<b>-</b>	ر بَوْ	1. 3	7.5
	MN			_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.2	-
b	of the answer is Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			20	3	\ \ -
	(or designate) of each state as required by General Instruction $G^2$ If 'No,' attach explanation			81		<del>-</del>
9	Is the foundation claiming status as a private operating foundation within the meaning for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part	of section 4942(j)(3	3) or 4942(j)(		S. 33	X
10			•	·	1	<del></del>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach and addresses	a schedule listing th	ieir names	10		X
BAA				Form 9	90-PF	

	n 990-PF (2010) Keiser Family Foundation t VII-A Statements Regarding Activities (Continued)	27-20598	383	Pa	age <b>5</b>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		<b>X</b> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	application?	13	X	
14	The books are in care of ► Kenneth Keiser  Located at ► 2915 Willowood Farm Road Hamel MN  ZIP + 4 ►				 
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A		∏ N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other au bank, securities, or other financial account in a foreign country?	uthority over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the national foreign country ►	ame of the	14,	<b>9</b>	
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
18	a During the year did the foundation (either directly or indirectly)		J. 75	· m·	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		20 T	,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No	137		
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	Yes X No		3 6 May 1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	Yes X No		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
t	of 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 the instruction	ons)?	1b	N/	Ά
	Organizations relying on a current notice regarding disaster assistance check here	▶ □	,	, ,	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		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))			·	
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	
	If 'Yes,' list the years ▶ 20 , 20 , 20		54.	* 2	1
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a <b>all</b> years listed, answer 'No' and attach statement — see the instructions)		2b	NV	A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20, 20, 20, 20	ere			
3 <i>a</i>	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			ž,
t	o 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, Form 4720, to determine if the foundation had excess business holdings in 2010)	j	3b	N/	<u>A</u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
t	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?		4b		τ Χ
BAA			Form 99	0-PF (2	2010)

Form 990-PF (2010) Keiser Family Four				2059883 Page <b>6</b>
Part VII-B Statements Regarding Activit		m 4720 May Be Red	uired (continue	d)
5a During the year did the foundation pay or incur	-			
(1) Carry on propaganda, or otherwise attemp	it to influence legislation	n (section 4945(e))?	Yes	X No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes	X No
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes	X No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	ian a charitable, etc., or 4940(d)(2)? (see instru	ganization described ctions)	Yes	X No
(5) Provide for any purpose other than religious educational purposes, or for the prevention			Yes	X No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5b N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	•	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim exe	emption from the	N/A Yes	No la
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	i-5(d)		
6a Did the foundation, during the year, receive an on a personal benefit contract?	•		لسيسا	XNo
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	6b X
If 'Yes' to 6b, file Form 8870	-t	h.k. al A h lk k		501 h
7a At any time during the tax year, was the found b If yes, did the foundation receive any proceeds				X No N/A 7b
Part VIII Information About Officers, D				
and Contractors	,	, . ouridadioir mario	gors, riiginy r u	ia Employees,
1 List all officers, directors, trustees, foundation	managers and their co	mpensation (see instru	ctions).	
(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	other allowances
Kenneth Keiser	President	0.	0	. 0.
2915 Willowood Farm Road	0			
Hame1, MN 55340				
Amy Evenson	Board Member	2,000.	0	. 0.
2358 Robin Lane	0			
Mound, MN 55364				
_Susan_Keiser	Secretary	0.	0	. 0.
2915 Willowood Farm Road	0			
Hamel, MN 55340	·····			
2 Compensation of five highest-paid employees			ructions). If none, en	ter '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	other allowances
None				
	-			
Total number of other employees paid over \$50,000	TEE 003061 0	77/22/10		► 0 Form <b>990 PF</b> (2010)

Form 990-PF (2010) Keiser Family Foundation	27-2059883 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)	gers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none enter 'NONE.'	.,
	e of service (c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	<u>►</u>   0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	the number of Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 N/A	
N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2 Amount
1 N/A	Times Failu 2 Amount
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	<b>&gt;</b> 0.
BAA	Form <b>990-PF</b> (2010)

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	197,969.
<b>b</b> Average of monthly cash balances	1ь	12.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	197,981.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	197,981.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,970.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	195,011.
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 4.09	59 % 6	7,987.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	operating for	ındatıons
and certain foreign organizations check here ► and do not complete the	nis part.)	_
1 Minimum investment return from Part X, line 6	1	7,987.
2a Tax on investment income for 2010 from Part VI, line 5	.1	
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	7,987.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	7,987.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	7,987.
Part XII Qualifying Distributions (see Instructions)		
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26</li> </ul>	1a	35,500.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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	\$ 1	
a Suitability test (prior IRS approval required)	3a	
<b>b</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	35,500.
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 instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,500.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh qualifies for the section 4940(e) reduction of tax in those years	ether the foundat	ion

Form 990-PF (2010)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7	4			7,987.
2 Undistributed income, if any, as of the end of 2010	4,5 * 3			1,501.
a Enter amount for 2009 only	Same of the same		0.	
<b>b</b> Total for prior years 20 , 20 , 20	27 12	0.		
3 Excess distributions carryover, if any, to 2010	ŧ "			
a From 2005	1787	,		
<b>b</b> From 2006				
c From 2007				
<b>d</b> From 2008				1
e From 2009	1 , ``			
f Total of lines 3a through e	1 o.	1 .		
4 Qualifying distributions for 2010 from Part	, ei	<u> </u>	<del>                                     </del>	
XII, line 4 <sup>.</sup> ► \$ 35,500.	-	Į.		
a Applied to 2009, but not more than line 2a	1 3	1	0.	
		<del></del>	0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>	0.			
d Applied to 2010 distributable amount			<u> </u>	7,987.
e Remaining amount distributed out of corpus	27,513.			.,,,,.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	27,513.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		<u> </u>		
ed income for which a notice of deficiency				,
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
,, ,		<u> </u>		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.	,	
	33	<u> </u>		
e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount — see instructions	المناز ال		0.	
	444		0.	
f Undistributed income for 2010 Subtract lines			٠,	
4d and 5 from line 1. This amount must be distributed in 2011.		The state of the state of	9.5	0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
•		y		· · · · · · · · · · · · · · · · · · ·
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	, ^	<i>'</i>	
·			· ca-	
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	27,513.		ን <sup>(*</sup>	₹ •
10 Analysis of line 9.	21,010.		<u> </u>	<del></del>
a Excess from 2006		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * *	*
b Excess from 2007	13. S. 12.	NE Dy		
c Excess from 2008		7.45 2	3.	
d Excess from 2009		- Ty		
e Excess from 2010 27,513.		> ,		· , 4
AA	- · · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	<del></del>

orm 990-PF (2010) Kelser Family Fo		diana and Dad	\/\ldot\/\	27-2059883	
Part XIV Private Operating Foundati					N/A
1a If the foundation has received a ruling or our is effective for 2010, enter the date of the	ruling	nat it is a private d	pperating foundation,	and the ruling	
<b>b</b> Check box to indicate whether the foundate	ion is a private oper	ating foundation d	escribed in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</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					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					<u></u>
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	(0)		<u> </u>	145.000	
art XV Supplementary Information assets at any time during the	(Complete this le vear – see in	part only if the	e organization h	ad \$5,000 or mo	re in
Information Regarding Foundation Manage     List any managers of the foundation who had close of any tax year (but only if they have None	ers:	re than 2% of the t	otal contributions rec section 507(d)(2))	ceived by the foundat	tion before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the None	own 10% or more of foundation has a 10°	the stock of a corp % or greater intere	poration (or an equal est	ly large portion of the	ownership of
2 Information Regarding Contribution, Gran	t, Gift, Loan, Schola	rship, etc, Prograr	ms:		
Check here I I if the foundation only neguests for funds. If the foundation make	nakes contributions t	to preselected cha	ritable organizations	and does not accept nizations under other	unsolicited conditions,
a The name, address, and telephone number	r of the person to w	hom applications s	should be addressed		
See Statement 7	<del></del> _	<del></del>			
<b>b</b> The form in which applications should be s	submitted and inform	nation and material	ls they should include	е	
See Statement for Line 2a c Any submission deadlines				<del> </del>	
See Statement for Line 2a					
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charital	ble fields, kinds of in-	stitutions or other fac	ctors:
See Statement for Jine 22	· , 5 · - 5 · - F · ·	,			- : <del></del>

rait X4 Supplementary information	continuca			
3 Grants and Contributions Paid During the Ye	ar or Approved for Futu	re 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)	substantial contributor	recipient	Continuation	
a Paid during the year				
See Statement 8				
bee beatement o				
		ļ		
				}
		l		
		1		1
		İ	1	
			•	
			i	
		}		į
		Ì		
	1			
		İ		
		}		
		İ		
Total			► 3a	35,500.
<b>b</b> Approved for future payment				
		1		
			j	
		<b> </b>		
		1		
		]		
		}		
		j		
•				
		[		
Total	<del>,!</del>	<b></b>	► 3b	
- · · · · · · · · · · · · · · · · · · ·			30	

nter gross	s amounts unless otherwise indicated.	Unrelat	ed business income	Excluded	by section 512, 513, or 514	(e)
1 Progr	vam seeuce revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
_	ram service revenue			code	· · · · · · · · · · · · · · · · · · ·	
			1	1 1	<del></del>	
				$\perp$	<del> </del>	
e				+-+	<del></del>	, <del></del>
f				+-+		
-	and contracts from government agencies			+		
	bership dues and assessments It on savings and temporary cash investments			+-+		
	ends and interest from securities.			14	4.033	·
	ental income or (loss) from real estate	F. P. 3. 1	A Comment of the Comm		1,000.	ange to the second
	financed property		307/	1	····	
	ebt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	r investment income					
	r (loss) from sales of assets other than inventory			1		-406
	ncome or (loss) from special events			<del> </del>		
10 Gross 11 Other	s profit or (loss) from sales of inventory	· 心性 (6)對:	· · · · · · · · · · · · · · · · · · ·	12.3		p>
		43,44, Bes	THE THE PERSON	1 1		
a b			, , <u>-</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	† †		
e						
	otal Add columns (b), (d), and (e)	18 2 2 32		·	4,033.	-406
	. Add line 12, columns (b), (d), and (e)				13	3,627
See works	heet in line 13 instructions to verify calculate	ons)	<del></del>		<del></del>	
'art XVI	-B Relationship of Activities to the	ne Accompl	ishment of Exemp	t Purpo	ses	
Line No.	Explain below how each activity for which is	ncome is renor	ted in column (a) of Pa	rt V\/I A c	ontributed importantly t	o the
<b>▼</b>	accomplishment of the foundation's exemp	t purposes (oth	ner than by providing fur	nds for suc	ch purposes) (See the	instructions)
N/A						
						<del> </del>
<del></del>			<del></del>			
<del></del>						
			<del></del>			<del> </del>
	1					

# Form 990-PF (2010) Keiser Family Foundation 27-2059883 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<ul> <li>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</li> <li>a Transfers from the reporting foundation to a noncharitable exempt organization of <ol> <li>(1) Cash</li> <li>(2) Other assets</li> <li>b Other transactions:</li> <li>(1) Sales of assets to a noncharitable exempt organization</li> </ol> </li> </ul>						1a (1) 1a (2) 1b (1) 1b (2)		No X X	
	(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets								X
	Reimbursement arrange	•	33013				1b (3) 1b (4)		X
	Loans or loan guarante						1b (5)		X
(6)	Performance of service	s or membership	or fundraising solicit	ations			1b (6)		Х
c St	naring of facilities, equipm	nent, mailing lists,	other assets, or pai	d employee	s		1c		X
the ar	the answer to any of the a e goods, other assets, or by transaction or sharing a	services given by	the reporting found:	ation If the	foundation receive	ed less than fair marke	t value in	e of	
(a) Line	no (b) Amount involved	(c) Name of r	oncharitable exempt orga	nızatıon	(d) Description	of transfers, transactions, an	d sharing arrar	ngement	<u>s</u>
N/A	<del>-  </del>	<del>- </del>							
		<del>-</del>							
		+				<del> </del>			
		<del> </del>							
						··· ·			
							<del></del>		
			<del></del>		· · · · · · · · · · · · · · · · · · ·				
					<del></del>				
					<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
de	the foundation directly or scribed in section 501(c)	of the Code (othe	d with, or related to, r than section 501(c)	one or moi )(3)) or in se	re tax-exempt orga ection 527?	anızatıons	Yes	s <b>X</b>	No
	(a) Name of organization	tion	<b>(b)</b> Type of or	ganization		(c) Description of re	lationship		
N/A	· · · · · · · · · · · · · · · · · · ·								
						<del></del>			
				<del></del>				_	
Sign Here	Under penalties of perjury, I decle correct, and complete Declaration	alcus	ed this return, including acc an taxpayer or fiduciary) is	companying sch based on all in	nedules and statements formation of which prep	and to the best of my knowledge  Trustee  Title	edge and belief	, it is tru	ie,
	Print/Type preparer's n	ате	green's signatur	9	Male Of	Check if I if	РПИ		
Paid	Edward M. R	yan, CPA	Eddar M.	RyAne!	ts/1///////////////////////////////////	self-employed	N/A		
Prepa		Ryan, Hodgi	· / / / / /	to the	Kriles !	Firm's EIN N/A	1,,	_	
Use O	nly		Place Drive		- 1-17				
	Trim's address 🗩 🗕	Eden Prairi		3634	t	Phone no (95)	2) 943-	1410	
BAA							Form 99		(2010)

#### 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

Name of the organization		Employer identification number
Keiser Family Foundation		27-2059883
Organization type (check one)		
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 p 527 political organization	orivate foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	te foundation
Check if your organization is covered by the <b>Ge Note.</b> Only a section 501(c)(7), (8), or (10) organ	neral Rule or a Special Rule nization can check boxes for both the General Rule and a Sp	ecial Rule See instructions
General Rule		
	or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ, that met the 33-1/3% support test of the refrom any one contributor, during the year, a contribution of t VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and	he greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiza aggregate contributions of more than \$1,000 the prevention of cruelty to children or animal	ition filing Form 990 or 990-EZ, that received from any one co for use <i>exclusively</i> for religious, charitable, scientific, literar als Complete Parts I, II, and III	ontributor, during the year, y, or educational purposes, or
contributions for use exclusively for religious if this box is checked, enter here the total copurpose. Do not complete any of the parts use	tion filing Form 990 or 990-EZ, that received from any one co s, charitable, etc. purposes, but these contributions did not a contributions that were received during the year for an <i>exclusi</i> inless the <b>General Rule</b> applies to this organization because	ggregate to more than \$1,000 vely religious, charitable, etc.
religious, charitable, etc, contributions of \$5	,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2 of their Form 990, or check the box on line H of its Form 9 requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	edule B (Form 990, 990-EZ, or 90-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	the Instructions for Form 990, Schedule B	(Form 990, 990-EZ, or 990-PF) (2010)

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	f	Page 1	of 1	of Part I
_	Family Foundation			)59883	
Part I	Contributors (see instructions )				
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions		(d) Type of contri	bution
1	Kenneth Keiser  2915 Willowood Farm Rd  Hamel, MN 55340	\$210	,291.	Person X Payroll X Complete Part is a noncash con	II if there tribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	te ons	(d) Type of contril	bution
:		\$		Person Payroll Noncash (Complete Part I is a noncash con	II if there tribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contribution	te ons	(d) Type of contril	oution
		\$		Person Payroll Noncash (Complete Part I is a noncash confi	I if there tribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contrib	oution
		\$		Person Payroll Noncash (Complete Part I is a noncash continuous)	l if there tribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contrib	oution
		\$		Person Payroll Noncash (Complete Part I is a noncash confi	l if there tribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of contrib	oution
		\$		Person Payroll Noncash (Complete Part I is a noncash cont	I if there iribution )

Schedule	R	(Form 990)	990.F7	or 990-PF)	(2010)
Schedule	D	ti omi 350,	95U-EZ,	01 330-67)	(2010)

Page

of 1 of F
Employer identification number

of Part II

Name of organization

Keiser Family Foundation

27-2059883

(a) No. from	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Description of noneasir property given		(see instructions)	Date received
1	3100.6126 of PepsiCo Inc stock	-		
		\$	201,584.	3/12/10
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) lo. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_		
(a) lo. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		- -  \$_		
(a) lo. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-      \$_		
(a) lo. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_ \$_		

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

2010 ·	Federal Statements	Page 1
•	Keiser Family Foundation	27-2059883
Statement 1 Form 990-PF, Part I, Line 16c Other Professional Fees	(a) (b) Net (c)	(d)
Legal Fees from Briggs an	Expenses Investment Adjusted Net Income Net	<u>Purposes</u>
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
Foreign Tax	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 36.       \$ 36.       \$ 36.         Total       \$ 36.       \$ 36.	
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses  Investment Expenses	(a) (b) Net (c)  Expenses Investment Adjusted Net Income  \$ 376. \$ 376. \$ 376. \$ 37  Total \$ 376. \$ 376. \$ 376.	e <u>Purposes</u>
Statement 4 Form 990-PF, Part II, Line 13 Investments - Other		
Other Securities	Valuation Book <u>Method</u> <u>Value</u>	Fair Market Value
Calamos Convertible Fund Capital World Growth and Eaton Vance Large Cap Value Growth Fund of America Cla Harbor International Fund Hartford Mutual Funds Inc IQ Alpha Hedge Strategy Janus Perkins Mid Cap Value JPMorgan Strategic Income Loomis Sayles Strategic In Lord Abbett Classic Stock Lord Abbett Alpha Strategy Lord Abbett Core Fixed Income	ue Fund       Cost       11,558.         ass       Cost       11,529.         Cost       7,825.         Capital Apprec       Cost       3,818.         Cost       9,092.         ue Fund       Cost       5,792.         Opportunities       Cost       15,896.         ncome Fund       Cost       7,246.         Cost       11,442.         y Fund       Cost       3,762.	4,017. 12,214. 12,072. 8,111. 4,066. 8,900. 6,068. 15,950.

. . . . . . .

20	1	
Zυ	1	u

### **Federal Statements**

Page 2

**Keiser Family Foundation** 

27-2059883

Statement 4 (continued) Form 990-PF, Part II, Line 13 Investments - Other

	Valuation <u>Method</u>	Book Value	Fair Market Value
Other Securities	<u> </u>		
MFS International New Discovery Fund Mutual Global Discovery Fund Nuveen Tradewinds Value Opportunity Oppenheimer Senior Floating Rate Fund Oppenheimer Developing Markets Royce Premier Fund Inv Class Vanguard Fixed Income Secs Fd Short Term	Cost Cost Cost Cost Cost Cost	\$ 3,917. 1,959. 3,981. 7,195. 2,167. 5,676. 14,617.	1,987. 4,013. 7,239. 2,280. 6,094. 14,483.
	Total	\$ 160,785.	\$ 163,416.

Statement 5 Form 990-PF, Part III, Line 3 Other Increases

Contribution

 \$
 8,707.

 \$
 8,707.

## Statement 6 Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Tax on Investment Income

Item	(a) Description	(b) How Acquired	(c) Date <u>Acquired</u>	(d) Date Sold
1	786.964 American Century Govt Income TR Infl	atio		7.5
	· · · · · · · · · · · · · · · · · · ·	Purchased	10/01/2010	12/02/2010
2	118.839 Calamos Convertible FD CL Confirm	Purchased	10/01/2010	Various
2 3	28.032 Capital World Growth and Income Fund			
	•	Purchased	10/01/2010	Various
4	169.486 Eaton Vance Spl Large Cap Value	Purchased	10/01/2010	Various
5	99.247 Growth Fund of America	Purchased	10/01/2010	Various
4 5 6 7	32.953 Harbor International Fund	Purchased	10/01/2010	Various
7	29.121 Hartford Mutual Fds Cap Appreciation			j
		Purchased	10/01/2010	Various
8 9	196.99 IQ Alpha Hedge Strategy	Purchased	10/01/2010	Various
	65.125 Janus Perkins Mid Cap Value Fund	Purchased	10/01/2010	Various
10	161.172 JPMorgan Strategic Income Opportunit			
		Purchased	10/01/2010	Various
11	134.985 Loomis Sayles Strategic Income	Purchased	10/01/2010	Various
12	102.002 Lord Abbett Classic Stock	Purchased	10/01/2010	Various
13	43.098 Lord Abbett Alpha Strategy	Purchased	10/01/2010	Various
14	589.226 Lord Abbett Core Fixed Income	Purchased	10/01/2010	Various
15	45.351 MFS Intenational New Discovery Fund	Purchased	10/01/2010	Various
16	16.547 Mutual Global Discovery	Purchased	10/01/2010	Various
17	26.369 Nuveen Tradewinds Value Opportunity	Purchased	10/01/2010	Various
18	203.025 Oppenheimer Senior Floating Rate Fun		10/00/0010	
1.0	7.550.0	Purchased	12/02/2010	Various
19	7.558 Oppenheimer Developing Markets	Purchased	10/01/2010	Various
20	1643.152 PIMCO Total Return Fund	Purchased	10/01/2010	Various

2010

#### **Federal Statements**

Page 3

**Keiser Family Foundation** 

27-2059883

Statement 6 (continued) Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Tax on Investment Income

							c) Date		Date
<u> Item</u>		<u>(a) De</u>	<u>scription</u>		Acqu		<u>cquired                                    </u>	S	old
21	75.206 Roy	ce Premier	Fund Inv (	Class	Purch	hased 10	/01/2010		Various
22	1287.744 V	anguard Fiz	xed Income	Secs Shor	t Term				
					Purch	hased 10	/01/2010	7	Various
									ļ
	(e)	(f)	(g)	(h)	(i)	(j)	(k)		(1)
	Gross	Deprec.	Cost	Gain	FMV	Adj. Bas.		(	Gain
<u> Item</u>	<u>Sales</u>	Allowed	<u>Basis</u>	(Loss)	12/31/69	12/31/69	(i)-(j)		Loss)
1	9,499.		9,538.	-39.		, <del></del>	, <u> </u>	\$	-39.
2	2,188.		2,144.	44.					44.
3	993.		961.	32.					32.
2 3 4 5 6 7 8 9	3,070.		2,839.	231.					231.
5	2,992.		2,759.	233.					233.
6	1,966.		1,882.	84.					84.
7	1,000.		905.	95.					95.
8	2,068.		2,126.	-58.					-58.
9	1,463.		1,352.	111.					111.
10	1,907.		1,900.	7.					7.
11	1,980.		1,990.	-10.					-10.
12	2,977.		2,672.	305.					305.
13 14	1,033.		906.	127.					127.
14 15	6,429. 972.		6,770. 924.	-341.					-341.
16	489.		924. 473.	48. 16					48.
17	930.		473. 883.	16. 47.					16.
18	1,681.		1,671.	10.					47.
19	267.		254.	13.					10. 13.
20	17,677.		19,077.	-1,400.					-1,400.
21	1,530.		1,348.	182.					182.
22	13,855.		13,998.	-143.					-143.
	,		,				Total	Ś	-406.

#### Statement 7 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

Kenneth and Susan Keiser

Care Of:

Street Address:

2915 Willowood Farm Road

City, State, Zip Code:

Hamel, MN 55340

Telephone: Form and Content:

No specific requirements for form of application

Submission Deadlines: None Restrictions on Awards:

None

2010	Federal Sta	tements				Page 4
•	Keiser Family F	oundation				27-2059883
Statement 8 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year						
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose Grant		i	Amount
Interfaith Outreach 110 Grand Avenue Wayzata, MN 55391	N/A	Charity	General Use Charity	of	\$	10,000.
Our Lady of the Lake Catholic Church 440 Lake Street North PO Box 100 Big Lake, MN 55309	N/A	Charity	General Use Charity	of		3,000.
St. Bartholomew Catholic Faith Community 630 East Wayzata Blvd Wayzata, MN 55391	N/A	Charity	General Use Charity	of		12,500.
Dementia Care Foundation 69531 213th Street Darwin, MN 55324	N/A	Charity	General Use Charity	of		8,000.
The TS Alliance 801 Roeder Road Suite 750 Silver Spring, MD 20910	N/A	Charity	General Use Charity	of		2,000.
				Total	\$	35,500.

. . . . . .

### Form **8868**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, co	mplete only F	Part I and check this box		<b>►</b> X
	re filing for an Additional (Not Automatic) 3-Mor				
Electronic of corporation request an Associated	illing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and click	58 if you need ot automatic) n Part I or Pa must be sent	a 3-month automatic extension of time t 3-month extension of time. You can elect till with the exception of Form 8870, Info to the IRS in paper format (see instruction	o file (6 months for a tronically file Form 8 ormation Return for	868 to Fransfers
Part 1	Automatic 3-Month Extension of Time	. Only sub	mit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting ar	automatic 6-	month extension - check this box and co	omplete Part I only	<b>P</b>
All other co income tax	rporations (including 1120-C filers), partnerships returns	s, REMICS, ar	nd trusts must use Form 7004 to request	an extension of time	to file
_	Name of exempt organization			Employer identification	number
Type or print					
•	Keiser Family Foundation			27-2059883	
File by the due date for	Number, street, and room or suite number. If a P O box, se	ee instructions			
filing your return See	2915 Willowood Farm Road	<del></del>	······································	<del></del>	
instructions	City, town or post office, state, and ZIP code For a foreign	address, see insti	ructions		
	Hamel, MN 55340		·		
Enter the R	eturn code for the return that this application is	for (file a sepa	arate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor  If the or  If this is check the exte	the No (952) 943-1410  ganization does not have an office or place of b for a Group Return, enter the organization's found by the formula of the group, chansion is for less an automatic 3-month (6 months for a corpost 5/16, 20, 20, 11, to file the exempt of the group of the gro	ir digit Group eck this box ration require	United States, check this box  Exemption Number (GEN)  and attach a list with the names a  d to file Form 990-T) extension of time	f this is for the whole and EINs of all memb	3 - 1-7
The example of the ex	ktension is for the organization's return for.    calendar year 20	_, and endir	ng <u>12/31</u> , 20 <u>10</u>	nal return	
3a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3a \$	0.
payme	application is for Form 990-PF, 990-T, 4720, or ents made. Include any prior year overpayment.	allowed as a	credit.	3b \$	0.
c Baland EFTP:	ce due. Subtract line 3b from line 3a Include yo S (Electronic Federal Tax Payment System) Se	ur payment we instructions	ith this form, if required, by using	3c \$	0.

**BAA For Paperwork Reduction Act Notice, see Instructions.** 

payment instructions.

Form 8868 (Rev 1-2011)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

	are filing for an Automatic 3-Month Extension Additional (Not Automatic) 3-Mon			(no copies needed)	
	Name of exempt organization	III ZATORIO	Times only mo the original	Employer identification number	
Type or	7			27 205022	
print	Keiser Family Foundation  Number, street, and room or suite number if a PO bo	av see instructions		27-2059883	
File by the extended due date for filing the return See	Rvan Hodgins & Associates	,			
instructions	City, town or post office, state, and ZIP code For a for Eden Prairie, MN 55344-363	_	ctions		
Enter the	Return code for the return that this application	on is for (file a sep	arate application for each return)	,	04
Application Is For	on	Return Code	Application Is For		Ret Co
Form 990	)	01	· 经产品的 (1)	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	E 16
Form 990		02	Form 1041-A		0.
Form 990		03	Form 4720		09
Form 990	I-PF I-T (section 401(a) or 408(a) trust)	04	Form 5227 Form 6069		10
roim 990	1-1 (Section 401(a) of 406(a) trust)	1 00	Leoral bub9		
		06			1
Form 990 STOP! Do • The b Telepl • If the	ont complete Part II if you were not already tooks are in care of Kenneth Keiser hone No (952) 943-1410 organization does not have an office or place is for a Group Return, enter the organization	FAX No Pe of business in the o's four digit Group	Form 8870  atic 3-month extension on a previous  e United States, check this box  Exemption Number (GEN)	- If this	1:
Form 990 STOP! Do The b Telepl If the If this whole gromembers I rec For If th	ont complete Part II if you were not already tooks are in care of Kenneth Keiser hone No (952) 943-1410 organization does not have an office or place is for a Group Return, enter the organization	FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX No FAX NO FA	Form 8870  atic 3-month extension on a previouse United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with the state of the stat	If this of the names and EINs of 12/31 , 20 1	is for all
Form 990 STOP! Do The b Telepl If the If this whole gromembers I rec For I for The b Telepl If the If this whole gromembers I rec The both this in the control of the contr	ont complete Part II if you were not already tooks are in care of Kenneth Keiser hone No (952) 943–1410 organization does not have an office or place is for a Group Return, enter the organization oup, check this box If it is for part the extension is for quest an additional 3-month extension of time calendar year or other tax year be tax year entered in line 5 is for less than 13 Change in accounting period te in detail why you need the extension	FAX No FAX NO FA	Form 8870  atic 3-month extension on a previous  e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with the state of the st	If this of the names and EINs of 12/31 , 20 1	is for all
Form 990 STOP! Do The b Telepl If the If this whole gromembers I rec For If the Telepl	ont complete Part II if you were not already nooks are in care of Kenneth Keiser hone No (952) 943–1410 organization does not have an office or place is for a Group Return, enter the organization oup, check this box If it is for part the extension is for quest an additional 3-month extension of time calendar year, or other tax year be tax year entered in line 5 is for less than 13 Change in accounting period te in detail why you need the extension	FAX No FAX NO FA	Form 8870  atic 3-month extension on a previous  e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with the state of the st	If this of the names and EINs of 12/31 . 20 1 Final return	is for all
Form 990 STOP! Do The b Telepl If the If this whole gromembers I rec For I stat  Ralif th pay with	ont complete Part II if you were not already nooks are in care of Kenneth Keiser hone No (952) 943-1410  organization does not have an office or place is for a Group Return, enter the organization oup, check this box If it is for part the extension is for quest an additional 3-month extension of time calendar year, or other tax year be tax year entered in line 5 is for less than 13 Change in accounting period the in detail why you need the extension  its application is for Form 990-BL, 990-PF, 99 refundable credits. See instructions in application is for Form 990-PF, 990-T, 472 ments made. Include any prior year overpayments made.	FAX No e of business in the b's four digit Group of the group, chec e until 8/10 eginning 3/08 2 months, check re 0-T, 4720, or 6069 0, or 6069, enter a ment allowed as a	Form 8870  atic 3-month extension on a previous  atic 3-month extension on a previous  at United States, check this box  Exemption Number (GEN)  and attach a list with the state of the st	If this of the names and EINs of 12/31	is for all
Form 990 STOP! Do The b Telepl If the If this whole gromembers I rec For 6 If th  7 Stat  8a If th non b If th pay with c Pale	ont complete Part II if you were not already nooks are in care of Kenneth Keiser hone No (952) 943-1410  organization does not have an office or place is for a Group Return, enter the organization out, check this box If it is for part it the extension is for quest an additional 3-month extension of time calendar year or other tax year be tax year entered in line 5 is for less than 1.5 Change in accounting period the in detail why you need the extension  out is application is for Form 990-BL, 990-PF, 990-FF, 990-T, 472 ments made. Include any prior year overpayments made. Include any prior year overpayments made.	FAX No e of business in the b's four digit Group of the group, chec e until 8/10 eginning 3/08 2 months, check re 0-T, 4720, or 6069 0, or 6069, enter a ment allowed as a de your payment w 1). See instructions	Form 8870  atic 3-month extension on a previous  e United States, check this box  Exemption Number (GEN)  ck this box  and attach a list with this box  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are ason  and ending  are as a factor of the state of	If this of the names and EINs of 12/31 , 20 1 Final return  8a \$	is for all