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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

2010

OMB No 1545-0052

For	cale	ndar year 2010, or tax year beginning		, and ending	<u> </u>	
G	Chec	k all that apply Initial return	Initial return of a fo	ormer public charity	Final return	1
		Amended return	Address chan	ge 🔲	Name change	
Na	me o	foundation			A Employer identification	number
		MICHAEL V. & ANN C. C		·	41-1926735	
Nu	mber a	and street (or PO box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
\vdash		222 - 2ND STREET SE		<u> </u> 1601	(612)349-8	
Cn	y or t	own, state, and ZIP code MINNEAPOLIS, MN 5541	4-5182		C if exemption application is p	
	0h1		··		D 1. Foreign organizations	s, check here
H	_	x type of organization X Section 501(c)(3) ex			Foreign organizations me check here and attach co	omputation District States (
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation sta	tus was terminated
		arket value of all assets at end of year J Account		L Accrual	under section 507(b)(1)	•
	rom : ►\$	Part II, col. (c), line 16)	ther (specify)	haeie)	F If the foundation is in a	
_	art l	Analysis of Revenue and Expenses			under section 507(b)(1	1
	2) ()	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(0) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	250,000.		N/A	
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	<u> </u>		<u> </u>	<u> </u>
	3	cash investments				
	4	Dividends and interest from securities	5.	5.		STATEMENT 1
	5a	*****				
		Net rental income or (loss)		 		T-14-14-1-1-1-14-14-14-14-14-14-14-14-14-
ne	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				<u> </u>
Revenue	, ,	assets on line 6a		0.	<u> </u>	
å	8	Capital gain net Income (from Part IV, line 2) Net short-term capital gain				<u></u>
	9	Income modifications				· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales less returns				
	Ι.	and allowances Less Cost of goods sold				
	1	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	250,005.	5.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
nses	16a	Legal fees			RECEIVED	
per	b	Accounting fees			KLULIVED	70
щ	C	Other professional fees		- 6		0.5
ţį	17	Interest		613	JUN 2 0 2011	
stra	18	Taxes				ايد ا
. : <u>ë</u>	19	Depreciation and depletion			OGDEN, U	
\d	20	Occupancy .			OOD LIT, O	
ַ ק	21	Travel, conferences, and meetings Printing and publications				
a e	23	Other expenses STMT 2	191.	0.		0.
ţi.	24	Total operating and administrative	171.			
Operating and Administrative Expe		expenses. Add lines 13 through 23	191.	0.		0.
ૣૺઌૻ	25	Contributions, gifts, grants paid	208,000.	.		208,000.
SCAMPED		Total expenses and disbursements.		······································		200,000.
Z		Add lines 24 and 25	208,191.	0.		208,000.
Ź	27	Subtract line 26 from line 12				
$\bar{\mathcal{Q}}$	1	Excess of revenue over expenses and disbursements	41,814.			
(J)		Net investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	5.	14. 11. 11. 17.11. 1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0226	C	Adjusted net income (if negative, enter -0-)			N/A	

F	امرد	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	-dir	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	29,839.	71,652.	71,652.
	3	Accounts receivable -			11111
		Less allowance for doubtful accounts			7.17
	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 loans receivable		-	
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
\ss	9	Prepaid expenses and deferred charges .			
_	1	Investments - U.S. and state government obligations	22.405		
	1	Investments - corporate stock STMT 3	33,405.	33,405.	19,692.
	1	Investments - corporate bonds .	, , , , , , , , , , , , , , , , , , ,		
	111	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other		······································	
	14	Land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	15	Other assets (describe			
	10	Tatal assets (to be completed by all filess)	63,243.	105,057.	01 244
_	I	Total assets (to be completed by all filers)	03,243.	103,037.	91,344.
	18	Accounts payable and accrued expenses Grants payable			
10	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· ·	
Ē	21	Mortgages and other notes payable			
Ξ.		Other liabilities (describe)			
					,
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	ĺ	and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
lan	25	Temporarily restricted .			
Ва	26	Permanently restricted			
pur		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	1,040,186.	1,040,186.	
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	-976,943.	-935,129.	
Š	30	Total net assets or fund balances	63,243.	105,057.	
					·
_	31	Total liabilities and net assets/fund balances	63,243.	105,057.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		. 1	63,243.
2		amount from Part I, line 27a		2	41,814.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		. 4	105,057.
5	Decr	eases not included in line 2 (itemize)			0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	105,057.

023511 12-07-10

Part IV Capital Gains and	Losses for Tax on Ir	nvestmen	t Income					
	e kınd(s) of property sold (e g se; or common stock, 200 sh				How acquired - Purchase - Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a								
b NONE				1			-	
<u>C</u>			**					
d e				-		 -		
	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	I			Gain or (loss is (f) minus	
a			· .				·	
b								
C						·		
d								
Complete only for assets showing gain	in column (h) and owned by	l the foundation	on 12/31/69			(I) Gaine /	Col (h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)			ol (k), but	not less that (from col (n -0-) ar
a		<u></u>				•		
b		-						
С			-					
d								
е								
2 Capital gain net income or (net capital lo	ss) { If gain, also enter of the lift (loss), enter of the lift (loss), enter of the lift (loss).	r in Part I, line - in Part I, line	7 7	}	2			
3 Net short-term capital gain or (loss) as o		nd (6).		`				
If gain, also enter in Part I, line 8, colum	n (c)			}	3			
If (loss), enter -0- in Part I, line 8 Part V Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inv		come		
If section 4940(d)(2) applies, leave this par Was the foundation liable for the section 49 If "Yes," the foundation does not qualify und 1 Enter the appropriate amount in each c	42 tax on the distributable arr	mplete this pa	ırt					Yes X No
1 Enter the appropriate amount in each or (a)	1	uctions before	making any entire		· - · · · · · · · · · · · · · · · · · ·	<u> </u>		(d)
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying dis	tributions 4,200.	Net value of no	(c) ncha	ritable-use asset	- 1	(col (b) div	oution ratio rided by col. (c)) 4 • 6 7 1 4 7 6
2009		$\frac{4,200.}{1,610.}$			65,15			4.071470
2008 2007		4,670.			85,15			3.812694
2006		6,255.			136,189			2.322177
2005		1,900.			190,76			1.320466
2 Total of line 1, column (d)						2		16.909555
3 Average distribution ratio for the 5-year the foundation has been in existence if le	·	on line 2 by 5,	or by the number	of ye	ars	3		3.381911
4 Enter the net value of noncharitable-use	assets for 2010 from Part X,	line 5	•		J	4		70,031.
5 Multiply line 4 by line 3						5	ļ <u> </u>	236,839.
6 Enter 1% of net investment income (1%	of Part I, line 27b)					6	-	0.
7 Add lines 5 and 6						7	ļ <u>.</u>	236,839.
8 Enter qualifying distributions from Part		1b, and comr	olete that part usin	og a 1	% tax rate	8		208,000.
See the Part VI instructions		-,	p				r	nrm 990-PF (2010)

Form	1990-PF(2010) MICHAEL V. & ANN C. CIRESI FOU			41-192			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b),	4940(e), or 4	948 - se	e instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	nter "N/A" on line 1	J				
	Date of ruling or determination letter (attach copy of letter if nec	cessary-see instru	ctions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter	1%	1			0.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	6 of Part I, line 12,	col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Of	thers 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 only O	Others enter -0-)		4			0.
	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-	-		5			0.
	Credits/Payments	1 1					
а	2010 estimated tax payments and 2009 overpayment credited to 2010	6a					
b	Exempt foreign organizations - tax withheld at source	6b					
C	Tax paid with application for extension of time to file (Form 8868)	6c					
d	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 atta	ched	•	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10			
	Enter the amount of line 10 to be Credited to 2011 estimated tax		Refunded ►	11			
Pa	rt VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it parti	cipate or intervene	ın		Yes	No
	any political campaign?		-		1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		-		1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any m	atenals publishe	d or	}		
	distributed by the foundation in connection with the activities.						
	Did the foundation file Form 1120-POL for this year?				10	ļ	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0				
	(1) On the foundation > \$ 0. (2) On foundation managers		0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed o	n foundation				
	managers > \$O.						.,
	Has the foundation engaged in any activities that have not previously been reported to the IF	RS7			2	 	X
	If "Yes," attach a detailed description of the activities.		-4				
	Has the foundation made any changes, not previously reported to the IRS, in its governing in		of incorporation, o	r			l .
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3	\vdash	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea if "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		. II/ A	4b 5		X
	If "Yes," attach the statement required by General Instruction T.						
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ef	ther				1	
	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory 	v directions that co	nflict with the state	law			
	remain in the governing instrument?	y unochons that co	mile with the state	1411	6	Х	1
7	Did the foundation have at least \$5,000 in assets at any time during the year?	•			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		•			<u> </u>	
	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) ►				1	
-	MN				-	•	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	ttornev General (or	designate)		-	•	
	of each state as required by General Instruction G? If "No," attach explanation				8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(1)(3) or	4942(j)(5) for cale	ndar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," c				9	1	Х
	Did any persons become substantial contributors during the tay year? It two the second	•		ጥMጥ 4	10	x	

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orm 990-PF (2010) MICHAEL V. & ANN C. CIRE			<u>41-19267</u>	35 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be P	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,		
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	? .	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		Ì	
509(a)(1), (2), or (3), or section 4940(d)(2)?		TY Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			
the prevention of cruelty to children or animals?		Ye	s X No	
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	n Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere .			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	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	ersonal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly	/ 	
List all officers, directors, trustees, foundation managers and their	compensation.		(
(a) 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-)	compensation	allowances
	BOARD OF DIRE	CTORS		
2800 LASALLE PLAZA, 800 LASALLE AVENU				_
MINNEAPOLIS, MN 55402	0.00	0.	0.	0.
	BOARD OF DIRE	CTORS		
2800 LASALLE PLAZA, 800 LASALLE AVENU	0.00			0
MINNEAPOLIS, MN 55402	0.00	0.	0.	0.
	BOARD OF DIRE	CTORS		
2800 LASALLE PLAZA, 800 LASALLE AVENU	0.00			0
MINNEAPOLIS, MN 55402	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "		
Compensation of live ingrest-paid employees totals than those me	(b) Title and average	l long Hone.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	allowalices
MOMI				
	<u> </u>			
<u> </u>				
Total number of other employees hald over \$50,000	'	· · · · · · · · · · · · · · · · · · ·		0

023551 12-07-10

Part VIII Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services)	- 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
THE FOUNDATION PRIMARILY PROMOTES CHARITABLE,	SCIENTIFIC,	
LITERARY, AND EDUCATIONAL ACTIVITIES.		200 000
2		208,000.
2		
3		
	· · · · · · · · · · · · · · · · · · ·	
4		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line $1\ N/A$	s 1 and 2	Amount
IN/ A		
		0.
2		
All other program-related investments. See instructions.		
3		
	· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1 through 3	. ▶	0.
	Fo	rm 990-PF (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	II	
a	Average monthly fair market value of securities	1 _a	15,351.
	Average of monthly cash balances	1b	15,351. 55,746.
	Fair market value of all other assets	10	
ď	Total (add lines 1a, b, and c)	1d	71,097.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	71,097.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,066.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	70,031.
6	Minimum investment return. Enter 5% of line 5	6	3,502.
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	3,502.
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	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,502.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,502.
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	3,502.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	208,000.
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	208,000.
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	208,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see Instructions)

Form 990-PF (2010)

		4.	, .	1
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	001703	10013 prior to 2003	2003	2010
line 7				3,502.
2 Undistributed income, if any, as of the end of 2010		· · · · · · · · · · · · · · · · · · ·		3,302.
a Enter amount for 2009 only			0.	
b Total for prior years				**************************************
g rotarior prior yours		0.		
3 Excess distributions carryover, if any, to 2010.	"-"	,	·· · , , , , , , , , , , , , , , , , , 	······································
a From 2005 242, 418.				
b From 2006 309,536.				
c From 2007 320, 472.				
d From 2008 308, 432.				
e From 2009 261, 372.				
f Total of lines 3a through e	1,442,230.			
4 Qualifying distributions for 2010 from	1/112/230.			
Part XII, line 4 > \$ 208,000.				
a Applied to 2009, but not more than line 2a	1		0.	
	 		· · · · · · · · · · · · · · · · · · ·	**************************************
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	there are a major thinking of the
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			- 141 - 111 -	3,502.
d Applied to 2010 distributable amount	204,498.			3,302.
e Remaining amount distributed out of corpus	204,496.	 		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,646,728.			
b Prior years' undistributed income Subtract				·····
line 4b from line 2b		0.		
c Enter the amount of prior years'			······································	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0 -		
assessed		0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions		0.		······
e Undistributed income for 2009 Subtract line			0.	
4a from line 2a Taxable amount - see instr			U •	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must				
.				0.
be distributed in 2011	······································			· · · · · · · · · · · · · · · · · · ·
1				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005	242 418			
not applied on line 5 or line 7	242,418.		·····	
9 Excess distributions carryover to 2011.	1,404,310.			
Subtract lines 7 and 8 from line 6a	1,404,310.			······
O Analysis of line 9' a Excess from 2006 309,536.				
200 400				
0.61 0.00				
004 400				
e Excess from 2010 204, 498.				5 000 DE (0040)

Part AV Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·	or substantial contributor	recipient	· ·-·	
a Paid during the year				
		ļ		
SEE STATEMENT 5				
Total			▶ 3a	208,000
b Approved for future payment				•
NONE				
NONE				
Total			> 2h	0

nter gross amounts unless otherwise indicated	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code		Tancton meonie
ab	— 		- 		
			 		
d					
e	1 1 1 1 1				
f			_		
g Fees and contracts from government agencies					
Membership dues and assessments					·
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	5.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	-				
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other	1 1				
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
ab	— 				
	— 				
d	1 1			· · · · · · · · · · · · · · · · · · ·	
6					
Subtotal Add columns (b), (d), and (e)		C		5.	
Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculation:	3)				
Part XVI-B Relationship of Activities	es to the Accom	plishment of	Exempt P	urposes	
ine No. Explain below how each activity for which the foundation's exempt purposes (other to			I-A contributed	importantly to the accomp	lishment of
N/A	5, p. 57 dailing father	parpoood/			

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishmenthe foundation's exempt purposes (other than by providing funds for such purposes)	ent of
	N/A	
		——————————————————————————————————————
		
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
		·
023621 12-07-10	For	m 990-PF (2010)

Part X	VII Information Re Exempt Organ		sfers To a	and Transa	ections a	nd Relations	ships With N	loncharitabl	е	
1 Did t	he organization directly or indi		of the followin	in with any othe	r organizatioi	n described in sec	etion 501(c) of	1	Yes	No
	ode (other than section 501(c			•	•		2001 00 1(0) 01		1.00	
	sfers from the reporting found				Jittour Organi.	Zations ·				
(1)	· · · · · · · · · · · · · · · · · · ·	ation to a nonchantal	Die exempt di	yamzation or				10/1	Ţ	Х
	Other assets				•	•		1a(1		X
					•		-	<u>1a(2</u>	4	1
	r transactions								j	v
	Sales of assets to a noncharita			•				1b(1)		X
	Purchases of assets from a no	· ·	rganization			-		16(2)		X
(3)	Rental of facilities, equipment,	or other assets						1b(3	<u> </u>	X
(4)	Reimbursement arrangements	i						1b(4)	<u> </u>	X
(5)	Loans or Ioan guarantees							1b(5		X
(6)	Performance of services or me	mbership or fundrais	sing solicitatio	ns .				1b(6))	X
c Shar	ng of facilities, equipment, ma	illing lists, other asset	ts, or paid em	ployees				. 10		Х
	answer to any of the above is				a) should alw	avs show the fair	market value of th	e goods, other as	sets.	
	rvices given by the reporting f		-	-	-	-		-		
	nn (d) the value of the goods,					•	J			
(a) Line no	(b) Amount involved			exempt organi	zation	(d) Description	on of transfers, transa	ctions, and shanno a	rrangeme	ents
(-, //-	(2)	(5)	N/A			(-,		and only a	a.,gerrie	
			117 11							
						 				
							· · · · · · · · · · · · · · · · · · ·			
		ļ				ļ				
	4 									
						<u> </u>				
							· · · · · · · · · · · · · · · · · · ·			
										
 		 		•		 				
·		 								
	<u> </u>	1								
	foundation directly or indirect	•	•		empt organiza	ations described			T 17.	-T
	ction 501(c) of the Code (other		(3)) or in sect	ion 527?			-	LJ Yes	L X	∐No
b If "Ye	s," complete the following sch				- γ	· <u> </u>				
	(a) Name of org	janization		(b) Type of or	ganization		(c) Description of	f relationship		
	N/A									
				-						
	Under penalties of perjury declare	e that I have examined th	is return, includi	ing accompanying	schedules and	statements, and to t	he best of my knowle	dge and belief, it is to	ue, corre	ect,
Sign	and complete Decleration of prepa	iter lother (1 an Paroa) er o	or fiduciary) is ba	ased on all informa	tion of which pr	reparer has any know				
Here	V ATE	97		X	6-10	~II _ Y	Ky Dive	etoes		
11010	Signature of officer or tru	ictee			Date		Title	-10-0		
			Draparar's si	anatura			Check If	PTIN		
	Print/Type preparer's na	11110	Preparer's si	umature /		Date		FIN		
	D. 1 C-			Ph		6 6.10-1	self- employed			
Paid	TAU DIMO	<u>~</u>		109		<i>ا احت (ا7)</i> د				
Prepar	I	B, LTD		,		•	Firm's EIN			
Use O										
	Firm's address ► 22				TE 300	00				·
	MINNEAPOLIS, MN 55402 Phone no (612)359									30

023622 04-26-11

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 MICHAEL V. & ANN C. CIRESI FOUNDATION 41-1926735 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 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** 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).

Employer identification number

MICHAEL V. & ANN C. CIRESI FOUNDATION

41-1926735

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL & ANN CIRESI PHOENIX ON THE RIVER 222 2ND ST SE #1601 MINNEAPOLIS, MN 55414	\$ <u>250,000</u> .	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 Oncash Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Omnicash (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.)

Name of organization

Page of of Employer identification number

MICHAEL V. & ANN C. CIRESI FOUNDATION

41-1926735

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
<u> </u>		 \$	
(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
		Sphodula P (Form 0	90 990-F7 or 990-PF) (2010)

Name of organization

Page of of Employer identification number

CHAEL	V. & ANN C. CIRESI FO	UNDATION	41-1926735
ert III	Exclusively religious, charitable, etc., ind more than \$1,000 for the year. Complete of Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this information)	columns (a) through (e) and the s, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing s of
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -			
	Transferee's name, address, and	(e) Transfer of gif	t Relationship of transferor to transferee
_			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - - -			
		(e) Transfer of gif	
 - -	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gif	t
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			

J 1 1

			•
	STANTIAL CONTRIBUTORS VII-A, LINE 10	STAT	EMENT 4
NAME OF CONTRIBUTOR	ADDRESS		
MICHAEL AND ANN CIRESI	PHOENIX ON THE RIVER MINNEAPOLIS, MN 55414		E #1601
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 5
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ADMISSION POSSIBLE 450 NORTH SYNDICATE ST #200 ST PAUL, MN 55104	NONE EDUCATIONAL	N/A	2,000.
CHILDREN'S HOSPITAL 345 N SMITH AVE ST. PAUL, MN 55102	NONE CHARITABLE	N/A	10,000.
CHILDREN'S THEATRE CO. 2400 THIRD AVE SO MINNEAPOLIS, MN 55404	NONE ARTS	N/A	10,000.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD, 2ND FLOOR BETHESDA, MD 20814	NONE CHARITABLE	N/A	1,000.
FUND FOR LEGAL AID SOCIETY 430 1ST AVE N #300 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	1,000.
GUTHRIE THEATRE 818 S 2ND ST MINNEAPOLIS, MN 55415	NONE CHARITABLE	N/A	5,000.

FORM 990-PF DIVIDENT	DS AND	INTER	EST	FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		ITAL GAINS IVIDENDS	COLUMN (A	7)
MORGAN STANLEY				5.		0.		5.
TOTAL TO FM 990-PF, PART I,	LN 4			5.		0.		5.
FORM 990-PF	0	THER E	XPEI	ISES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVE IT INC		(C) ADJUSTED NET INCOM		
INVESTMENT FEES		191.			0.			0.
TO FORM 990-PF, PG 1, LN 23		191.			0.			0.
FORM 990-PF	CO	RPORAT	E SI	OCK			STATEMENT	3
DESCRIPTION					вос	OK VALUE	FAIR MARKE VALUE	T
3,000 INSIGNIA SYSTEMS INC						33,405.	19,6	92.
TOTAL TO FORM 990-PF, PART I	I, LIN	E 10B				33,405.	19,6	92.

MICHAEL V. & ANN C. CIRESI FOUN	IDATION		41-1926735
LAWYERS COMMITTEE FOR CIVIL RIGHTS 1401 NEW YORK AVE NW #400 WASHINGTON, DC 20005	NONE CHARITABLE	N/A	1,000.
MINNEAPOLIS INSTITUTE OF ARTS 2400 THIRD AVE SO MINNEAPOLIS, MN 55404	NONE ARTS	N/A	5,000.
MINNESOTA HISTORICAL SOCIETY 345 W KELLOG BLVD ST PAUL, MN 55102	NONE CHARITABLE	N/A	5,000.
MINNESOTA ORCHESTRA 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	NONE ARTS	N/A	2,500.
MONTESSORI TRAINING CENTER OF MINNESOTA 1611 ARMES AVE ST PAUL, MN 55106	NONE CHARITABLE	N/A	30,000.
ORDWAY CENTER 345 WASHINGTON ST ST PAUL, MN 55102	NONE CHARITABLE	N/A	5,000.
SCHOOL SISTERS OF NOTRE DAME 13105 WATERTOWN PLANK RD ELM GROVE, WI 53122	NONE CHARITABLE	N/A	5,000.
SISTERS OF CHARITY 54 WEST MAIN ST BALTIC, CT 06330	NONE CHARITABLE	N/A	1,000.
ST PAUL FOUNDATION 55 5TH ST E #600 ST PAUL, MN 55101	NONE CHARITABLE	N/A	1,000.
ST. PAUL PUBLIC SCHOOL FOUNDATION 55 5TH ST E #600 ST PAUL, MN 55101	NONE CHARITABLE	N/A	5,000.

MICHAEL V. & ANN C. CIRESI FOUN	NDATION		41-1926735
ST. THOMAS ACADEMY 949 MENDOTA HEIGHTS RD MENDOTA HEIGHTS, MN 55120	NONE EDUCATIONAL	N/A	20,000.
SUPREME COURT HISTORICAL SOCIETY 1 1ST ST NE WASHINGTON, DC 20543		N/A	1,000.
THE BASILICA OF SAINT MARY P.O. BOX 50010 MINNEAPOLIS, MN 55405		N/A	5,000.
TWIN CITIES PUBLIC TELEVISION 172 E 4TH ST ST PAUL, MN 55101		N/A	5,000.
TWIN CITY RISE 800 WASHINGTON AVE N #203 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	2,500.
UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	NONE CHARITABLE	N/A	10,000.
UNIVERSITY OF MINNESOTA LAW SCHOOL 229 19TH AVE S MINNEAPOLIS, MN 55455	NONE EDUCATIONAL	N/A	15,000.
UNIVERSITY OF ST. THOMAS 2115 SUMMIT AVE ST PAUL, MN 55105	NONE EDUCATIONAL	N/A	25,000.
YOUTH FRONTIERS 6009 EXCELSIOR BLVD MINNEAPOLIS, MN 55416	NONE CHARITABLE	N/A	2,500.
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	NONE CHARITABLE	N/A	1,000.

MICHAEL V. & ANN C. CIRESI FOUN	IDATION		41-1926735
PUBLIC RADIO INTERNATIONAL 401 2ND AVE N SUITE 500 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	10,000.
LITTLE SISTERS OF THE POOR 601 MAIDEN CHOICE LN BALTIMORE, MD 21228	NONE CHARITABLE	N/A	1,000.
INSTITUTE FOR JUDICIAL ADMIN 40 WASHINGTON SQUARE S #314 NEW YORK, NY 10012		N/A	5,000.
MINNESOTA PUBLIC RADIO 480 CEDAR ST ST. PAUL, MN 55101	NONE CHARITABLE	N/A	5,000.
PUBLIC JUSTICE FOUNDATION 1825 K ST NW SUITE 200 WASHINGTON, DC 20006	NONE CHARITABLE	N/A	2,500.
CHURCH OF ST. ALBERT THE GREAT 2836 33RD AVE S MINNEAPOLIS, MN 55406		N/A	2,500.
FRIENDS OF COMO 1225 ESTABROOK DR ST PAUL, MN 55103	NONE EDUCATIONAL	N/A	2,500.
JERRY LANE FELLOWSHIP PROGRAM 430 1ST AVE N #300 MINNEAPOLIS, MN 55401	NONE CHARITABLE	N/A	3,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		208,000.

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

	re filing for an Automatic 3-Month Extension, comple	-				X
	re filing for an Additional (Not Automatic) 3-Month Ex					
o not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6 months for a corpo	oration
equired t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	ctension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	sfers	Associated With Cer	tain
ersonal l	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	he ele	ctronic filing of this fo	orm,
ısıt www	irs.gov/efile and click on e-file for Chanties & Nonprofits	s				
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed)			
corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
art I only				•	•	
VII other c	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion of time	
	ome tax returns.		•			
ype or	Name of exempt organization			Emp	loyer identification	number
rint						
	MICHAEL V. & ANN C. CIRESI	FOUN	DATION	4	1-1926735	
ile by the	Number, street, and room or suite no. If a P.O. box, s		- · · · · · · · · · · · · · · · · · · ·		1720703	
ue date for ling your	222 - 2ND STREET SE, NO. 16		nons.			
etum See	City, town or post office, state, and ZIP code. For a fo		lrace, soo instructions		-	
31140110113	MINNEAPOLIS, MN 55414-5182		ress, see instructions.			
	THE STORES		5. T 20.20.			
	Return code for the return that this application is for (file		to application for each voture)			0 4
nter the	Return code for the return that this application is for this	a separa	te application for each return)			[0]4
			I			Γ
pplication	on	Return	Application			Return
For		Code	ls For			Code
orm 990		01	Form 990-T (corporation)			07
orm 990		02	Form 1041-A			08
orm 990	EZ	03	Form 4720			09
orm 990	PF	04	Form 5227			10
orm 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11
orm 990	T (trust other than above)	06	Form 8870			12
			NINTH STREET, SUITE	30	00	
	oks are in the care of MINNEAPOLIS, M	<u> </u>	55402			
Teleph	one No. ► 612-359-9630		FAX No. ▶			
If the o	rganization does not have an office or place of business	s in the Un	ited States, check this box		>	
If this is	s for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If thi	s is fo	r the whole group, cl	neck this
ох.▶ [. If it is for part of the group, check this box	1				
1 Irec	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time unt	 		
	AUGUST 15, 2011, to file the exemp	t organizat	tion return for the organization named a	bove.	The extension	
ıs fo	r the organization's return for:	•	-			
▶[X calendar year 2010 or					
▶[tax year beginning	, an	d ending			
		,			- '	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return Fina	l retur	'n	
- : <u>;</u>	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6060 as	nter the tentative tax. Jace any			
	refundable credits. See instructions.	ر الرون عن الرون الر	mer me temanye tax, 1055 any	2-	\$	0.
	·· · · · · · · · · · · · · · · · · · ·	onter c=:	rofundable aradite and	3a	<u>Ф</u>	
	is application is for Form 990-PF, 990-T, 4720, or 6069,			٥.		Λ
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-	· ·	_		^
	ising EFTPS (Electronic Federal Tax Payment System).			3c		0.
	f you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	<u>8879-</u>	EO for payment instr	uctions.
HA F	or Paperwork Reduction Act Notice, see Instructions	•			Form 8868 (Re	v. 1-2011)

023841 01-03-11