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

OMB No 1545-0052

2011

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 by beginning.

For cal	endar yea	r 2011, or tax year beginning	g	, 2011	, and ending		,		
	foundation AN R.	THURSTON FOUNDATI	ON			A	A Employer Identification number 41–6043390		
420	EAST M	PO box number if mail is not delive AIN STREET	ered to stre	eet address)	Room/suite B Telephone number (see the instruction (763) 421-0960				
City or to				State MN	ZIP code 55303	С	If exemption application is	pending, check here	
G Che	eck all that	apply: Initial return	F	Initial Return of a fori	mer public charity	D	1 Foreign organizations, chec	k here .	
		Address chan		Name change			2 Foreign organizations meet here and attach computation	ing the 85% test, check	
H C		of organization: X Sec 4947(a)(1) nonexempt chai		(c)(3) exempt private fourth	oundation orivate foundation	E	If private foundation status	was terminated	
		lue of all assets at end of year olumn (c), line 16)		ounting method X C Other (specify)	ash Accrual	F	under section 507(b)(1)(A)		
► \$		941,955.		column (d) must be on	cash basis.)	_	If the foundation is in a 60- under section 507(b)(1)(B)		
ranti	Experior column sarıly e	inses (The total of amounts is (b), (c), and (d) may not equal the amounts in column structions))	neces-	(a) Revenue and expenses per books	(b) Net investment income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	l	ributions, gifts, grants, etc, received		17,191.					
	2 Ck ► 3 Inte	if the foundn is not req to at rest on savings and tempor		<u> </u>				· · · · · · · · · · · · · · · · · · ·	
	casi	n investments	u. y	16,317.	16,31 1,36	7.	16,317. 1,369.		
	1	lends and interest from securities ss rents		1,369.	1,36	9.	1,369.		
		ental income	• •						
R E		ain/(loss) from sale of assets not on	line 10	<u> </u>					
E		s sales price for all is on line 6a							
Ė		al gain net income (from Part IV, lin	•	· · · · · · · · · · · · · · · · · · ·	1,65	5.	,		
N U		short-term capital gain me modifications	• •					- 1	
Ē	10 a Gross return allow		•	5 0	*			d	
	b Less. good:	Cost of sold							
	1	s profit/(loss) (att sch) er income (attach schedule)	•					`	
		al. Add lines 1 through 11.		34,877.	19,34	1.	17,686.	, ,	
	13 Comp	ensation of officers directors trusto employee salaries and wages. D	es , etc.	21 750	20 57			2 175	
		sion plans, employee benef		31,752. 2,662.	28,57 2,39			3,175.	
	16a Lenal	Ston plans, employee bener	S	2,002.					
A D M	b Accor	fees (attach schedule) 2012	그						
Ï N	c Other	profifees (attach-sch)	RS.						
	17 Inte	rest OGDEN, UT	· -						
OPERATING		(attach schedule)(see instrs)						· · · · · · · · · · · · · · · · · · ·	
A A		reciation (attach and depletion						^ . {	
N V	20 Occ	upancy	,	6,600.	5,94	0.		660.	
_		vel, conferences, and meetil	ngs						
A E N X D P		ting and publications er expenses (attach schedu	e)		<u> </u>				
E		Line 23 Stmt	· · ·	4,171.	3,75	3.		418.	
S		al operating and administra			40.66			A 510	
Š		enses. Add lines 13 through the state of the	123	45,185. 5,000.	40,66	٠٥٠	d	4,519.	
	26 Tota	al expenses and disbursem	ents.						
	Add	tract line 26 from line 12:		50 , 185.	40,66	6.		4,519.	
		tract line 26 from line 12: ess of revenue over expens	ses	-1	•		.		
	and	disbursements		-15,308.					
		nvestment income (if negative, ente	-		······	0.	17,686.		
DAA F	C Adjus	sted net Income (if negative, enter -					1/,686.	Form 900 PF (2011)	

Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) ... 1,238,406. 2 -15,308. 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) . CAPITAL GAINS ON LINE 7 1,655. 4 1,224,753. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1,224,753. 6

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) (b) How acq P — Purch D — Donat			Purchase (month, day, year)		(d) Date sold (month, day, year)		
1 a	3078 SH VANGUARD WE	LLINGTON		P		02/04/08	06/29/11
ŀ)						
	1						
•	•						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
a	98,464.		9	6,809.			1,655.
t)						
	:						
	1						
	}						
	Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69			(I) Gains (Colu	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	(I) Ty	th.	pain minus column (k an -0-) or Losses (fr), but not less
	<u> </u>						1,655.
t)						
	······································						
	1						
	·						
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7		2		1,655.
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	nd (6):				
	If gain, also enter in Bart I, line	8, column (c) (see instructions). If (le	ocs) enter 0	ĺ			
		o, column (c) (see instructions). If (i)SS), effici -0-		3		
Par		Section 4940(e) for Reduced	Tax on Net Investme	ent Inco	me	<u> </u>	
		foundations subject to the section 49			_		
Was		is part blank. on 4942 tax on the distributable amo fy under section 4940(e). Do not com		period?		Yes	X No
1		each column for each year; see the		any entrie		· · · · · · · · · · · · · · · · · · ·	
<u>-</u>	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass			(d) Distribution umn (b) divided	
	2010	176,947.	404	4,692.		··	0.437239
	2009	207,936.		3,792.			0.408686
	2008	201,671.		9,801.			0.325380
	2007	196,829.		3,719.			0.256048
	2006	195,177.		6,679.			0.222632
	2000	193,177.		0,079.			0.222032
2	Total of line 1, column (d) .			ľ	2	İ	1.649985
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•				1.049900
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the tota has been in existence if less than 5 y	I on line 2 by 5, or by the years	ļ	_3		0.329997
4	Enter the net value of noncharit	able-use assets for 2011 from Part X	, line 5	ļ	4		321,255.
5	Multiply line 4 by line 3 .			·	5	i	106,013.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b) .		,	6_		0.
7	Add lines 5 and 6				7		106,013.
8	Enter qualifying distributions fro	m Part XII, line 4		ļ	_8		151,519.
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, li	ne 1b, and complete that pa	art using a	1% t	ax rate. See the	

Pag	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here . And enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
	check here . ► X and enter 1% of Part I, line 27b			
c	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments:			
а	2011 estimated tax pmts and 2010 overpayment credited to 2011 6a			
	Exempt foreign organizations – tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) . 6c 0.			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
Я	Enter any penalty for underpayment of estimated tax. Check here			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax .			<u> </u>
	Netwinded 1. 17 18 18 18 18 18 18 18			
			Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	res	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		x
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	اقت		
е	(1) On the foundation			
2	-	2		х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			Â
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	. 3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		<u>X</u>
	If 'Yes,' attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or	i de li		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	. 7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u> </u>			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8ь	Х	
_				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	_	х
10 ——	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10		X (2011)
BAA		Form 990	J-PF (ZUII)

Pa	ACTIVITAL Statements Regarding Activities (continued)	,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	The books are in care of ► TERRI JOHNSON Telephone no. ► (763)	421	-096	50
15	Located at ► 420 EAST MAIN STREET ANOKA MN ZIP + 4 ► 55303 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			Γ1-
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►			
Pa	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
1 a	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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			
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		<u>. </u>
	Organizations relying on a current notice regarding disaster assistance check here			
•	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 2011?	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)):			
ā	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If 'Yes,' list the years > 20, 20, 20			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2 b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20, 20, 20			
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ł	olf 'Yes,' did it have excess business holdings in 2011 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 2011)	3ь		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its	4a		
	charitable purposes?	a		A
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 2011?	4b		Х
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Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incur	-	(continue 4045(c))3	□ v ⊍	No.
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section tion drive?	4955); or to carry	. Yes X	No
(3) Provide a grant to an individual for travel,		urposes?	Yes X	No
(4) Provide a grant to an organization other th	an a charitable, etc, org	janization described		
in section 509(a)(1), (2), or (3), or section			Yes X	No
(5) Provide for any purpose other than religiou educational purposes, or for the preventior	of cruelty to children o	r anımals?	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 quality a current notice regards	ualify under the exception ing disaster assistance	ons 	5b
Organizations relying on a current notice regar	ding disaster assistance	e check here	. ▶□	
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsing the Yes,' attach the statement required by Regulation.	ibility for the grant?	• • • • • • • • • • • • • • • • • • • •	. Yes	No
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indir	ectly, to pay premiums	. Yes X	No
b Did the foundation, during the year, pay premit	ums, directly or indirectl	y, on a personal benefit		6b X
If 'Yes' to 6b, file Form 8870.				
7a At any time during the tax year, was the found	ation a party to a prohib	ited tax shelter transact	ion? Yes X	No Company
b if 'Yes,' did the foundation receive any proceed				
Part VIII Information About Officers, Danie Contractors	irectors, Trustees,	Foundation Manag	gers, Hignly Paid E	imployees,
1 List all officers, directors, trustees, foundation	managers and their co	omnensation (see instri	ıctions)	
List an officers, directors, trastees, touridation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
DR. ROGER GIROUX				
531 WEST RIVER PKWY	PRESIDENT			
CHAMPLIN MN 55316	1.00	0.	0.	0.
J. STEPHEN SCHMIDT				
830 BELANGER DR	TREASURER	_	_	
ANOKA MN 55303	4.00	0.	0.	0.
CRAIG ROUNDS	DIBRORAD			
2242 139TH AVE NW	DIRECTOR			
ANDOVER MN 55304	0.25		0.	0.
See Information about Officers, Directors, Trustees, Etc.				
		0.	0.	0.
2 Compensation of five highest-paid employees	s (other than those incl			
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(0)	employee benefit plans and deferred compensation	other allowances
NONE				:
	l			
0				<u> </u>
0				
0				
0				
0				

None Form **990-PF** (2011)

147,000.

Form 990-PF (2011)

Total. Add lines 1 through 3

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1. Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes:

.0 410
9,418.
6,729.
- 117
6,147.
6,147.
4,892.
1,255.
6,063.
าร
6,063.
0.
6,063.
7,523.
3,586.
3/300.
3,586.
3,300.
4 510
4,519.
7,000.
1,519.
~, ~
0.
1,519.

BAA

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				112 506
line 7				113,586.
a Enter amount for 2010 only			·	
b Total for prior years: 20, 20, 20	 			
3 Excess distributions carryover, if any, to 2011:				
a From 2006 43,500.				U
b From 2007 72,175.				
c From 2008 83, 936.	!			
d From 2009 82,610.				
e From 2010				
f Total of lines 3a through e	327,728.			
4 Qualifying distributions for 2011 from Part				
XII, line 4: ► \$ 151,519.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2011 distributable amount				113,586.
e Remaining amount distributed out of corpus	37,933.			
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
Same amount mast so onown 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.	365,661.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Hadistributed income for 2011. Subtract lines				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	43,500.			~~
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	322,161.			
10 Analysis of line 9				
a Excess from 2007 . 72,175.				
b Excess from 2008 . 83, 936.				
c Excess from 2009 . 82,610.				1
d Excess from 2010 45,507.				
e Excess from 2011 . 37, 933.				

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Part XIV Private Operating Foundat					N/A
1a If the foundation has received a ruling or de is effective for 2011, enter the date of the ru	uling	• •		•	
b Check box to indicate whether the foundation		ating foundation de:		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	T	
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
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					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets			<u> </u>	<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				ļ	
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization .					
(4) Gross investment income					
Rart XVI Supplementary Information (assets at any time during the	Complete this e year – see in	part only if the structions.)	organization ha	ad \$5,000 or mor	e in
Information Regarding Foundation Manage List any managers of the foundation who had close of any tax year (but only if they have	ve contributed mo	re than 2% of the to nan \$5,000). (See s	otal contributions red ection 507(d)(2).)	eived by the foundat	on before the
b List any managers of the foundation who ov	vn 10% or more of	the stock of a corno	oration (or an equal)	v large portion of the	ownership of
a partnership or other entity) of which the fo	oundation has a 10	% or greater interes	st	y large portion of the	Ownership of
2 Information Regarding Contribution, Grant Check here ☐ If the foundation only management in the foundation makes complete items 2a, b, c, and d.	akes contributions gifts, grants, etc, (to preselected chari see instructions) to	itable organizations individuals or organ	nizations under other	
a The name, address, and telephone number THE THURSTON FOUNDATION 420 E. MAIN STREET	of the person to w	hom applications sh	nould be addressed:		
ANOKA	MN 5530	3 (76	3) 421-0960		
b The form in which applications should be su SEE STATEMENT.	ibmitted and inform	nation and materials	s they should include	e:	
c Any submission deadlines: APPLICATIONS ARE ACCEPTED	AT PUBLISHE	D OR POSTED	TIMES AS FUN	NDS ARE AVAIL	ABLE.
d Any restrictions or limitations on awards, su LOANS ARE LIMITED TO GRADUATES OF	, , ,	· ·	•	•	

3 Grants and Contributions Paid During the	ear or Approved for Futu			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	proundation	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
ANDOVER HIGH SCHOOL				
2115 ANDOVER BLVD	4		CCUOT ADGUTD	2 000
ANDOVER MN 5530 ANOKA HIGH SCHOOL	4		SCHOLARSHIP	2,000.
3939 7TH AVE N				
ANOKA MN 5530	3		SCHOLARSHIP	2,000.
BLAINE HIGH SCHOOL				
12555 UNIVERSITY AVE				
BLAINE MN 5543	4		SCHOLARSHIP	2,000.
CHAMPLIN PARK HIGH SCHOOL				
6025 109TH AVE N				
CHAMPLIN PARK MN 5531	6		SCHOLARSHIP	2,000.
COON RAPIDS HIGH SCHOOL				
2340 NW NORTHDALE BLVD			SCHOLARSHIP	2 000
COON RAPIDS MN 5543 CHAMPLIN PARK HIGH SCHOOL	3		SCHOLARSHIP	2,000.
6025 109TH AVE N				
CHAMPLIN PARK MN 5531	6		SCOLARSHIP VOIDED	-5,000.
		į		
Total				a 5,000.
b Approved for future payment				
	1	,	1	
	1	1		
	1			
Total			▶ 3	b

Pari XXVI-A Analysis of Income-Producing Activities

Ente	r gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded b	y section 512, 513, or 514	(e)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
ě	l					
k						
•		1				
(
•						
f						
ç	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	16,317.	
4	Dividends and interest from securities			14	1,369.	
5	Net rental income or (loss) from real estate:					
á	Debt-financed property					
i	Not debt-financed property					
6	Net rental income or (loss) from personal property		·			
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue.					
ē	l					
t						
(
C						
•						
12	Subtotal. Add columns (b), (d), and (e)				17,686.	
13	Total. Add line 12, columns (b), (d), and (e)				. 13	17,686
See	worksheet in line 13 instructions to verify calculation	ns)			_	<u> </u>

Part XVIIB Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Form 990-PF (2011) HARLAN R. THURSTON FOUNDATION 41-6043390 [Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

des	scribed in section 501(c)	of the Code (other	age in any of the following wer than section 501(c)(3) orga			Yes No
	ating to political organiza		nanaharitahla arramat arrama	nation of		
	• -	toundation to a i	noncharitable exempt organi	zation of:		1. (1)
	Cash	• ••				1a (1) X
	Other assets		• • • •		• • • • • • • • • • • • • • • • • • • •	1a (2) X
	ner transactions					
	Sales of assets to a nor	•	•		••	1b(1) X
(2)	Purchases of assets from	m a noncharitable	e exempt organization .			. 1b(2) X
(3)	Rental of facilities, equip	pment, or other a	issets			1b (3) X
(4)	Reimbursement arrange	ements		• • •		. 1b (4) X
(5)	Loans or loan guarantee	es				1 b (5) X
(6)	Performance of services	s or membership	or fundraising solicitations			1 b (6) X
c Sh	aring of facilities, equipm	ent, mailing lists.	, other assets, or paid emplo	yees		. 1c X
the	goods, other assets, or sy transaction or sharing a	services given by arrangement, sho	mplete the following schedule the reporting foundation. If t w in column (d) the value of	he foundation rece	eived less than fair mark	et value in
(a) Line i	no. (b) Amount involved	(c) Name of	noncharitable exempt organization	(d) Descript	ion of transfers, transactions, a	and sharing arrangements
		 				<u> </u>
						
	- · · · · · · · · · · · · · · · · · · 			+		
		 				
	- 	 				
				-		
						
						
		ļ				
des		of the Code (othe	ed with, or related to, one or it or than section 501(c)(3)) or it		organizations · · ·	. Yes X No
	(a) Name of organizat		(b) Type of organizati	on	(c) Description of	relationship
	(a) Hamo or organizati		(b) Typo of Organizati	-	(e) Bootinpaon of	- Cid (Ci io) iip
						
	· · · · · · · · · · · · · · · · · · ·					
		+				
 1.			48		-1	adaa aad balad at a taua
Sign Here	orrect, and complete Declaration		ed this return, including accompanying an taxpayer) is based on all information $\frac{1}{2}$	schedules and statement on of which preparer has	nts, and to the best of my knowle any knowledge	May the IRS discuss this return with the preparer shown below (see instructions)?
	Signature of officer or trustee		Date	Title		Yes No
	Print/Type preparer's na	ime	Preparer's signature	Date	Check	PTIN
ם: א	STEPHEN J.	KOLB	Steel 1/ 1	lack 06/2	20/12 self-employed	
Paid			OLB, INC.	- 100/2	Firm's EIN	
Prepar	~	14245 SAINT		102	rima cili.	
Use Or	''y —		EVWINCTO DEAD SIE		137 Photo 17	63) 700_0775
	<u></u> <u>.</u>	RAMSEY		MN 55303-6) 1 3 / Phone no (/	63) 780-9775
BAA						Form 990-PF (2011)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number		
HARLAN R. THURSTON FOUNDATION	N	41-6043390		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation		
	501(c)(3) taxable private foundation			
				
Check if your organization is covered by the Ge	neral Rule or a Special Rule	secol Dula Con materials		
Note. Only a section 501(c)(7), (8), or (10) organization	anization 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		
contributor. (Complete Parts I and II.)	, or 330 fir that received, daring the year, 40,000 or more (ii	Thioney or property) from any one		
Special Rules				
For a section 501(c)(3) organization filing Fo	orm 990 or 990-EZ that met the 33-1/3% support test of the r	egulations under sections		
509(a)(1) and 170(b)(1)(A)(vi), and received	d from any one contributor, during the year, a contribution of	the greater of (1) \$5,000 or		
	VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and			
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, total 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 anim	als. Complete Parts I, II, and III.	succational purposes, or		
For a section 501(c)(7), (8), or (10) organize	ation filing Form 990 or 990-EZ that received from any one co	ontributor, during the year.		
contributions for use exclusively for religious	s, charitable, etc. purposes, but these contributions did not to	tal to more than \$1,000		
purpose Do not complete any of the parts u	ontributions that were received during the year for an exclusion inless the General Rule applies to this organization because	it received nonexclusively		
religious, charitable, etc, contributions of \$5	• • • • • • • • • • • • • • • • • • • •	► \$		
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sche	adule B (Form 990, 990-F7, 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 99	0-EZ or on Part I, line 2, of its		
Form 990-PF, to certify that it does not meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 99	0-PF).		
BAA For Paperwork Reduction Act Notice, se	e the Instructions for Form 990, Schedule B	(Form 990, 990-EZ, or 990-PF) (2011		
990EZ, or 990-PF.				

Schedule	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1			
Name of org	1 ' '	ridentification number				
HARLAN R. THURSTON FOUNDATION 41-6043390 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	JOYCE PAUL 1615 3RD AVE S. ANOKA MN 55303	\$17,191.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			

of Part II

Name of organization
HARLAN R. THURSTON FOUNDATION

Employer identification number 41-6043390

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	EXXON MOBIL STOCK		
		\$ 10,025.	01/04/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	HOUSEHOLD ITEMS		
		\$ 7,166.	01/14/11
(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
			,
		\$\$	
			000 PF) (0011

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Form 990-PF Part II, Lines 6 and 7

Receivables

2011

Name			Employer identification Number
HARLAN R. THURSTON FOUNDATION			41-6043390
Lender Information			
Loan Receivable Type			
Borrower's Name STUDENT LOANS	_	Borrower's Title	
Check Box, if Borrower is a Business	Relationship of Borrower (d		
Repayment Terms	· ·		
Purpose of Loan		on of Consideration	
·	inning Year Balance		alance 883,743.
FMV of at Year End	FMV of Consideration	001,200, 100, 100, 10, 10	
Allowance for Doubtful Accounts (other loans on	-	0.	
_	urity Date	Interest Rate	
Loan Receivable Type	•		
Borrower's Name		Borrower's Title	
Check Box, if Borrower is a Business	Relationship of Borrower (d	other loans only)	
Repayment Terms		de Caracinata	
Purpose of Loan			
·	inning Year Balance	Year End Ba	
FMV of at Year End	FMV of Consideration		
Allowance for Doubtful Accounts (other loans on			
Date of Note Mat	urity Date	Interest Rate	
Loan Receivable Type			
Borrower's Name		Borrower's Title	
Check Box, if Borrower is a Business	Relationship of Borrower (d	other loans only)	
Repayment Terms	Borrower	's Security	
Purpose of Loan	Description	on of Consideration	
Original Amount Beg	inning Year Balance	Year End Ba	ılance
FMV of at Year End	FMV of Consideration		
Allowance for Doubtful Accounts (other loans only	y)		
Date of Note Mat	urity Date	Interest Rate	
Loan Receivable Type	<u></u>		
Borrower's Name		Borrower's Title	
Check Box, if Borrower is a Business	Relationship of Borrower (d	other loans only)	
Repayment Terms		's Security	<u> </u>
Purpose of Loan	Description	on of Consideration	
Original Amount Beg	inning Year Balance	Year End Ba	ılance
FMV of at Year End	FMV of Consideration		
Allowance for Doubtful Accounts (other loans on	y)		
Date of Note Mat	urity Date	Interest Rate	

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
COLLECTION FEE	440.	396.		44.
EQUIPMENT LEASE	1,686.	1,517.		169.
INSURANCE	391.	352.		39.
OFFICE SUPPLIES	1,629.	1,466.		163.
REGISTRATION	25.	22.		3.

Total <u>4,171.</u> <u>3,753.</u> <u>418.</u>

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(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	(e) Expense account, other allowances
Person X Business EDMUND P. BABCOCK 1801 GIRARD AVE S MPLS MN 55403 Person X Business I	DIRECTOR 4.00	0.	0.	0.
PAUL TENDER 301 COOLIDGE ST ANOKA MN 55303 Person X Business DORIS SCHULTE	VICE PRESIDENT 0.25	0.	0.	0.
1700 125TH LANE NW COON RAPIDS MN 55448 Person X Business TOM FISCHER	DIRECTOR 0.25	0.	0.	0.
1224 3RD AVE S ANOKA MN 55303 Person X Business MARLENE COLVIN	DIRECTOR 0.25	0.	0.	0.
1102 BENTON ST ANOKA MN 55303 Person X Business BILL MERRITT	SECRETARY 0.25	0.	0.	0.
16171 TURNBERRY TURN NW RAMSEY MN 55303	DIRECTOR 0.25	0.	0.	0.

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0.	0.	0.

Additional Information For Tax Return

HARLAN R. THURSTON FOUNDATION

41-6043390

Form 990-PF,p10: Part XV, Line 2b-1

WRITTEN APPLICATION IS REQUIRED. CONTACT THE THURSTON FOUNDATION FOR AN APPLICATION. INFORMATION REQUIRED INCLUDES PARENT/GUARDIAN NAME, ADDRESS, EMPLOYER, ANNUAL INCOME, COSTS FOR THE UPCOMING ACADEMIC YEAR, REFERENCES, A LIST OF SCHOOL AND COMMUNITY ACTIVITIES, NAME AND ADDRESS OF THE EDUCATIONAL INSTITUTION TO BE ATTENDED, DEGREE SOUGHT, EXPECTED GRADUATION DATE, RECOMMENDATIONS BY A SCHOOL COUNSELOR OR AOVISOR, AND A COPY OF THE HIGH SCHOOL ACADEMIC RECORD AND TEST SCORES.