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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Intern	al Rev	t of the Treasury venue Service					se a copy of this	return to sat	tisfy state repo	rting requirements.	Open to public inspection
HINDER FAMILY FOUNDATION INC 100				tax year b	eginning				, and	ending	A 5	
Roomburg Section 497 Sec	Nar	ne of	foundation								A Employer identification	number
80 SOUTH EIGHTH STREET City or town, state, and 2P code MINNS2P OLIFS, MN 55402 6 Check all that apply: Instal return Inst	Н	'NU	TER FAMI	LY FO	OUNDA'	TION I	NC				27-4376898	
Composition Continue Contin							address)			1		00
## Check type of organization: *** **XI Section 591/(2)(1) moneampt charitable trust minal return monated return monate					STRE	ET				4924		
Final return					554	02				<u></u>	If exemption application is p	ending, check here
Check type of organization: Address change Wanne change Panne change Pa	G C	heck	all that apply:	=			_		ormer public	charity	D 1. Foreign organizations	, check here
Check type of organization: Science 90 ((s)) exempt private foundation Science 90 ((s)) exempt private foundation Tear market upon of all sizes at end of year J Accounting method: Si Cash											2. Foreign organizations me	eting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	<u></u>	book	hine of organization								1	
Fair market value of all assets at end of year J Accounting method: Size Accounting method: Other (specify)	n (_				` ~			ation		1 '	_
Image: Comparison of the Com	I Fa									rual	1	• •
Part I Analysis of Nevenue and Expenses (d) may not expenses (see Januarian counter (d) may not expenses per books (d) may not expense per books (d	(fr	om F	Part II, col (c), lin	ne 16)								
Contributions, grits, grants, etc., received 30,000. N/A						(Part I, colu	тп (d) ти	st be on cash	basis.)			
2 Check	Pá	rt I	(The total of amount	ts in column	ns (b), (c), and	d (d) may not		ses per books			income	for charitable purposes
Interest on asonings and temporary		1	Contributions, gift	ts, grants,	, etc., recen	/ed		30,000.			N/A	
A Dindends and interest from securities 5 a Gross rents Net rental moone or (lose) 6 a Net gener (tless) from sale of assets not on line 10 5 dross sales price for all 7 Capital yain net income (from PET IV, line 2) 8 Net short-term capital garn 9 Income modifications 10 Gross sales laste servines 1 and allowances 1 the second opcode sold c Gross profit or (loss) 1 Other income 12 Total. Add lines 1 through 11 3 Compensation of officers, prection, resolvent and additional servines 5 a Legal fees 5 A Documenting fees 6 Cother professional fees 6 Cother professional fees 7 Cother professional fees 8 Deprecation and depletion 9 Cocuments 1 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 8 STMT 1 232. 1 Total operating and administrative expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements Net investment income (in equative, enter-0-) N/A		2				attach Sch B				, · · · ·		
Description of the control of the co		3	cash investments		-							<u> </u>
B Net rental moorne or (loss) A Nat gam or (loss) from sales described from a land of assets not on line 10 B Gross sales less returns I Capital gam net income (from Part IV, line 2) I Capital gam net income (from Part IV, line 2		4		erest from	1 securities							
68 Not gar, or local from cable of assests not on line 10 basests or line 6a and december 6				(loss)								
Base of the professional fees of Office professional fees		_		· · · —	sets not on li	ne 10			,			
8 Net Stort-term capital gain 9 Income modifications 108 and allowances b Less Cost of goods sold c Gross profit or (loss) 110 Other income 12 Total. Add lines 1 through 11 30,0000. 0. 14 Other employee salaries and water CECEIVE 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 25 Contributions, girfs, grants paid 26 Contributions, girfs, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements Add lines 24 and 25 30, 232. 0. N/A	ne	b	Gross sales price for					· · ·	· · · · · ·			
8 Net Stort-term capital gain 9 Income modifications 108 and allowances b Less Cost of goods sold c Gross profit or (loss) 110 Other income 12 Total. Add lines 1 through 11 30,0000. 0. 14 Other employee salaries and water CECEIVE 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 25 Contributions, girfs, grants paid 26 Contributions, girfs, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements Add lines 24 and 25 30, 232. 0. N/A	eve	7		me (from Pa	art IV, line 2)					0.		
108 and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 30,0000. 0. 1 13 Compensation of officers, effectors, trusteps of the control of t	Œ	8	Net short-term ca	ıpıtal gaın								
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c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 30,000. 13 Compensation of officers, directors, resectors, resectors			and allowances				` .				, , , , , , , , , , , , , , , , , , , ,	
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12 Total. Add lines 1 through 11 30,000. 0. 13 Compensation of officers. Precitors rusiness and Set CEIVE D 14 Other employee salaries and wage CEIVE D 15 Pension plans, employee benefits 16a Legal fees 0 Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 1 232. 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			. ,	J33 <i>)</i>								
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15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees c		13	Compensation of off	licers, directi	tors, trustees	etc		0.		0.		0.
16a Legal fees Description						CEIVE						
Second	s			4 1	enefits		<u> </u>					
c Other professional fees Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	nse				MAY	1 5 20	13 Ö				ļ	
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26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ā				eetings							
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ang		* .	lications	C/M	sem 1		222				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ing	ı .				M.T. T		232.		<u> </u>		0.
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Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A							——	.,		-		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A								30,232.		0.		30,000.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	_	27	Subtract line 26 f	rom line 1	12:							
c Adjusted net income (if negative, enter -0-)							ļ	<232.	<u> </u>			
		l					<u> </u>			υ.		
	2235						instruction	IS	<u> </u>		IV/A	Form 990-PF (2012)



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Form **990-PF** (2012)

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Add lines 1, 2, and 3

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

Page 3

(a) List and desc 2-story brick w	cribe the ki arehouse;	nd(s) of property sold (e.g or common stock, 200 sha	., real estate, s. MLC Co.) 		IP	How acquired - Purchase - Donation	(0) Date acq (mo., day,	uired yr.)	(d) Date sold (mo., day, yr.)
1a					<u> </u>		<u> </u>			
	NE			 -	 		┼	······································		
d d					-		+		1	
е										
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain (e) plus (f)		g)
<u>a</u>			<u> </u>							
b c		 								
d					_	 -				
e										
Complete only for assets show		<u></u>					(I) G	ains (Col.	(h) gain i	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any), but not l .osses (fro		
<u>a</u>	<u> </u>									
<u>b</u>										
d d	 									
е										
2 Capital gain net income or (net c	apıtal loss	If gain, also enter If (loss), enter -0			}	2				
Net short-term capital gain or (lo if gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (ned in sections 1222(5) arc).	nd (6):		}	3				
Part V Qualification U	Jnder 5	Section 4940(e) for	Reduced	Tax on Net	Inv	estment I	nco	me		
For optional use by domestic privat	e foundati	ons subject to the section 4	1940(a) tax on	net investment ir	ncome	e.)				
f section 4940(d)(2) applies, leave t	his part bl	ank.								
Nas the foundation liable for the sec f "Yes," the foundation does not qua	ılıfy under	section 4940(e). Do not co	mplete this pa	ırt		-				Yes X No
1 Enter the appropriate amount in	each colu		nstructions be	fore making any e						7av
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dis		Net value of no	(c) onchai ———	ritable-use ass		(co	l. (b) divi	(d) ution ratio ded by col. (c))
2011 2010		3	2,500.				0.		-	$\frac{104.83871}{.00000}$
2010					_		٠.	_		•00000
2008										
2007										
2 Total of line 1, column (d)		-						2		104.83871
3 Average distribution ratio for the the foundation has been in existe	-	•	on line 2 by 5,	or by the number	of ye	ars		3		52.41935
Enter the net value of noncharita	ble-use as	sets for 2012 from Part X,	line 5					4		506
Multiply line 4 by line 3								5		26,524
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		0
Add lines 5 and 6							}	7		26,524
B Enter qualifying distributions from								8		30,000
If line 8 is equal to or greater that See the Part VI instructions	n line 7, ct	neck the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax rate.				

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

2 Compensation of five highest-paid employees (other than the	nose inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE					
Total number of other employees paid over \$50,000					

Form **990-PF** (2012)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must com	nplete this part. Foreign four	idations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pu	rposes:		
а	Average monthly fair market value of securities		1a	0.
	Average of monthly cash balances		1b	514.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	514.
	Reduction claimed for blockage or other factors reported on lines 1a and	j		
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	514.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instr	uctions)	4	8.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, li	ne 4	5	506.
6	Minimum investment return. Enter 5% of line 5		6	25.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) p foreign organizations check here and do not complete this part.)	rivate operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	25.
2a	Tax on investment income for 2012 from Part VI, line 5			
b	Income tax for 2012. (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	Ī	3	25.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	25.
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	25.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		,	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		_1a	30,000.
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., p	urposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
þ	,		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XI	II, line 4	4	30,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	ſ		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	30,000.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculated	lating whether the foundation q	ualifies for th	e section

HUNTER FAMILY FOUNDATION INC

Form **990-PF** (2012)

4940(e) reduction of tax in those years.

Part.XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				25.
2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 b From 2008				
c From 2009				
dFrom 2010 eFrom 2011 32,484.				
f Total of lines 3a through e	32,484.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$ 30,000.				
a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			25
d Applied to 2012 distributable amount	29,975.			25.
e Remaining amount distributed out of corpus 5. Excess distributions carryover applied to 2012	25,575.			0.
Excess distributions carryover applied to 2012 (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	62,459.		2	
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		4
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line			6. MAY 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of	25-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4			
corpus to satisfy requirements imposed by				and the second
section 170(b)(1)(F) or 4942(g)(3)	0.			191. (Side Side Side Side Side Side Side Side
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				3 3 4 9 9 C Q
Subtract lines 7 and 8 from line 6a	62,459.			
O Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 d Excess from 2011 32,484.				
e Excess from 2012 29,975.				

	FAMILY FOUN				76898 Page 10
Part XIV Private Operating	Foundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective f	or 2012, enter the date of	the ruling	▶		
b Check box to indicate whether the four	idation is a private operatii	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed			İ		
•					
b 85% of line 2a				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed		· · ·			
d Amounts included in line 2c not					1
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	-,				
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	<u> </u>			<u> </u>	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		ļ			
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	İ				
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					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from	1				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)	N/A	•	
1 Information Regarding Foundat			<u></u>		
a List any managers of the foundation w		than 2% of the total cont	ributions received by th	ne foundation hefore the clo	ise of any tay
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)	indusions received by th	io iodiladion bolora tilo ola	oo or any aax
, (,,	• , , ,	· // //			
	100/				
b List any managers of the foundation we other entity) of which the foundation h			(or an equally large por	tion of the ownership of a p	arthership or
other entity) of which the loundation i	ias a 10 % of greater intere	or.			
2 Information Regarding Contribu	ition, Grant, Gift, Loan	, Scholarship, etc., Pr	rograms:		
Check here ▶ X if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc	c. (see instructions) to indi	viduals or organizations u	ınder other conditions,	complete items 2a, b, c, and	d d.
a The name, address, and telephone nu	mber or e-mail of the person	on to whom applications s	should be addressed:		
,,,	,				
b The form in which applications should	he submitted and informs	ation and materials they sl	hould include:		
b The form in which applications should	i be submitted and imornic	mon and materials mey si	ilouid illoiddo.		
A second		 			
c Any submission deadlines:					
	-, - , , 		 		
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields,	kinds of institutions, o	r other factors:	

0.

▶ 3b

Total

Form **990-PF** (2012)

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C					···
d					
e				-	
f					
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
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					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a				.==	
b					
·				i	
С					
c d					
c d e Subtotal. Add columns (b), (d), and (e)			0.	0.	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.	0.	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ns.)		0.		
c d e Subtotal. Add columns (b), (d), and (e)			· · · · · · ·	13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti	es to the Accon	nplishment of	Exempt P	13 urposes	unlichment of
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Form **990-PF** (2012)

		Exempt Organ	izations							
1	Did the org	anization directly or indir	rectly engage in any o	of the following	g with any other organizati	on described in sec	tion 501(c) of		Yes	No
	the Code (d	other than section 501(c))(3) organizations) or	in section 52	7, relating to political orgai	nizations?				
a ·	Transfers f	rom the reporting founda	ation to a noncharitat	ole exempt org	ganization of:					ж \$.
	(1) Cash							1a(1)	_	X
	(2) Other	assets						1a(2)		X
Ь	Other trans	actions:								
	(1) Sales	of assets to a noncharital	ble exempt organizati	ion				1b(1)		X
	(2) Purch:	ases of assets from a no	ncharitable exempt of	rganization				1b(2)		X
		of facilities, equipment,						1b(3)		X
		ursement arrangements						1b(4)		X
	(5) Loans	or loan guarantees						1b(5)		X
	(6) Perfor	mance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		X
	• •	facilities, equipment, ma						1c		X
						ways show the fair	market value of the goods, of	her ass	ets,	
							on or sharing arrangement, sh			
	column (d) the value of the goods,	other assets, or servi	ces received.						
a)Lır	ne no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	on of transfers, transactions, and s	haring an	rangeme	nts
				N/A						
				-						
				-						
							<u> </u>			
2a	Is the four	dation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described		_	_	_
	ın section	501(c) of the Code (othe	r than section 501(c)	(3)) or in sect	ion 527?		L.	Yes	X	No
b	If "Yes," co	mplete the following sch			····					
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relationsh	ıp		
		N/A								
						↓				
	10000		sheet have averaged the	o saturo unaludus	ng accompanying schedules and	d statements, and to th	ne heet of my knowledge			
o:-	204 50				n taxpayer) is based on all infor		rar has any traculadas May	the IHS n with th		
Siç He	in	120				2 5,000		vn below	(see ins	tr)?
110	_ 	V VVT			<u> </u>	Title	<u>'77</u>	_ Yes	•	⊔ No
	Sign	ature of Officer or trustee		Propararie e	Date		Check if PTIN			
		Print/Type preparer's na	ante	Preparer's s	ignature	Date	self- employed			
Pa	id						John Uniprojett			
	eparer	F		<u> </u>		1	Eurmio EIM			
	e Only	Firm's name					Firm's EIN			
US	Cilly	Firm's address >			· · · · · · · · · · · · · · · · · · ·		-			
		Firm's address					Phono no			

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

HIMTER FAMILY FOINDATION INC

Employer identification number

]	HUNTER FAMILY FOUNDATION INC	27-4376898
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990·EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See instructions.
General Rule	(4), (4), (4), (4), (4), (4), (4), (4),	
General Hule		
•	tion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (mplete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is ch purpose. Do no	O1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000. uswely religious, chantable, etc.,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on seet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

HUNTER FAMILY FOUNDATION INC

27-4376898

Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ANDREW M HUNTER III 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	\$15,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ASHLEY H RILEY 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	\$5,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
LACEY H WISMER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	\$5,000 .	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
JOCELYN H HORNBLOWER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(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.)
(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)
	(b) Name, address, and ZIP+4 ANDREW M HUNTER III 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402 (b) Name, address, and ZIP+4 ASHLEY H RILEY 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402 (b) Name, address, and ZIP+4 LACEY H WISMER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402 (b) Name, address, and ZIP+4 JOCELYN H HORNBLOWER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402 (b) Name, address, and ZIP+4 JOCELYN H HORNBLOWER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	Name, address, and ZIP+4

Employer identification number

HUNTER FAMILY FOUNDATION INC

27-4376898

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
223453 12-21		\$Schedule B /Form 9	90, 990-EZ, or 990-PF) (2 012)

Employer identification number

OUNDATION INC			27-4376898
ligious, charitable, etc., indiv columns (a) through (e) and the servely religious, charitable, etc.	vidual contributions to section 501(c ne following line entry. For organizatio c., contributions of \$1,000 or less for)(/), (8), or (10) organizations or completing Part III, enter the year. (Enter this information once	ns that total more than \$1,000 for \$
copies of Fait in it addition	ai space is needed.		
rpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			-
oforog's name address as	.,		nsferor to transferee
neree s name, address, an		retailed in the second of the	note of the transfer of
ernoso of gift	(c) Use of gift	(d) Desc	cription of how gift is held
rpose of gift	(c) Ose of gift	(d) Desc	and the second s
	(e) Transfer of gif		
sferee's name, address, a			nsferor to transferee
ırpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
sferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
rpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	(e) Transfer of gif	t	·
sferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
	Ilgious, charitable, etc., indiscolumns (a) through (e) and the savely religious, charitable, etcopies of Part III if addition impose of gift Interpose of gift	ligious, charitable, etc., individual contributions to section 501(c columns (a) through (e) and the following line entry. For organization surely religious, charitable, etc., contributions of \$1,000 or less for copies of Part III if additional space is needed. Impose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Use of gift (g) Use of gift (g) Use of gift (g) Transfer of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift (g) Use of gift	Itigious, charitable, etc., individual contributions to section 501(c)/7, (8), or (10) organizations completing Part III, enter columns (a) through (e) and the following line entry. For organizations completing Part III, enter inside individual contributions of \$1,000 or less for the year. (enter his information enter screepers of Part III if additional space is needed. Coluse of gift (c) Use of gift (d) Description of the year of gift (e) Transfer of gift (d) Description of the year of gift (e) Transfer of gift (f) Description of the year of gift (e) Transfer of gift (e) Transfer of gift (f) Description of gift (f) Descript

FORM 990-PF	OTHER EXPENSES			STATEMENT 1		
DESCRIPTION	EXPENSES	(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITAB		
STATE FILING FEES	232.	0.			0.	
TO FORM 990-PF, PG 1, LN 23	232.	0.			0.	
NAME OF CONTRIBUTOR	ADDR	ESS				
	PART VII-A,	LINE 10				
ANDREW M HUNTER III		IDS CENTER,				
ASHLEY H RILEY	MINNEAPOLIS, MN 55402 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402					
LACEY H WISMER		IDS CENTER, EAPOLIS, MN 5				
JOCELYN H HORNBLOWER		IDS CENTER, EAPOLIS, MN 5				

FORM 990-PF PART VIII - LIST TRUSTEES AND	STATEMENT 3			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ANDREW M HUNTER III 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	PRESIDENT & DI	RECTOR 0.	0.	0.
CAROLE T HUNTER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	VICE PRESIDENT 1.00	& DIRECTOR 0.		0.
ROBERT W HORSTMAN 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	SECRETARY & TR	EASURER 0.	0.	0.
ASHLEY H RILEY 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	DIRECTOR 1.00	0.	0.	0.
LACEY H WISMER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	DIRECTOR 1.00	0.	0.	0.
JOCELYN H HORNBLOWER 4924 IDS CENTER, 80 S 8TH ST MINNEAPOLIS, MN 55402	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.