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# 990-PF

## **Return of Private Foundation**

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

Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department	of the	Treasury
Internal Dow	ani in 6	Conseco

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fo	r cal	endar year 2013 or tax year beginning			1.	1/21,2013	, and ending			12/31, 201	3_
		of foundation						A	Employer identifi	cation number	
DR. DAVID & KAREN OLSON FAMILY F				NDA	TION				46-420359	5	
	Numb	er and street (or P O box number if mail is not delive	red to s	treet	address)		Room/suite	В	Telephone number	er (see instructions)	
									(65	1) 635-0511	
	977	SUMMIT AVENUE					}				
_		town, state or province, country, and ZIP or foreign	postal o	code			<u> </u>				_
								С	If exemption applica pending, check here	tion is	X
	ST.	PAUL, MN 55105							pending, check here		
		ck all that apply X Initial return		Т	Initial return	of a former p	public charity	٦,		▶□	7
J	Onc	Final return			Amended re	•	Jubilo oriarity	'	<ol> <li>Foreign organizat</li> <li>Foreign organizat</li> </ol>	•	
		Address change	1		Name chance				85% test, check h	ere and attach	
_	Cho	ck type of organization X Section 50		3) 0)	<del></del>			┪	computation .		
ï	_	ection 4947(a)(1) nonexempt charitable trust		_	ther taxable p		tion	E	•	status was terminated	7
1					nethod X C		crual	┨_		)(1)(A), check here . PL_	
•				_	ecify)	asii Acc	Juai	F		in a 60-month termination (1)(B), check here	$\neg$
		of year (from Part II, col (c), line ► \$ 860,000. (Par			(d) must be or			-	under section sor(b)	(1)(b), aleat liele .	
					· · · · · · · · · · · · · · · · · · ·	T Casii basis )		_!_		(d) Disbursements	_
ئا	art l	Analysis of Revenue and Expenses (7 total of amounts in columns (b), (c), and (d)	'E	٠,	Revenue and	(b) Net inve	estment	(c)	Adjusted net	for charitable	
		may not necessarily equal the amounts in		ex	penses per books	incon	ne		ıncome	purposes	
_	_	column (a) (see instructions) )	+		860,000.					(cash basis only)	_
	1	Contributions, gifts, grants, etc., received (attach schedule)  If the foundation is <b>not</b> required to	·		000,000.	1				<u> </u>	
	2	Check ▶ L attach Sch B	•			-					
	3	Interest on savings and temporary cash investment									
	4	Dividends and interest from securities	•								
	5 a	Gross rents	•								
	b	Net rental income or (loss)	_			-					
ne		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				· · · · · · · · · · · · · · · · · · ·	<del>  </del>				
en /		assets on line 6a				<del> </del>					
Revenue	7	Capital gain net income (from Part IV, line 2)			···	<del> </del>					
, –	8	Net short-term capital gain				<del> </del>			<del></del>		
ī	9	Income modifications · · · · · · · · · · · · · · · · · · ·	•								
	IV a	and allowances · · · ·	+			ļ					
7		Less Cost of goods sold .	_								
	С	Gross profit or (loss) (attach schedule)					····	_			
弖	11	Other income (attach schedule)	- 1		860,000.		<del></del>				
3	12	Total. Add lines 1 through 11			860,000.	<del> </del>			RECEIVE		
30	13	Compensation of officers, directors, trustees, etc				1		(	THEOL		
T'S	14	Other employee salaries and wages	- 1				8	<del>,</del>	APR 3 0 2	1 121	
) Su	15	Pension plans, employee benefits	- 1				<u> </u>	<u>ර </u>	APR 3 U ZI	T C	
×	16 a							11.			
Administrative Expenses	b	Accounting fees (attach schedule)				<u> </u>		-	OGDEN, I	<u> </u>	
ţ	C	Other professional fees (attach schedule)				-				<del> </del>	
štra	17	Interest				<del>                                     </del>					
<u>::</u>	18	Taxes (attach schedule) (see instructions)				<del> </del>			-		
Ē	19	Depreciation (attach schedule) and depletion			<del>-</del>	<del> </del>					
¥	20	Occupancy				<b></b>				_	
Ē	21	Travel, conferences, and meetings	- 1			<del></del>					
<u> </u>	22	Printing and publications			<del></del>	<del> </del>					
ř	23	Other expenses (attach schedule)			<del></del> -		-			ļ	—
Operating	24	Total operating and administrative expens				1					
ő	1	Add lines 13 through 23	- 1			9		_		<del> </del>	
	25	Contributions, gifts, grants paid			<del></del>	<del> </del>				1	<u> </u>
_	26	Total expenses and disbursements Add lines 24 and	25			0			<u>.</u>	-	°
	27	Subtract line 26 from line 12			060 000						
		Excess of revenue over expenses and disbursements			860,000	<del>\</del>					
		Net investment income (if negative, enter -0				1	0				
	c	Adjusted net income (if negative, enter -0-).	. [							<u> </u>	

	ì	Attached schedules and amounts in the	Beginning of year	End	l of year
۲	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		860,000	. 860,000.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
		Pledges receivable			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable		<u> </u>	
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10 a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
_		Instructions Also, see page 1, item I)	0	860,000	. 860,000.
	17	Accounts payable and accrued expenses			_
	18	Grants payable			4
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
iab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
		T ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	0		
_	23	Total liabilities (add lines 17 through 22)			4
		Foundations that follow SFAS 117, check here.			
es		and complete lines 24 through 26 and lines 30 and 31.			
auc	24	Unrestricted			-
Bai	25	Temporarily restricted			-
힏	24 25 26 27 28 29 30	Permanently restricted			-
Ξ		Foundations that do not follow SFAS 117, <b>\rightarrow</b> Check here and complete lines 27 through 31.			
ō		•			
sts	27	Capital stock, trust principal, or current funds	<del></del>		
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund  Retained earnings, accumulated income, endowment, or other funds		860,000	
Ā	29	Total net assets or fund balances (see instructions)	0		<b>-</b>
ž	31	Total liabilities and net assets/fund balances (see		000,000	1
	"	`	0	860,000	
	art	Analysis of Changes in Net Assets or Fund		000,000	
_		al net assets or fund balances at beginning of year - Part		must agree with	
		l-of-year figure reported on prior year's return).		-	
2					
3	. Lill L Oth	er amount from Part I, line 27a er increases not included in line 2 (itemize) ▶			<del></del>
A	. Oth	I lines 1, 2, and 3			<del></del>
ŗ	Dec	creases not included in line 2 (itemize) ▶		5	<del></del>
		al net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (	<u> </u>	
_		The state of the s	4		

Form 99b-PF (2013)

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Page	

Part IV	Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	(b) How	(c) Date acquired	(d) Date sold		
	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr )
1 <u>a</u>						
<b>b</b>						
С						
d						
е				ļ	<u> </u>	
(e) Gros	s sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a						
b				<u></u>		
С						
_d				<b></b> _		
<u>e</u>			<u></u>			
Comple	ete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M ∨	as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a						
b						
c					· · · · · · · · · · · · · · · · · · ·	
d						
e						
2 Capital ga	ain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-	term capital gair	or (loss) as defined in sections 12	•			
		t I, line 8, column (c) (see inst				
		· · · · · · · · · · · · · · · · · · ·		3		
Part V	Qualification l	Jnder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
	l use by domestic	c private foundations subject to th	e section 4940(a) tax on net invest	ment inco	me)	
(· -·	•		• •		·	
If section 49	40(d)(2) applies.	leave this part blank NOT	AVAILABLE FOR INITIAL	YEAR R	ETURNS	
			outable amount of any year in the b	ase perio	d?	_ Yes No
		not qualify under section 4940(e)				
1 Enter the		ount in each column for each year	r, see the instructions before makin	g any entr		<del></del>
Base	(a) penod years	(b)	(c)		<b>(d)</b> Distribution r	atıo
	or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	<del> </del>	(col (b) divided by	/ col (c))
	2012			<del> </del>		
	2011			<del> </del>		
	2010	<del></del>		<del> </del>		
	2009			<del> </del>		<del></del>
	2008			<del>                                     </del>		
2 Total of	line 1, column (d)	, , , , , , , , , , , , , , , , , , , ,	- Ab- A-A-I I	2		
-		for the 5-year base period - divide				
number	or years the foun	dation has been in existence if les	s than 5 years	3		
			and Dark V. Indo E			
4 Enter the	e net value of not	ncharitable-use assets for 2013 in	om Part X, line 5	4		
	long 4 booking 0			_		
5 Multiply	line 4 by line 3			5		
6 Enter 19	% of net investme	ent income (1% of Part I, line 27b)		6		
=-						
7 Add line	s 5 and 6			7		<del> </del>
0 Entor =:	ialifuna diatributu	one from Part VII line 4		8		
8 Enter qu	iailiyiiig distributto is equal to or or	reater than line 7 check the box	in Part VI, line 1b, and complete	that nart	using a 1% ta	x rate. See the
	is equal to or gr	Sate. than the r, oncor the box	die vi, into 15, dita complete	a. part		

- OHH	990-FF (2015) DR. DIVID & IGRAIN CHOOK PRINTED FOUNDATION 40 420.	3333		aye -				
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)				
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 instructions)							
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal{I}$ Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2							
3	Add lines 1 and 2 3	_		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	2013 estimated tax payments and 2012 overpayment credited to 2013 6a							
b	Exempt foreign organizations - tax withheld at source							
c	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d			0				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10							
11	Enter the amount of line 10 to be Credited to 2014 estimated tax   Refunded 11							
	t VII-A Statements Regarding Activities			T				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	4-	Yes	No X				
	or intervene in any political campaign?	1a		<u>-</u> -				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	4.		X				
	definition)?	1b						
	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	1c		Х				
	Did the foundation file Form 1120-POL for this year?	10						
u	(1) On the foundation \$ (2) On foundation managers \$							
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1				
•	foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х				
-	If "Yes," attach a detailed description of the activities	_						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,							
-	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х				
b	If "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		X				
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	• 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	X	ļ				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<u> </u>				
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1				
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	<u> </u>				
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete							
	Part XIV	9		X				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		١,,					
	addresses ATCH 1	10	X	1				

Form	990-PF (2013) DR. DAVID & KAREN OLSON FAMILY FOUNDATION 46-4203	3595	1	Page <b>5</b>
Рa	rt VII-A 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	Χ	
	Website address ►N/A	<b>-</b>		
14		511_		
	Located at ▶977 SUMMIT AVENUE ST. PAUL, MN ZIP+4 ▶ 55105		. <b></b> .	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16_		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	L		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly)			
	(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? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)			
	, , , , , , , , , , , , , , , , , , , ,			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
,	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013? Yes X No			
	If "Yes," list the years ▶			
	b Are there any years listed in 2a for which the foundation is <b>not</b> 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 )	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		_	
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
	b If "Yes," did it have excess business holdings in 2013 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 2013 )	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4 <u>b</u>	$\mathbb{I}_{-}$	X

Form 990-PF (2013) DR. DAVID & KA	AREN OLSON FA	MILY FOUNDATION	ON 46-	4203595	Page (
Part VII-B Statements Regarding Activities for					
5a During the year did the foundation pay or incur any amou			med (commuted)		
(1) Carry on propaganda, or otherwise attempt to influer		1 4945(e))?	. Yes X N	.	
(2) Influence the outcome of any specific public ele	ction (see section 4	4955), or to carry o	n,		
directly or indirectly, any voter registration drive?			Yes X N	。	
(3) Provide a grant to an individual for travel, study, or ot				.	
(4) Provide a grant to an organization other than a	• •		. —	<b>"</b>	
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (		•		,	
(5) Provide for any purpose other than religious, ch				<b>"</b>	
purposes, or for the prevention of cruelty to children of		•			
b If any answer is "Yes" to 5a(1)-(5), did any of the				- 1 1	
Regulations section 53 4945 or in a current notice regard				1 1	
•	-	•		- 5b	_
Organizations relying on a current notice regarding disast				·	
c If the answer is "Yes" to question 5a(4), does the		•			
because it maintained expenditure responsibility for the g			Yes N	°	
If "Yes," attach the statement required by Regulations sec	• •				
6a Did the foundation, during the year, receive any fund	-				
on a personal benefit contract?			. Yes X N	o	
<b>b</b> Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	ct?	. 6ь	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction? .	. Yes X N	o	
b If "Yes," did the foundation receive any proceeds or have				. 7b	
Part VIII Information About Officers, Directors	, Trustees, Foun	dation Managers	, Highly Paid Emp	loyees,	
and Contractors  1 List all officers, directors, trustees, foundation r	nanagers and thei	r compensation (see	e instructions)		
List air officers, air octors, tractors, realitation i	(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	(e) Expense other allow	
(a) Name and address	hours per week	` (If not paid,	employee benefit plans		
(a) Name and address  ATCH 2	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
	hours per week	` (If not paid,	employee benefit plans		
ATCH 2	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances
	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances
ATCH 2  2 Compensation of five highest-paid employees "NONE."	(other than those)	(If not paid, enter -0-)	employee benefit plans and deferred compensation  (d) Contributions to	ions). If no	ne, ente
ATCH 2  2 Compensation of five highest-paid employees	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	other allow	ne, ente
ATCH 2  2 Compensation of five highest-paid employees "NONE."	(other than those)	(If not paid, enter -0-)	employee benefit plans and deferred compensation  (d) Contributions to employee benefit	ions). If not	ne, ente
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente
ATCH 2  2 Compensation of five highest-paid employees "NONE."	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente
2 Compensation of five highest-paid employees "NONE."  (a) Name and address of each employee paid more than \$50,000	(other than those hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  1 - see instruct  (d) Contributions to employee benefit plans and deferred	ions). If not	ne, ente

Form **990-PF** (2013)

Total number of other employees paid over \$50,000

Form 990-PF (2013) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0 Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments See instructions

Form **990-PF** (2013)

Total. Add lines 1 through 3,

Form 990-PF (2013) Page 8 Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes Average monthly fair market value of securities 1a Average of monthly cash balances 215,000. 1b Fair market value of all other assets (see instructions) 1c Total (add lines 1a, b, and c) 1d 215,000. Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) \_\_\_\_\_\_1e 2 2 Acquisition indebtedness applicable to line 1 assets 3 215,000. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 3,225. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 211,775. Minimum investment return. Enter 5% of line 5 1,189. 6 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations Part XI and certain foreign organizations check here ▶ ☐ and do not complete this part ) 1,189. Minimum investment return from Part X, line 6 . . . . . . . . Tax on investment income for 2013 from Part VI, line 5 . . . . . . . Income tax for 2013 (This does not include the tax from Part VI) \_ \_ 2b c Add lines 2a and 2b 2c Distributable amount before adjustments Subtract line 2c from line 1 1,189. 3 Recoveries of amounts treated as qualifying distributions 4 4 Add lines 3 and 4 1,189. 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 7 1,189. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4

. Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2013)

5

6

Page 9

Pa	rt XIII Undistributed Income (see instru	ictions)			<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7				1,189.
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
	Total for prior years 20 11 ,20 10 ,20 09				
3	Excess distributions carryover, if any, to 2013				
-	From 2008				
	From 2009				
	From 2010				
	1				
	From 2012				
	Total of lines 3a through e	<del></del> .			
4	Qualifying distributions for 2013 from Part XII,				
	line 4 > \$				
	Applied to 2012, but not more than line 2a				<del> </del>
b	Applied to undistributed income of prior years				
	(Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·			
С	Treated as distributions out of corpus (Election				
	required - see instructions)			···-	<del></del>
	Applied to 2013 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		_		
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
ч	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2012 Subtract line				
	4a from line 2a Taxable amount - see instructions				
_	•				
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2014				_1,189.
7	Amounts treated as distributions out of corpus				
'	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
	Excess distributions carryover from 2008 not				
8	applied on line 5 or line 7 (see instructions)				
Δ	Excess distributions carryover to 2014.	-			
9	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2009				
a b					
		1			
c C		1			
d		1			
<u>e</u>	Excess from 2013	<u> </u>		<u> </u>	5 000 PF/20/0

Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE			
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating				
foundation, and the ruling is effective for 2013, enter the date of the ruling									
b	Check box to indicate wh	ate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4							
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total			
	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(0)			
	I or the minimum investment return from Part X for each								
	year listed								
h	85% of line 2a								
C	Qualifying distributions from Part XII, line 4 for each year listed .								
d	Amounts included in line 2c not	<del></del>							
	used directly for active conduct								
_	of exempt activities	<del></del>			<del> </del>				
e	Qualifying distributions made directly for active conduct of		Ì						
	exempt activities Subtract line								
3	2d from line 2c	<u> </u>	_		<del></del>				
3	Complete 3a, b, or c for the alternative test relied upon								
а	"Assets" alternative test - enter								
	(1) Value of all assets								
	(2) Value of assets qualifying under section								
	4942(j)(3)(B)(i)								
b	"Endowment" alternative test-								
	enter 2/3 of minimum invest-								
	ment return shown in Part X, line 6 for each year listed								
С	"Support" alternative test - enter								
	(1) Total support other than								
	gross investment income (interest, dividends, rents,								
	payments on secunties								
	toans (section 512(a)(5)), or royalties)								
	(2) Support from general	<u> </u>							
	public and 5 or more exempt organizations as								
	provided in section 4942								
	(j)(3)(B)(iii)								
	port from an exempt								
	organization								
Da	(4) Gross investment income.  Tt XV Supplement	ntary Information /	Complete this name	t only if the foun	dation had \$5,000	or more in assets			
ГС		e during the year -s		t only if the loun	dation nad \$5,000	or more in assets			
1	Information Regardin				· · · · · ·				
a	List any managers of			re than 2% of the to	tal contributions recei	ved by the foundation			
	before the close of any	y tax year (but only if t	hey have contributed	more than \$5,000) (\$	See section 507(d)(2))	•			
	ATTACHME	כ ייינאיי							
<u> </u>	List any managers of	the foundation who	own 10% or more o	of the stock of a cor	noration (or an equal)	v large portion of the			
	ownership of a partne					y large pertion or the			
	* · · · · · · · · · · · · · · · · · · ·	,,,,		· ·					
	NONE								
2	Information Regardin	g Contribution Gran	t Gift Loan Scholars	hip etc Programs:					
_	<u> </u>	_							
	Check here ► A if	the foundation only	makes contributions	to preselected cha	ritable organizations ctions) to individuals o	and does not accep			
	other conditions, com			ants, etc (see instru	ctions) to individuals t	or organizations unde			
_	•	•		the nerson to whom on	national about the contract	ldraaa d			
а	The name, address, a	and telephone number	or e-mail address or	the person to whom a	pplications should be ac	iaressea			
	The form in which app	olications should be su	bmitted and informat	on and materials they	v should include	· <del></del>			
_					,				
C	: Any submission dead	lines							
_	Any restrictions or I	imitations on awards	s, such as by geogr	aphical areas, charit	able fields, kinds of	institutions, or other			
	factors			•					

Page **11** 

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contribution  Name and address (home or business)  Recipient Foundation status of recipient recipient Purpose of grant or contribution  Amount									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Allount					
a Paid during the year									
• •									
		-							
				1					
		1							
Tatal		<u> </u>	<b>—</b> 22						
b Approved for future payment	<del> </del>	<del></del>							
<b>b</b> Approved for fature payment									
		1							
		<u> </u>							
Total			▶ 3b						

Page **12** 

Part XV	/I-A Analysis of Income-Produ	cing Activ	vities			
Enter gros	s amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•		_				( oo monosiono )
	<del></del>					-
				<del> </del>		
				<del></del>		
				<del>                                     </del>		
			·	<u> </u>		
f	s and contracts from government agencies					
•	ership dues and assessments					
	•			1		
	t on savings and temporary cash investments nds and interest from securities					<del></del>
	ntal income or (loss) from real estate					
	bt-financed property					
	t debt-financed property			1		<del></del>
	tal income or (loss) from personal property			<del>-</del>		-
	investment income					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events		-			
	· · ·					
	profit or (loss) from sales of inventory revenue a				-	
	revenue a					
		· <del></del>				
e						
	tal Add columns (b), (d), and (e)					
	Add line 12, columns (b), (d), and (e)				13	
	sheet in line 13 instructions to verify calc					
Part XV			complishment of Ex	cempt Purp	oses	
Line No.		y for which	h income is reported	ın column (	e) of Part Y\/I-A contrib	uted importantly to the
	accomplishment of the foundation	-				
•	accomplishment of the loundation	on a exemp	ot purposes (other than	by providing	g rands for sacin parpose	3) (Occ manachoris )
	-		-			
		-		•		
						· · · · · · · · · · · · · · · · · · ·
					- <u></u>	
					<u> </u>	·
			<del></del>			

## Form 990-PF (2013) DR. DAVID & KAREN OLSON FAMILY FOUNDATION 46-4203595 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part<sub>c</sub>XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No Yes in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х 1a(1) X 1a(2) **b** Other transactions: 1b(1) 1b(2) 1b(3) 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and shanng arrangements N/A N/A

2a Is the foundation directly or indirectly described in section 501(c) of the Code	affiliated with, or related to, one or more (other than section 501(c)(3)) or in section	
b If "Yes," complete the following schedule	0.	
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Here

4/8/14 Itredent

May with	the	pre	pare	er s	hown	bel	ow
(S <del>00</del> I	nstruc	tions	?	Х	Yes	_	No

Daid	Print/Type prepa	arer's name	Preparer's signature	Date		Check	if	PTIN	
	JEFFREY D	HASKELL	JEFFREY D HASKELL	04/09/	2014	self-emp	oyed	P01345770	
Preparer	Firm's name	▶ FOUNDATION SOUR	RCE		Fırm's	EIN 🕨	510	398347	
<b>Use Only</b>	Firm's address	▶ ONE HOLLOW LN,	STE 212						
-		LAKE SUCCESS,	NY	11042	Phone	no 8	008	391754	
		•						- 000 DE	Ξ.

Form **990-PF** (2013)

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### **Schedule of Contributors**

ttoch to Form 000 Form 000 F7 or Form 000 PF

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Employer identification number Name of the organization DR. DAVID & KAREN OLSON FAMILY FOUNDATION 46-4203595 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 (1) Form 990, Part VIII, line 1h, or (11) 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, 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 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 total 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 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2013)

Name of organization DR. DAVID & KAREN OLSON FAMILY FOUNDATION

Employer identification number 46-4203595

Part I	Contributors (s	ee instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	-----------------	-------------------	----------------------	-------------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	OLSON, DAVID H  977 SUMMIT AVENUE  ST. PAUL, MN 55105	\$860,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization DR. DAVID & KAREN OLSON FAMILY FOUNDATION

Employer identification number

46-4203595

Part II	<b>volicasii Property</b> (see ilistructions). Ose duplicate copies of Pa	it ii ii additional space is fiee	ueu.
(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
<b>-</b> -		\$	

Name of organization DR. DAVID & KAREN OLSON FAMILY FOUNDATION

Employer identification number 46-4203595

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)	
	that total more than \$1,000 for the year. Complete columns (a) through (e) and	the following line entry
	For organizations completing Part III, enter the total of evaluatively religious, charit-	able etc

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) ▶ \$

(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			(u) Description of now girt is field
	<b></b>		
	(e) Transfer of gift		
	(e) Transier of gift		
Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
		<b></b>	<del>-</del>
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift		
Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
	·		
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
(b) r dipose of gire	(0, 000 0, giit		
		·   <b></b>	
<u></u>	(e) Transfer of gift		
Transferee's name, address, and	J ZIP + 4	Relationship	of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		- <b></b>	
	(e) Transfer of gift		
	(e) Transfer of gift		
Transferee's name, address, and		Relationship	o of transferor to transferee
	(b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  Relationship

DR. DAVID & KAREN OLSON FAMILY FOUNDATION

46-4203595

ATTACHMENT 1

LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

DATE

DIRECT PUBLIC SUPPORT

860,000.

OLSON, DAVID H 977 SUMMIT AVENUE ST. PAUL, MN 55105

OLSON, KAREN B 977 SUMMIT AVENUE ST. PAUL, MN 5510

55105

TOTAL CONTRIBUTION AMOUNTS

860,000.

ATTACHMENT 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PRES / DIR / SEC / TREAS 1.00

DAVID H OLSON 977 SUMMIT AVENUE ST. PAUL, MN 55105

VP / DIR

1.00

KAREN B OLSON 977 SUMMIT AVENUE ST. PAUL, MN 55105

ATTACHMENT 2

## ATTACHMENT 3

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DAVID H. OLSON KAREN B. OLSON