

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

2009

Department of the Treasury
 Internal Revenue Service

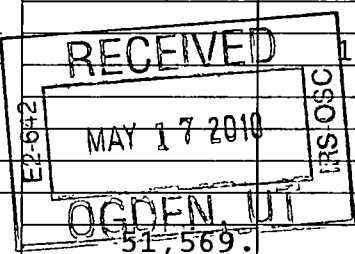
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning _____, and ending _____

G Check all that apply: Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation THE BRAVEWELL COLLABORATIVE	A Employer identification number 71-0879929
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 1818 OLIVER AVENUE SOUTH	B Telephone number 612-377-8400
	City or town, state, and ZIP code MINNEAPOLIS, MN 55405	C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5,296,591. (Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2,950,064.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	11,474.	11,474.	11,474.	STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	133,942.			
	b Gross sales price for all assets on line 6a	165,285.			
	7 Capital gain net income (from Part IV, line 2)		133,942.		
	8 Net short-term capital gain			133,942.	
	9 Income modifications Gross sales less returns and allowances				
	b Less Cost of goods sold				
c Gross profit or (loss)					
11 Other income	51,569.	0.	51,569.	STATEMENT 2	
12 Total. Add lines 1 through 11	3,147,049.	145,416.	196,985.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 3	763.	0.	0.	763.
	b Accounting fees STMT 4	13,371.	0.	0.	13,371.
	c Other professional fees STMT 5	859,823.	0.	0.	859,823.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	21,666.	0.	0.	
	20 Occupancy				
	21 Travel, conferences, and meetings	235,208.	0.	0.	235,208.
	22 Printing and publications	53,842.	0.	0.	53,842.
	23 Other expenses STMT 6	2,101,530.	0.	0.	2,101,530.
	24 Total operating and administrative expenses Add lines 13 through 23	3,286,203.	0.	0.	3,264,537.
	25 Contributions, gifts, grants paid	151,000.			151,000.
26 Total expenses and disbursements. Add lines 24 and 25	3,437,203.	0.	0.	3,415,537.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-290,154.				
b Net investment income (if negative, enter -0-)		145,416.			
c Adjusted net income (if negative, enter -0-)			196,985.		



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	5,703,458.	4,996,934.	4,996,934.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 9	0.	299,657.	299,657.
	b Investments - corporate stock			
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis ▶				
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶ 130,000.				
Less accumulated depreciation STMT 10 ▶ 130,000.	21,666.			
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers)	5,725,124.	5,296,591.	5,296,591.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	24 Unrestricted	5,725,124.	5,296,591.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	5,725,124.	5,296,591.		
31 Total liabilities and net assets/fund balances	5,725,124.	5,296,591.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 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	5,725,124.
2 Enter amount from Part I, line 27a	2	-290,154.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	5,434,970.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	138,379.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,296,591.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLIC TRADED SECURITIES			VARIOUS	VARIOUS
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 165,285.		31,343.	133,942.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			133,942.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	133,942.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	133,942.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	3,272,206.	6,010,718.	.544395
2007	3,557,659.	5,855,070.	.607620
2006	2,026,448.	4,406,943.	.459831
2005	3,175,195.	3,074,788.	1.032655
2004	1,151,525.	2,258,403.	.509885
2 Total of line 1, column (d)			2 3.154386
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .630877
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 5,417,525.
5 Multiply line 4 by line 3			5 3,417,792.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,454.
7 Add lines 5 and 6			7 3,419,246.
8 Enter qualifying distributions from Part XII, line 4			8 3,415,537.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	2,908.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 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	0.
3	Add lines 1 and 2	3	2,908.
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-	5	2,908.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	3,921.
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	3,921.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,013.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> 1,013. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3	X	
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9	X	
10		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-15 regarding controlled entities, insurance, public inspection, website address, books in care, and tax-exempt interest.

Part 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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b regarding disqualifying acts, exceptions, undistributed income, and business holdings.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d) N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

5b		
6b		X
7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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
SEE STATEMENT 11		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
FAMILY PHILANTHROPY ADVISORS 1818 OLIVER AVENUE S, MINNEAPOLIS, MN 55405	PROGRAM & OPERATIONS MANAGEMENT	972,290.
GYMR 1825 CONNECTICUT AVE NW, WASHINGTON, DC 20009	PUBLIC RELATIONS	227,352.
TERRY MACGREGOR ASSOCIATES 2904 DOC SAVAGE DRIVE, LANGLEY, WA 98260	MEETING FACILITATION	72,421.
HOME FRONT COMMUNICATIONS - 1121 14TH STREET, NW - FIFTH FLOOR, WASHINGTON, DC	FILMING	55,560.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <u>SEE STATEMENT 12</u>	 1,672,433
2 <u>SEE STATEMENT 13</u>	 902,634.
3 <u>GROWING A DYNAMIC COMMUNITY OF PHILANTHROPISTS: TO CREATE, SUPPORT AND GROW A DYNAMIC COMMUNITY OF COMMITTED AND INFORMED PHILANTHROPISTS AND STRATEGIC PARTNERSHIPS.</u>	165,549.
4 <u>SEE STATEMENT 14</u>	 128,623.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	
	0.

Part X 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:		
a Average monthly fair market value of securities	1a	149,829.
b Average of monthly cash balances	1b	5,350,196.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	5,500,025.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	5,500,025.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	82,500.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,417,525.
6 Minimum investment return. Enter 5% of line 5	6	270,876.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2009 from Part VI, line 5	2a	
b Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,415,537.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,415,537.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,415,537.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ <u>N/A</u>				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶ 08/30/02

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2009	(b) 2008	Prior 3 years		
			(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	196,985.	234,247.	240,715.	191,510.	863,457.
b 85% of line 2a	167,437.	199,110.	204,608.	162,784.	733,938.
c Qualifying distributions from Part XII, line 4 for each year listed	3,415,537.	3,272,206.	3,557,659.	2,026,448.	12271850.
d Amounts included in line 2c not used directly for active conduct of exempt activities	151,000.	142,000.	167,000.	141,754.	601,754.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	3,264,537.	3,130,206.	3,390,659.	1,884,694.	11670096.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	5,296,591.	5,725,124.	6,566,045.	5,495,756.	23083516.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	180,584.	200,357.	195,169.	146,898.	723,008.
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)	2,998,314.	2,343,437.	4,457,794.	3,794,082.	13593627.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 15

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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 contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CONSORT OF ACAD HLTH CTRS FOR INTEGRATIVE MED 420 DELAWARE ST MPLS, MN 55455	NONE	PUBLIC CHARITY	EDUCATIONAL	121,000.
INSTITUTE OF MEDICINE 500 FIFTH STREET, NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	PROGRAM PURPOSES	30,000.
Total				151,000.
<i>b Approved for future payment</i>				
NONE				
Total				0.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash, (2) Other assets, b Other transactions: (1) Sales of assets to a noncharitable exempt organization, (2) Purchases of assets from a noncharitable exempt organization, (3) Rental of facilities, equipment, or other assets, (4) Reimbursement arrangements, (5) Loans or loan guarantees, (6) Performance of services or membership or fundraising solicitations, c Sharing of facilities, equipment, mailing lists, other assets, or paid employees, d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content includes 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content includes 'N/A'.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information provided.

Sign Here section containing Signature of officer or trustee, Preparer's signature, and Firm's name (or yours if self-employed), address, and ZIP code: LARSON AILEN LLP, 220 SOUTH SIXTH STREET, MINNEAPOLIS, MN 55402.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

THE BRAVEWELL COLLABORATIVE

Employer identification number

71-0879929

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHRISTY & JOHN MACK FOUNDATION 2 SUNSET LANE RYE, NY 10580	\$ 898,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GEORGE FAMILY FOUNDATION 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	\$ 430,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MICHELE & DAVID MITTELMAN FAMILY FOUNDATION 16 ROLLING LANE DOVER, MA 02030	\$ 388,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DAVID C AND LURA M LOVELL FOUNDATION 8400 NORTH NATIONAL DRIVE TUCSON, AZ 85742	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MS. LURAM. LOVELL 8400 NORTH NATIONAL DRIVE TUCSON, AZ 85742	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEWISH COMMUNAL FUND 575 MADISON AVE #703 NEW YORK, NY 10022	\$ 101,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	THE CHARLES EVANS FOUNDATION 116 VILLAGE BOULEVARD, SUITE 200 PRINCETON, NJ 08540-5700	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7	SHERRY LUND 520 INDIAN MOUND STREET, UNIT 1-B WAYZATA, MN 55391	\$ 89,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MORGAN STANLEY 1585 BROADWAY NEW YORK, NY 10036	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE WESTREICH FOUNDATION P O BOX 3601 RANCHO SANTA FE, CA 92067	\$ 63,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	KARAN-WEISS FOUNDATION 2800 28TH STREET, SUITE 105 SANTA MONICA, CA 90405	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	COLBURN AND ALANA JONES 26 ENCINA DRIVE CARMEL VALLEY, CA 93924	\$ 49,128.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	BRENDEN MANN FOUNDATION 80 SOUTH 8TH STREET, SUITE 900 MINNEAPOLIS, MN 55402	\$ 33,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
13	BARRY AND JANET LANG 5980 E. TERRA GRANDE TUCSON, AZ 85750	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MR. AND MRS. JAMES P. GORMAN 1120 FIFTH AVENUE, APT. 6A NEW YORK, NY 10128	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MR. AND MRS. MICHAEL L. RANKOWITZ 911 PARK AVENUE, APT. 6B NEW YORK, NY 10075	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	JEWISH COMMUNAL FUND 875 PARK AVENUE NEW YORK, NY 10021	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	IRA BRIND 1830 RITTENHOUSE SQUARE, APT. 14A PHILADELPHIA, PA 19103	\$ 21,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	DR. AND MRS. ERNEST MARIO P.O. BOX 549 NEW HOPE, MN 18938	\$ 13,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
19	NOVARTIS 608 5TH AVENUE NEW YORK, NY 10020	\$ 13,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	BARBARA FORSTER 700 SOUTH SECOND STREET, LOFT 71 MINNEAPOLIS, MN 55401	\$ 14,881.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	THE COMMUNITY FOUNDATION FOR GREATER ATLANTA THE WAKEFIELD 2724 PEACHTREE ROAD NW, #1001 ATLANTA, GA 30305	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MR. AND MRS. JERRY WOOD 25 ABBINGTON DRIVE HUNTINGTON, NY 11743	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 4400 HARDING ROAD NASHVILLE, TN 37205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	SCHAFFER CULLEN CAPITAL MANAGEMENT, INC. 163 EAST 81ST STREET, APT 5B NEW YORK, NY 10028	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
25	MR. AND MRS. WALID CHAMMAH 21 EAST 79TH STREET, APT. 9 NEW YORK, NY 10021	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
26	MR. DWIGHT ANDERSON 320 PARK AVENUE, 27TH FLOOR NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
27	MR. GARYG. LYNCH 56 WATER'S EDGE RYE, NY 10580	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution)</small>
28	DAVIS POLK & WARDWELL LLP 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
29	MR. ROBERT S. KAPLAN 21 EAST 90TH STREET #12A NEW YORK, NY 10128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

THE BRAVEWELL COLLABORATIVE

71-0879929

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	AETNA 151 FARMINGTON AVENUE HARTFORD, CT 06156	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
31	DUKE CORPORATE ACCOUNTS PAYABLE 512 S. MANGUM STREET, SUITE 400 DURHAM, NC 27710	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	MS. EILEENK. MURRAY 79 TWEED BOULEVARD UPPER GRAND VIEW NYACK, NY 10960	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THE FRANCES LEAR FOUNDATION 300 CENTRAL PARK WEST, APT 8F NEW YORK, NY 10024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	BETH ISRAEL MEDICAL CENTER 555 WEST 57TH STREET NEW YORK, NY 10019	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	GOLDMAN, SACHS & CO. 85 BROAD STREET NEW YORK, NY 10004	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36	<u>FAMILY PHILANTHROPY ADVISORS</u> <u>1818 OLIVER AVENUE SOUTH</u> <u>MINNEAPOLIS, MN 55405</u>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
37	<u>GAIL & RICHARD SIEGAL</u> <u>1526 BAY BLVD</u> <u>ATLANTIC BEACH, NY 11509</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
38	<u>BEA WILCOX</u> <u>4411 NATOMA AVENUE</u> <u>WOODLAND HILLS, CA 91364</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
39	<u>MR. & MRS. THOMAS R. NIDES</u> <u>4838 ROCKWOOD PARKWAY NW</u> <u>WASHINGTON, DC 20016</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
40	<u>MR. AND MRS. BENNETT GOODMAN</u> <u>12 COOPER ROAD</u> <u>SCARSDALE, NY 10583</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
41	<u>MR. AND MRS. JEFFREY H. SALZMAN</u> <u>158 INDIAN HEAD ROAD</u> <u>RIVERSIDE, CT 06878</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42	MR. AND MRS. ROY BOSTOCK 7 SOUTH MANURSING ISLAND RYE, NY 10580	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
43	MR. KENNETH M. DEREGT 35 EAST 76TH STREET NEW YORK, NY 10021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	VAN BEUREN MANAGMENT TRUST C/O 650 MADISON AVE, 24TH FLOOR NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	MS. RUTH PORAT ONE WEST 72ND STREET, #26 NEW YORK, NY 10023	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE BRAVEWELL COLLABORATIVE	Employer identification number 71-0879929
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	EXXON MOBIL, WHIRLPOOL AND WELLS FARGO STOCKS	\$ 80,147.	VARIOUS
11	CISCO SYSTEMS AND COLGATE PALMOLIVE STOCKS	\$ 49,128.	VARIOUS
17	LABORATORY CORP. AND PSS WORLD MED STOCKS	\$ 21,030.	VARIOUS
20	WELLS FARGO STOCK	\$ 14,881.	VARIOUS
		\$	
		\$	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
US BANCORP INTEREST	11,474.	0.	11,474.
TOTAL TO FM 990-PF, PART I, LN 4	11,474.	0.	11,474.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ROYALTY INCOME	362.	0.	362.
MISC. INCOME	2,957.	0.	2,957.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	48,250.	0.	48,250.
TOTAL TO FORM 990-PF, PART I, LINE 11	51,569.	0.	51,569.

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	763.	0.	0.	763.
TO FM 990-PF, PG 1, LN 16A	763.	0.	0.	763.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	13,371.	0.	0.	13,371.
TO FORM 990-PF, PG 1, LN 16B	13,371.	0.	0.	13,371.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING	859,823.	0.	0.	859,823.	
INVESTMENT FEES	0.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	859,823.	0.	0.	859,823.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
POSTAGE AND DELIVERY	19,210.	0.	0.	19,210.	
OFFICE SUPPLIES	9,044.	0.	0.	9,044.	
MARKETING	71,775.	0.	0.	71,775.	
TELEPHONE	13,580.	0.	0.	13,580.	
MEALS	65,725.	0.	0.	65,725.	
MISCELLANEOUS EXPENSE	1,289.	0.	0.	1,289.	
INSURANCE	20,648.	0.	0.	20,648.	
EVENT DESIGN	99,384.	0.	0.	99,384.	
PROGRAM EXPENSE	1,433,030.	0.	0.	1,433,030.	
PUBLIC RELATIONS	173,763.	0.	0.	173,763.	
BAD DEBT EXPENSE	150,000.	0.	0.	150,000.	
AWARD CEREMONY EXPENSES	44,082.	0.	0.	44,082.	
TO FORM 990-PF, PG 1, LN 23	2,101,530.	0.	0.	2,101,530.	

FOOTNOTES

STATEMENT 7

FORM 990-PF, PART I, LINE 19:

PROPERTY AND EQUIPMENT, INCLUDING WEBSITE DEVELOPMENT, IS STATED AT COST AND IS AMORTIZED USING THE STRAIGHT-LINE METHOD OVER ITS ESTIMATED USEFUL LIFE OF 3 YEARS.

21,666.

FORM 990-PF, PART VIII:

FAMILY PHILANTHROPY ADVISORS PROVIDES ADMINISTRATIVE AND PROGRAM MANAGEMENT SERVICES TO THE BRAVEWELL COLLABORATIVE. ELLEN GEORGE IS THE EXECUTIVE DIRECTOR OF THE FOUNDATION AND EMPLOYEE OF FAMILY PHILANTHROPY ADVISORS. NO COMPENSATION IS PAID DIRECTLY TO THE EXECUTIVE DIRECTOR BY THE BRAVEWELL COLLABORATIVE

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
BOOK VS. TAX GAIN ON SALE OF DONATED SECURITIES	138,379.
TOTAL TO FORM 990-PF, PART III, LINE 5	138,379.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT SECURITIES <i>STMT 16</i>	X		299,657.	299,657.
TOTAL U.S. GOVERNMENT OBLIGATIONS			299,657.	299,657.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			299,657.	299,657.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
WEB SITE DEVELOPMENT	130,000.	130,000.	0.
TOTAL TO FM 990-PF, PART II, LN 14	130,000.	130,000.	0.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PENNY GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PAST-PRESIDENT 10.00	0.	0.	0.
LURA LOVELL 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
WILLIAM SARNOFF 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	VICE PRESIDENT 10.00	0.	0.	0.
ANN LOVELL 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	TREASURER 10.00	0.	0.	0.
SHERRY LUND 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	SECRETARY 10.00	0.	0.	0.
CHRISTY MACK 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	PRESIDENT 30.00	0.	0.	0.
ELLEN GEORGE 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	VP OF OPERATIONS 40.00	0.	0.	0.
BLYTHE BRENDEN 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	DIRECTOR 1.00	0.	0.	0.
TERESA BONNER 1818 OLIVER AVENUE SOUTH MINNEAPOLIS, MN 55405	VP OF PROGRAMS 40.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12

ACTIVITY ONE

LEADING CLINICAL CENTERS AS MODELS FOR CHANGE: TO EMPOWER AND ACCELERATE THE GROWTH OF LEADING CLINICAL CENTERS OF INTEGRATIVE MEDICINE WHICH CAN SERVE AS MODELS FOR CHANGE IN THE HEALTHCARE DELIVERY SYSTEM. THE 'CLINICAL NETWORK' IS COMPRISED OF 9 INTEGRATIVE MEDICINE CENTERS FROM ACROSS THE COUNTRY THAT CONVENE SEMI-ANNUALLY TO SHARE LESSONS LEARNED. THIS PROGRAM SUPPORTS THE TRAINING OF 51 FELLOWS IN INTEGRATIVE MEDICINE AND THE IMPLEMENTATION OF A PRACTICE BASED RESEARCH NETWORK.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

1,672,433

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

ACTIVITY TWO

ESTABLISHING STRATEGIC PARTNERSHIPS: TO IDENTIFY, SELECT AND COLLABORATE WITH STRATEGIC PARTNERS WHO ADVANCE BRAVEWELL'S MISSION, OFFERING OPPORTUNITIES FOR MAXIMUM LEVERAGE, IMPACT AND EFFECTIVENESS AT THE HIGHEST STANDARD. BRAVEWELL INITIATIVES HAVE PROVEN HIGHLY EFFECTIVE AND MUST NOW BE BROUGHT TO SCALE AT A NATIONAL LEVEL. THE SUMMIT ON INTEGRATIVE MEDICINE AND THE PUBLIC HEALTH ALONG WITH A DINNER TO PUBLICLY RELEASE THE SUMMARY OF THE SUMMIT HAS THE POTENTIAL TO ELEVATE THE WORK OF THE BRAVEWELL COLLABORATIVE TO THIS LEVEL.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

902,634.

THE BRAVEWELL COLLABORATIVE

Government securities

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
FHLB CALL BOND								
RATE 1 5000% MATURES 03/29/12								
INTEREST EARNED FROM 09/29/09								
1ST INTEREST PAYMENT 03/29/10								
ACCRUED INTEREST \$383 33								
CUSIP 3133XUVB6								
EAI \$1,500 Current yield 1.50%	Sep 21, 09	100,000 000	100 050	100,055.25	99 875	99,875 00	-180.25	ST
FHLB BOND								
RATE 1.1250% MATURES 07/23/12								
INTEREST EARNED FROM 07/23/09								
1ST INTEREST PAYMENT 01/23/10								
ACCRUED INTEREST \$493 75								
CUSIP 3133XU4U4								
EAI \$1,125 Current yield 1 12%	Sep 21, 09	100,000 000	100 300	100,300 00	100 281	100,281 00	-19 00	ST
FHLMC BOND								
RATE 1 0000% MATURES 09/15/12								
INTEREST EARNED FROM 09/24/09								
1ST INTEREST PAYMENT 03/15/10								
CUSIP 3133F4GC9								
EAI \$1,000 Current yield 1 01%	Sep 21, 09	100,000 000	100 000	100,000.00	99 501	99,501 00	-499.00	ST
Total		\$300,000.000		\$300,355.25		\$299,657.00	-\$698.25	
Total accrued interest: \$877.08								
Total estimated annual income: \$3,625								

STMT 16

AMENDMENT TO THE BYLAWS

OF

**THE BRAVEWELL COLLABORATIVE: THE PHILANTHROPIC COLLABORATIVE
FOR INTEGRATIVE MEDICINE**

At the May 8, 2009 Meeting of the Board of Directors of the Bravewell Collaborative, Article 2.2 of the Bylaws was approved to be changed from:

2.2 Election, Term of Office, and Qualification. At the annual meeting of the Board of Directors, the Directors shall elect the officers. Officers shall be elected to terms of one (1) year. No officer may serve more than two successive terms in any one office. Each officer shall hold office until the next annual meeting and until his or her successor is elected and has qualified, or until the officer has been removed in the manner hereafter provided. Officers must be members of the Board of Directors.

To:

2.2 Election, Term of Office, and Qualification. At the annual meeting of the Board of Directors, the Directors shall elect the officers. Officers shall be elected to terms of one (1) year. Each officer shall hold office until the next annual meeting and until his or her successor is elected and has qualified, or until the officer has been removed in the manner hereafter provided. Officers must be members of the Board of Directors.