Filing Instructions

Vitamix Foundation

Estimated Tax Payments

Taxable Year Ending December 31, 2023

Instructions: Your required 2023 Form 990-PF estimated tax payments are as follows:

Due Date	Remittance
5/15/23	\$747
6/15/23	\$0
9/15/23	\$0
12/15/23	\$0

Authorization for the U.S. Treasury to debit your Keybank checking account for these estimate payments has been designated in the electronic return. To cancel a scheduled electronic withdrawal, you must call the U.S. Treasury Financial Agent at (888) 353-4537 at least two working days prior to the date of withdrawal.

Other: Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

xFiling Instructions

Vitamix Foundation

Estimated Tax Payments

Taxable Year Ended December 31, 2023

Instructions: Your required 2023 Form 990-T estimated tax payments are as follows:

Due Date	Remittance
5/15/23	\$800
6/15/23	\$0
9/15/23	\$0
12/15/23	\$0

Each payment should be made by a method of Electronic Funds Transfer (EFT). If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate each tax payment.

Other: Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Filing Instructions

Vitamix Foundation

Private Foundation Tax Return

Taxable Year Ended December 31, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990-PF for the tax year ended 12/31/22 shows a total overpayment of \$53, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

- Kuhns & Associates, Inc.
- Mail in enclosed envelope
- Fax to 216-573-7370

Secure electronic options (recommended)

- Upload via ShareFile at www.kuhnscpa.com
- Electronic signature (call us at 216-573-7395 to receive by email)
- Personal Portal at www.kuhnscpa.com (call us to create a portal)

Important: Your return will not be filed with the IRS until the signed Form 8879-EO, IRS e-file Signature Authorization for Form 1041 has been received by this office.

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-PF. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return. If you would like an electronic copy of your tax returns, please contact our office.

Form 8879-TE			IRS <i>e-file</i> Signature for a Tax Exempt			OMB No. 1545-0047
Department of the Treasury	For calenda	ar year	2022, or fiscal year beginning Do not send to the IRS. Keep	for your records.	, 20	2022
Internal Revenue Service Name of filer			Go to www.irs.gov/Form8879TE for	the latest information.	EIN or SSN	
	7	77 יד	AMIX FOUNDATION		46-36552	204
Name and title of officer or person sub			CONNORS		10 50552	
			URER			
Part I Type of F	Return and F	Retu	rn Information			
			ing this Form 8879-TE and enter the ap	olicable amount, if any, fro	om the return. Form	
8038-CP and Form 5330 file	rs may enter do	llars	and cents. For all other forms, enter who	le dollars only. If you che	ck the box on line 1a	a, 2a,
3a, 4a, 5a, 6a, 7a, 8a, 9a, or	10a below, and	the	amount on that line for the return being f	iled with this form was bla	ank, then leave line 1	b, 2b,
3b, 4b, 5b, 6b, 7b, 8b, 9b, c	r 10b, whicheve	er is a	applicable, blank (do not enter -0-). But, i	f you entered -0- on the re	eturn, then enter -0-	on the
applicable line below. Do no	t complete more	e thar	n one line in Part I.			
1a Form 990 check here		b	Total revenue, if any (Form 990, Part	VIII, column (A), line 12)	1b	
2a Form 990-EZ check he		b	Total revenue, if any (Form 990-EZ, lir	ne 9)	2b	
3a Form 1120-POL check		b	Total tax (Form 1120-POL, line 22)			
4a Form 990-PF check he		b	Tax based on investment income (Fe	orm 990-PF, Part V, line 5	5) 4b	747
5a Form 8868 check here		b	Balance due (Form 8868, line 3c)			
6a Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)		6b	
7a Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)		7b	
8a Form 5227 check here		b	FMV of assets at end of tax year (For			
9a Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)			
10a Form 8038-CP check h			Amount of credit payment requested			
Part II Declaration Under penalties of perjury, I			e Authorization of Officer or P I am an officer of the above entity or	erson Subject to Ta		
complete. I further declare the intermediate service provider acknowledgement of receipt the date of any refund. If ap (direct debit) entry to the final return, and the financial instit 1-888-353-4537 no later than processing of the electronic the payment. I have selected electronic funds withdrawal. PIN: check one box only X I authorize KUH on the tax year 2022 agency(ies) regulating return's disclosure of As an officer or pers	at the amount in , transmitter, or or reason for re- plicable, I autho- incial institution to debit the 2 business da payment of taxe a personal ide NS & AS 2 electronically fi g charities as p onsent screen. on subject to tax	n Par elect ejectic rize ti accoo ne en ys pr es to ntifica SOC led re art of x with	les and statements, and, to the best of r t I above is the amount shown on the co ronic return originator (ERO) to send the on of the transmission, (b) the reason for he U.S. Treasury and its designated Fina unt indicated in the tax preparation softw try to this account. To revoke a payment ior to the payment (settlement) date. I al receive confidential information necessar ation number (PIN) as my signature for t CIATES, INC. ERO firm name eturn. If I have indicated within this return the IRS Fed/State program, I also author n respect to the entity, I will enter my PIN return that a copy of the return is being	ppy of the electronic return return to the IRS and to any delay in processing ancial Agent to initiate an are for payment of the fe , I must contact the U.S. so authorize the financial y to answer inquiries and he electronic return and, in to enter my PIN to that a copy of the return orize the aforementioned I as my signature on the	 I consent to allow in receive from the IRS the return or refund, electronic funds with deral taxes owed on Treasury Financial A institutions involved I resolve issues relation f applicable, the constructions involved as Enter five numbers, be do not enter all zeros is being filed with a ERO to enter my PII tax year 2022 electroce 	my S (a) an and (c) drawal this gent at in the ed to sent to my signature ut state N on the unically
			return that a copy of the return is being my PIN on the return's disclosure const		, , ,	es as part
Signature of officer or person subject				Date	05/15/23	
	on and Aut					
ERO's EFIN/PIN. Enter you number (EFIN) followed by y	0		0	346173 Do not en	841503 ter all zeros	
•	accordance with		which is my signature on the 2022 electr requirements of Pub. 4163 , Modernized	•		
ERO's signature	D M PRI	BUL	A, CPA	Date	05/15/23	
			RO Must Retain This Form —			
	Do No	t Si	Ibmit This Form to the IRS Unl	ess Requested To	Do So	
For Privacy Act and Paper	work Reduction	n Act	Notice, see back of form.			Form 8879-TE (2022)

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

OMB No. 1545-0047

2

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calend	lar year 2022 or tax year beginning	, and ending				
N	ame of f	foundation			A Emp	loyer identification num	iber
7	י דיד ד	MIX FOUNDATION			46.	-3655204	
		Ind street (or P.O. box number if mail is not delivered to street a	ddress) Ro	oom/suite		bhone number (see instru	ctions)
		USHER RD	,			0-782-9255	,
		wn, state or province, country, and ZIP or foreign postal code			C If exe	emption application is pen	ding check here
		TED TWP OH 44138-2					•••
G	Check a		urn of a former public c	harity	D 1. Fo	preign organizations, cheo	k here
		Final return Amende			1	preign organizations meet	·
		Address change Name ch	8		85	5% test, check here and a	attach computation .
Н		type of organization: 🔀 Section 501(c)(3) exempt priva	te foundation			vate foundation status wa	
			ble private foundation		sectio	on 507(b)(1)(A), check he	ere
		rket value of all assets at J Accounting method		rual		foundation is in a 60-mo r section 507(b)(1)(B), ch	
	-	ear (from Part II, col. (c), Other (specify)			unde	1 Section 507(b)(1)(B), Ch	
	ne 16)	\$ 3,431,937 (Part I, column (d), mu					(d) Disbursements
F	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equ	al expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books	incor	ne	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	3,001,505				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	26,654		26,654	26,654	
	4	Dividends and interest from securities	27,098		27,098	27,098	
	5a	Gross rents					
he	b	Net rental income or (loss)	20 507				
eni	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-38,507				
Revenue	b 7	Gross sales price for all assets on line 6a 1,107,893			0		
	7 8	Capital gain net income (from Part IV, line 2)			0	0	
	9	Net short-term capital gain				•	
	10a	Income modifications Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 2	-186,428			-186,428	
	12	Total. Add lines 1 through 11	2,830,322		53,752	-132,676	
S	13	Compensation of officers, directors, trustees, etc.	0				
xpenses	14	Other employee salaries and wages					
- Jec	15	Pension plans, employee benefits					
Ă	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule)					
ativ	C	Other professional fees (attach schedule)					
Administrative	17	Interest Taxes (attach schedule) (see instructions) STMT 3	1,524				
Ë	18	Taxes (allach schedule) (see Instructions)	1,524				
- mp	19 20	Depreciation (attach schedule) and depletion					
Ă	20	Occupancy Travel, conferences, and meetings	1,511				
and	22	Printing and publications					
a a	23	Printing and publications Other expenses (att. sch.) STMT 4	40,158				
Operating	24	Total operating and administrative expenses.	-				
) Fat		Add lines 13 through 23	43,193		0	0	0
ğ	25	Contributions, gifts, grants paid	755,334				755,334
0	26	Total expenses and disbursements. Add lines 24 and 25	798,527		0	0	755,334
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements \ldots	2,031,795				
	b	Net investment income (if negative, enter -0-)			53,752		
	С	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

Part I	PF (2022) VITAMIX FOUNDATION Balance Sheets Attached schedules and amounts in the description column	46-365520 Beginning of year	End o	Page 2
Iarti	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	1,400,142	21,612	
2	Savings and temporary cash investments		1,921,101	
3	Accounts receivable		_// _ / _ * _	_,,,_
Ŭ	Less: allowance for doubtful accounts			
4	Diadaga washinghis			
-	Less: allowance for doubtful accounts			
5	Over the second se			
6	Receivables due from officers, directors, trustees, and other			
Ū	disqualified persons (attach schedule) (see			
-	instructions)			
7	Other notes and loans receivable (att. schedule)			
	Less: allowance for doubtful accounts 0			
8 9 10a	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
	Investments – U.S. and state government obligations (attach schedule)		1 400 004	1 400 00
b	Investments – corporate stock (attach schedule) SEE STMT 5		1,489,224	1,489,224
С	Investments – corporate bonds (attach schedule)			
11	Investments – land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach sch.)			
12				
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach sch.)			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	1,400,142	3,431,937	3,431,93
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow FASB ASC 958, check here X and complete lines 24, 25, 29, and 30.			
24	Net assets without donor restrictions	1,400,142	3,431,937	
25	Net assets with donor restrictions			
24 25 26	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
26	Capital stock, trust principal, or current funds			
	Paid-in or capital surplus, or land, bldg., and equipment fund			
28 29	Retained earnings, accumulated income, endowment, or other funds			
29	Total net assets or fund balances (see instructions)	1,400,142	3,431,937	
	Total liabilities and net assets/fund balances (see			
30	instructions)	1,400,142	3,431,937	
Part I				
1 Total	net assets or fund balances at beginning of year - Part II, column (a), line 29 (mus	st agree with		
end-c	of-year figure reported on prior year's return)		1	1,400,14
2 Enter	amount from Part I, line 27a		2	2,031,79
3 Other	r increases not included in line 2 (itemize)		3	
4 Add I	ines 1, 2, and 3			3,431,93
	eases not included in line 2 (itemize)		5	

	F (2022) VITAMIX			46-3655204			Page 3
Part IV		nd Losses for Tax on Investme		1			
	(a) List and describe th 2-story brick ware	e kind(s) of property sold (for example, real e house; or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P – Purchase D – Donation		e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A	4						
b							
С							
d							
e			1				
(e)	Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain ((e) plus (f)	· · ·
а							
b							
C							
d							
е							
Comple	te only for assets showin	g gain in column (h) and owned by the f	oundation on 12/31/6	69.			(h) gain minus
(i) F	MV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i) col. (k), but not le		not less than -0-) or (from col. (h))	
а							
b							
<u>с</u>							
d							
е					 		
2 Capital	gain net income or (net o	capital loss)	· ß				
0 Not al.	-	If (loss), enter -0- in	_		2		
	1 0 (ss) as defined in sections 1222(5) and (,				
-		3, column (c). See instructions. If (loss), e	8		3		
Part V		ed on Investment Income (Sec		940(b), or 4948–	-	struction	s)
		described in section 4940(d)(2), check h		er "N/A" on line 1.			<u>-,</u>
		letter: (attach cop			ons)	1	747
		enter 1.39% (0.0139) of line 27b. Exem					
		12, col. (b)					
		tic section 4947(a)(1) trusts and taxable				2	0
3 Add li	nes 1 and 2					3	747
4 Subtit	le A (income) tax (domes	stic section 4947(a)(1) trusts and taxable	foundations only; of	thers, enter -0-)		4	0
5 Tax b	ased on investment inc	come. Subtract line 4 from line 3. If zero	or less, enter -0			5	747
	s/Payments:			1			
		and 2021 overpayment credited to 2022		a	800		
b Exem	pt foreign organizations -	- tax withheld at source	61	>			
		ktension of time to file (Form 8868)		-			
d Backu	p withholding erroneousl	ly withheld	60				
7 Total	credits and payments. Ac	dd lines 6a through 6d				7	800
		yment of estimated tax. Check here				8	
		and 8 is more than line 7, enter amount			·····	9	FJ
-	•	e than the total of lines 5 and 8, enter the	· _		ŀ	10	53
11 Enter	the amount of line 10 to	be: Credited to 2023 estimated tax	5	3 Refunded	I	11	

Pa	art VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?N/A	4b		<u> </u>
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	Х	<u> </u>
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 XIV	7	х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. OH			
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) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	L
	Website address WWW.VITAMIXFOUNDATION.ORG			
14	The books are in care of DIRECTOR Telephone no. 440-7	82-9	925	.
	8615 USHER RD	0.1	~ ~	
	Located at OLMSTED TWP OH ZIP+4 44138			
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 2022, 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 FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Form 990-PF (2022) VITAMIX FOUNDATION

Page 4

Form	1 990-PF (2022) VITAMIX FOUNDATION 46-3655204		P	age 5
Pa	art VI-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
1a	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?			x
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(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)?	1a(5)		x
	(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.)	1a(6)		x
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	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 2022? N/A	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		x
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 2022?	4b		X
		~~~		

Form	990-PF (2022) <b>VITAMIX FOUNDATION</b> 46-3655204		Pa	age <b>6</b>
Pa	Int VI-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:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or			
	indirectly, any voter registration drive?	5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		Х
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)			
	(4)(A)? See instructions	5a(4)		х
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
	the prevention of cruelty to children or animals?	5a(5)		Х
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 N/A	5b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	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? N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	6a		Х
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		х
	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?	7a		х
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	8		Х
Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ	yees,		

and Contractors

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

(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 6				

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0
			_	

#### Form 990-PF (2022) VITAMIX FOUNDATION

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Part VII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services. See instruct	tions. If none, enter "NO	DNE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1 N/A		
2		
3		
4		
Part VIII-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	2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		
		Form <b>990-PF</b> (202)

# Form 990-PF (2022) VITAMIX FOUNDATION

46	5 - 3	165	552	04

Pa	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	gn foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	3,406,360
b	Average of monthly cash balances	1b	84 <b>,</b> 507
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	3,490,867
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,490,867
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	52,363
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	3,438,504
6	Minimum investment return. Enter 5% (0.05) of line 5	6	171,925
Pa	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	tions
	and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	171,925
2a	Tax on investment income for 2022 from Part V, line 5 2a 747	- 1	
b	Income tax for 2022. (This does not include the tax from Part V.)		_ / _
С	Add lines 2a and 2b	2c	747
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	171,178
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	171,178
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		1 - 1 - 0
		7	171,178
	art XI 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	755,334
b	Program-related investments – total from Part VIII-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	755 224
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	755,334

# Form 990-PF (2022) VITAMIX FOUNDATION Part XII Undistributed Income (see instructions)

Pa	rt XII Undistributed Income	(see instructions)				
			<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2021	<b>(c)</b> 2021	(d) 2022
1	Distributable amount for 2022 from Part >	K, line 7				171,178
2	Undistributed income, if any, as of the en	d of 2022:				
а	Enter amount for 2021 only					
b	Total for prior years: 20 , 20	, 20				
3	Excess distributions carryover, if any, to					
а	From 2017	79,820				
b	From 2018	139,039				
С	From 2019	270,232				
d	From 2020	234,026				
е	From 2021	45,355				
f	Total of lines 3a through e		768,472			
4	Qualifying distributions for 2022 from Par					
	line 4: \$ 755,334					
а	Applied to 2021, but not more than line 2	a				
	Applied to undistributed income of prior y	I				
	(Election required - see instructions)					
С	Treated as distributions out of corpus (El					
	required – see instructions)					
d	Annelia di ta 0000 diatrile dalla anna unt					171,178
е	Remaining amount distributed out of corp		584,156			
5	Excess distributions carryover applied to					
	(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	t line 5	1,352,628			
	Prior years' undistributed income. Subtra	I				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	uted				
	income for which a notice of deficiency has	as				
	been issued, or on which the section 494	-2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount - see instructions					
е	Undistributed income for 2021. Subtract	line				
	4a from line 2a. Taxable amount - see					
	instructions					
f	Undistributed income for 2022. Subtract	lines				
	4d and 5 from line 1. This amount must b	e				
	distributed in 2023					0
7	Amounts treated as distributions out of c	orpus				
	to satisfy requirements imposed by section	on				
	170(b)(1)(F) or 4942(g)(3) (Election may					
	required—see instructions)					
8	Excess distributions carryover from 2017					
	applied on line 5 or line 7 (see instruction		79,820			
9	Excess distributions carryover to 2023					
	Subtract lines 7 and 8 from line 6a		1,272,808			
10	Analysis of line 9:					
а	Excess from 2018	139,039				
b	Excess from 2019	270,232				
С	Excess from 2020	234,026				
d	Excess from 2021	45,355				
e	Excess from 2022	584,156				
						Form <b>990-PF</b> (2022)

Form	990-PF (2022) VITAMIX FOUN	DATION		46-36552	04	Page <b>10</b>
	art XIII Private Operating Fou		structions and Par			
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation				942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	investment return from Part IX for					
	each year listed					
b	85% (0.85) of line 2a					
C	Qualifying distributions from Part XI,					
•	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
C	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
2						
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 investment return shown in					
	Part IX, line 6, for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	art XIV Supplementary Inform	ation (Complete	this part only if	he foundation ha	d \$5.000 or more	e in assets at
	any time during the ye	• •	• •		····	
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	-	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only					
	N/A				,-,	
b	List any managers of the foundation	who own 10% or m	ore of the stock of a	a corporation (or an	equally large portion	of the
	ownership of a partnership or other entity				oqually large perior	
	N/A					
2	Information Regarding Contribution, G	irant Gift Loan Sch	olarshin etc. Progr	ams.		
2				ble organizations and d	loes not accent	
	unsolicited requests for funds. If the foun			-		
				s of organizations und		
	complete items 2a, b, c, and d. See instr		f the nerson to whom	applications should be	addraaadu	
а	The name, address, and telephone numb	er or email address o	in the person to whom	applications should be	audressed.	
	N/A					
	The form in which condications should be	outproton and information	otion and materials it			
b	The form in which applications should be	submitted and inform	iation and materials the	ey shouid include:		
	N/A					
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable fi	elds, kinds of institution	ns, or other	
	factors:					
	N/A					

Form 990-PF (2022) VITAMIX FOUNDATIO		46-3655204		Page 1
Part XIV Supplementary Information (c 3 Grants and Contributions Paid During		r Future Payment		
	If recipient is an individual,			
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year THE PLANTRICIAN PROJECT				
PO BOX 741596 BOYNTON BEACH FL 33474	SUPPORT PUBLIC	PC ATON OF INTE	RNATIONAL	5,00
OREGON HEALTH & SCIENCE UN	IVERSITY			
1121 SW SALMON ST #100		PC		
PORTLAND OR 97205	SUPPORT 2ND 1		PREG CONF	33,33
				,
AMERICAN COLLEGE OF LIFEST	YLE MED			
PO BOX 6432		PC		
CHESTERFIELD MO 63006	DEVELO	MENT OF ONLI	NE MODULE	5,00
TULANE UNIVERSITY EDUCATIO	N FUND			
1440 CANAL ST #2001		PC		
NEW ORLEANS LA 70112	EXAM PRECONCE	TION DIETARY	PATTERNS	42,32
				-
GREATER CLEVELAND FOODBANK				
15500 SOUTH WATERLOO RD		PC		
CLEVELAND OH 44110	NOURISHI	NG BEGINNING	\$ PROJECT	41,58
FHI SOLUTIONS LLC				
1825 CONNECTICUT AVE NW				
WASHINGTON DC 20009	EDUCATE FAMIL	ES ABOUT OPT	IMAL NUTR	50,000
				-
CHARLIE CART				
1442A WALNUT ST #469				
BERKELEY CA 94709	COMMUNITY V	IDE FOOD EDU	C PROGRAM	37,50
CHILDREN'S NATIONAL MED CE	NTER			
111 MICHIGAN AVE NW				
WASHINGTON DC 20010	EATING BE	AVIOR NUTRIT	ION STUDY	25,00
MASSACHUSETTS GENERAL HOSP	TAL			
125 NASHUA STREET #540	_			
BOSTON MA 02114	]	LANT BASED F	OOD STUDY	50,00
NATIONAL WIC ASSOCIATION				
2001 S STREET NW, STE 580				
WASHINGTON DC 20009		IRTUAL MEMBER	PLATFORM	73,500
Total	•	•	3a	755,334
<b>b</b> Approved for future payment				
N/A				

Form 990-PF (2022)

3b

# Form 990-PF (2022) VITAMIX FOUNDATION Part XV-A Analysis of Income Decided

46-	36	55	5	2	04	ł
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Part XV-A	Analysis of Income-Producing Act	vities				
	ounts unless otherwise indicated.		d business income	Excluded	d by section 512, 513, or 514	
-		(a) Business code	<b>(b)</b> Amount	(c) Exclusion	<b>(d)</b> Amount	<b>(e)</b> Related or exempt function income
1 Program se	rvice revenue:			code		(See instructions.)
a						
f						
<b>g</b> Fees ar	nd contracts from government agencies					
2 Membership	o dues and assessments					
3 Interest on	savings and temporary cash investments					26,654
4 Dividends a	nd interest from securities					27,098
	ncome or (loss) from real estate:					
a Debt-fin	anced property					
<b>b</b> Not det	ot-financed property					
6 Net rental in	ncome or (loss) from personal property					
7 Other inves	tment income					
8 Gain or (los	s) from sales of assets other than inventory					-38,507
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other reven						
b UNRE	ALIZED GAINS/LOSSES					-186,428
c						
d						
e						
12 Subtotal Ar			0		0	_171 192
	dd columns (b), (d), and (e)		-		-	
13 Total. Add	line 12, columns (b), (d), and (e)		-		-	-171,183
13 Total. Add	ine 12, columns (b), (d), and (e)				13	
13 Total. Add (See worksheet Part XV-B	in line 13 instructions to verify calculations.)  Relationship of Activities to the	complishm	ent of Exempt P	urpose	13 95	-171,183
13 Total. Add	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add (See worksheet Part XV-B Line No.	in line 13 instructions to verify calculations.)  Relationship of Activities to the	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
I3 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
I3 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
I3 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
I3 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
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13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
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13 Total. Add (See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add (See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183
13 Total. Add (See worksheet Part XV-B Line No.	Ine 12, columns (b), (d), and (e)         in line 13 instructions to verify calculations.)         Relationship of Activities to the Activities         Explain below how each activity for which income	complishm	ent of Exempt P column (e) of Part XV-	urpose A contrik	13 2S puted importantly to the	-171,183

org	anizations	?								
<b>a</b> Tra	ansfers fro	m the reporting found	lation to a no	oncharitable exem	pt organization	of:				
(1)	Cash								1a(1)	X
(2)	Other as	sets							1a(2)	<u> </u>
<b>b</b> Oth	ner transa	ctions:								
(1)	Sales of	assets to a noncharit	able exempt	organization					1b(1)	<u> </u>
(2)	Purchase	es of assets from a n	oncharitable	exempt organizati	ion				1b(2)	<u> </u>
(3)	Rental of	f facilities, equipment,	or other ass	ets					1b(3)	<u> </u>
(4)	Reimburs	sement arrangements	S						1b(4)	<u> </u>
(5)	Loans or	loan guarantees							1b(5)	<u> </u>
(6)	Performa	ince of services or m	embership or	r fundraising solic	itations				1b(6)	<u> </u>
									1c	X
					-		uld always show the fa			
		-	-		-		tion received less that			
-	T				• •		, other assets, or serv			
	ne no.	(b) Amount involved	(c) Name	e of noncharitable exem	npt organization	(	d) Description of transfers, tr	ansactions, and sharing	arrangeme	nts
N/A										
20 10 1	the founde	tion directly or indirec	 	with or related to		toy avampt of	ranizationa			
		ation directly or indirect				•	•			s X No
		plete the following sc		501(0)(3)) 01 11 5	ection 527 :				∐ Ye	
<u> </u>	1	Name of organization	nedule.	(b) Type of	organization		(c) Descrir	tion of relationship		
N/2	,	Name of organization			organization		(6) Descrip			
	Under pena	alties of perjury, I declare the	at I have examin	ed this return, includin	g accompanying s	chedules and sta	tements, and to the best of	my knowledge and belie	ef, it is true	,
	correct, and	d complete. Declaration of p	oreparer (other th	an taxpayer) is based	on all information	of which prepare	r has any knowledge.	May the IRS dis	scuss this re	eturn
Sign								with the prepare	er sho <u>wn b</u> e	
Here								See instructions	s. 🗙	Yes No
					1		TREASURER			
	Signature o	f officer or trustee			Date		Title	·		-
L	Print/Tvp	e preparer's name			Preparer's sign	ature		Date		
					l					Check if self-employed
Paid		D M PRIBULA,	CPA		RONALD M	PRIBULA	A, CPA	05/0	8/23	
Preparer	Firm's na	ZITING		SOCIATES,	INC.				0248	604
Use Only	Firm's ac	0700		DE ROAD,	STE.	350			-1602	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt

Did the organization directly or indirectly engage in any of the following with any other organization described

in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political

VALLEY VIEW, OH 44125

Form 990-PF (2022) VITAMIX FOUNDATION

Organizations

Part XVI

1

46-3655204	

No

216-573-7395

Form 990-PF (2022)

Phone no.

Yes

# Form 990-PF (2022) VITAMIX FOUNDATION Part XIV Supplementary Information (cor

46-3655204

rm 990-PF (2022) VIIAMIA FOUNDATION		40-3033204		Page T
Part XIV Supplementary Information (co				
3 Grants and Contributions Paid During th		Future Payment	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year BRIGHTER BITES INC PO BOX 25456 HOUSTON TX 77265	NUTURING HI	EALTHY TEACHE	R PROJECT	44,844
PENN STATE UNIVERSITY 110 TECHNOLOGY CENTER BLD UNIVERSITY PARK PA 16802		NUTRIT	ION STUDY	24,22
UT HEALTH SCIENCE CTR 1200 HERMANN PRESSLER DR HOUSTON TX 77030		NUTRIT	ON STUDY	167,830
UNIVERSITY OF ARKANSAS MEDI 521 JACK STEPHENS DR #530 LITTLE ROCK AR 72205		PORT SMART EA		71,90
DITTLE ROCK MR 72205				/1/50
UNIVERSOTY OF COLORADO 12631 EAST 17TH AVE AURORA CO 80045	I	EALTHY START:	5 PROJECT	83 <b>,</b> 28
	-			,
Total			За	
Approved for future payment				
N/A				
· · · · · · · · · · · · · · · · · · ·				

3b

Total

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# ____

Employer identification number

46-3655204

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Filers of:

Name of the organization

#### VITAMIX FOUNDATION

Section:

Organization type (check one):

Form 99	90 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	90-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	Only a section 501(c)(7),	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
Genera	Rule		
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.	
Special	Rules		
	regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.	
	contributor, during the contributions totaled me during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions the year	
Caution	: An organization that i	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

2022

Schedule B	(Form 990) (2022)	PAGI	E 1 OF 1 Page 2						
	organization <b>MIX FOUNDATION</b>		ployer identification number -3655204						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
.1	VITA-MIX MANAGEMENT CORPORATION 8615 USHER RD OLMSTED TWP OH 44138-2103	\$ 3,001,505	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

# Federal Statements

	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
TIFTH THIRD SHORT	TERM COVERED	5	PURCHASE 51,107,893 \$	1,146,400 \$	\$		\$38,50
TOTAL		\$	\$\$	1,146,400 \$	0\$	0	\$ -38,50
		Statement 2	<u> - Form 990-PF, P</u>	Part I, Line 11 - Oth Revenue per	Net Invest		Adjusted Net
		Statement 2	<u> - Form 990-PF, P</u>			tment	Adjusted Net
	Description	Statement 2	<u>- Form 990-PF, P</u>				Adjusted Net Income -186,428
UNREALIZED GAINS/ TOTAL	Description	Statement 2	<u>2 - Form 990-PF, P</u>	Revenue per Books	Net Invest		Încome
	Description			Revenue per Books \$	Net Invest Incom \$\$		<b>Income</b> -186,428
TOTAL	Description		ent 3 - Form 990-P	Revenue per Books           \$ -186,428           \$ -186,428           \$ -186,428           PF, Part I, Line 18 - Net	Net Invest Incom \$\$ \$ <b>Taxes</b> Adjuste	e\$ \$ 	<u>Income</u> -186,428 -186,428 Charitable
	Description LOSSES			Revenue per Books           \$ -186,428           \$ -186,428           \$ -186,428           \$ -186,428	Net Invest Incom \$\$ \$	e\$ \$ 	Încome -186,428 -186,428

# **Federal Statements**

# Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description		Total		Net stment	,	usted Net	Charit Purp	
	\$		\$		\$		\$	
EXPENSES								
BANK CHARGES		21,233						
REGISTRATION FEE		200						
SPONSORSHIPS		6,500						
WEBSITE DEVELOPMENT		12,225						
TOTAL	\$	40,158	\$	0	\$	0	\$	0
<u>Stateme</u>	<u>nt 5 - Form 99</u>	<u>90-PF, Part II, I</u>	<u>-ine 10b -</u>	Corporate S	Stock Invest	tments		
		Deginging		End of	Р	ania of	Coir Ma	سار م

Description	of Year	End of Year	Valuation	Fair Market
FIFTH THIRD 52-52-000-6599716 FIFTH THIRD 52-52-000-6590368	\$	\$ 499,100 990,124	MARKET MARKET	\$ 499,100 990,124
TOTAL	\$0	\$ 1,489,224		\$ 1,489,224

## Statement 6 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOHN BARNARD 8615 USHER RD OLMSTED TWP OH 44138	CHAIRMAN	0.00	0	0	0
LOREE CONNORS 8615 USHER RD OLMSTED TWP OH 44138	TREASURER	0.00	0	0	0
AIMEE WRUBEL 27630 CAROLINE CIRCLE, APT A WESTLAKE OH 44145	SECRETARY	0.00	0	0	0
SUJATA LAHKE BARNARD 1187 SHEERBROOK DR	EXECUTIVE VP	0.00	0	0	0

# **Federal Statements**

# Statement 6 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address CHAGRIN FALLS OH 44022	Title	Average Hours	Compensation	Benefits	Expenses
NATALIE HAYNES 8615 USHER RD OLMSTED TWP OH 44138	DIRECTOR	0.00	0	0	0
STEVE LASERSON 8615 USHER ROAD OLMSTED TWP OH 44138	PRESIDENT	0.00	0	0	0