

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Schedule B (Form 980, 990-EZ, or 990-PF)

Department of the Tressury Internet Revenue Service

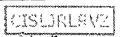
## **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see Instructions)

OMB No. 1545-0047

2007

Name of organization		Employer identification number			
The Robert McEldowney Jr.	Family Foundation	26-1536568			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	990-EZ 501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private for	indation			
	527 political organization				
Form 990-PF	S01(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 <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> : 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. (Complete Parts 1, 11, and 111.)					
during the year, som not aggregate to mo year for an exclusive applies to this organi	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive contributions for use exclusively for religious, charitable, etc., purpose re then \$1,000. (If this box is checked, enter here the total contributions by religious, charitable, etc., purpose. Do not complete any of the Parts (zation because it received nonexclusively religious, charitable, etc., contributions).	s, but these contributions did that were received during the unless the General Rule			
990-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special Rules do not fik y must check the box in the heading of their Form 990, Form 990-EZ, or to not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	r on line 2 of their Form			

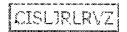


	(Farm 990, 990-EZ, or 990-PF) (2007)		Page 1 of 1 of Part i
	organization	Employer Identification number	
حـــــــــــــــــــــــــــــــــــــ	ert McEldowney Jr. Family Foundation	<del></del>	<u>26-1536568</u>
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1_	Robert McEldowney  111 Moorings Park Drive, Apt 117  Naples FL 34105  Foreign State or Province: Foreign Country:	\$1,738,477	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country:	- \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country;		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5_	Foreign State or Province: Foreign Country:	- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	. (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_6_	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

CISI	JRIRV7				
Schedule B (	(Form 990, 990-EZ, or 990-PF) (2007)		Page 1 of 1 of Part II		
	rganization		Employer identification number		
	ert McEldowney Jr. Family Foundation		26-1536588		
Part III	Exclusively religious, charitable, etc., Indhaggregating more than \$1,000 for the year. For organizations completing Part III, enter the	(Complete columns (a) through ( e total of exclusively religious, ch	e) and the following line entry.) aritable, etc		
- (a) Na	contributions of \$1,000 or less for the year. (E	Inter this Information once—see	instructions.) 🕨 \$ 0		
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_1_	Initial Contribution to Fund Foundation		Stock		
		(e)			
ļ	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No.	For, Prov. Country				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e)			
	Transferee's name, address, and ZIP	Transfer of gift + 4 Relation	nship of transferor to transferee		
	For. Proy, Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP	+4 Relatio	nship of transferor to transferee		
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
·		(c)			
	Transferee's name, address, and ZIP	(e) Transfer of gift +4 Relation	nship of transferor to transferee		

For. Prov.

Country



. .

0425876265
July 06, 2009 LTR 2697C 0 R
26-1536568 200809 44 000
00018286

THE ROBERT MCELDOWNEY JR FAMILY FOUNDATION 111 MOORINGS PARK DRIVE APT 117 NAPLES FL 34105

3



028476

## **DECLARATION**

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Title

10/23/09

COPY