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

OMB No 1545-0052

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 c	alenda	r year 2008, or tax year beginning ,	and ending							
G C	heck a	ll that apply Initial return Final retu	ded return		Address change	Name change				
Use	the IR	Name of foundation			A Employer identification number					
la	abel.	HCC FOUNDATION			06-1660898					
Oth	erwise	NED TIMMER			B Telephone number (see page 10 of the instructions)					
p	rint	Number and street (or P O box number if mail is not delivered	ed to street address)	Room/suite	61	<u>6-928-9120 </u>				
	type.	301 HOOVER-BLVD			C If exe	emption application is pend	ding, check here			
	Specifi	on, o, tom, one o, and an ood			D 1. F	oreign organizations, chec	k here			
	uctions	1102222112			2. F	oreign organizations meet	ing the			
н с	heck ty	pe of organization. 🔀 Section 501(c)(3) exempt privat	e foundation		8	5% test, check here and a	ttach computation			
L	ection	4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		-1	ate foundation status was	.			
I Fa	ır mark	et value of all assets at end	Cash X A	ccrual	unde	r section 507(b)(1)(A), che	ck here			
of	year (fi	rom Part II, col (c), Uther (specify)			1	foundation is in a 60-mon	L 1 1			
		▶\$ 16,663 (Part I, column (d) mus	be on cash basis)	<u> </u>	unde	r section 507(b)(1)(B), che	ck here			
Pa	rt I	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Nation		(-) Admind	(d) Disbursements			
		total of amounts in columns (b), (c), and (d) may not necessanly	I DOOKS	(b) Net in	vestment ome	(c) Adjusted net income	for chantable purposes			
		equal the amounts in column (a) (see pg. 11 of the instructions))				(cash basis only)			
		Contributions, gifts, grants, etc., received (attach schedule)	44,00	0			, 1			
	2	Check ► X if the foundation is not required to attach Sch. B			<u>.</u>					
	3	Interest on savings and temporary cash investments	44		449					
	4	Dividends and interest from securities	91	.0	910	910	<u> </u>			
	5a	Gross rents			7,		* t			
e l	ľ	Net rental income or (loss)					<u> </u>			
en		Net gain or (loss) from sale of assets not on line 10								
Revenue	b	Gross sales price for all assets on line 6a			0					
		Capital gain net income (from Part IV, line 2)	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
		Net short-term capital gain								
	9	Income modifications								
		Gross sales less returns & allowances								
	b c	Less Cost of goods sold Gross profit or (loss) (attach schedule)								
		Other income (attach schedule)		 						
	12	Total. Add lines 1 through 11	45,35	9	1,359	1,359	* '			
	-	Compensation of officers, directors, trustees, etc								
Expenses		Other employee salaries and wages				· · · · · · · · · · · · · · · · · · ·				
eï	15	Pension plans, employee benefits								
х		Legal fees (attach schedule)								
		Accounting fees (attach schedule) Stmt 1	67	'5						
Ě	С	Other professional fees (attach schedule)								
<u>F</u> a	17	Interest			R	ECEIVED				
isi	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 2	5	1	L	 				
声	19	Depreciation (attach schedule) and depletion			8	SC				
Administrative	20	Occupancy			<u> S</u> E					
ס⊂	21	Travel, conferences, and meetings				≅				
∑ #	22	Printing and publications			<u> </u>	BDEN, UT				
J Bu	23	Other expenses (att sch)								
ati	24	Total operating and administrative expenses.								
ĕ		Add lines 13 through 23	72		0		0			
OCI 0 2 ZUIU Operating and	25	Contributions, gifts, grants paid	57,03				57,037			
	26	Total expenses and disbursements. Add lines 24 and 25	57,7€	اده	0	0	57,037			
Щ	27	Subtract line 26 from line 12	10 40							
CANNED	а	Excess of revenue over expenses & disbursements	-12,40	74	1 250					
K	b	Net investment income (if negative, enter -0-)			1,359					
$\mathcal{C}_{\mathcal{C}}$	<u> </u>	Adjusted net income (if negative, enter -0-)	1	_i		1,359	5 900 PE (2000)			

	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	f year
	r ai t i	and and an year amounts only (occ modestons)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
ı	2	Savings and temporary cash investments	33,577	6,173	6,173
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶		<u> </u>	
	4	Pledges receivable ▶			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			
Ì	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule) See Stmt 3		15,000	10,490
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis	`		
		Less accumulated depreciation (attach sch.)			10-ma
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	33,577	21,173	16,663
٦	17	Accounts payable and accrued expenses			
,	18	Grants payable			ļ
<u>Liabilities</u>	19	Deferred revenue)
≣	20	Loans from officers, directors, trustees, and other disqualified persons		·	1
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			. *
-	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	*
\exists		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
ဍ	24	Unrestricted	33,577	21,173	
ē	25	Temporarily restricted	,		1
8	26	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here			,
悥		and complete lines 27 through 31.			* *
딝	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			· ·
šet	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances (see page 17 of the	-		,
ž	••	instructions)	33,577	21,173	
ž	31	Total liabilities and net assets/fund balances (see page 17			
	•	of the instructions)	33,577	21,173	
	Part II				
-		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		
·		f-year figure reported on prior year's return)		1	33,577
2		amount from Part I, line 27a		2	-12,404
		increases not included in line 2 (itemize)▶		3	, - , - , -
		nes 1, 2, and 3		4	21,173
		eases not included in line 2 (itemize)		5	, , , , ,
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,173
_					50m 990-DE (2008

Part'IV Capital Gains a	and Losses for Tax on Invest	ment Inco	ne	-		1 age .
(a) List and desc	nbe the kind(s) of property sold (e g , real es rehouse, or common stock, 200 shs MLC C	tate,	(b) How acquired P—Purchase D—Donation	(c) Date ad (mo , day		(d) Date sold (mo , day, yr)
1a N/A	-					
b		_				
С						
d						
	1 40 0	- - - - - - - - - - 			4) 0:	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		g) Cost or other basis plus expense of sale			or (loss)) minus (g)
<u>a</u>						
b		_				
<u> </u>		-				
d						
Complete only for coacts chave	A source of the section of the secti		- 10/21/60			
(i) F M V as of 12/31/69	ng gain in column (h) and owned by the (j) Adjusted basis as of 12/31/69	e loundation c	(k) Excess of col (i)	còl (k), but not	ol (h) gain minus less than -0-) or om col (h))
a	as of 12/31/09		over col (j), if any		usses (iic	orn cor (n))
b						
С						
d						
е	_					
2 Capital gain net income or (net of3 Net short-term capital gain or (lot	capital loss) If gain, also enter If (loss), enter -0- ass) as defined in sections 1222(5) and	ın Part I, line		2		
If gain, also enter in Part I, line & If (loss), enter -0- in Part I, line &	3, column (c) (see pages 13 and 17 of	the instruction	ns)	3		
	nder Section 4940(e) for Red	uced Tax	on Net Investment Inco	me		
(For optional use by domestic private	e foundations subject to the section 49	940(a) tax on i	net investment income)			-
If section 4940(d)(2) applies, leave t	his part blank					
Mas the foundation liable for the co	ction 4942 tax on the distributable amo	unt of any vo	or in the been period? The Ve	. V No		
	alify under section 4940(e) Do not con		•	S [AL] 140		
<u>_</u>	<u> </u>	<u> </u>		trion		
(a)	each column for each year, see page (b)	16 Of the Inst	(c)	iries		(d)
Base period years Calendar year (or tax year beginnir	Adjusted qualifying distribu	itions	Net value of nonchantable-use ass			bution ratio
2007		3,521	30,3		(001 (0) 0	3.082737
2006		7,788	88,5			0.652677
2005		5,832	93,9			0.488042
2004	3	6,588	72,8			0.501955
2003		4,354				
2 Total of line 1, column (d)				2		4.725411
	5-year base period—divide the total o	n line 2 hy F	or by the	2		7. /23711
	has been in existence if less than 5 ye		or by the	3		1.181353
4 Enter the net value of noncharita	able-use assets for 2008 from Part X, I	line 5		4		0
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6		14
7 Add lines 5 and 6				7		14
8 Enter qualifying distributions from	m Part XII, line 4			8		57,037
If line 8 is equal to or greater that the Part VI instructions on page	an line 7, check the box in Part VI, line 18	1b, and comp	olete that part using a 1% tax ra	ate See		

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			,
	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			14
	here 🕨 🗶 and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			1
	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-)			0
3	Add lines 1 and 2			14
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			14
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d 7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			14
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
1	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-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 page 19			
	of the instructions for definition)?	1ь	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		T	
	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		_	_ 1
	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?	/A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	<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 XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u> </u>		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
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 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on	1		
	page 27)? If "Yes," complete Part XIV	9	<u> </u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u> </u>
		Form 9	90-PI	(2008

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2008?

foundation had excess business holdings in 2008)

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X

3b

4a

4b

N/A

			FOUNDATI				.66089						F	age 6
Par	t'VII-B	<u>State</u>	ements Regard	ling Activities for W	<u>hich Form</u>	4720 May Be	Require	<u>d (cc</u>	ontinu	ıed)				
5a 🛚	During the yea	ar did the	foundation pay or	incur any amount to				_						
(1) Carry on p	ropagano	ida, or otherwise at	tempt to influence legislati	ion (section 4	945(e))?			Yes	X No	>			
(Influence t	the outco	ome of any specific	public election (see section	on 4955), or to	carry on,				_				
	directly or	ındırectiy	y, any voter registra	ation drive?				Ш	Yes	X No	,	- 1		ĺ
(3) Provide a	grant to a	an individual for tra	ivel, study, or other similar	r purposes?				Yes	X No	,			l
(-	4) Provide a	grant to a	an organization oth	ner than a charitable, etc ,	organization (described in								1
	section 50	9(a)(1), ((2), or (3), or section	on 4940(d)(2)? (see page 2	22 of the instr	uctions)			Yes	X No	,			1
(5) Provide for	r any pur	rpose other than re	ligious, charitable, scientif	fic, literary, or					_		- 1		1
	educationa	al purpos	ses, or for the preve	ention of cruelty to children	n or animals?				Yes	X No	,]		1
b 11	f any answer i	ıs "Yes" t	to 5a(1)-(5), did an	y of the transactions fail to	qualify unde	r the exceptions de	escribed in	_						1
				nt notice regarding disaste	-			ns)?		N/.	A 🖺	5b		
				regarding disaster assistar				·	•	\Box				
				loes the foundation claim e						_				l
				nsibility for the grant?			N/A	\Box	Yes	□ No	,	Ì		
				Regulations section 53 49	945-5(d)					···		l		ĺ
				ve any funds, directly or inc		v premiums					1			
	on a personal l			,,, 31 110		, , , , , , , , , , , , , , , , , , , ,			Yes	X No	,			ĺ
	•			remiums, directly or indire	ctiv on a ner	sonal benefit contr	ract?		100	==	1	6b		X
			to 6b, also file For	· · · · · · · · · · · · · · · · · · ·	ony, on a per	sona sonem com	201				-			
	•		•	oundation a party to a prof	hibited tay she	lter transaction?		\Box	Yes	X No	.			[
		-	-	ceeds or have any net inco			on?	Ш	165	N/	_	7b		
				icers, Directors, Tru				iahly	Paic					
Ган			itractors	iceis, Directors, Tru	istees, i ot	ilidation mail	ayers, m	giiiy	rait	Lillbi	Uye	,		
4 1 1 1 1 1 1 1				lation management that			-\$4b!4-							
I LIS	st an onicers,	unector	rs, trustees, touric	lation managers and thei	r compensat		(c) Compe		ns). (d)	Contributio	ns to T	(-)		
			(a) Name and a	address		(b) Title, and average hours per week devoted to position	(If not paid,	enter	`em plan	Contributio ployee ben s and defer ompensatio	efit red	acc	Expe	other
							-0-)	•	1 . 0	ompensaud	n	aı	lowan	ces
	TIMMER			HOLLAND		TRUSTEE	1							_
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							<u> </u>		ــــــــــــــــــــــــــــــــــــــ					
	-			loyees (other than those	included on	line 1—see page	23 of the i	nstru	ctions)					
	f none, enter	"NONE."	<u>"</u>			-					- 1			
	(a) N	lama and s	addrage of each empl	loves need more than \$50,000		(b) Title, and average				Contribution Novee bene			Expe	
	(a) N	rame and a	address of each empi	oyee paid more than \$50,000		hours per week devoted to position	(c) Compe	ensation	plans	and deferr	ed		ount, d Iowan	
							ļ		C	mpensation	n			
NONE	E					ı			1					
						_	ļ <u>.</u>		ļ					
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Form 990-PF (2008) HCC FOUNDATION	06-1660898	Page 7
Part VIII Information About Officers, Directors, Trustee	s, Foundation Managers, Highly Paid Em	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
F-4-1		
Fotal number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include rele	vant statistical information such as the number	
of organizations and other beneficianes served, conferences convened, research papers p		Expenses
1 N/A		
2		
3		
4		
	•	
	00 (1)	
<u>`Part IX-B` Summary of Program-Related Investments (s</u>		
Describe the two largest program-related investments made by the foundation during the t	ax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		
·		

Total. Add lines 1 through 3

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

Form	n 990-PF (2008) ACC FOUNDATION U6-1660898		Page
P	art X Minimum Investment Return (All domestic foundations must complete this part. For	eign found	dations,
	see page 24 of the instructions.)	, , , –	. <u></u>
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	0
þ	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	0
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	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 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI)]	
С	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 page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
	A VIII COLUMN DISCULLA (COLUMN DE CARLO COLUMN		
P	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	57,037
b	Program-related investments—total from Part IX-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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	57,037
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	- - -	2.,30.
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	14
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,023
٠	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundations.		<u> </u>
	140to. The amedia on the G will be used in Fair 4, column (b), in subsequent years when calculating whether the founda-	au OH	

Form **990-PF** (2008)

Form 990-PF (2008) HCC FOUNDATION

Pa	art XIII ' Undistributed Income (see page 26 of	the instructions)			·-·
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
•	line 7				
2	Undistributed income, if any, as of the end of 2007				
2				·	
	Enter amount for 2007 only				
	Total for prior years 20 20 20				
3	Excess distributions carryover, if any, to 2008			i	:
	From 2003 24,328				,
	From 2004				
	From 2005				
d	From 2006				
	From 2007				
f	Total of lines 3a through e	24,328			
4	Qualifying distributions for 2008 from Part XII,				1
	line 4 ▶\$				1
а	Applied to 2007, but not more than line 2a			<u>.</u>	
b	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)				· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election				ļ
	required—see page 26 of the instructions)				
d	Applied to 2008 distributable amount				
е	Remaining amount distributed out of corpus			_	1
5	Excess distributions carryover applied to 2008				
	(If an amount appears in column (d), the same				* I
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				1
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,328			1
b	Prior years' undistributed income Subtract	¢ , *			
	line 4b from line 2b	e s s		ž	2 [^]
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been	•		* *	,
	issued, or on which the section 4942(a) tax has				*
	been previously assessed				
d	Subtract line 6c from line 6b Taxable	5			ı .
	amount—see page 27 of the instructions				İ
е	Undistributed income for 2007 Subtract line				!
	4a from line 2a Taxable amount—see page				E E
	27 of the instructions				* 1
f	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2009				
7	Amounts treated as distributions out of corpus				İ
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				i de
8	Excess distributions carryover from 2003 not				and the
	applied on line 5 or line 7 (see page 27 of the				1
	instructions)	24,328			
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
а	Excess from 2004				
b	Excess from 2005				[
С	Excess from 2006				
d	Excess from 2007				, i
6	Excess from 2008				

D	List any managers of the foundation who own 10% of 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.
	N/A

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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

NED TIMMER 616-928-9120

301 HOOVER BLVD HOLLAND MI 49423

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

See Statement 4

c Any submission deadlines

N/A

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

Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager recipient contribution or substantial contributor Name and address (home or business) a Paid during the year ROLANDO LINERAS 3611 BUTTERNUT DR SCHOLARSHIP AWARD 885 HOLLAND MI 49424 ANN MINH V BUI SCHOLARSHIP AWARD 4,152 13126 THISTLEWOOD LANE HOLLAND MI 49424 BOYS & GIRLS CLUB OF HOLL 435 VAN RAALTE AVE OPERATING FUNDS & FUNDRAISING 15,000 HOLLAND MI 49423 VIVIAN HARTMAN 14823 ANCHOR CT HOUSE PAYMENT TO HELP POOR 6,000 HOLLAND MI 49424 TINA OK SCHOLARSHIP AWARD 2975 128TH AVENUE 1,000 HOLLAND MI 49424 JACK & JENNI FISCHER 606 WOODLAND DRIVE COST TO REPAIR FLOOD DAMAGED HOME 30,000 HOLLAND MI 49424 Total ▶ 3a 57,037 **b** Approved for future payment N/A 3b Total ▶

		Analysis of Income-Producing Ac	tivities				r age 12
En	ter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Excluded	d by section 512, 513, er 514	(e)
1	Program sei	vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
	a						
	b	<u> </u>					
							
					<u> </u>		
	f						
	g Fees an	d contracts from government agencies			Li		
2	Membership	dues and assessments					
3	Interest on s	avings and temporary cash investments					449
4	Dividends a	nd interest from securities					910
5	Net rental in	come or (loss) from real estate					
	a Debt-fin	anced property					
	b Not deb	t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income					
8	Gain or (loss	s) from sales of assets other than inventory					
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other reven	ue a					
	e		. <u> </u>				
12	Subtotal Ad	d columns (b), (d), and (e)		0		0	1,359
13	Total. Add I	ne 12, columns (b), (d), and (e)				13	1,359
<u>(Se</u>	ee worksheet	in line 13 instructions on page 28 to verify calculate	ons)				
. [Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urpose	s	
	Line No.	Explain below how each activity for which income	e is reported in c	olumn (e) of Part XVI-	A contrib	outed importantly to	
	Lille No. ▼	the accomplishment of the foundation's exempt p	ourposes (other	than by providing fund	s for suc	h purposes) (See	
		page 28 of the instructions)					
	N/A						
_	<u> </u>						
		· · · · · · · · · · · · · · · · · · ·					
							
						 	
		_					
_		<u> </u>		<u>`</u>			<u> </u>
							
							
						 	
			 			<u> </u>	<u> </u>
						<u> </u>	

Part	ΧΨij ˈ	Information Regardate Exempt Organiza		ansfers To and Transacti	ons and R	Relationships With	Noncha	ritable		
1 D	d the ora			ge in any of the following with any	other organi	zation described			Yes	No
	-	-		on 501(c)(3) organizations) or in s	_				100	
	ganizatio			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	•				
a Tr	ansfers f	rom the reporting found	ation to a no	oncharitable exempt organization	of					
(1) Cash							1a(1)		X
(2) Other a	issets						1a(2)		X
b O	ther trans	actions							I	اا
(1) Sales o	of assets to a nonchanta	able exempt	organization				1b(1)		<u> </u>
(2) Purcha	ses of assets from a no	ncharitable	exempt organization				1b(2)		X
(3) Rental	of facilities, equipment,	or other as:	sets -	•			1b(3)		<u> </u>
(4) Reimbi	ursement arrangements	3					1b(4)	 	X
•	•	or loan guarantees						1b(5)	\vdash	X
•	•		•	r fundraising solicitations				1b(6)	\longmapsto	X
	-		-	other assets, or paid employees				1c		<u> </u>
		•		nplete the following schedule Col						
		-	_	liven by the reporting organization				t		
				nt, show in column (d) the value of						
	Line no	(b) Amount involved	(c) Name	e of noncharitable exempt organization	(d) De	escription of transfers, transa	ctions, and	shanng arrange	ments	
I/A				<u> </u>	 					
		<u> </u>			 					
			<u> </u>		 	-				
					 					
					-		•			
		 	-		 					
					<u> </u>					
				· · · · · · · · · · · · · · · · · · ·						
	_			· · · · · · · · · · · · · · · · · · ·						
								<u> </u>		
			-		 			_		
				_ -	1					
					<u> </u>					
					1	,				
2a Is	the found	dation directly or indirec	tly affiliated	with, or related to, one or more ta	x-exempt or	anizations				
		-	-	than section 501(c)(3)) or in section		,			es X	No
		mplete the following sci		· · · · //					L/	
	(;	Name of organization		(b) Type of organization		(c) Descript	ion of relatio	nship		
N/	A									
					İ					
•										
					<u> </u>					
Ur	der penalt	es of perjury, I declare that	have exami	ned this return, including accompanying	schedules an	d statements, and to the bes	st of my knov	wledge and		
be	lief, it is to	e, correct and complete [Declaration of	preparer (other than taxpayer or fiducia	/	77		y knowledge		
		ed B lum			11200G	Tresia	den L			
ے اِ ت	Signatur	e of officer or trustee		Date	· · · · · · · · · · · · · · · · · · ·	Title				
			\bigcirc	//	Dat	e		Preparer's identify	yıng	
- 1	.σ _	. 4	4	12/1		Check If		number (see Sig	nature o	าก
e gr	Preparer's Use Only	reparer's	11) 4	4/1		self-employ	ed ▶ 🔲	page 30 of the ins	structions	š)
, Pai	Se Pa	ignature / U	<u> </u>	11/4		/11/09				
		irm's name (or yours if		R, MULDER, FITCH,						
	s	elf-employed), address,		James St, Ste 12	0			20-193		
	a	nd ZIP code	Holla	and, MI 49424			Phone no	616-99		
								Form 99	n-PF	(2008)

HCC HCC FOUNDATION 06-1660898

FYE: 12/31/2008

Federal Statements

6/11/2009 3:37 PM

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
NED TIMMER	\$ 44,000
Total	\$ 44,000

Statement 4 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SUBMIT IN WRITING NAME, ADDRESS & PHONE NUMBER OF APPLICANT. LIST CHARITABLE PURPOSE.

HCC HCC FOUNDATION

06-1660898

Federal Statements

6/11/2009 3:37 PM

FYE: 12/31/2008

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Desc	ription

	Total	_	Net Investment	_	Adjusted Net	_	Charitable Purpose
Indirect Accounting Fees							
	\$ 675	\$_		\$_		\$_	
Total	\$ 675	\$_	0	\$_	0	\$_	0

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description

		otal	Net Investment	Adjusted Net	Charitable Purpose
NON PROFIT FEE					
FEDERAL TAX	\$	20 \$	\$	\$	\$
	· 	31			
Total	\$	51 \$	0	\$ () \$ 0

HCC HCC FOUNDATION

Federal Statements

06-1660898 FYE: 12/31/2008

Statement 3 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description

	Beginn of Yea		End of Year	Basis of Valuation	i	Fair Market Value
WESTERN ASSET CLAYMORE FORT JAMES	\$	\$	15,000	Cost	\$	10,490
Total	\$	0 \$	15,000		\$	10,490

6/11/2009 3:37 PM

HCC 09/09/2010 10:09 AM **Power of Attorney** Form OMB No 1545-0150 (Rev. June 2008) and Declaration of Representative For IRS Use Only Department of the Treasury Internal Revenue Service ▶ Type or print. ▶ See the separate instructions. Received by Name_ Part Power of Attorney Telephone Caution: Form 2848 will not be honored for any purpose other than representation before the IRS. Function. Taxpayer Information. Taxpayer(s) must sign and date this form on page 2, line 9 Date Taxpayer name(s) and address Social security number(s) Employer Identification number HCC FOUNDATION . 06-1660898 NED TIMMER 2113 N WHITE BIRCH DRIVE Daytime telephone number Plan number (if applicable) 616-928-9120 **MEARS** MI 49436 hereby appoint(s) the following representative(s) as attorney(s)-in-fact 2 Representative(s) must sign and date this form on page 2, Part II. Name and address CAF No 3205-65200R Telephone No. 616-994-6500 PATRICK R. FITCH Fax No. 616-994-6504 12930 JAMES STREET, STE 120 HOLLAND MI 49424 Check if new: Address Telephone No. CAF No. Name and address Telephone No Fax No. Telephone No Check If new: Address CAF No. Name and address Telephone No. Fax No. Check if new Address Telephone No. to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters: 3 Tax matters Type of Tax (Income, Employment, Excise, etc.) Tax Form Number Year(s) or Period(s) or Civil Penalty (see the instructions for line 3) (1040, 941, 720, etc.) (see the instructions for line 3) 990-PF 2008 INCOME Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See Unenrolled Return Preparer on page 1 of the Instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and I) authority is limited (for example, they may only practice under the supervision of another practitioner). List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Name of representative to receive refund check(s)

checks, initial here _____ and list the name of that representative below.

Receipt of refund checks, if you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund

Form 2848 (Rev. 6-2008)	HCC FOUNDATION		06-1660898	Page 2
	mications. Original notices and other	written communications will be	sent to you and a copy to the first	
representative listed	-		•	
a If you also want the s	second representative listed to receive	a copy of notices and commu	nications, check this box	▶ [
	y notices or communications sent to y			`` ▶ [
			utomatically revokes all earlier power(s	of
			eriods covered by this document. If you	
•	r power of attorney, check here			▶ [
	A COPY OF ANY POWER OF ATTO			
			nust sign if Joint representation is reque	ested.
-	-		ters partner, executor, receiver, admini	
trustee on behalf of t	he faxpayer, I certify that I have the at	ithority to execute this form on	behalf of the taxpayer.	
, ,	AND DATED, THIS POWER OF ATTO			
	1	061.		
المنتاء ا	B. Free	9/9/10	PRESIDENT	
	Signature	Date	Title (if applicable))
NED TIMMER	C.g. care		HCC FOUNDATION	'
~~~ ~~~~	Print Name	PIN Number	Print name of taxpayer from line 1 if	other than individual
	1 1111111111111111111111111111111111111	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r michanic or taspayor from mic 1 ii	Otto Cian Blandar
	Signature	Date	Title (if applicable)	
	Signatoro		inio (ii applicatio)	,
	Print Name	PIN Number		
Part L Declaration		T II T TO III C		
		qualified Low Income Taxpave	r Clinics or the Student Tax Clinic Progr	ram (levels
k and I), see the instruction	•	qualified Edit filocific Taxpaye	Connect of the enderty rax connect regi	am (loves
Under penalties of perjury.				
	r declare trat. der suspension or disbarment from pr	action before the internal Pays	aug Canica	
•	·			d sublic
▼	·	•	erning the practice of attorneys, certifie	a public
-	d agents, enrolled actuaries, and other		المعام بمديدة	
	present the taxpayer(s) Identified in Pa	art i for the tax matter(s) specif	led there; and	
I am one of the follov	-	talanta and annual addition to the about	b b-l	
	nber in good standing of the bar of the			
	Accountant—duly qualified to practice		in the junsaiction shown below.	
	enrolled as an agent under the require			•
	fide officer of the taxpayer's organizati			
. ,	yee—a full-time employee of the taxpa	=		
•	-a member of the taxpayer's immedia			
-			uaries under 29 U S C 1242 (the autho	rity to
•	ne Internal Revenue Service is limited		•	
			rvice is limited by Circular 230, section	
10,7(c)(1)(vīi). Y	ou must have prepared the return in q	uestion and the return must be	under examination by the iRS. See Un	enrolled
Return Preparer	on page 1 of the instructions.			
k Student Attorney	-student who receives permission to	practice before the IRS by virt	ue of their status as a law student unde	r section
10.7(d) of Circuia	ır 230.			
i Student CPA—st	udent who receives permission to pra	ctice before the IRS by virtue of	f their status as a CPA student under s	ection
10.7(d) of Circuia	ır 230.			
 Enrolled Retirem 	ent Plan Agent-enrolled as a retirem	ent plan agent under the requir	ements of Circular 230 (the authority to	practice
before the Interna	al Revenue Service is limited by section	on 10.3(e)).		•
	•			
► IF THIS DEC	LARATION OF REPRESENTATIVE IS	S NOT SIGNED AND DATED.	THE POWER OF ATTORNEY WILL	
	See the Part II instructions.	•		
Designation—Insert	Jurisdiction (state) or			
above letter (a-r)	Identification	1/20	Signature	Date
		VIIV		
b	MICHIGAN	101 14		9/09/10
		Juli 1		-, -, -,
·	+			

Form **8868** (Rev April 2009)

enartment of the Treasur

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

Internal Revenu	ie Service	File a Separate ap	phication for each return.			_
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I	and check this box		_	▶ X
If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extension, com	olete only Part II (on page 2 of this fo	m)		
Do not comp	lete Part II uni	ess you have already been granted an automatic 3-r	nonth extension on a previously filed	orm 886	8	
Part I	Automati	3-Month Extension of Time. Only subr	nit original (no copies needec	l)		
A corporation	required to file	Form 990-T and requesting an automatic 6-month e	extension—check this box and comple	te		
Part I only		, and a company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of th				▶ □
•	orations (includ	ing 1120-C filers), partnerships, REMICs, and trusts	must use Form 7004 to request an ex	dension c	of.	
•	come tax return		must use I omi 7004 to request an e.	(CHSIOII C	,,	
Electronic Ei	ling (e-file) G	nerally, you can electronically file Form 8868 if you	want a 3-month automatic extension o	f time to i	filo	
	•	w (6 months for a corporation required to file Form 9			ille	
		the additional (not automatic) 3-month extension or			D	
		nsolidated Form 990-T Instead, you must submit the				
8868 For mo	re details on th	e electronic filing of this form, visit www irs gov/efile	and click on e-file for Charities & Non	orofits		
Type or	Name of Ex	mpt Organization		Employ	er identification	number
print	1	UNDATION				
File by the	NED TI	MMER		06-1	660898	
due date for	Number, str	et, and room or suite no. If a P.O. box, see instructi	ons			
filing your return See	301 HC	OVER BLVD				
instructions		post office, state, and ZIP code For a foreign addre	ess, see instructions			
	HOLLAN	· · · · · · · · · · · · · · · · · · ·				
		iled (file a separate application for each return)				
Form 9		Form 990-T (' '		Form 47	
Form 9		· · · · · · · · · · · · · · · · · · ·	sec 401(a) or 408(a) trust)		Form 52	
Form 9		H · · · · · · · · · · · · · · · · · · ·	rust other than above)		Form 60	
X Form 9	90-PF	Form 1041-A			Form 88	370
Telephon If the orga If this is f for the whole a list with the I reques	anization does or a Group Ret group, check t names and Eli st an automatic	6-928-9120 The proof of the proof of the group and of the desire, enter the organization's four digit Group Exempt is box If it is for part of the group, its of all members the extension will cover 3-month (6 months for a corporation required to file to file the exempt organization return for the organization for the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organiz	States, check this box ion Number (GEN) check this box and Form 990-T) extension of time	1f this is attach		▶ []
		ss than 12 months, check reason Initial return		in accoun	ting period	
	* -	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter	the tentative tax,			^
		credits. See instructions	and estimated toy	3a	\$	0
	• •	Form 990-PF or 990-T, enter any refundable credits de any prior year overpayment allowed as a credit	s and estimated tax	26	.	0
		t line 3b from line 3a. Include your payment with this	form or if required	3b	\$	
		on or, if required, by using EFTPS (Electronic Feder	•			
-	n) See instructi		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	3c	\$	0
		make an electronic fund withdrawal with this Form 8	868, see Form 8453-EO and Form 88			
for payment i						

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the		File a separate application for each return.			
		tomatic 3-Month Extension, complete only Part I and check this box	•		▶ X
_	_	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)		, ==
•	-	ess you have already been granted an automatic 3-month extension on a previously filed F	•	8	
Part I		c 3-Month Extension of Time. Only submit original (no copies needed			
A corporation Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complet	е		►□
	orations (includ ome tax return	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex s	tension (of	
one of the retu electronically i returns, or a c	urns noted belo if (1) you want omposite or co	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of the (6 months for a corporation required to file Form 990-T). However, you cannot file Form the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887 ansolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Fig. 1).	8868 70, grou Part II) o	р	
8868 For mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonp	rofits		· · · · · · · · · · · · · · · · · · ·
Type or print	HCC FC	UNDATION			cation number
File by the	NED TI		06-1	66089	8
due date for filing your		eet, and room or suite no. If a P.O. box, see instructions OVER BLVD			
return See instructions		post office, state, and ZIP code For a foreign address, see instructions			
Form 99 Form 99 Form 99 X Form 99	90 90-BL	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		F	orm 4720 orm 5227 orm 6069
Telephone If the orga If this is fo	nization does ir a Group Reti	6-928-9120 FAX No ► not have an office or place of business in the United States, check this box urn, enter the organization's four digit Group Exemption Number (GEN)1	f this is		. ▶ □
for the whole o		is box	ttach		
1 I reques until for the o		3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension interest the control of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension of the extension	s		
2 If this ta	x year is for le	ss than 12 months, check reason I Initial return Final return Change in	accoun	ting penod	
•	•	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	_		
		credits See instructions	3a		0
•	-	Form 990-PF or 990-T, enter any refundable credits and estimated tax			_
		de any prior year overpayment allowed as a credit	3b	\$	0
		t line 3b from line 3a Include your payment with this form, or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instruction	•	30	¢	0
	u are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	3c 9-EO	<u>. ⊅</u>	
		ork Reduction Act Notice, see Instructions.		Form	8868 (Rev 4-2009)