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**Return of Private Foundation** 

OMB No 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust	
Treated as a Private Foundation	2008
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements	<u> </u>

_			year 2008, or tax year beg		<del></del>	<del></del>	, and end	<del></del>	06/30,2009
G	Che	ck all t	hat apply Initial retu	irn	Final return	Amended	return	Address change	Name change
			Name of foundation					A Employer identifi	cation number
ŧ	Jse ti	he IRS						ľ	
		oel.	THE PASQUINELLI FO				,	<del></del>	0671214
(		rwise,	Number and street (or P O box	x number if	mail is not delivered to stre	eet address)	Room/su	IITE B Telephone number (see	page 10 of the instructions)
		int	ĺ						
S		ype. pecific	P.O. BOX 2949					(928	3) 783-7813
		ctions.	City or town, state, and ZIP co	ode				C If exemption applica pending, check here	
•			l					D 1. Foreign organizat	<b>▶</b>
			YUMA, AZ 85366-294	9				2. Foreign organiza	
н	Che	ck type	e of organization X Sect		c)(3) exempt private	foundation		85% test, check h	
ſ	_		4947(a)(1) nonexempt charitab		Other taxable		tion	1	
Ť			et value of all assets at end		unting method X		crual	E If private foundation	n status was terminated )(1)(A), check here
•			om Part II, col (c), line		ther (specify)				
		► \$	1,884,016.	(Part I.	column (d) must be	on cash basis )			in a 60-month termination (1)(B), check here
			sis of Revenue and Expen		(0)	1		1 411401 300101 307(8)	(d) Disbursements
	ан	total o	f amounts in columns (b), (c), ai	nd (d)	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	for charitable
		may r	not necessarily equal the amoun	ts in	expenses per books	incon	ne	income	purposes
			n (a) (see page 11 of the instruc					· · · · · · · · · · · · · · · · · · ·	(cash basis only)
	1	Contribu	tions, gifts, grants, etc., received (attach se	chedule) .	295,000	-			-
	2	Check J	attach Sch. B						
	3		on savings and temporary cash inve		20,357		0,357.		STMT 1
	4		nds and interest from securities	ı	37,132	.   3	7,132.		STMT 2
	5 a	Gross	rents			<u> </u>			
	b	Net ren	tal income or (loss)						
ę		Net gan	n or (loss) from sale of assets not or	line 10	-24,451			<del></del>	
ē	b		sales price for all 639	<u>, 229.</u>				DEATH IED	
Revenue	7	Capita	I gain net income (from Part IV,	line 2) .				<u>KFUEIVED</u>	
œ	8	Net sh	ort-term capital gain						080
	9	Income	e modifications • • • • • • • •				က်	MAR 0 5 2010	Ö
	10 a	Gross sa	ales less returns 📗				ũ	WAIL OF COID	35
	ь		ost of goods sold						h=
			profit or (loss) (attach schedule)					OGDEN. UI	
	11		income (attach schedule)						
	12		Add lines 1 through 11		328,038	. 5	7,489.		
	13		nsation of officers, directors, trustees						
	14		employee salaries and wages .						
es	15		n plans, employee benefits						
ens			fees (attach schedule)						
and Administrative Expens			nting fees (attach schedule)ST		8,280		4,140.	NONE	4,140
e E			professional fees (attach schedu		0,200	•	-1.110.	NONE	
ξį			•	· [					
tra	17		.t	l l	2,162		2 162		
n is	18		attach schedule) (see page 14 of the in		2,162	<del>' </del>	2,162.	<del></del>	
Ξ	19	•	ciation (attach schedule) and de	`		<del> </del>			
Ac	20		ancy		-	+			
힏	21		conferences, and meetings	[		+			
g	22		g and publications	ſ		+	2.5-		
Ē	23		expenses (attach schedule) S.T.I		3,307	•	3,307.		
ra	24		pperating and administrative e	- I					
Operating			nes 13 through 23		13,749		9,609.	NONE	4,140
٦	25		outions, gifts, grants paid		161,230				161,230
_	26	Total exp	penses and disbursements, Add lines	24 and 25	174,979		9,609.	NONE_	165.370
	27	Subtra	ct line 26 from line 12						
	а	Excess o	of revenue over expenses and disbursen	nents	153,059				
	ь	Net inv	vestment income (if negative, e	nter -0-)			7,880.		
	С	Adjust	ted net income (if negative, ente	er -0-)				-0-	
	r Pri	vacy Ac	t and Paperwork Reduction	Act Notice	see page 30 of the in	structions **C	Trivaria d		1/0Form 990-PF (200

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \*\* STMT 4
JSA
8E1410 1 000

Б	out I	Attached schedules and amounts in the	Beginning of year	End	d of year
	art i	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	361,592.	407,413.	407,413.
	3 .	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	ļ	-	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable		<u> </u>	
	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 (attach schedule)	_		
	·	Less allowance for doubtful accounts	-		-
	8				
Assets	9	Inventories for sale or use  Prepaid expenses and deferred charges			
88					<del></del>
⋖		Investments - U S and state government obligations (attach schedule)	1 010 510	1 015 000	
		Investments - corporate stock (attach schedule) STMT 6	1,018,512.	1,015,388.	795,456.
	11 C	Investments - corporate bonds (attach schedule)			
		(attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STMT 8	603,066.	713,428.	681,147.
	14	Investments - otner (attach schedule) \$1701 8 Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the		<del>-</del>	
		ınstructions. Also, see page 1, ıtem I)	1,983,170.	2,136,229.	1,884,016.
	17	Accounts payable and accrued expenses			
	18	Grants payable			7
S	19	Deferred revenue			7
ij	20	Loans from officers, directors, trustees, and other disqualified persons			7
Liabilities	21	Mortgages and other notes payable (attach schedule)			7
Ë	22	Other liabilities (describe			┥ '
	22	Other habilities (describe >)		<del> </del>	┥
	23	Total liabilities (add lines 17 through 22)			
_		Foundations that follow SFAS 117, check here	···	<del></del> -	┥ .
		and complete lines 24 through 26 and lines 30 and 31.			
ø	24				
S	24	Unrestricted		<del></del>	4
直	25	Temporarily restricted			4
ä	26	Permanently restricted		<u> </u>	4
핕	25 26 27 28 29 30	Foundations that do not follow SFAS 117,			
ᄄ		check here and complete lines 27 through 31. ▶ 🗓			
٥	27	Capital stock, trust principal, or current funds			_
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			_
SS	29	Retained earnings, accumulated income, endowment, or other funds	1,983,170.	2,136,229.	_}
Ļ	30	Total net assets or fund balances (see page 17 of the			
ž		instructions)	1,983,170.	2,136,229.	
	31	Total liabilities and net assets/fund balances (see page 17			1
		of the instructions)	1,983,170.	2,136,229.	
P	art II	Analysis of Changes in Net Assets or Fund E	Balances		<del></del>
_		I net assets or fund balances at beginning of year - Part II,		agree with	
		of-year figure reported on prior year's return)			1,983,170.
2	Ente	r amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	153,059.
- 3	Othe	r increases not included in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •	3	133,039.
					2 126 220
					2,136,229.
		I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (h)	line 30 6	2 136 222
		i net assets of fund balances at end of year (line 4 minus li	ne 5) - Fart II, column (b),	, line 30   <b>6</b>	2,136,229.
JS/	١				Form <b>990-PF</b> (2008)

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	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200		acquired P-Purchase D-Donation	acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)	
1a SEE PART IV SCHEE	<del>-</del> ·		D-Donation	( 1,11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		
b		<del>-</del>				
C		<del></del>				
d						
e	· · · · · · · · · · · · · · · · · · ·					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu		
a						
b	-					
С						
d			}			
е			ł			
Complete only for assets sl	nowing gain in column (h) and ow	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus	
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col. (k), but not less than -0-) or Losses (from col. (h))			
а						
b			ļ			
<u>C</u>			<del> </del>		<del></del>	
<u>d</u>			ļ			
<u>e</u>			ļ <sub>1</sub>			
If gain, also enter in Part I,	or (loss) as defined in sections 12 line 8, column (c) (see pages 13	and 17 of the instructions)	2		-24,451.	
	ine 8		3			
	•	outable amount of any year in the b	ase period	<sup>t?</sup> □	] Yes ∑ No	
		- <u></u>			<del></del>	
(a)		r, see page 18 of the instructions be	etore mak	ing any entries.		
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra		
				(col (b) divided by		
2007 2006	206, 435.	1,873,178.			0.110206	
2005	93,195.		<del></del>		0.066523 0.20201	
2004	298,742. 99,563.				0.292001 0.095364	
2003	291, 280.	1,101,024.			0.264554	
	291,200.	1,101,024.			0.204334	
<ul><li>Total of line 1, column (d)</li><li>Average distribution ratio</li></ul>		e the total on line 2 by 5, or by the	2		0.828648	
number of years the found	dation has been in existence if less	s than 5 years	3		0.165730	
4 Enter the net value of non	charitable-use assets for 2008 fro	om Part X, line 5	4	1_	,834,805.	
Multiply line 4 by line 3.			5		304,082.	
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		479.	
7 Add lines 5 and 6			7		304,561.	
8 Enter qualifying distribution If line 8 is equal to or graph the Part VI instructions on	ns from Part XII, line 4	x in Part VI, line 1b, and complet	8 e that pa	irt using a 1%	165, 370. tax rate. See	

conflict with the state law remain in the governing instrument?

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.

(or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . SEE STATEMENT . 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

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .JOSEPH .RODRIGUEZ .. 3269 .PINTO .WAY ..YUMA .. AZ .85365 .

-----If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

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X

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Χ

Х

6

8b

7

instructions) ► AZ,\_\_

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Page	5

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		_ X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	ŀ		
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
	Website address   N/A			
14	The books are in care of ► GARY J. PASQUINELLI Telephone no ►(928) 78	3-7	313_	
	Located at ▶2144 W. 24TH ST., SUITE 1 YUMA, AZ ZIP+4 ▶ 85364			
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			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			'
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			;
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	N/	A
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1 c		X
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 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008?	•		
	If "Yes," list the years			
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 page 20 of the instructions.)	2b	N/	<u>A</u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business  ontorprise at any time during the year?  Yes X No			
	enterprise at any time during the year		1	!
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2.	,,	70.
	foundation had excess business holdings in 2008)	3 b	N/	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ
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 2008?	4 h		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2000?	שדן		

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Part VII-B Statements Regarding Activities	for Which Form 4	720 May Be Requ	ired (continued)	
5a During the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influe (2) Influence the outcome of any specific public electric e	ount to ence legislation (section on (see section 4955), on their similar purposes? Initiable, etc., organization of the page 22 of the initiable, scientific, literary, by to children or animals of the children or animals of their sections fail to qualify unarding disaster assistance check in dation claim exemption grant?  Initiation of their section of the children or animals of their section	on 4945(e))?  or to carry on,  on described in  structions)  or  s?  der the exceptions destrice (see page 22 of the there	Yes X N	6b N/A
Part VIII Information About Officers, Director				
and Contractors  1 List all officers, directors, trustees, foundation	managers and their	compensation (se	e page 22 of the instr	ructions).
(a) Name and address	(b) Title, and average hours per week		(d) Contributions to	(e) Expense account,
	devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
SEE STATEMENT 10		(If not paid, enter		
		(If not paid, enter	and deferred compensation	other allowances
SEE STATEMENT 10		(If not paid, enter	and deferred compensation	other allowances
SEE STATEMENT 10	-	(If not paid, enter 0-) NONE	NONE	other allowances  NONE
SEE STATEMENT 10	-	(If not paid, enter 0-) NONE	NONE	other allowances  NONE
2 Compensation of five highest-paid employees (c	-	(If not paid, enter 0-) NONE	NONE	other allowances  NONE
2 Compensation of five highest-paid employees (of the first of the fir	ther than those inc	(If not paid, enter 0-)  NONE  Round on line 1 - se	NONE  Pe page 23 of the ins  (d) Contributions to employee benefit plans and deferred	none  None  tructions).
2 Compensation of five highest-paid employees (of lift none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	ther than those inc	(If not paid, enter 0-)  NONE  Round on line 1 - se	NONE  Pe page 23 of the ins  (d) Contributions to employee benefit plans and deferred	none  None  tructions).
2 Compensation of five highest-paid employees (of lift none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000	ther than those inc	(If not paid, enter 0-)  NONE  Round on line 1 - se	NONE  Pe page 23 of the ins  (d) Contributions to employee benefit plans and deferred	none  None  tructions).

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
NONE	
Total number of others receiving over \$50,000 for professional services	· · · · ▶ NONE
Total fidiliber of others receiving over \$50,000 for professional services	· · · · · · · · · NOINE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A	
· <u>-17/-12 </u>	•
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
I_NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	
Total Add into 1 dilough of the first territory and th	L

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign foundati	ons,
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	935,422.
	Average of monthly cash balances	1 b	927,324.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,862,746.
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	NONE
3	Subtract line 2 from line 1d	3	1,862,746.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	27,941.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,834,805.
6	Minimum investment return. Enter 5% of line 5	6	91,740.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privious foundations and certain foreign organizations check here ▶ ☐ and do not complete this		
1	Minimum investment return from Part X, line 6	1	91,740.
2 a	Tax on investment income for 2008 from Part VI, line 5 2a 958.		
b	Income tax for 2008. (This does not include the tax from Part VI.)	7	
С		2c	958.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	90,782.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	90,782.
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	90,782.
_		<del>-1</del>	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	The state of the s	1a	165,370.
b	- DAMES TO A STATE OF THE STATE	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	·	2	NONE
3	purposes Amounts set aside for specific charitable projects that satisfy the		
a		3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		165,370.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		10,3,370.
J	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		165,370.
0	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v		
	qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	art XIII · Undistributed Income (see page	26 of the instruction	ns)		-
1	Dîstributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				90,782.
2	Undistributed income, if any, as of the end of 2007				
а	Enter amount for 2007 only				
	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2008				
а	From 2003				
	From 2004 48, 218.				
	From 2005				
	From 2006				
	From 2007 113, 803.				
	Total of lines 3a through e	670,961.			
	Qualifying distributions for 2008 from Part XII,	0.07301.			
•	line 4: ▶ \$165, 370.				
а	Applied to 2007, but not more than line 2a				
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		-		
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
đ	Applied to 2008 distributable amount				90,782.
е	Remaining amount distributed out of corpus	74,588.			
5	Excess distributions carryover applied to 2008				
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:			i	
•	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	745,549.			
	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D	Prior years' undistributed income. Subtract line 4b from line 2b				,
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions				'
_					
ī	Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009.				
7					
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions).  Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)	236,568.			
9	Excess distributions carryover to 2009.	230,300.			
9	Subtract lines 7 and 8 from line 6a	508,981.			
10	Analysis of line 9	330,301.			
	Excess from 2004				
	Excess from 2005	İ			
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				
				<u></u>	

Form 990-PF (2008)

Pa	rt XIV Private Oper	rating Foundations (	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2008, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(J)	(3) or 4942(J)(5)
2.	Cotoo the leases of the ed	Tax year		Prior 3 years		(a) Takal
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
	I or the minimum investment		<del></del>			
	return from Part X for each year listed					
_						
D	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
а	Amounts included in line 2c not					
•	used directly for active conduct					
_	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c 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)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties 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 sup-					
	port from an exempt organization					
	(4) Gross investment income.	<u> </u>				
Pa		ary Information (Co			on had \$5,000 or mo	re in assets at any
		the year - see page		ons.)		
1	Information Regardin					
а	List any managers of	the foundation who h	ave contributed more	e than 2% of the total	l contributions receive	ed by the foundation
	before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)					
	SEE STATEMENT 11					
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the				large portion of the	
	ownership of a partner	rship or other entity) of	which the foundation	has a 10% or greater	interest.	
	NONE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
		he foundation only r				
	unsolicited requests f				28 of the instruction	ns) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	<u>d</u>		
а	The name, address, a	nd telephone number	of the person to whon	n applications should be	e addressed.	
	SEE STATEM	MENT 12		·		
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include <sup>.</sup>	
	LETTER SUN	MMARIZING THE N	EED FOR FUNDS A	AND TAX-EXEMPT	STATUS.	
C	Any submission deadle	nes				
<del>-</del>	NONE		euch ee hij seesse	unhund proce = h= ''-'	hio fioldo litada ef ::	notifutions or other
đ	Any restrictions or li factors	mitations on awards,	such as by geogra	ipnicai areas, charitai	vie lielas, kinas of il	isulutions, or other
	NONE					

Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient  Recipient  Name and address (home or business)  Recipient  R					
3 Grants and Contributions Paid Durin	g the Year or Appro	ved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount	
a Paid during the year					
SEE STATEMENT 13					
	}			}	
		} 	1		
	ļ				
		ļ			
	}				
			<u> </u>		
Total	<u> </u>		▶ 3a	161,230.	
<b>b</b> Approved for future payment					
	}				
			{		
	1				
		]			
	L	l		<del> </del>	

Part XV	I-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	s amounts unless otherwise indicated.	Unrel	ated business income	Excluded by	section 512, 513, or 514	(e)
	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a	iii sei vice revenue					and mode determs y
-						
_						
f						
g Fee	es and contracts from government agencies					
2 Membe	ership dues and assessments					
	on savings and temporary cash investments			14	20,357.	
	nds and interest from securities			14	37,132.	· · · · · · · · · · · · · · · · · · ·
	ital income or (loss) from real estate			<u></u>		
	bt-financed property					
	t debt-financed property			<del>  -</del>		
	al income or (loss) from personal property					
	nvestment income			10	04 451	
	(loss) from sales of assets other than inventory			18		
	ome or (loss) from special events	ļ		0		
	profit or (loss) from sales of inventory			<u> </u>		
	evenue a			-		
			· · · · · · · · · · · · · · · · · · ·			·
e						
	al. Add columns (b), (d), and (e)				33,038.	
	Add line 12, columns (b), (d), and (e)					33,038.
	sheet in line 13 instructions on page 28					
Part XV	-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No.	Explain below how each active the accomplishment of the form					
	page 28 of the instructions.)				·	
	N/A		<del></del>			
				<del></del>	<del></del>	
	<del> </del>		<del></del>	-	<del></del>	<del></del>
	<u> </u>					
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	<del>-</del>					
			<del></del>			<del> </del>
	<del></del>					
		<del></del> -				
					· <del>-</del>	
	<del>                                     </del>					
	<del> </del>				<del></del>	
		-	<del></del>			

Form	i. 990-PF (2008)	86-0671214	P	age 1 3
Pa		Information Regarding Transfers To and Transactions and Relationships With N Exempt Organizations	Nonchar	table
1	Did the org	anization directly or indirectly engage in any of the following with any other organization described in section	Yes	No
	501(c) of th	e Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
_	T 6 6	and the repeature formulation to a parabaritable example organization of		1

_										
ı	Did th	e organization directly or	r indirectly eng	age in any of the follow	ving with any ot	her organization	described in section		Yes	No
	501(c)	of the Code (other than s	ection 501(c)(3	s) organizations) or in sec	tion 527, relating	to political organi	zations?			
а	Transf	ers from the reporting for	undation to a ni	oncharitable exempt orgai	nization of					
	(1) Ca	ısh						1a(1)		Х
	(2) Ot	her assets						1a(2)		X
b	Other	transactions								
	(1) Sa	ales of assets to a noncha	aritable exempt o	organization				1b(1)		X
	(2) Pu	irchases of assets from a	noncharitable e	exempt organization				1b(2)		Χ
	(3) Re	ental of facilities, equipme	nt, or other asse	ets				1b(3)		Χ
	(4) Re	eimbursement arrangemer	nts					1b(4)		X
	(5) Lo	ans or loan guarantees .						1b(5)		Χ
	(6) Pe	erformance of services or	membership or	fundraising solicitations				1b(6)		Χ
c		ng of facilities, equipment								Х
		answer to any of the abo	· •						f the	goods,
		assets, or services given								
		ement, show in column (d	-				<b>,</b>			
	urrurig	jomoni, onov m oblami (e	.,	a goode, canon decem, co		•				
(a) (	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organi	zation (d) I	Description of transf	ers, transactions, and shai	ing arra	ngeme	nts
,		N/A			N/F	· · · · · · · · · · · · · · · · · · ·	<del>```</del>			
		N/ A			17/2	<u> </u>	····			
							<del></del>			
		· · · · · · · · · · · · · · · · · · ·						•		
		<del></del>	<del></del>							
					<del></del>				_	
					<del></del>		<del></del>	-		
			<del></del>				· · · — — —			
_					-					
				_						
									···-	
						<del></del>				
2 a		foundation directly or i					i i	_	_	٦
		n 501(c) of the Code (other		501(c)(3)) or in section 5	<sup>279</sup>			Ye	s Lx	No
b	If "Yes	s," complete the following	schedule.	<u></u>	<del></del>	<del></del>				
		(a) Name of organization		(b) Type of org	anızatıon	<u> </u>	c) Description of relations	hip		
					·					
						<u> </u>				
			<u></u> .							
	Under	penalties of perjury, I declar	re that I have ex	amined this return, including	g accompanying s	chedules and staten	nents, and to the best o	f my ki	nowled	ge and
	belief,	it is true, correct, and comp	lete Declaration	of preparer (other than tax)		,	mation of which prepare	nas ar	iy knov	vieuge
		Dariel Gas	aunel	lis	2//	8/10	(desident			
စ	Sı	gnature of officer or trustee	<i>7</i>		Date	·	Title			
Sign Here		^			Date	Ob-state of	Preparer's	ıdentıf	ying ni	ımber
_	<b>s</b> -	December 1	11 1	1 An OLDA	12/.1	Check if self-employe	ed (See Signati	ire on p	age 30	of the
ğ	h ref	Preparer's signature	1 WAR K	Bee UNH	7/10/10	)	P001011			
,,	Paid Preparer's Use Only	Firm's name (or yours if	R KIIL	HEN & CO., INC.			EIN ► 27-15349			
	r S	self-employed), address,		AAIN STREET, SU	TTE 1080			<u> </u>		
		and ZIP code	IRVINE			2614	Phone no. 949-20	8_00	000	
		l	TVATIVE	u, CA		- C U I I	1	U 22		

Phone no. 949-208-9900 Form **990-PF** (2008)

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

2008

Name of the organization		•	Employer identification number
THE PASQUINELLI FOUND	OATION		
			86-0671214
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) or	rganization	
	4947(a)(1) nonexempt charitable	e trust not treated as a private fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundate	ation	
	4947(a)(1) nonexempt charitable	e trust treated as a private foundat	ion
	501(c)(3) taxable private foundate	ation	
organization can check boxes t	overed by the <b>General Rule</b> or a <b>Special I</b> for both the General Rule and a Special For both the General Rule or both the General Rule of Both the General Rule and Both the	Rule. See instructions.)	
	ne contributor. Complete Parts I and II.		
Special Rules			
under sections 509(a	(3) organization filing Form 990, or Form a)(1)/170(b)(1)(A)(vi), and received from or (2) 2% of the amount on Form 990, and II.	any one contributor, during the ye	ar, a contribution of the
during the year, aggr	(7), (8), or (10) organization filing Form ( regate contributions or bequests of more educational purposes, or the prevention	e than \$1,000 for use exclusively for	religious, charitable,
during the year, som not aggregate to mon the year for an exclus applies to this organi	(7), (8), or (10) organization filing Form (e) contributions for use exclusively for religions than \$1,000 (If this box is checked, estable, etc., purpose, ization because it received nonexclusive	gious, charitable, etc., purposes, t enter here the total contributions th Do not complete any of the parts u ly religious, charitable, etc., contrib	out these contributions did at were received during inless the <b>General Rule</b> outions of \$5,000 or more
990-EZ, or 990-PF), but they m	e not covered by the General Rule and/oust answer "No" on Part IV, line 2 of the neir Form 990-PF, to certify that they do	eir Form 990, or check the box in t	he heading of their
For Privacy Act and Paperwork Reduction Form 990. These instructions will I		Schedule I	B (Form 990, 990-EZ, or 990-PF) (2008)

e of of P	art I

Schedule B (Form 990 990-E.	2 or 990-PF) (2008)		Page of of Part
Name of organization	THE PASQUINELL	FOUNDATION	Employer identification number
•			86-0671214
	<del></del>		

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	PASQUINELLI PRODUCE CO  PO BOX 2949  YUMA, AZ 85366-2949	\$\$	Person X 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	JOSEPH RODRIGUEZ  3269 PINTO WAY  YUMA, AZ 85365	\$\$	Person X 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
			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
		\$	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
		\$	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
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

JSA 8E1253 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET I NVESTMENT I NCOME	1 1 1 1 1 1 1	1,525. 2,994. 15,838. 
REVENUE AND EXPENSES PER BOOKS		1,525. 2,994. 15,838. 
		TOTAL
DESCRIPTION		UBS G.E CAP CORP PINES WELLS FARGO MONEY MARKET FUND UBS OTHER

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET I NVESTMENT I NCOME	33, 665. 3, 467. 37, 132.
REVENUE AND EXPENSES PER BOOKS	33, 665. 3, 467. 37, 132.
	TOTAL
DESCRIPTION	UBS #68616 DIVIDENDS UBS #00763 DIVIDENDS

0

- ACCOUNTING FEES FORM 990PF, PART I

	CHARITABLE PURPOSES 4,140
	ADJUSTED NET I NCOME NONE
	NET INVESTMENT INCOME  4,140.
#	REVENUE AND EXPENSES PER BOOKS
	TOTALS
	DESCRIPTION  ACCOUNTING FEES

m

FORM 990PF, PART I - TAXES

NET I NVESTMENT I NCOME	170. 1,992.  2,162. =========
REVENUE AND EXPENSES PER BOOKS	1,992. 2,162. ====================================
	TOTALS
DESCRIPTION	FOREIGN TAXES FEDERAL TAXES

4

FORM 990PF, PART I - OTHER EXPENSES

NET I NVESTMENT I NCOME	3, 275. 32. 3, 307.
REVENUE AND EXPENSES PER BOOKS	3, 275. 32. 3, 307.
	TOTALS
DESCRIPTION	INVESTMENT EXPENSE MISCELLANEOUS

S

ENDING ENDING BOOK VALUE FMV	36, 292.  10, 232.  25, 123.  26, 091.  51, 871.  51, 871.  51, 871.  52, 661.  52, 661.  52, 661.  53, 968.  12, 646.  54, 748.  12, 646.  55, 595.  96, 305.  16, 630.  16, 630.  16, 630.  16, 630.  16, 630.  17, 990.  18, 112.  64, 799.  17, 990.  18, 114, 755.  36, 788.  36, 788.  36, 788.  37, 770.  57, 489.  31, 505.  24, 624.  10, 852.  27, 200.  81, 655.  59, 632.  38, 032.  37, 193.  10, 852.  27, 200.  24, 624.  27, 880.  27, 280.  27, 880.
DESCRIPTION	ABBOT LAB ALTRIA GROUP INC US BANCORP APPLIED MATERIALS BANK OF AMERICA AT&T BRISTOL MYERS HARTFORD FINCL SERVICES CHEVRON TEXACO CORP CISCO COCA COLA EXXON MOBILE KRAFT FOODS NOVARTIS AG S GENERAL ELECTRIC GENERAL ELECTRIC GENERAL ELECTRIC GENERAL ELECTRIC GENERAL ELECTRIC GENERAL ELECTRIC GENERAL MILLS JDS UNIPHASE MICROSOFT NOKIA TRAVELERS COS ORACLE PEPSICO AT&T TECO ENERGY INC TIME WARNER VERIZON (BELL ATLANTIC) YAHOO

9

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CORPORATE S
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I
PART
990PE,

ENDI NG FMV	19, 376. 27, 996. NONE 19, 408. NONE NONE NONE 34, 896. 18, 030. 23, 840.	795, 456.
ENDING BOOK VALUE	17, 247. 28, 596. NONE 21, 372. NONE NONE 23, 315. 17, 608. 22, 950.	1,015,388.
DESCRIPTION	WALMART WALT DISNEY PW GROUP WELLS FARGO CADBURY DR. PEPPER SNAPPLE GROUP FAIRPOINT COMMUNICATIONS PHILIP MORRIS INTL 3M CO BP PLC SPON ADR	TOTALS

STATEMENT

16206H B75M 02/09/2010 18:10:28

OTHER INVESTMENTS ı PART II FORM 990PF,

ENDING ENDING BOOK VALUE FMV	NONE 28, 776. 29, 140. 25, 140. 24, 150. NONE NONE NONE NONE NONE NONE NONE NON
DESCRIPTION	EATON VANCE LTD DURATION  I SHARES DJ SELECT INDEX  G.E. CAP CORP PINES  EATON VANCE TAX ADVTGD FRANKLIN BANK CD STILLWATER CD CAPITAL ONE CD SOVEREIGN BANK CD AMERICAN EXPRESS BANK CD AMERICAN EXPRESS BANK CD AMERICAN EXPRESS BANK CD INGEO CAP GE MONEY BANK CD NATL RURAL CD NATL RURAL CD RYDER SYSTEMS, INC. UNITED HEALTH CD VERIZON GLOBAL

ω

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING 

THE ARIZONA ATTORNEY GERNAL DOES NOT REQUIRE THE ORGANIZATION TO FURNISH A COPY OF FORM 990-PF.

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

GARY J PASQUINELLI

PRESIDENT

P. O. BOX 2949

YUMA, AZ 85366

VICE PRESIDENT

ADRIENNE MCLAUGHLIN 10515 SW MT. ADAMS BEAVERTON, OR 97007

KIRSTEN L SANDSTROM

ASSISTANT VP

SAN DIEGO, CA 92128 13186 SCABARD PL

ASSISTANT VP

CHRISTOPHER MCLAUGHLIN 12406 DEL NOTRE YUMA, AZ 85367

GRAND TOTALS

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GARY J. PASQUINELLI ADRIENNE MCLAUGHLIN FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

GARY J. PASQUINELLI P.O. BOX 2949 YUMA, AZ 85366-2949 928-783-7813

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION  RELIGIOUS  CHARITABLE	AMOUNT 9,000.
YUMA, AZ 85365 YUMA, AZ 85365 CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10011-5765 FOOD FOR THE POOR 6401 LYONS ROAD	PUBLIC N/A PUBLIC N/A PUBLIC	CHARI TABLE	1,250.
	N/A PUBLIC N/A	CHARI TABLE	6,000.
	PUBLIC PUBLIC	CHARITABLE	1,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN FOUNDATION FOR CHILDREN WITH AIDS 6221 BLUEGRASS AVE. HANESBURG, PA 17112	N/A PUBLIC	CHARITABLE	3, 500.
UNI VERSITY OF NOTRE DAME 400 MAIN BUILDING NOTRE DAME, IN 46556-5602	N/A PUBLIC	CHARITABLE	2, 500.
YUMA CATHOLIC HIGH SCHOOL 2100 W. 28TH ST. YUMA, AZ 85364	N/A PUBLIC	CHARI TABLE	25,000.
YYFTL P. O. BOX 5472 YUMA, AZ 85366	N/A PUBLIC	CHARITABLE	250.
HUMANE BORDERS FIRST CHRISTIAN CHURCH, 740 EAST SPEEDWAY TUCSON, AZ 85719	N/A PUBLIC	CHARITABLE	500.
CROSSROADS MISSION 944 S. ARIZONA AVE. YUMA, AZ 85364	N/A PUBLIC	CHARITABLE	200.
ARIZONA INSTITUTE FOR PUBLIC LIFE 1802 E. THOMAS RD., SUITE 15 PHOENIX, AZ 85016	N/A PUBLIC	CHARITABLE	12, 000.

86-0671214

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN CANCER SOCIETY YUMA UNIT P.O. BOX 2970 PHOENIX, AZ 85062	N/A PUBLIC	CHARITABLE	2,000.
AMERICARES 88 HAMILTON AVE. SAMFORD, CT 06902	N/A PUBLIC	CHARL TABLE	500.
ARCHDIOCESE FOR THE MILITARY SERVICES P. O. BOX 96168 WASHINGTON, DC 20077-7168	N/A PUBLIC	CHARITABLE	1, 250.
BELLARMINE COLLEGE PREPATORY 960 W. HEDDING ST. SAN JOSE, CA 95126	N/A PUBLIC	CHARITABLE	2, 000.
BOY SCOUTS OF AMERICA 1650 W. 3RD ST. YUMA, AZ 85364	N/A PUBLIC	CHARI TABLE	200.
CARRICK MINISTRIES FOUNDATION 15647 N. 51ST PL. SCOTTSDALE, AZ 85254	N/A PUBLIC	RELIGIOUS	2, 000.

86-0671214

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

86-0671214

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

COMMUNE TAKE MENTALEMENT	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRI BUTION	AMOUNT
SCRIPPS HEALTH FOUNDATION 4275 CAMPUS POINT CT. SAN DIEGO, CA 92121	N/A PUBLIC	CHARITABLE	5, 000.
ST. FRANCIS CHURCH 1815 S. 8TH AVE. YUMA, AZ 85364	N/A PUBLIC	RELIGIOUS	5, 000.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL S01 ST. JUDE PLACE MEMPHIS, TN 38105	N/A PUBLIC	CHARITABLE	1,000.
SUSAN B. ANTHONY LIST 1800 N. KENT ST., STE. 1070 ARLINGTON, VA 22209	N/A PUBLIC	CHARI TABLE	500.
TGEN FOUNDATION 400 E. VAN BUREN ST., STE. 850 PHOENIX, AZ 85004	N/A PUBLIC	CHARL TABLE	50, 000.
THE SALVATION ARMY P.O. BOX 6227 YUMA, AZ 85366	N/A PUBLIC	CHARITABLE	600.
THEATINE FATHERS P.O. BOX 326 SAN LUIS, CO 81152	N/A PUBLIC	CHARITABLE	2, 000.

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YEAR	
THE	1000
DURI NG	11
PAID	**********
CONTRI BUTIONS	20000000000000
AND	11
GRANTS	========
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PART	:: :::::::::::::::::::::::::::::::::::
)RM 990PF,	
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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
U OF A GLEN CURTIS BUILDING FUND P.O. BOX 210036 TUCSON, AZ 85721-0036	N/A PUBLIC	CHARI TABLE	15, 000.
PAT TILLMAN FOUNDATION 2121 S. MILL AVE., STE. 214 TEMPLE, AZ 85282	N/A PUBLIC	CHARI TABLE	200.

161, 230. 

TOTAL CONTRIBUTIONS PAID

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

Name of estate or trust Employer identification number THE PASOUINELLI FOUNDATION 86-0671214 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (b) Date acquired (a) Description of property (c) Date sold (see page 4 of the (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo , day, yr ) Subtract (e) from (d) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b -6,688. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . . . -6,688. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired the entire year Subtract (e) from (d) (d) Sales price (see page 4 of the (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo , day, yr ) instructions) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b <u>-17,763.</u> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 9 Gain from Form 4797, Part I . . . . . . . . . . . . . . . . . 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. -17.763For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2008

Schedule D (Form 1041) 2008

30

31

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Schedule G, Form 1041 (or line 36 of Form 990-T)....

Add lines 30 and 31

Subtract line 28 from line 27

the Schedule Ginstructions)

Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see

Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of

## SCHEDULE D-1 (Form 1041)

. . , , , , ,

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2008

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

THE PASQUINELLI FOUNDATION 86-0671214 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (b) Date (d) Sales price (see page 4 of the (e) Cost or other basis (c) Date sold (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (f) Gain or (loss) (see page 4 of the acquired (mo day, yr) Subtract (e) from (d) instructions) (mo day, yr) 1a 04/01/2008 08/14/2008 213. 269 -56. 26 SHRS FRP 95,000. GE MONEY BANK CD 06/13/2008 03/18/2009 95,000 03/30/2009 05/07/2009 2,282 8,952 -6,670. 66 SHRS TWC 03/04/2008 09/12/2008 95,000 95,000 FRANKLIN BANK CD 95,000. 95,000 STILLWATER CD 03/04/2008 <u>09/12/2008</u> CAPITAL ONE CD 03/05/2008 09/12/2008 95,000. 95,000. SOVEREIGN BANK CD 03/04/2008 12/05/2008 95,000. 95,000. 11/05/2008 05/12/2009 95,000. 95,000 TEXAS CAP BANK CD 38 VAR VAR NONE 38. CASH IN LIEU

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part   Long-Term Capital Gains ar								
* (a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)			
6a EATON VANCE	04/21/2006	01/02/2009	25,002.	25,000.	2.			
EATON VANCE	06/04/2007	01/02/2009	25,000.	25,000.				
400 SHRS AMAT	09/18/2000	05/07/2009	4,673.	14,854.	-10,181.			
256 SHRS CBY	07/27/2007	05/07/2009	8,100.	14,267.	-6,167.			
192 SHRS DPS	VAR	05/07/2009	3,921.	5,338.	-1,417.			
			-:-					
	<u></u>		•					
6b Total. Combine the amounts in column	(f) Enter here and	d on Schedule D, Im	ne 6b		-17,763.			

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		INS AND LO		ription		P or	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over	ľ	Gain or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	+	(loss)	
		26 SHRS FRP					04/01/2008	08/14/2008
213.		269.					<b>-</b> 56.	
		EATON VANCE					04/21/2006	01/02/2009
25,002.		25,000.					2.	
		EATON VANCE					06/04/2007	01/02/2009
25,000.		25,000.						
		GE MONEY BA	NK CD				06/13/2008	03/18/2009
95,000.		95,000.				İ		
		400 SHRS AM	AT				09/18/2000	05/07/2009
4,673.		14,854.					-10,181.	
		256 SHRS CB	Y				07/27/2007	05/07/2009
8,100.		14,267.					-6,167.	
		192 SHRS DP	S				VAR	05/07/2009
3,921.		5,338.					-1,417.	
		66 SHRS TWC					03/30/2009	05/07/2009
2, 282.		8,952.					-6,670.	
		FRANKLIN BA	NK CD				03/04/2008	09/12/2008
95,000.		95,000.						
		STILLWATER	CD				03/04/2008	09/12/2008
95,000.		95,000.						
		CAPITAL ONE	CD				03/05/2008	09/12/2008
95,000.		95,000.						

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of		INS AND LC	Descr		IIIVESI	P	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	þ	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs		or (loss)	
CARCINGS OF GOILS	<u> </u>			12701700	1 441 54010		(1888)	
		SOVEREIGN B	ANK CD				03/04/2008	12/05/2008
95,000.		95,000.						
		TEXAS CAP B	ANK CD				11/05/2008	05/12/2009
95,000.		95,000.						
		CASH IN LIE	J				VAR	VAR
38.		NONE					38.	
TOTAL GAIN( L	oss)						-24,451.	
							=======	
								•
						Ì		
JSA		<del></del>						L

	88 (Rev 4-2009)		Page 2						
-	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only								
	Only complete Part II if you have already been granted an automatic 3-month ex		form 8868.						
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page								
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).									
Туре	Name of Exempt Organization	Employer identif	ication number						
print	THE PASQUINELLI FOUNDATION	4							
	Number, street, and room or suite no. If a P O. box, see instructions.								
extende due dat	e for P. O. BOX 2949								
filing the return S									
instructi	ons YUMA, AZ 85366-2949								
Check	type of return to be filed (File a separate application for each return)								
Ш	Form 990 X Form 990-PF	Form 1041-A	Form 6069						
Ш	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720	Form 8870						
Ш,	Form 990-EZ Form 990-T (trust other than above)	Form 5227							
STOP	Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usly filed Form 8868.						
<ul><li>The</li></ul>	books are in the care of   GARY J. PASQUINELLI								
	ephone No. ▶ 928 783-7813 FAX No. ▶								
	e organization does not have an office or place of business in the United States,								
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is									
for the	e whole group, check this box $\dots  ightharpoonup igsqcup$ If it is for part of the group, check this	s box ▶ 🔲 and atta	ch a						
list wit	h the names and EINs of all members the extension is for.								
	request an additional 3-month extension of time until05/15/2010		<u> </u>						
	For calendar year , or other tax year beginning07/01/2008	_,and ending <u>06/30/2</u>	·						
			e in accounting period						
7 3									
NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.									
_									
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any							
-	nonrefundable credits. See instructions.		<b>8a \$</b> 958.						
b l	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and estimated							
t	ax payments made. Include any prior year overpayment allowed as a credit	and any amount paid	- 10 PM						
	previously with Form 8868.		<b>8b</b> \$ 1,500.						
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form								
\	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		8c \$ NONE						
Signature and Verification									
	penalties of perjury, I declare that I have examined this form, including accompanying schedules a	nd statements, and to the best of	of my knowledge and belief,						
it is true	s, correct, and complete, and that I am authorized to prepare this form								
	N Mallon K & don	Λ	2/10/10						
Signatu		/Date	<u>                                      </u>						
	R. KUHEN & CO., INC.		Form <b>8868</b> (Rev 4-2009)						

R. KUHEN & CO., INC.
2010 MAIN STREET, SUITE 1080
IRVINE, CA 92614