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REVISED PER LETTER 2695C

DATED 12/11/09

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2008****Open to Public  
Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <b>August 1</b> , 2008, and ending <b>July 31</b> , 20 <b>09</b>														
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4"><b>Please use IRS label or print or type. See Specific Instructions.</b></td> <td colspan="2"><b>C</b> Name of organization <b>Lucy Witter Memorial Trust</b></td> <td><b>D</b> Employer identification number <b>94 6201508</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>21373 Dexter Dr</b></td> <td><b>E</b> Telephone number <b>(408) 446-4704</b></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>Cupertino, CA 95014</b></td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="3"> <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b> </td> </tr> </table>	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>Lucy Witter Memorial Trust</b>		<b>D</b> Employer identification number <b>94 6201508</b>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>21373 Dexter Dr</b>		<b>E</b> Telephone number <b>(408) 446-4704</b>	City or town, state or country, and ZIP + 4 <b>Cupertino, CA 95014</b>		<b>F</b> Group Exemption Number ▶	<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		
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	<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>													
<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶														

**I** Website: ▶ **N/A**

**J** Organization type (check only one) — ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>4,000</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>4,000</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>5,082</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶)	<b>16</b>	
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>5,082</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>(1,082)</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>145,278</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>(15,679)</b>
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	<b>128,517</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>145,278</b>	<b>128,517</b>
<b>23</b> Land and buildings	<b>0</b>	<b>0</b>
<b>24</b> Other assets (describe ▶)	<b>0</b>	<b>0</b>
<b>25</b> <b>Total assets</b>	<b>145,278</b>	<b>128,517</b>
<b>26</b> <b>Total liabilities</b> (describe ▶)	<b>0</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>145,278</b>	<b>128,517</b>

0425830663

Dec. 11, 2009 LTR 2695C 0 R

94-6201508 200907 67

00019360

LUCY WITTER MEMORIAL TRUST  
21373 DEXTER DR  
CUPERTINO CA 95014

014623

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

*Park Chamberlain*

Signature of officer or trustee

*12/18/09*

Date

*Trustee*

Title



Park Chamberlain  
21373 Dexter Dr  
Cupertino, CA 95014-1316