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**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** AUG 1, 2008 **and ending** JUL 31, 2009


<b>B</b> Check if applicable <input checked="" 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	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> THE WINIFRED STUART MANKOWSKI FOUNDATION Doing Business As	<b>D Employer identification number</b> 95-4158892
		Number and street (or P O box if mail is not delivered to street address) Room/suite C/O GIFFORD, ET AL, 700 S FLOWER ST 1222	<b>E Telephone number</b> 213-626-4481
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90017-4114	<b>G Gross receipts \$</b> 3,934,222. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>F Name and address of principal officer:</b> HENRY H. DEARING 700 S. FLOWER ST, STE 1222, LOS ANGELES, CA		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J Website:</b> NONE		<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		<b>L Year of formation</b> 1988	<b>M State of legal domicile</b> CA


**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>PROVIDE HOUSING FOR RETIRED RELIGIOUS WORKERS</u>																																																									
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.																																																									
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3																																																								
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	3																																																								
<b>5</b> Total number of employees (Part V, line 2a)	0																																																								
<b>6</b> Total number of volunteers (estimate if necessary)	0																																																								
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	5,030.																																																								
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	4,616.																																																								
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

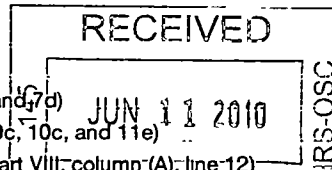
<b>Sign Here</b> Signature of officer  HENRY H. DEARING, PRESIDENT Type or print name and title	Date June 3, 2010
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<b>Paid Preparer's Use Only</b> Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 COLDWELL, SCLAFANI & COMPANY LLP 3239 NORTH VERDUGO ROAD GLENDALE, CA 91208-1633	Date 6.3.10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ P00021891 Phone no ▶ (818) 249-2085
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

JUL 27 2010  
 ACTIVITIES & GOVERNANCE

SCANNED  
 Revenue



815 7

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PROVIDE HOUSING FOR RETIRED RELIGIOUS WORKERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes", describe these new services on Schedule O.
Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes", describe these changes on Schedule O.
Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 633,201. including grants of \$ 608,600. ) (Revenue \$ 43,930. )
THE WINIFRED STUART MANKOWSKI HOMES IN AZUSA, CALIFORNIA, IS MAINTAINED TO PROVIDE BUNGALOW COTTAGES FOR NEEDY RETIRED CHRISTIAN SCIENCE PRACTITIONERS AND NURSES

4b (Code: ) (Expenses \$ 239,685. including grants of \$ 239,685. ) (Revenue \$ )
THE MANKOWSKI FUND IN THE UNITED KINGDOM AND CONTINENTAL EUROPE IS MAINTAINED TO PROVIDE HOUSING STIPENDS FOR NEEDY NON-US CITIZEN CHRISTIAN SCIENCE PRACTITIONERS AND NURSES

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 872,886. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 6		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 0		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>UNITED KINGDOM</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <u>N/A</u>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <u>N/A</u>		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>9b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?		X
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**HENRY H. DEARING - 213-626-4481**  
**700 S. FLOWER ST, STE 1222, LOS ANGELES, CA 90017-4114**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>							130,000.	0.	0.	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns <b>1a</b>					
	<b>b</b> Membership dues <b>1b</b>					
	<b>c</b> Fundraising events <b>1c</b>					
	<b>d</b> Related organizations <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f					
	<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code:</b>				
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	678,179.			678,179.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties	4,369.			4,369.	
	<b>6 a</b> Gross Rents	(i) Real (ii) Personal	43,930.			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)	43,930.			
		<b>d</b> Net rental income or (loss)	43,930.	43,930.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	3202714.			
		<b>b</b> Less: cost or other basis and sales expenses	3465762.			
		<b>c</b> Gain or (loss)	<263048.>			
		<b>d</b> Net gain or (loss)	<263,048.>			<263,048.>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
		<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b> <b>Business Code:</b>						
<b>11 a</b> PARTNERSHIP INCOME	900099	5,030.		5,030.		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		5,030.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		468,460.	43,930.	5,030.	419,500.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	608,600.	608,600.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	239,685.	239,685.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,000.		68,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	17,268.	17,268.		
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	3,433.		3,433.	
c Accounting	3,054.		3,054.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	31,491.		31,491.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	7,333.	7,333.		
17 Travel	1,849.		1,849.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>PARTNERSHIP INVESTMENT</b>	8,062.		8,062.	
b <b>FOREIGN TAXES ON INVEST</b>	5,003.		5,003.	
c <b>FEDERAL EXCISE TAXES</b>	3,000.		3,000.	
d <b>STATE FILING FEES</b>	1,928.		1,928.	
e <b>INVESTMENT ADVISORY FEE</b>	1,915.		1,915.	
f All other expenses	545.		545.	
25 Total functional expenses. Add lines 1 through 24f	1,001,166.	872,886.	128,280.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	61,035.	1	62,365.
	2 Savings and temporary cash investments	1,622,363.	2	971,210.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 904,178.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	904,178.	10c 904,178.
	11 Investments - publicly traded securities	14,639,940.	11	14,757,057.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,227,516.	16	16,694,810.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	17,227,516.	30	16,694,810.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
33 <b>Total net assets or fund balances</b>	17,227,516.	33	16,694,810.	
34 <b>Total liabilities and net assets/fund balances</b>	17,227,516.	34	16,694,810.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE WINIFRED STUART MANKOWSKI FOUNDATION** Employer identification number **95-4158892**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entry of a person described in (i) or (ii) above?		X
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
THE FIRST CHURCH OF CH	04-22547425		X		X		X		848,285.
<b>Total</b>									<b>848,285.</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization THE WINIFRED STUART MANKOWSKI FOUNDATION Employer identification number 95-4158892

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	603,788.			603,788.
b Buildings	300,390.			300,390.
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				904,178.





**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization: **THE WINIFRED STUART MANKOWSKI FOUNDATION**  
Employer identification number: **95-4158892**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
UNITED KINGDOM	0	1	HOUSING ASSISTANCE GRANTS TO RETIRED CHRISTIAN SCIENCE NURSES AND PRACTITIONERS IN THE REGION		50,573.
EUROPE	0	0	HOUSING ASSISTANCE GRANTS TO RETIRED CHRISTIAN SCIENCE NURSES AND PRACTITIONERS IN THE REGION		27,803.
CANADA	0	0	HOUSING ASSISTANCE GRANTS TO RETIRED CHRISTIAN SCIENCE NURSES AND PRACTITIONERS IN THE REGION		68,310.
AFRICA	0	0	HOUSING ASSISTANCE GRANTS TO RETIRED CHRISTIAN SCIENCE NURSES AND PRACTITIONERS IN THE REGION		51,533.
AUSTRALIA/NEW ZEALAND	0	0	HOUSING ASSISTANCE GRANTS TO RETIRED CHRISTIAN SCIENCE NURSES AND PRACTITIONERS IN THE REGION		41,466.
<b>Totals</b>		<b>1</b>			<b>239,685.</b>

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Schedule F (Form 990) 2008



Schedule F (Form 990) 2008 THE WINIFRED STUART MANKOWSKI FOUNDATION 95-4158892

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HOUSING ASSISTANCE	UNITED KINGDOM	6	50,573	WIRE TRANSFER TO RECIPIENT'S ACCOUNT	0.		COST
HOUSING ASSISTANCE	EUROPE	4	27,803	WIRE TRANSFER TO RECIPIENT'S ACCOUNT	0.		COST
HOUSING ASSISTANCE	CANADA	6	68,310	WIRE TRANSFER TO RECIPIENT'S ACCOUNT	0.		COST
HOUSING ASSISTANCE	AFRICA	6	51,533	WIRE TRANSFER TO RECIPIENT'S ACCOUNT	0.		COST
HOUSING ASSISTANCE	AUSTRALIA/NEW ZEALAND	4	41,466	WIRE TRANSFER TO RECIPIENT'S ACCOUNT	0.		COST

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: THE FOUNDATION HAS AN AGENT BASED IN LONDON WHO MONITORS ALL FOREIGN GRANT RECIPIENTS. GRANT RECIPIENTS RECEIVE FUNDS QUARTERLY UNDER THE SUPERVISION OF THE AGENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury,  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

THE WINIFRED STUART MANKOWSKI FOUNDATION

Employer identification number

95-4158892

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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Schedule J (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE WINIFRED STUART MANKOWSKI FOUNDATION

Employer identification number  
95-4158892

FORM 990, PART VI, SECTION A, LINE 10: THE ENTIRE BOARD REVIEWS FORM 990 IN DETAIL AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE. ANY QUESTIONS ARE DIRECTED TOWARD THE APPROPRIATE SOURCE FOR INFORMATION UNTIL ALL BOARD MEMBERS ARE SATISFIED.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE HELD IN THE ORGANIZATION'S OFFICE AND ARE AVAILABLE UPON REQUEST. FINANCIAL RECORDS ARE ONLY AVAILABLE THROUGH FORM 990 WHICH IS ALWAYS AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 7(D), COLUMN (A), NET GAIN OR LOSS

STATEMENT 1

DATE ACQUIRED	DATE SOLD	QUANTITY	DESCRIPTION	SALES PRICE	COST	GAIN (LOSS)
			TOTAL LONG TERM CAPITAL GAIN DIVIDENDS	48,119		48,119
			NATIONS FUND SETTLEMENT	6,276		6,276
10/08/08	10/09/08	12	AGL RES INC	339	356	(17)
05/07/08	10/09/09	66	AT&T	1,628	2,588	(960)
07/19/06	08/28/08	600	AGILENT TECHNOLOGIES	20,983	16,570	4,413
06/20/07	08/28/08	400	AGILENT TECHNOLOGIES	13,989	15,731	(1,742)
02/21/07	08/28/08	200	AMBAC INC	1,192	18,204	(17,012)
06/20/07	08/28/08	200	AMBAC INC	1,192	17,616	(16,424)
01/07/08	08/28/08	250	AMBAC INC	1,491	6,025	(4,534)
01/07/08	05/01/09	500	AMERICAN INTERNTIONAL GROUP INC	677	28,039	(27,362)
09/18/07	10/09/08	69	BB&T CORP	2,003	2,822	(819)
12/14/07	10/09/08	16	BP AMOCO PLC SPONSORED ADR	680	1,185	(505)
07/26/07	10/09/08	9	BP AMOCO PLC SPONSORED ADR	382	637	(255)
04/23/07	10/09/08	14	BP AMOCO PLC SPONSORED ADR	595	964	(369)
07/18/08	10/09/08	12	BT GROUP PLC ADR	316	476	(160)
07/18/08	11/04/08	191	BT GROUP PLC ADR	3,654	7,581	(3,927)
10/09/08	05/01/09	246	CENTURYTEL INC	6,692	8,288	(1,596)
06/20/07	08/28/08	100	COLGATE PALMOLIVE CO	7,599	6,671	928
06/02/06	08/28/08	200	COLGATE PALMOLIVE CO	15,198	12,060	3,138
03/20/06	08/28/08	1100	COLGATE PALMOLIVE CO	83,591	62,730	20,861
06/04/09	07/17/09	73	CONAGRA INC	1,387	1,419	(32)
07/07/09	07/17/09	144	CONAGRA INC	2,736	2,778	(42)
06/10/09	07/17/09	72	CONAGRA INC	1,368	1,377	(9)
06/20/07	08/28/08	400	CONOCOPHILLIPS COM	33,741	32,303	1,438
03/20/06	08/28/08	1025	CONOCOPHILLIPS COM	86,461	62,223	24,238
	02/25/09	100	CURRENCYSHARES EURO TR EURO SHS	12,645	14,773	(2,128)
12/14/07	10/09/08	62	DEUTSCHE TELEKOM AG SPONSORED ADR	865	1,339	(474)
09/18/07	10/09/08	32	DEUTSCHE TELEKOM AG SPONSORED ADR	447	613	(166)
01/12/07	10/09/08	35	DEUTSCHE TELEKOM AG SPONSORED ADR	488	669	(181)
01/12/07	11/17/08	175	DEUTSCHE TELEKOM AG SPONSORED ADR	2,466	3,343	(877)
04/23/07	11/17/08	46	DEUTSCHE TELEKOM AG SPONSORED ADR	648	823	(175)
02/02/07	11/17/08	80	DEUTSCHE TELEKOM AG SPONSORED ADR	1,127	1,398	(271)
07/26/07	11/17/08	39	DEUTSCHE TELEKOM AG SPONSORED ADR	550	672	(122)
05/09/07	11/17/08	12	DEUTSCHE TELEKOM AG SPONSORED ADR	169	205	(36)
09/05/06	11/17/08	1362	DEUTSCHE TELEKOM AG SPONSORED ADR	19,195	19,808	(613)
06/04/09	07/16/09	204	DEUTSCHE TELEKOM AG SPONSORED ADR	2,345	2,309	36
12/14/07	10/09/08	102	DUKE ENERGY CORP NEW COM	1,684	2,095	(411)
07/26/07	10/09/08	12	ENI S P A SPONSORED ADR	492	860	(368)
09/18/07	10/09/08	9	ENI S P A SPONSORED ADR	369	635	(266)
12/14/07	10/09/08	18	ENI S P A SPONSORED ADR	738	1,269	(531)
12/14/07	11/17/08	1	ENI S P A SPONSORED ADR	44	71	(27)
05/09/07	11/17/08	3	ENI S P A SPONSORED ADR	131	203	(72)
04/23/07	11/17/08	72	ENI S P A SPONSORED ADR	3,151	4,775	(1,624)
03/08/07	11/17/08	425	ENI S P A SPONSORED ADR	18,598	26,365	(7,767)

FORM 990, PART VIII, LINE 7(D), COLUMN (A), NET GAIN OR LOSS

STATEMENT 1

DATE ACQUIRED	DATE SOLD	QUANTITY	DESCRIPTION	SALES PRICE	COST	GAIN (LOSS)
	02/24/09	1596	EXXON MOBIL COPORATION	114,506	23,441	91,065
	02/24/09	56	FAIRPOINT COMMUNICATIONS INC COM	78	355	(277)
06/20/07	09/12/08	800	FEDERAL NATL MTG ASSN COM	576	55,398	(54,822)
05/17/07	09/12/08	200	FEDERAL NATL MTG ASSN COM	144	12,600	(12,456)
11/28/07	09/12/08	180	FEDERAL NATL MTG ASSN COM	130	5,877	(5,747)
08/28/08	09/12/08	1000	FEDERAL NATL MTG ASSN COM	720	7,088	(6,368)
12/14/07	10/09/08	20	FRANCE TELECOM SPONSORED ADR	498	706	(208)
06/01/07	10/09/08	19	FRANCE TELECOM SPONSORED ADR	473	596	(123)
06/01/07	11/17/08	416	FRANCE TELECOM SPONSORED ADR	9,991	13,043	(3,052)
09/18/07	11/17/08	10	FRANCE TELECOM SPONSORED ADR	240	313	(73)
07/26/07	11/17/08	114	FRANCE TELECOM SPONSORED ADR	2,738	3,031	(293)
07/03/07	10/09/08	111	FRONTIER COMMUNICATIONS CORP COM	1,028	1,725	(697)
07/03/07	11/17/08	459	FRONTIER COMMUNICATIONS CORP COM	3,962	7,134	(3,172)
07/23/07	11/17/08	316	FRONTIER COMMUNICATIONS CORP COM	2,728	4,848	(2,120)
07/26/07	11/17/08	222	FRONTIER COMMUNICATIONS CORP COM	1,916	3,232	(1,316)
08/27/07	11/17/08	405	FRONTIER COMMUNICATIONS CORP COM	3,496	5,849	(2,353)
09/18/07	11/17/08	8	FRONTIER COMMUNICATIONS CORP COM	69	108	(39)
12/14/07	11/17/08	53	FRONTIER COMMUNICATIONS CORP COM	458	640	(182)
12/14/07	10/09/08	32	ARTHUR J GALLAGHER & CO	787	830	(43)
07/25/06	10/09/08	1	ARTHUR J GALLAGHER & CO	25	25	0
05/16/05	05/01/09	1035	GENWORTH FINANCIAL INC CL A COM	2,324	28,276	(25,952)
07/18/08	10/09/08	27	GLAXO PLC SPONSORED ADR	1,009	1,009	0
06/18/08	11/17/08	27	GLAXO PLC SPONSORED ADR	965	1,468	(503)
07/18/08	11/17/08	268	GLAXO PLC SPONSORED ADR	9,576	12,743	(3,167)
09/09/08	11/17/08	338	GLAXO PLC SPONSORED ADR	12,078	14,940	(2,862)
09/09/08	10/09/08	15	HSBC HLDGS PLX SPON ADR NEW	1,109	1,109	0
08/13/08	04/14/09	6.25	HSBC HLDGS PLX SPON ADR NEW	52	113	(61)
09/09/08	04/14/09	38.75	HSBC HLDGS PLX SPON ADR NEW	324	656	(332)
09/12/08	04/14/09	38.75	HSBC HLDGS PLX SPON ADR NEW	324	655	(331)
10/06/08	04/14/09	50.25	HSBC HLDGS PLX SPON ADR NEW	421	831	(410)
10/06/08	04/21/09	0.167	HSBC HLDGS PLX SPON ADR NEW	1	3	(2)
11/15/07	10/09/08	54	HEINZ H J CO	2,484	2,482	2
	02/24/09	2800	IDEARC INC COM	172	27,749	(27,577)
05/08/08	10/09/08	30	ING GROEP N V SPONSORED ADR	495	1,141	(646)
05/08/08	10/13/08	211	ING GROEP N V SPONSORED ADR	3,540	8,028	(4,488)
09/04/08	10/13/08	277	ING GROEP N V SPONSORED ADR	4,647	8,595	(3,948)
	03/19/09	300	BANK OF IRELAND SPONS ADR	548	11,054	(10,506)
07/28/08	05/01/09	400	JOY GLOBAL INC COM	9,938	28,699	(18,761)
09/10/08	05/01/09	200	JOY GLOBAL INC COM	4,969	8,976	(4,007)
03/17/08	10/09/08	39	KIMBERLY CLARK CORP	2,369	2,473	(104)
02/21/07	08/28/08	700	KRAFT FOODS INC CL A COM	22,493	23,672	(1,179)
05/17/07	08/28/08	700	KRAFT FOODS INC CL A COM	22,493	23,119	(626)
12/14/07	10/09/08	81	KRAFT FOODS INC CL A COM	2,389	2,696	(307)
11/04/08	11/17/08	203	ELI LILLY & CO	6,564	7,076	(512)
11/06/08	11/17/08	161	ELI LILLY & CO	5,206	5,309	(103)

FORM 990, PART VIII, LINE 7(D), COLUMN (A), NET GAIN OR LOSS

STATEMENT 1

DATE ACQUIRED	DATE SOLD	QUANTITY	DESCRIPTION	SALES PRICE	COST	GAIN (LOSS)
01/12/07	10/03/08	85	LLOYDS TSB GROUP PLC SPONS ADR	1,750	3,989	(2,239)
04/23/07	10/03/08	21	LLOYDS TSB GROUP PLC SPONS ADR	432	985	(553)
05/09/07	10/03/08	6	LLOYDS TSB GROUP PLC SPONS ADR	124	281	(157)
02/02/07	10/03/08	40	LLOYDS TSB GROUP PLC SPONS ADR	824	1,871	(1,047)
07/26/07	10/03/08	18	LLOYDS TSB GROUP PLC SPONS ADR	371	795	(424)
09/18/07	10/03/08	13	LLOYDS TSB GROUP PLC SPONS ADR	268	544	(276)
09/05/06	10/03/08	370	LLOYDS TSB GROUP PLC SPONS ADR	7,619	14,971	(7,352)
09/25/06	10/03/08	256	LLOYDS TSB GROUP PLC SPONS ADR	5,272	10,354	(5,082)
12/14/07	10/03/08	29	LLOYDS TSB GROUP PLC SPONS ADR	597	1,107	(510)
07/28/08	05/01/09	800	MCDERMOTT INTL INC	12,900	39,526	(26,626)
03/21/00	09/12/08	590	MERRILL LYNCH & CO INC COM	10,657	28,150	(17,493)
09/18/07	10/09/08	14	NEW YORK CMNTY BANCORP INC COM	200	264	(64)
04/23/07	10/09/08	40	NEW YORK CMNTY BANCORP INC COM	572	708	(136)
04/23/07	05/01/09	88	NEW YORK CMNTY BANCORP INC COM	988	1,558	(570)
05/09/07	05/01/09	6	NEW YORK CMNTY BANCORP INC COM	67	106	(39)
03/30/07	05/01/09	581	NEW YORK CMNTY BANCORP INC COM	6,522	10,219	(3,697)
12/14/07	05/01/09	26	NEW YORK CMNTY BANCORP INC COM	292	447	(155)
07/26/07	05/01/09	15	NEW YORK CMNTY BANCORP INC COM	168	244	(76)
09/06/02	08/28/08	637	PROCTER & GAMBLE CO	44,623	28,652	15,971
05/09/07	10/09/08	3	PROGRESS ENERGY INC COM	121	156	(35)
04/23/07	10/09/08	10	PROGRESS ENERGY INC COM	403	514	(111)
12/14/07	10/09/08	16	PROGRESS ENERGY INC COM	644	785	(141)
02/05/07	10/09/08	3	PROGRESS ENERGY INC COM	121	145	(24)
02/02/07	10/09/08	1	PROGRESS ENERGY INC COM	40	48	(8)
07/03/07	10/09/08	39	REGAL ENTMT GROUP CL A COM	508	844	(336)
07/03/07	11/06/08	331	REGAL ENTMT GROUP CL A COM	3,249	7,162	(3,913)
09/18/07	11/06/08	4	REGAL ENTMT GROUP CL A COM	39	86	(47)
07/26/07	11/06/08	159	REGAL ENTMT GROUP CL A COM	1,561	3,359	(1,798)
11/04/08	05/01/09	128	ROYAL DUTCH SHELL PLC SPONSORED ADR	5,932	7,601	(1,669)
09/09/08	10/09/08	9	SCANA CORP	298	356	(58)
09/09/08	11/17/08	206	SCANA CORP	7,178	8,145	(967)
07/26/07	10/09/08	9	SOUTHERN CO	315	307	8
03/17/06	10/09/08	54	SOUTHERN CO	1,888	1,829	59
02/01/08	10/09/08	134	SUNTRUST BKS INC	4,433	9,138	(4,705)
02/06/08	10/09/08	148	SUNTRUST BKS INC	4,896	9,722	(4,826)
01/07/08	10/09/08	184	SUNTRUST BKS INC	6,086	10,934	(4,848)
04/10/08	10/09/08	151	SUNTRUST BKS INC	4,995	8,273	(3,278)
06/20/07	08/22/08	0.165	TAIWAN SEMICONDUCTOR MGG LTD SPONS	2	2	0
05/09/07	08/05/08	12	TELSTRA LTD SPONSORED ADR FINAL INST	247	244	3
12/14/07	08/05/08	68	TELSTRA LTD SPONSORED ADR FINAL INST	1,402	1,370	32
07/26/07	08/05/08	42	TELSTRA LTD SPONSORED ADR FINAL INST	866	822	44
04/03/07	08/05/08	51	TELSTRA LTD SPONSORED ADR FINAL INST	1,051	987	64
09/18/07	08/05/08	35	TELSTRA LTD SPONSORED ADR FINAL INST	722	641	81
02/02/07	08/05/08	85	TELSTRA LTD SPONSORED ADR FINAL INST	1,752	1,386	366
01/12/07	08/05/08	230	TELSTRA LTD SPONSORED ADR FINAL INST	4,741	3,749	992

FORM 990, PART VIII, LINE 7(D), COLUMN (A), NET GAIN OR LOSS

STATEMENT 1

DATE ACQUIRED	DATE SOLD	QUANTITY	DESCRIPTION	SALES PRICE	COST	GAIN (LOSS)
10/24/06	08/05/08	847	TELSTRA LTD SPONSORED ADR FINAL INST	17,461	11,728	5,733
10/24/06	10/07/08	623	TELSTRA LTD SPONSORED ADR FINAL INST	9,633	8,626	1,007
	09/22/08	25000	TOYOTA MOTOR CREDIT MTN 5.50% DUE 9/08	25,000	25,217	(217)
	02/24/09	3900	UGI CORP NEW	96,755	29,613	67,142
12/14/07	09/12/08	46	US BANCORP DEL COM NEW	1,553	1,510	43
08/27/07	09/12/08	119	US BANCORP DEL COM NEW	4,019	3,901	118
09/18/07	09/12/08	6	US BANCORP DEL COM NEW	203	196	7
07/26/07	09/12/08	24	US BANCORP DEL COM NEW	810	728	82
12/18/06	09/12/08	97	US BANCORP DEL COM NEW	3,276	3,491	(215)
12/18/09	10/09/08	45	US BANCORP DEL COM NEW	1,368	1,619	(251)
10/09/08	11/17/08	336	UNILEVER PLC SPONSORED ADR	7,220	7,977	(757)
08/05/04	08/28/08	450	UNITED PARCEL SERVICE CL B	28,747	32,165	(3,418)
01/22/04	10/15/08	125000	UNITED STATES TREAS NT DUE 10/15/08	125,000	125,000	0
	01/15/09	1011000	UNITED STATES TREAS NT DUE 1/15/09	1,011,000	1,011,000	0
	07/15/09	1000000	UNITED STATES TREAS NT DUE 7/15/09	1,000,000	1,000,000	0
12/14/07	09/03/08	0.546	UNITED UTILS GROUP PLC SPONSORED	14	22	(8)
12/14/07	09/05/08	33.454	UNITED UTILS GROUP PLC SPONSORED	791	1,320	(529)
02/05/07	09/05/08	2.318	UNITED UTILS GROUP PLC SPONSORED	55	91	(36)
02/02/07	09/05/08	42.5	UNITED UTILS GROUP PLC SPONSORED	1,005	1,660	(655)
01/12/07	09/05/08	243.409	UNITED UTILS GROUP PLC SPONSORED	5,754	9,492	(3,738)
05/09/07	09/05/08	6.955	UNITED UTILS GROUP PLC SPONSORED	164	271	(107)
04/23/07	09/05/08	24.727	UNITED UTILS GROUP PLC SPONSORED	585	959	(374)
07/26/07	09/05/08	20.864	UNITED UTILS GROUP PLC SPONSORED	493	729	(236)
09/18/07	09/05/08	17	UNITED UTILS GROUP PLC SPONSORED	402	592	(190)
03/17/06	09/05/08	113.773	UNITED UTILS GROUP PLC SPONSORED	2,689	3,672	(983)
03/17/06	10/09/08	45	UNITED UTILS GROUP PLC SPONSORED	893	1,452	(559)
03/17/06	11/04/08	454	UNITED UTILS GROUP PLC SPONSORED	10,131	14,653	(4,522)
04/18/08	10/09/08	42	VODAFONE GROUP PLC SPONSORED ADR	857	857	0
	02/24/09	4500	WASHINGTON MUT INC COM	85	126,105	(126,020)
03/20/00	01/21/09	0.902	WELLS FARGO & CO	18	16	2
05/09/07	10/09/08	15	WINDSTREAM CORP COM	138	227	(89)
04/02/07	10/09/08	6	WINDSTREAM CORP COM	55	89	(34)
04/23/07	10/09/08	144	WINDSTREAM CORP COM	1,323	2,124	(801)
07/28/08	05/01/09	600	NOBLE CORP COM	16,383	32,534	(16,151)
08/28/08	05/01/09	425	NOBLE CORP COM	11,604	22,171	(10,567)
				3,202,714	3,465,762	(263,048)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>WINIFRED STUART MANKOWSKI FOUNDATION</b> (66-02-202-7090110)	Employer identification number 95-4158892
	Number, street, and room or suite no. If a P.O. box, see instructions <b>BANK OF AMERICA PO BOX 831041</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DALLAS, TX 75283-1041</b>	

**Check type of return to be filed** (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ HENRY H DEARING

Telephone No ▶ (213) 626-4481 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 08/01, 2008, and ending 07/31, 2009

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 4,000
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ _____
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 4,000

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization (66-02-202-7090110) WINIFRED STUART MANKOWSKI FOUNDATION	Employer identification number 95-4158892
	Number, street, and room or suite no. If a P O box, see instructions BANK OF AMERICA, N.A., P O BOX 831041	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions DALLAS, TX 75283-1041	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  HENRY H. DEARING  
Telephone No  (213) 626-4481 FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 6/15/2010
- 5 For calendar year \_\_\_\_\_ or other tax year beginning 08/01/2008 and ending 07/31/2009
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO OBTAIN INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 12,361.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 4,000.00
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ 8,361.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Nina Z. Beham Title AGENT Date 3-12-10  
BANK OF AMERICA, N.A. Form 8868 (Rev 4-2009)