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OMB No 1545-0052

SCANNED AUG 12 2010

Return of Private Foundation

*or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

2008

F	or ca	lendar	year 2008, or tax year beg	jinning	10/		and end	ing		<u>09/30,2009</u>
G	Che	ck all t	hat apply Initial retu	ırn	Final return	Amended	eturn		Address change	Name change
_			Name of foundation						A Employer identific	cation number
	Jse th	ne IRS								
	lab		THE TRIO FOUNDATION)N					48-	1104136
Otherwise, Number and street (or P O box number)					mail is not delivered to street address) Room/suite					
print						•			`	•
	or ty	уре	11111 tabam Asmir as	maaaan	NO 204				/01	3) 307-0910
		pecific	City or town state and ZIP or		NU. 204				C If exemption applica	
Instructions. City or town, state, and ZIP code							pending, check here			
									D 1 Foreign organizat	
_			OVERLAND PARK, KS						2 Foreign organizat 85% test, check h	
H			e of organization X Sec				•		computation .	
\perp			947(a)(1) nonexempt charitab		Other taxable pr				E If private foundation	status was terminated
I			t value of all assets at end		ounting method X C		rual		under section 507(b)	(1)(A), check here . 🕨 🔲
	-	•	m Part II, col. (c), line	٥ليا	other (specify)		 -			in a 60-month termination
		▶ \$	3,109,505.	<u> </u>	, column (d) must be or	r casn basis)	T		under section 507(b)	· · · · · · · · · · · · · · · · · · ·
G	art		sis of Revenue and Expen		(a) Revenue and	(b) Net inve	stment		(c) Adjusted net	(d) Disbursements for charitable
			f amounts in columns (b), (c), a ot necessarily equal the amoun		expenses per	incom			income	purposes
_			n (a) (see page 11 of the instruc		books					(cash basis only)
	1	Contribut	ions, gifts, grants, etc., received (attach se	chedule) .					.,,	
	2	Check 1	if the foundation is not rec	quired to			I			
	3	-	on savings and temporary cash inve		1,473.		1,473.			STMT 1
	4		ds and interest from securities		99,257.		9,257.			STMT 2
	`		ents							
			al income or (loss)	.						
m	l		or (loss) from sale of assets not or	line 10	-163,331.					
Ĭ	b	Gross s	ales price for all	5,9 7 1.			- 1			
Revenue	,		gain net income (from Part IV,							······································
8		-		Z) .					148 (1 2 221 144 145	III JH.,
	8		e modifications CEIVEC			<u></u>				
	9 10 a	Gross sa	les less returns							
		and allo	wances · · · · -	ြပ္တု						
	b	Less Co	et bigdods sold G. 1. 1. 2010	 -						<u> </u>
	l		profit or (loss) (attach schedule)	. 8	114	 				STMT 3
	11		ncbme (attach schedule)	ੂ ∹≑∤	114.	10	720			SIMI 3
_	12		Add lines 1 through A	┡	-62,487.		0,730.			
	13	•	isation of officers, directors, trustees	• •	NONE					FO 000
Š	14		employee salaries and wages .		52,000.					<u>52,000</u> .
188	ı		n plans, employee benefits		4,175.	 				4,175.
led		-	ees (attach schedule) ST		73.		NONE			73.
Operating and Administrative Expense			iting fees (attach schedule)ST		15,836.	<u> </u>	7,918.			7,918.
<u>×</u>	С	Other p	professional fees (attach scharn	MED). 6.	3,600.					3,600.
rat	17		l, , , , , , , , , , , , , , , , , , ,							
İst	18	-	ittach schedule) (see page 14 of the in:		5,086.		548.			3,978.
듣	19	Deprec	iation (attach schedule) and de	epletion.		ļ. <u>.</u>	ŀ			
형	20	Occupa	ancy							
Ď	21	Travel,	conferences, and meetings							
E	22	Printing	and publications			_				
ng	23	Other e	expenses (attach schedule) ST	MT.8.	28,415.	2	4,437.			3,978.
ati	24	Total o	perating and administrative ex	xpenses.						
pel		Add lin	es 13 through 23		109,185.	32	2,903.			75,722.
Õ	25		utions, gifts, grants paid		302,765.					302,765.
	26		enses and disbursements Add lines 2		411,950.	3:	2,903.			378,487.
	27		ct line 26 from line 12							
	l		f revenue over expenses and disbursen	nents	-474,437.		-			
	1		estment income (if negative, e			6	7,827.			
	1		ed net income (if negative, ente						-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. **STMT 7

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	art I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	f year
u	arti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		139,855.	139,855.
	2	Savings and temporary cash investments	101,444.	10,412.	10,412.
	3	Accounts receivable	1	‡	
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable		1	
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	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)		1	
sets		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			*****
	9	Prepaid expenses and deferred charges			
As	10 a	Investments - U S and state government obligations (attach schedule)**	609,687.		<u>590,140</u> .
	b	Investments - corporate stock (attach schedule) . STMT .10.			1,735,389.
	11	Investments - corporate bonds (attach schedule). STMT 11. Investments - land, buildings, and equipment basis Less accumulated depreciation	477,893.	616,435.	633,709.
	4.2	(attach schedule) Investments - mortgage loans			
	12 13	Investments - other (attach schedule)	1		
	14	Land, buildings, and	1		
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item l)	2 720 124	2 265 274	3,109,505.
_				3,265,374. 1,750.	3,103,303.
	17	Accounts payable and accrued expenses		1,750.	
	18	Grants payable			
abilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe			
	22	Other habitues (describe			
	23	Total liabilities (add lines 17 through 22)	73.	1,750.	
	25	Foundations that follow SFAS 117, check here		1,730.	
6		and complete lines 24 through 26 and lines 30 and 31.			
90	24	Unrestricted			
ā	25	Temporarily restricted			
B	25 26	Permanently restricted			`
Ę		Foundations that do not follow SFAS 117,			
Ē		check here and complete lines 27 through 31. ▶ X	6 206 000	6 206 000	
ō	27	Capital stock, trust principal, or current funds	6,306,000.	6,306,000.	
ssets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.567.020	2 040 276	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	-2,567,939.	-3,042,376.	
Net A	30	Total net assets or fund balances (see page 17 of the	2 720 061	2 262 624	
Z		Instructions) Total liabilities and net assets/fund balances (see page 17	3,738,061.	3,263,624.	
	31		2 720 124	2 265 274	
	- et II	of the instructions)	3,738,134. Balances	3,265,374.	
		I net assets or fund balances at beginning of year - Part II		agree with	
1		of-year figure reported on prior year's return)			3,738,061.
_					-474,437.
2	Otho	r amount from Part I, line 27a r increases not included in line 2 (itemize) ▶			7/1/75/
					3,263,624.
		lines 1, 2, and 3 reases not included in line 2 (itemize) ▶			3,203,021.
၁ ၁	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (b)	.line 30 6	3,263,624.
<u>-</u>	TOTA	The deserts of fund balances at end of year (line 4 fillings)	0, . art ii, colaiiii (b),		5,205,024.

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j	Part IV Capital Gains	and Losses for Tax on In	vestment Income	(b) How	T () D-E	
	• •	d describe the kind(s) of property solo rick warehouse, or common stock, 20	,	P-Purchase D-Donation		(d) Date sold (mo., day, yr)
1:	SEE PART IV SCHE	DULE				
Ŀ	b			ļ		
_				 	 	
_				<u> </u>		
_)	(f) Depreciation allowed	(g) Cost or other basis	1	(h) Gain or (lo	
_	(e) Gross sales price	(i) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) min	
_=			 	 		
				 	 	
_					-	
_		nowing gain in column (h) and ov	wned by the foundation on 12/31/69	0) 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		(k), but not less t Losses (from co	han -0-) or
_	3					
_ <u>t</u>						
_	;					
	1					
_6	·					
2	Capital gain net income or		If gain, also enter in Part I, line 7			1.60 001
		or (loss) as defined in sections 1	If (loss), enter -0- in Part I, line 7	2		163,331.
3		line 8, column (c) (see pages 13	•			
	•	ine 8	· · · · · · · · · · · · · · · · · · ·	3		
E			duced Tax on Net Investment Inc		······································	···
W			ibutable amount of any year in the b) Do not complete this part	ase perio	d?	Yes X No
1			ar; see page 18 of the instructions be	efore mal	king any entries	
<u>-</u>	(a)	(b)	(c)		(d)	4
c	Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2007	388,499.	3,908,976.			0.099386
	2006	351,233.				0.083281
_	2005	392,440.	- 1			0.119665
	2004	303,509.		ļ. ———		0.147470
	2003	267,867.	1,978,833.			0.135366
2	Total of line 1 column (d)			2		0.585168
3	Average distribution ratio	for the 5-year base period - divid	le the total on line 2 by 5, or by the			0.303100
Ĭ			ss than 5 years	3	·· - -	0.117034
4	Enter the net value of non	charitable-use assets for 2008 fr	om Part X, line 5	4	2	,885,098.
5	Multiply line 4 by line 3			5		337,655.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		678.
7	Add lines 5 and 6			7		338,333.
8	Enter qualifying distribution If line 8 is equal to or gr the Part VI instructions on	eater than line 7, check the bo	ox in Part VI, line 1b, and complet	8 e that p	art using a 1%	378,487. tax rate See

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.

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

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

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► CA, KS,

names and addresses

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Х

X

X

Х

8Ь

Par	t VII-A	Statements Regarding Activities (continued)				
11	'At any tim	e during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	-	f section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)		11		X
12	Did the fo	undation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17	, 2008?		12		<u> </u>
13	Did the fo	undation comply with the public inspection requirements for its annual returns and exemption application?	l	13	<u> </u>	
	Website a	ddress N/A				
14	The books	are in care of ▶ KAREN ROTH WB FAMILY OFFICE Telephone no ▶	913-307	7-09	10	
	Located at	▶11111 WEST 95TH STREET, SUITE 204 OVERLAND PARK, KS ZIP+4 ▶	66214			·
15		47(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	. 🕨 15			
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) Engag	e in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrov	money from, lend money to, or otherwise extend credit to (or accept it from) a	_			
	disqua	lified person?	X No			
	(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No			
	(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No			
	(5) Transf	er any income or assets to a disqualified person (or make any of either available for	\neg			
	the be	nefit or use of a disqualified person)?	X No		1	
	(6) Agree	to pay money or property to a government official? (Exception. Check "No" if			I	
		Indation agreed to make a grant to or to employ the official for a period after	_		Ī	
	termin	ation of government service, if terminating within 90 days) Yes	X No		ŧ	
b		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Ī	
	section 53	4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		1b	N/	Α
	Organizati	ons relying on a current notice regarding disaster assistance check here				
С	Did the for	indation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ŧ	
	were not c	orrected before the first day of the tax year beginning in 2008?	. . ⁾	1c		<u> </u>
2	Taxes on f	ailure to distribute income (section 4942) (does not apply for years the foundation was a private	1		1	
	operating t	oundation defined in section 4942(j)(3) or 4942(j)(5))			Ī	
а	At the end	of tax year 2008, did the foundation have any undistributed income (lines 6d and	_		I	
	6e, Part X	II) for tax year(s) beginning before 2008?	X No		ŧ	
	If "Yes," lis	t the years			1	
ь	Are there a	any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1	
	(relating to	incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			ŧ	
	to all years	listed, answer "No" and attach statement - see page 20 of the instructions)		2Ь	N/	<u>A</u>
c	If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1	
	▶				1	
3a		indation hold more than a 2% direct or indirect interest in any business			1	
		— — — — — — — — — — — — — — — — — — —	X No		1	
ь	If "Yes," di	d it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or			Ī	
	disqualified	persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			I	
	Commission	ner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			I	
		, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			-	
		had excess business holdings ın 2008.)		3b	N/1	
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		<u>X</u>
b	Did the fou	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ŧ	
	charitable	ourpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?		4b		<u> </u>

..▶ NONE

Total number of other employees paid over \$50,000

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand 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	
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable 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 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1_ <u>N/A</u>	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
	<u> </u>
Total. Add lines 1 through 3	

Pa	 Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.) 	gn foundatior	ıs,
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	2,624,382.
b	Average of monthly cash balances	1b	304,652.
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	2,929,034.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	2,929,034.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	43,936.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,885,098.
6	Minimum investment return. Enter 5% of line 5	6	144,255.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ ☐ and do not complete this provides the following of the instructions of the instructions of the instructions (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this provides the instructions of the instruction of the instruction of the instructions of the instruction of the i		
1	Mınımum investment return from Part X, line 6	1	144,255.
2 a	Tax on investment income for 2008 from Part VI, line 5 2a 678.		
b			
С	Add lines 2a and 2b	2c	678.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	143,577.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	143,577.
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	143,577.
_		'	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	378,487.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		*******
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	378,487.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		3,0,10,1
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	678.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	377,809.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years		

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Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ons)		
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				143,577
2	Undistributed income, if any, as of the end of 2007				220/01/
	Enter amount for 2007 only				
	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2008			***************************************	
	From 2003				
a h	From 2004	_			
		,			
ن	From 2005				
a	From 2006				
	From 2007	942,534.			
	Total of lines 3a through e	342,334.			
4	Qualifying distributions for 2008 from Part XII,				
	line 4 ▶ \$ 378,487.				
а	Applied to 2007, but not more than line 2a				
b	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				143,577
	Remaining amount distributed out of corpus	234,910.			
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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,177,444.			
	Prior years' undistributed income Subtract				
ь	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				
đ	Subtract line 6c from line 6b. Taxable				
е	amount - see page 27 of the instructions Undistributed income for 2007. Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	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	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the	170 005			
_	instructions)	170,995.			
9	Excess distributions carryover to 2009.	1,006,449.			
	Subtract lines 7 and 8 from line 6a	1,000,449.			
	Analysis of line 9				
	Excess from 2004				-
	Excess from 2005				>
	Excess from 2006 145,160.				
	Excess from 2007 194,856.				
е	Excess from 2008 234, 910.	}	1		

77-46710

Pa	art XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	at it is a private oper	rating	
	foundation, and the ruling	g is effective for 2008, e	nter the date of the ruling		. ▶	
ь	Check box to indicate wh	ether the foundation is a	a private operating found	dation described in section	1 4942	(J)(3) or 4942(J)(5)
2 -	.	Tax year		Prior 3 years		
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					
	return from Part X for each year listed					
		· · · · · · · · · · · · · · · · · · ·				*
ь	85% of line 2a			<u> </u>		
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
_	used directly for active conduct					
_	of exempt activities	<u> </u>	-			
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets	-			1	
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)				 	
b	*Endowment* alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					1
	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)		····			<u> </u>
	(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	 				
Pa	rt XV Supplement	ary Information (C	omplete this part o	only if the foundation	on had \$5,000 or mo	ore in assets at any
		the year - see page		ons.)		
1	Information Regarding					
а	List any managers of the before the close of any	the foundation who h	ave contributed more	e than 2% of the tota	al contributions receiv	red by the foundation
	before the close of any	tax year (but only if ti	ley have contributed i	nore man \$5,000) (3	ee section 507 (d)(2).)	
	SEE STATEM					
ь	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	/ large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	Interest	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X If the	ne foundation only r	nakes contributions	to preselected chari	table organizations a	and does not accept
	unsolicited requests for				28 of the instruction	ns) to individuals or
	organizations under oth	ier conditions, complé	te items 2a, b, c, and	đ		
а	The name, address, ar	nd telephone number	of the person to whon	n applications should b	e addressed	
	SEE STATEM	ENT 15				
b	The form in which appl	cations should be sub	omitted and information	on and materials they	should include:	
	SEE STATEM	ENT 15				
c	Any submission deadling					
-	.,					
_	SEE STATEM					
d	Any restrictions or lin	nitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	factors					
	SEE STATEM	ENT 15				

Form 990-PF (2008)			48-1104136	Page 1
Part XV Supplementary Information (c	ontinued) •		·	
3 Grants and Contributions Paid Durin	ng the Year or Appro			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 16				
			:	
Total			▶ 3a	302,765.
b Approved for future payment				
	<u> </u>			
Total	<u> </u>	<u></u>	<u></u> 3b	<u> </u>

Enter gross	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a b						
_						
d	· · · · · · · · · · · · · · · · · · ·					
e						
g Fees	s and contracts from government agencies					
2 Member	ship dues and assessments					
	on savings and temporary cash investments			14	1,473.	
	ds and interest from securities			14	99,257.	***************************************
	t-financed property					
	debt-financed property					
	I income or (loss) from personal property .					
	vestment income			18	162 221	
•	loss) from sales of assets other than inventory ome or (loss) from special events			10	-163,331.	
	rofit or (loss) from sales of inventory.					
	venue a					
b MIS	CELLANEOUS INCOME		" " · ·			114
d e						
· —						
2 Subtotal	Add columns (b), (d), and (e)				-62,601.	114.
3 Total. Ad	l Add columns (b), (d), and (e)				-62,601.	
3 Total. Ad See worksh	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 t	to verify calcu			13	
3 Total. Ad See worksh Part XVI-	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to Relationship of Activities	to the Ac	ulations) complishment of Ex	cempt Purpo	oses	-62,487.
3 Total. Ad See worksh Part XVI-	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 t	to the Ac	ulations) complishment of Exch income is reporte	kempt Purpo	oses (e) of Part XVI-A cont	-62,487.
Total. Active Workship Art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities the accomplishment of the fo	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Ac See worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e). heet in line 13 instructions on page 28 to the Relationship of Activities Explain below how each activities the accomplishment of the formage 28 of the instructions.)	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad Gee worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ac See worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad Gee worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad See worksh Part XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Ac See worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Active workship art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Active workship art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Active Workship Art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Ac See worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
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Total. Active Workship Art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Active Workship Art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
Total. Active Workship Art XVI- Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad Gee worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad Gee worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ad Gee worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.
3 Total. Ac See worksh Part XVI- Line No. ▼	dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 to the second seco	to verify calcu to the Ac ty for whice undation's	complishment of Exch income is reporte exempt purposes (complishment)	xempt Purp o d in column other than b	oses (e) of Part XVI-A cont y providing funds for	-62,487.

Form 990-PF (2008) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section No 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of X (2) Other assets 1a(2) Х b Other transactions (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization X 1b(2) (3) Rental of facilities, equipment, or other assets Х Х (4) Reimbursement arrangements (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations . . X 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation of the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (b) Type of organization (a) Name of organization (c) Description of relationship 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 trugg correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 8-5-10 Signature of officer or trustee Date Title Preparer's identifying number Date Check if (See Signature on page 30 of the Pald Preparer's Use Only self-employed ▶

> Phone no. 913.234.1000 Form 990-PF (2008)

instructions)

EN ▶ 34-1874260

Preparer's signature

and ZIP code

Firm's name (or yours if

self-employed), address,

66211

MHM

CBIZ

LEAWOOD.

LLC

KS

11440 TOMAHAWK CREEK PARKWAY

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 ider	tification	on number
THE TRIO FOUNDATION				48-1104	136	
Note: Form 5227 filers need to complete only F	Parts I and II					
Part I Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or othe (see page 4 of instruction	of the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						(-)
				-		
			<u> </u>			
b Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b		<u> </u>	1b	-61,436.
2 Short-term capital gain or (loss) from For						32,3333
3 Net short-term gain or (loss) from partner					3	
4 Short-term capital loss carryover Enter the	ne amount, if any	, from line 9 of	the 2007 Capital Los	s		()
Carryover Worksheet Net short-term gain or (loss). Combine line	nes 1a through 4	in column (f)	Enter here and on lin	ne 13,	4	,
column (3) on the back				<u> ▶</u>	5	-61,436.
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other (see page 4 o	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						
			 .			
			· · · · · · · · · ·			
.,, С						
						
b Enter the long-term gain or (loss), if any, f	rom Schedule D-	1, line 6b			6b	-101,895.
7 Long-term capital gain or (loss) from Form					7	
8 Net long-term gain or (loss) from partners					8	
9 Capital gain distributions					9	
0 Gain from Form 4797, Part I					10	
Long-term capital loss carryover Enter the Carryover Worksheet	e amount, if any,	from line 14 of	the 2007 Capital Los	ss		
			•		11 1) ·
Net long-term gain or (loss). Combine line column (3) on the back.	s 6a through 11	ın column (f) E	Enter here and on lin	e 14a,	12	_101,895.

Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22 27 28 Enter the amount from line 26 (If line 26 is blank, enter -0-) 28 29 Subtract line 28 from line 27 29 30 Multiply line 29 by 15% (15) 30	Sche	edule D (Form 1041) 2008				Page 2
13 Nat short-term galin or (loss): a Total for year: b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain (see line 18 of the wrkshi), b Unrecaptured section 1250 gain, see Internation 1250 gain (see line 18 of the wrkshi), b If the Internation 1250 gain (see line 18 of the wrkshi), b If the Internation 1250 gain (see line 18 of the wrkshi), c If the Internation 1250 gain (see line 18 of the wrkshi), a The loss on line 15, column (3) or to 33,000, or if form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), line smaller of 1 (see gain or line 15, column (3) or to 33,000, or if Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), line smaller of 1 (see gain or line 15, column (3)) or smore than 33,000, or if Form 1041, line 20; or smore than 33,000, or if Form 1041, line 20; or smore than 33,000, or if Form 1041, line 20; or smore than 34,000, or if Form 1041, line 20; or smore than 34,000, or if Form 1041, line 20; or smore than 34,000, or if Form 1041, line 20; or smore than 34,000, or if Internation 1041, line 20; or smore than 34,000, or if the smore than 34,000, or smore than 34,000, or if the smore than 34,000, or	Pa		,	, ,	, , ,	(3) Total
14 Not tong-term gain or (loss): a Total for year b Unrecaptived section 1250 gain (see line 18 of the wrksht), 14b c 28% rate gain. 15 Total rel gain or (loss). Combine lines 13 and 14a	4.2		T	(See page 3)	Or trust's	
a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht), 14b c 28% rate gain, c 28% rate gain, 15 Total nate gain or (loss). Combine lines 13 and 14a List 15 Total nate gain or (loss). Combine lines 13 and 14a List line 15, colorine (3), is a net gain, enter the gain on Form 1041, line 4 for Form 900-7, Part, line 4.0, if lines 15, colorine (3), is a net gain, enter the gain on Form 1041, line 4 for Form 900-7, Part, line 4.0, if lines 15, colorine (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheek, as necessary. Part V			13		 	-61,436.
b Unrecaptured section 1250 gain (see line 18 of the wrksht). 146 14			14a			-101 995
c 28% rate gain 14c 15 15 15 16 16 16 15 16 16	b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	_			101,833.
15 Total net gain or (loss). Combine lines 13 and 14a					-	
Note: Illine 15, column (3), is a net gain, orter the gain on Form 1041, line 4 (or Form 990-T, Fart I, line 4a). If lines 45 and 15, column (2) are not gains, 90 to Part V and that complete Part V Mr line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary. Part IV Capital Loss Limitation 15. Einter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a burst), the smaller of. a The loss on line 15, column (3) or b \$3,000. Note: If he loss on line 15, column (3), as more than \$3,000 or if Form 1041, line 22 (or Form 390-T, line 34), is a loss, complete the Capital Loss Corpore Worksheet on page 3 of the introductor 10 page your coapital cost soryover. Part IV Tax Computation Using Maximum Capital Gains Rates. Form 1041 (line: 2012), and Form 1041, line 2012), and Form 1041, line 22 (so Form 1041), line 2012, and Form 1041, line 2012, and Form 1041, line 2012), and Form 1041, line 2012, and Form 1041, lin	15	Total net gain or (loss). Combine lines 13 and 14a	15			-163.331.
Part V Capital Loss Limitation Section Capital Loss Limitation Section Capital Loss Limitation Section Capital Loss Complete the Capital Loss Composer Variable (minuted of the instructions of the instruction of the instructions of the instructions of the instructions of the instructions of the instruction of the	Not	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For				ımn (2), are net gains, go
16 Enfer here and enfer as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of. a The loss on line 15, column (3) or \$3,3000. Note: (the loss on line 15, column (3) is more than \$3,000, or in Form 1041, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss concerned from 1041 fliers. Complete this part only if both lines 14da and 15 in column (2) are gams, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 22(a), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the worksheel on page 8 of the instructions if: Ether line 14b, col. (2) or line 14c, col. (2) is more than zero. Ether line 14b, col. (2) or line 14c, col. (2) is more than zero. Form 990-T, and Form 990-T, and Form 990-T, line 34, is more than zero. Form 990-T, and Form 990-T, and Form 990-T, line 34, is more than zero. Step there is a smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. Step the line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. The smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is more than zero. Enter the smaller of line 14c, col. (2) is collected to the smaller of line 17c cline 22 Yes, Skip lines 25 more 35 gapts and 15c collected to the smaller of line 17c clin			art IV a	and the Capital Loss Ca	arryover Worksheet,	as necessary.
a The loss on lime 15, column (3) or b \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Caryover Worksheet on page 7 of the instructions to figure your capital loss carryover. Part V Tax Computation Using Maximum Capital Gains Rates Form 1041 filters. Complete this part only if both lines 144 and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20 (2) and Form 1041, line 22 (3) and Form 1041, line 20 (2) is more than zero. Caution: Skip this part and complete the worksheet on page 8 of the instructions if: Either line 145, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041, line 20 (1), and Form 990-1, line 34, and 15 are gains, or qualified dividends are included in income in Part I of Form 990-1, and Form 990-1, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions of either line 14b, col. (2) or line 14c, col. (2) is more than zero. 18 Enter the smaller of line 14a or 15 in column (2) to the line 14b, col. (2) or line 14c, col. (2) is more than zero. 19 Enter the estate's or trust's qualified dividends from Form 1041, line 28 (2) (content the qualified dividends from Form 1041, line 28 (2) (content the qualified dividends lines 14b, col. (2) (content the qualified dividends lines 14b, col. (2) (content the qualified lines 14b, col. (2) (content the qualified lines						
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No. Enter the amount from line 23		 _				
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Are the amounts on lines 22 and 26 the same? Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22 Enter the amount from line 26 (If line 26 is blank, enter -0-) Subtract line 28 from line 27 Multiply line 29 by 15% (15) Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) Add lines 30 and 31 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 32 Add lines 30 and 31 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	26			• —		
Enter the amount from line 26 (If line 26 is blank, enter -0-) 28 29 Subtract line 28 from line 27 30 Multiply line 29 by 15% (15) 31 Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 31 32 Add lines 30 and 31 33 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	27					
Subtract line 28 from line 27 Multiply line 29 by 15% (15) Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) Add lines 30 and 31 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 32 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of		Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	e 22	27		
Subtract line 28 from line 27 Multiply line 29 by 15% (15) Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) Add lines 30 and 31 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 32 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of						
Multiply line 29 by 15% (15) 30 31 Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 32 Add lines 30 and 31 33 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28		
Multiply line 29 by 15% (15) 30 31 Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 32 Add lines 30 and 31 33 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of						
Tax on all taxable income. Enter the smaller of line 32 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) 31 32 33 34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	29	· · · · · · · · · · · · · · · · · · ·				
the Schedule Ginstructions) 31 32 Add lines 30 and 31 33 Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions) 33 34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	30	Multiply line 29 by 15% (15)			· · · · · 	
32 Add lines 30 and 31	31	-				
Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of		the Schedule Ginstructions)			31	
Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	_]]	
the Schedule Ginstructions) 33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of		Add lines 30 and 31			· · · · · · <mark>32 </mark>	
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of	33				·	
					· · · · · ·	
	34					

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041). Department of the Treasury

OMB No 1545-0092

Employer identification number

Internal Revenue Service Name of estate or trust

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

Short-Term Capital Gains and	(b) Date		(d) Sales price	(e) Cost or other basis	(f) Gain or (lose)
(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 pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (c
a PUBLICLY TRADED					
INVESTMENTS - ST			321,027.	382,463.	-61,436
			-		
			-		
		 			
					·
					<u></u>
				_	<u> </u>
					
		1			

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

-61,436. Schedule D-1 (Form 1041) 2008 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 II Long-Term Capital Gains and	Losses - Asse	ts Held More Th			
(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 pnce (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)
LT CAPITAL GAINS DIVIDENDS			6,684.		6,684.
PUBLICLY TRADED		· · · · ·	0,001.		0,004.
INVESTMENTS - LT			568,260.	676,839.	-108,579.
	***	<u></u>			
					
	**				
	· 				
		<u> </u>			
					_
b Total. Combine the amounts in column (f	Enter here and	on Schadula D. lin	ne 6h		
b Total. Combine the amounts in column (I	. Lines here and	on ochequie D, III		Schedule D	-101,895. -1 (Form 1041) 2008

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

NET INVESTMENT INCOME	1,473.
REVENUE AND EXPENSES PER BOOKS	473.
	TOTAL
DESCRIPTION	VARIOUS SOURCES

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

NET INVESTMENT INCOME	 99, 257.	99,257.
REVENUE AND EXPENSES PER BOOKS	99,257.	
		TOTAL
DESCRIPTION	VARIOUS SOURCES	

~

STATEMENT

FORM 990PF, PART I - OTHER INCOME

REVENUE
AND
EXPENSES
DESCRIPTION
PER BOOKS
----MISCELLANEOUS INCOME

REVENUE
AND
EXPENSES
114.

TOTALS

TALS 114.

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	73.	73.
ADJUSTED NET INCOME		NONE
NET INVESTMENT INCOME		NONE
REVENUE AND EXPENSES PER BOOKS	73.	73.
		TOTALS
DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	7,918.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	7,918.
REVENUE AND EXPENSES PER BOOKS	15,836.
	TOTALS
DESCRIPTION	ACCOUNTING FEES

S

REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1	3,600.
			DESCRIPTION		CONSULTING FEES

3,600.

TOTALS

CHARITABLE PURPOSES	3,600.	3, 600.
------------------------	--------	---------

9

FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	3,978.	3,978.
NET INVESTMENT INCOME		548.
REVENUE AND EXPENSES PER BOOKS	3,978. 500. 548. 60.	5,086.
DESCRIPTION	PAYROLL TAXES FEDERAL EXCISE TAXES FOREIGN TAX WITHHOLDING STATE TAXES	TOTALS

STATEMENT

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES		3,978.
NET INVESTMENT INCOME	24,437.	
REVENUE AND EXPENSES PER BOOKS	1,032. 494. 859. 1,593. 24,437.	28,415.
		TOTALS
DESCRIPTION	POSTAGE / DELIVERY MEMBERSHIP DUES UTILITIES / PHONE INSURANCE BANK / INVESTMENT FEES	

ω

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING FMV	133,807.	590,140
ENDING BOOK VALUE	130,262.	587,635
DESCRIPTION	RBC DAIN RAUSCHER OPPENHEIMER	US OBLIGATIONS TOTAL

თ

FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV 	1,054,283. 317,217. 363,889. 1,735,389.
ENDING BOOK VALUE	1,144,149. 386,872. 380,016. 1,911,037.
	TOTALS
DESCRIPTION	RBC DAIN RAUSCHER OPPENHEIMER UBS

77-46710

10

FORM 990PF, PART II - CORPORATE BONDS

ENDING FMV 	526,838. 106,871. 633,709.
ENDING BOOK VALUE	508,640. 107,795.
	TOTALS
DESCRIPTION	RBC DAIN RAUSCHER OPPENHEIMER

28

77-46710

STATEMENT

11

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

Kind of Bronort				R'TAX ON I		0	1	
King of Property	Kind of Property Description			ָר הַ	Date acquired	Date sold		
Gross sale Dep	reciation	Cost or	FMV	Adj basis	Excess of	Г	Gain	
price less al expenses of sale all	lowed/ owable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs	Ш	or (loss)	
expenses of sale an	SWADIC	003(3	1.270 1700	12/01/00		M		
		PUBLICLY TRA	ADED INVEST	MENTS - ST			VAR	VAR
321,027.		382,463.					-61,436.	
		LT CAPITAL O	GAINS DIVID	ENDS			VAR	VAR
6,684.							6,684.	
		PUBLICLY TRA	ADED INVEST	MENTS - LT			VAR	VAR
568,260.		676,839.					-108,579.	
TOTAL GAIN(LOSS)							-163,331.	
								
						:		
	:							
	I						i	

48-1104136

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

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE NONE	TRUSTEE NONE	TRUSTEE 10.	GRAND TOTALS
NAME AND ADDRESS	IRWIN BLITT 11111 WEST 95TH STREET, SUITE 204 OVERLAND PARK, KS 66214	RITA BLITT 11111 WEST 95TH STREET, SUITE 204 OVERLAND PARK, KS 66214	CHLEA BLITT 111111 WEST 95TH STREET, SUITE 204 OVERLAND PARK, KS 66214	

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER SENEFIT PLANS ALLOWANCES	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	3,631.	3,631.
COMPENSATION	52,000.	52,000.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	GRANTS DIRECTOR 40.	TOTAL COMPENSATION
NAME AND ADDRESS	LYDA BEARDSLEY 1069 LAS GALLINAS AVE. SAN RAFAEL, CA 94903	

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STATEMENT

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

IRWIN BLITT RITA BLITT

The TRIO Foundation 48-1104136



Form 990 - PF Part XV, line 2, Supplementary Information

The Foundation is specifically targeting its contributions to organizations which provide services for economically disadvantaged children in the San Francisco Bay Area. However, the Foundation will consider contributions to other organizations in other areas at its own discretion.

APPLICATION PROCEDURE

Each year the foundation awards approximately twenty grants of \$5,000 to \$10,000 in two funding cycles.

The postmark deadlines for grant applications are:

February Ist for a June decision
August Ist for a December decision

To apply, please send a letter, no longer than one page, outlining the purpose for which you request funding. There is no application form; the letter is your application. Please include a one sentence summary of your proposed project. The letter should address these basic questions:

- What is the significance of the issue you seek to address and how does it affect young children and their families?
- What are the changes you seek to bring about?
- What project are you proposing to Trio and approximately how much funding are you requesting for it?
- How will this project bring about the changes you seek?

Applicants whose projects best match our funding priorities will be asked to submit a longer proposal.

Send application letters to:

TRIO Foundation 1563 Solano Avenue, Box # 174 Berkeley, CA 94707 510.527.4605 48-1104136

YEAR	
봅	
DURING	
PAID	
- GRANTS AND CONTRIBUTIONS PAID DURING THE	
S	
GRANTS	
1	
⋧	
990PF, PART XV	
390PF,	

		AMOUNT	302,765.
		PURPOSE OF GRANT OR CONTRIBUTION	CHARLTABLE CONTRIBUTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	NONE 501 (C) (3)
		RECIPIENT NAME AND ADDRESS	SEE STATEMENT 17

302,765. TOTAL CONTRIBUTIONS PAID

STATEMENT 16

77-46710

ACTION ALLIANCE FOR CHILDREN		
	1201 MARTIN LUTHER KING JR WAY OAKLAND, CA 94612	\$ 10,000 0
AFRICAN QUEENS YOUTH PERFORMANCE CO	360 GRAND AVE , SUITE 298 OAKLAND, CA 94610	3,000 0
A HOME WITHIN	2500 18TH STREET SAN FRANCISCO, CA 94110	10,000 0
ARTSCHANGE	205 41ST STREET RICHMOND, CA 94805	10,000 0
BANANAS, INC	5232 CLAREMONT AVENUE OAKLAND, CA 94705	20,000 0
CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK	111 NEW MONTGOMERY ST, 7TH FLOOR SAN FRANCISCO, CA 94105	10,000 0
CANTARE CON VIVO	1611 TELEGRAPH AVE, SUITE 801 OAKLAND, CA 94612	5,000 0
CATHOLIC CHARITIES OF THE EAST BAY	433 JEFFERSON STREET OAKLAND, CA 94607	5,000 0
CHILD CARE LAW CENTER	221 PINE STREET, 3RD FLOOR SAN FRANCISCO, CA 94104	10,000 0
COMMUNITY INITIATIVES	354 PINE ST , SUITE 700 SAN FRANCISCO, CA 94104	5,000 0
CONTRA COSTA CHILD CARE COUNCIL	1035 DETROIT AVE , SUITE 200 CONCORD, CA 94518	10,000 0
EARLY CHILDHOOD MENTAL HEALTH PROGRAM	4101 MACDONALD AVE RICHMOND, CA 94805	6,500 0
OUNDATION CENTER	79 FIFTH AVE NEW YORK, NEW YORK 10003	1,000 0
IABITOT CHILDREN'S MUSEUM	1563 SOLANO AVE BERKELEY, CA 94707	5,000 0
IOOKED ON NATURE	4848 SAN FELIPE ROAD #150 SAN JOSE, CA 95135	5,000 0
NTERACTIVE PARENTING MEDIA	221 OAK STREET, SUITE B OAKLAND, CA 94607	10,000 O
EWISH COMMUNITY RELATIONS COUNCIL	121 STEUART ST , SUITE 301 SAN FRANCISCO, CA 94105	5,000 0
EWISH FAMILY & CHILDRENS SERVICES/EAST BAY	2484 SHATTUCK AVE , SUITE 210 BERKELEY, CA 94704	15,000 0
PERA PICCOLA	2946 MACARTHUR BLVD OAKLAND, CA 94602	10,000 0
PARENT SERVICES PROJECT	79 BELVEDERE ST , SUITE 101 SAN RAFAEL, CA 94901	15,000 0
INITED WAY OF THE BAY AREA	1970 BROADWAY, SUITE 600 OAKLAND, CA 94612	9,765 0
VEE POETS	2012 GRANT ST , SUITE 2 BERKELEY, CA 94703	500 00
VORLD ARTS WEST	FORT MASON CENTER, BUILDING D SAN FRANCISCO, CA 94123	6,000 00
OUTH ENRICHMENT STRATEGIES	2811 MACDONALD AVENUE RICHMOND, CA 94804	6,000 00
TOTAL GRANTS		\$192,765 00
FUNDING EXCHANGE	666 BROADWAY, 5TH FLOOR NEW YORK, N.Y. 10012	\$100,000 00
	PO BOX 4275	10,000 00
NOMENS RIGHTS INTERNATIONAL/TIDES CENTER		
VOMENS RIGHTS INTERNATIONAL/TIDES CENTER TOTAL DONATIONS	ALBUQUERQUE, NM 87196	\$110,000 00

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S				File a sep	arate applica	ition for each ret	turn.					
		n Automatic 3	-Month Ex	ktension, co	mplete only	Part I and che	ck this b	ох				▶ x
						n, <mark>complete or</mark> itic 3-month ex					8868	
Part Auto	matic 3-	Month Exter	nsion of 1	Time. Only s	submit oria	inal (no copie	es neede	ed).				
						6-month extens			ns box and co	omplete		
Part I only	-											▶ □
All other corp time to file inc			20-C filers)), partnership	os, REMICs,	and trusts m	nust use	Form	1 7004 to r	equest a	an exte	nsion of
Electronic Fili one of the re electronically returns, or a c 8868. For mor	eturns note if (1) you composite	ed below (6) want the add or consolidate	months fo ditional (no ed From 99	or a corpora ot automatic) 90-T Instead	tion require) 3-month e 1, you must	d to file Form xtension or (2 submit the ful	n 990-T) 2) you fil Ily compl	Hove Fore leted	vever, you o ms 990-BL, and signed j	cannot f 6069, c page 2 (ile Forr or 8870 Part II)	m 8868 O, group
Type or	Name of	Exempt Organiz	zation	-					Employ	er identifi	cation n	umber
print	THE	TRIO FOU	NDATION	1					48-	110413	36	
File by the	Number,	street, and roor	m or suite no	o. If a P O. box	, see instruction	ons						
due date for filing your		11 WEST 9										
return See	City, tow	n or post office,	, state, and a	ZIP code For a	a foreign addre	ess, see instruction	ons.					
instructions	OVE	RLAND PAR	K, KS 6	56214								
Check type o	f return t	o be filed (file	a separate	e application	for each retu	ıtu).						
Form 990	ס			m 990-T (corpo	· ·			${f H}$	Form 4720			
Form 990			$\overline{}$	m 990-T (sec	* *	•		${f H}$	Form 5227			
Form 990				n 990-T (trust	other than abo	ove)		\vdash	Form 6069			
X Form 990	-PF		Form	n 1041-A					Form 8870			
Telephone	No. ▶		···		FAX	(No. ▶	<u> </u>					
If the organIf this is for			he <u>org</u> anız	ation's four o	digit Group E	Exemption Num	ber (GE	۷)	·			is
for the whole g					of the group	, check this bo	ox►[]	and attach	a list wi	th the	
untıl						ration require tion return for						
► <u>x</u>	calendar tax year l	year obeginning	OF	10/0	01, <u>2008</u>	, and ending $_$			09/30	o , <u>2009</u>	<u> </u>	
2 If this tax	year is fo	r less than 12	months, ch	heck reason [.]	Initia	I return	Final re	turn [Change	e in acco	unting	period
-	•	is for Form 99 lits. See instru		0-PF, 990-T,	4720, or 6	069, enter th	ne tentat	ıve ta	ıx, less any	3a \$;	NONE
				90-T, enter a	ny refundab	le credits and	estimat	ed tax	x payments			
		prior year over								3ь \$	<u>; </u>	NONE
c Balance I	Due. Subt	ract line 3b fr	om line 3a	a. Include yo	our payment	with this form	n, or, if r	equir	ed, deposit			
						Federal Tax				新		
instructio	ns.									3c \$	<u>; </u>	NONE
Caution. If you	are going	to make an e	lectronic fo	und withdraw	al with this	Form 8868, se	e Form	8453-	-EO and Fori	m 8879-l		
or payment ins	=								 			
For Privacy Ac	t and Par	erwork Redu	ction Act	Notice, see Ir	nstructions.					Form 88	68 (Rev	4-2009)

Form 8868 (Re	(4-2009)	Page 2
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only	
Note. Only	complete Part II if you have already been granted an automatic 3-month ex	tension on a previously filed Form 8868
	e filing for an Automatic 3-Month Extension, complete only Part I (on page	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	ile the original (no copies needed).
Type or	Name of Exempt Organization	Employer identification number
print	THE TRIO FOUNDATION	48-1104136
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
extended due date for	11111 WEST 95TH STREET NO. 204	
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
return See instructions	OVERLAND PARK, KS 66214	
Check typ	e of return to be filed (File a separate application for each return).	
	n 990 X Form 990-PF	Form 1041-A Form 6069
Forr	n 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720 Form 8870
Forr	n 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-moi	th extension on a previously filed Form 8868.
The boo	ks are in the care of ► KAREN ROTH COPAKEN WHITE BLITT	
	ne No ▶ FAX No ▶	
• If the org	ganization does not have an office or place of business in the United States, o	heck this box
• If this is	for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb	er (GEN) If this is
	ble group, check this box $\dots ightharpoonup igsqcup$. If it is for part of the group, check this	
	names and EINs of all members the extension is for	
4 I requ	rest an additional 3-month extension of time until08/15/2010	
5 Forc	alendar year, or other tax year beginning10/01/2008	and ending 09/30/2009
		Final return Change in accounting period
	in detail why you need the extension <u>ADDITIONAL TIME IS NEEDE</u>	D IN ORDER TO GATHER
	INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACC	
-		
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any
nonre	fundable credits. See instructions	8a \$ NONE
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated
	ayments made. Include any prior year overpayment allowed as a credit	
previ	ously with Form 8868	8b \$ NONE
c Balar	ce Due. Subtract line 8b from line 8a. Include your payment with this form,	or, if required, deposit
	-TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	
	Signature and Verification	
	es of perjury, I declare that I have examined this form, including accompanying schedules ar	
it is true, corre	ct, and complete, and that I am authorized to prepare this form	1 1
	MAN VILL	E 117110
Signature >	Title >	Date ▶)
	CBIZ MHM. LLC	Form 8868 (Rev 4-2009)

CBIZ MHM, LLC 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211