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Form 990-PF

Department of the Treasury

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.

OMB No 1545-0052

For	calen	dar year 2008, or tax yea	r beginning OC	T 1, 2008		, and e	nding	SEP 30,	2	009		
G	Check	all that apply: ir	nitial return	Final return		Amended ret	urn 🗀	Address cha	nge		Name cha	nge
He	the	Name of foundation						A Employer ic	lentifi	ication	number	
	label											
	nerwi		MEYER CHAR	ITABLE FUNI) I	NC		63-10	<u> 55</u>	<u>074</u>		
	print	Number and street (or P	O box number if mail is not	delivered to street address)			Room/suite	B Telephone r	umbe	er		
	r type		L23					251-4	132	<u>-55</u>	11	
	Spec	I City or town state a	nd ZIP code					C If exemption a	pplicat	tion is p	ending, check here	▶ □
11181	. u c ti (MOBILE, AI	36601					D 1. Foreign o	rganı	zations	s, check here	▶ □
н	Check	type of organization:	X Section 501(c)(3)	exempt private foundati	on			2. Foreign org	janizat and a	ions me ttach co	eting the 85% test, emputation	>
	Se	ction 4947(a)(1) nonexem	npt charitable trust	Other taxable private	founda	ation		F If private for	ındatı	ion sta	tus was terminated	
I F	air ma	arket value of all assets at e	end of year J Accour	nting method: 💹 0	Cash	Acc	rual	under section	on 50	7(b)(1)	(A), check here	>
(f	rom i	Part II, col (c), line 16)		Other (specify)				F If the found	ation :	is in a	60-month terminati	on
	- \$) , 145 。(Part I, co	lumn (d) must be on	cash l	basis)		under section	on 50	7(b)(1)	(B), check here	
Pa	art I	The total of amounts in colunecessarily equal the amount	mns (b), (c), and (d) may not	(a) Revenue and expenses per bo			nvestment ome	(c) Adjus		et	(d) Disburseme for charitable purp (cash basis on	ooses
	1	Contributions, gifts, gran	ts, etc., received					N/Z	7			
	2	Check X if the foundation	in is not required to attach Sch. B									
	3	interest on savings and tempo cash investments	orary	2,64	40.		2,640.				STATEMEN'	<u>r 1</u>
	4	Dividends and interest fro	om securities .	12,0	35.	1	2,035.				STATEMEN'	<u>r 2</u>
	5a	Gross rents										
0107 7	Ь	Net rental income or (loss)		\$-*								
	6a	Net gain or (loss) from sale of	assets not on line 10	7,50	00.				,			
שות משתי	b	Gross sales price for all assets on line 6a	7,500.					-			ECENED	
ta ⊭ %Z Revenu	7	Capital gain net income (from	Part IV, line 2)				7,500.		F-	u \u_1		<u> </u>
AUG ⊭ Rev	8	Net short-term capital gai	ın _						lol	64.6	1 A 2000	S
₹	9	Income modifications	1						8	<u>AL</u>	G 1 0 2010	9
<u></u>	10a	Gross sales less returns and allowances						ļ				- 8 8
	b	Less Cost of goods sold							-	00	DEN UT	
	C	Gross profit or (loss)						<u> </u>	<u></u>			
Ş	11	Other income						·				
ã—	12	Total. Add lines 1 throug	<u>ıh 11</u>	22,1		2	<u> 22,175.</u>				 	
	13	Compensation of officers, dire			0.		0.					0.
	14	Other employee salaries a	=								 	
S	15	Pension plans, employee		9,10	60		0.			-	3	012.
penses	162	Legal fees	STMT 3 STMT 4	4,6			0.					338.
		Accounting fees		56,5			0.				<i></i>	0.
e Ü	1	Other professional fees	STMT 5	30,5	23.			 			 	
ŧ		Interest	STMT 6	6,4	5.0		0.	-			6	450.
and Administrative	18 19	Taxes Depreciation and depletion		0,4.	. د د					-	, J	
듣	1	Occupancy	nı								-	
퉏		Travel, conferences, and	maatings					<u> </u>				
ᅙ	22	Printing and publications	=								 	
<u> </u>	1	Other expenses									<u> </u>	
Ę	24	Total operating and adm	ninistrative						-			
Operating		expenses. Add lines 13 t		76,7	87.		0.				12.	800.
Ö	25	Contributions, gifts, gran		416,1							416,	
		Total expenses and disb										<u> </u>
	-	Add lines 24 and 25		492,9	15.		0.				428,	928.
	27	Subtract line 26 from line	: 12;									
	ł	Excess of revenue over expen		-470,7	<u>40</u> .							
	l	Net investment income (22,175.					
	C	Adjusted net income (if n	egative enter -0-)					N/	A		1	
					_						Farm 000 DE	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2008)

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Form **990-PF** (2008)

6,805,319.

428,928.

7

8

7 Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

_	990-PF (2008) ERIE HALL MEYER CHARITABLE FUND INC 63-1055 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see !	074 nstru		age 4
b	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b			44.
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2		4	44.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		4_	<u>44.</u>
	Credits/Payments:			
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 2,900.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld		<u> </u>	^^
	Total credits and payments. Add lines 6a through 6d		<u> </u>	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<u> </u>	F.C
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,4	
	Enter the amount of line 10 to be: Credited to 2009 estimated tax			<u>0.</u>
	art VII-A Statements Regarding Activities	Γ''''	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	10	103	X
	any political campaign?	1a 1b	-	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	יוו		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			x
	Did the foundation file Form 1120-POL for this year?	10		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\int \text{\$ 0 \cdot (2) On foundation managers.} \int \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
_	(· / · · · · · · · · · · · · · · · · ·			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$ 0 . Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
2	If "Yes," attach a detailed description of the activities.			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	,		
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X_	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	AL		1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	ļ	X
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	<u></u>	X
	Fo	m 99 0)-PF	(2008)

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-orm 990-PF (2008) ERIE HALL MEYER CHARITAB			<u>63-10550</u>	74	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:			i	İ	ĺ
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	. L	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?			s X No		ł
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53,4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	1		
expenditure responsibility for the grant?		/A 🔲 Ye	s No	1	
If "Yes," attach the statement required by Regulations section 53.494		•		}	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Y	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If you answered "Yes" to 6b, also file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	\neg
Information About Officers Directors Trust		nagers. Highly			
Part VIII Paid Employees, and Contractors	,		•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)) Expense * ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	400	lowances
SEE STATEMENT 7		0.	0 .	,	0.
			•	ļ	
]				
				}	
	1				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense ount, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	al	lowances
NONE					
]				
]				
	1				
Fotal number of other employees paid over \$50,000		*****	B		0

Total. Add lines 1 through 3

,P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	- T	
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	4,101,765.
C	Fair market value of all other assets	1c	17,243,870.
ď	Total (add lines 1a, b, and c)	1d	21,345,635.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	21,345,635.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	320,185.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	21,025,450.
6	Minimum investment return. Enter 5% of line 5	6	1,051,273.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,051,273.
2a	Tax on investment income for 2008 from Part VI, line 5		
ь	Income tax for 2008. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	444.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,050,829.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,050,829.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,050,829.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		428,928.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	428,928.
þ	Program-related investments - total from Part IX-B	1b 2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	 	·
3	Amounts set aside for specific charitable projects that satisfy the:	0-	
8	Suitability test (prior IRS approval required)	3a 3b	
b ⊿			428,928.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	420,740.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
e	Income. Enter 1% of Part I, line 27b	6	428,928.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	_ -	

Form **990-PF** (2008)

4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,	Corpus	rears prior to 2007	2007	
line 7 .				1,050,829.
2 Undistributed income, if any, as of the end of 2007			217 207	
a Enter amount for 2007 only			317,307.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007	_	\		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from			1	
Part XII, line 4: ► \$ 428,928.			245 225	
a Applied to 2007, but not more than line 2a			317,307.	
b Applied to undistributed income of prior	İ			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			•
(Election required - see instructions)	0.	,		111 601
d Applied to 2008 distributable amount	, , , , , , , , , , , , , , , , , , ,			111,621.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount	0.	·		0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	_			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			_0.	
f Undistributed income for 2008. Subtract		-		
lines 4d and 5 from line 1. This amount must				
be distributed in 2009			-	939,208。
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		į		
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004		j	1	
b Excess from 2005	1	ļ		
c Excess from 2006		ĺ		
d Evenes from 2007		1		

Form **990-PF** (2008)

e Excess from 2008

Part XIV Private Operating F		ARITABLE FU structions and Part VII		N/A	155074 Page 10
1 a If the foundation has received a ruling o		·· · · · · · · · · · · · · · · ·	1		
foundation, and the ruling is effective fo			▶		
b Check box to indicate whether the found	•	•		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 12()/(0) 01 1	
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for	(-/				
each year listed					
b 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying				<u>"</u>	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed	-				
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section	!	•			
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in			,		
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>	1 105 000	
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t		insuuctions.j			
1 Information Regarding Foundation	_	Ab 00/ - 6 Ab - A-4-1 4		. f d. t b f bb l.	
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by the	noundation before the cit	ose of any lax
NONE					
b List any managers of the foundation wh	n own 10% or more of th	e stock of a corneration	or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation ha			(a. an adam) in 80 bott	on the officer of a f	-a. areremp or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
		•	_	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi-	viduals or organizations L	inder other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
SEE STATEMENT 8					
b The form in which applications should be	be submitted and informa	tion and materials they sl	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
823601 01-02-09					Form 990-DF (2008)

Page 11

Form **990-PF** (2008)

Total

823611 01-02-09

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)	
4 December 1997	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		Code		· · · · · · · · · · · · · · · · · · ·	
a	-		┼			
b	i i		+			
C			┼	<u> </u>		
d	1 1		+-			
e	-					
g Fees and contracts from government agencies			-			
g Fees and contracts from government agencies 2 Membership dues and assessments			+			
3 Interest on savings and temporary cash						
investments					2,640	
Dividends and interest from securities			 		12,035	
			+		12,05.	
5 Net rental income or (loss) from real estate:					· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property			 			
b Not debt-financed property			+			
6 Net rental income or (loss) from personal						
property			+			
7 Other investment income			+			
8 Gain or (loss) from sales of assets other					7 50	
than inventory			+		7,500	
9 Net income or (loss) from special events	 		+			
O Gross profit or (loss) from sales of inventory			+			
1 Other revenue:	1					
a			+			
b	1		 			
c			+			
d	-		+			
e	- 	0 .	+	0.	22,175	
2 Subtotal. Add columns (b), (d), and (e)		0.	<u></u>			
3 Total. Add line 12, columns (b), (d), and (e)				13	44,1/3	
See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xemp	ot Purposes		
Line No. Explain below how each activity for which inc	come is reported in	column (e) of Part YVI-	Δ contri	huted importantly to the accord	nnlishment of	
the foundation's exempt purposes (other tha			ri Gontin	batea importantly to the accord	inpliation of	
THE ASSETS OF THE FOUR) TN	CASH MARKET	ARTE	
SECURITIES AND REAL ES						
CHARITABLE CONTRIBUTION						
COUNTY, ALABAMA. REVI						
USED TOGETHER WITH THE						
CAUSES.	1 COMPILI	TON D COMI	<u> </u>	O DOLLOKI IIID	<u>DI CIMICI IIIDI</u>	
CAUDED.					·	
						
						

_	ո 99Q-Բ art.X\				NC 63- nd Relationships With No	-1055074 oncharitable	Page 13
1	Did th	ne organization directly or indi	rectly engage in any of the follow	ing with any other organization	described in section 501(c) of	Ye	s No
)(3) organizations) or in section 5		ations?		
8		• •	ation to a noncharitable exempt o	organization of:			
	(1) (•		1a(1)	<u> </u>
		Other assets	• •			1a(2)	X
D		transactions: Sales of assets to a noncharita	hia avamnt arganization			1b(1)	x
			ncharitable exempt organization			1b(2)	X
		Rental of facilities, equipment,				1b(3)	X
		Reimbursement arrangements		•		1b(4)	X
	(5) L	oans or loan guarantees				1b(5)	X
	(6) F	Performance of services or me	embership or fundraising solicitat	tions		1b(6)	<u> </u>
C		-	illing lists, other assets, or paid e	• •	ays show the fair market value of the	1c	X
(a)			other assets, or services received (c) Name of noncharitat	d. ple exempt organization	In any transaction or sharing arrang (d) Description of transfers transactions		ments
			N/A		ļ		
					 		
					<u> </u>		
-	_						
	-						
_							
		· · · · · · · · · · · · · · · · · · ·					
	ın sed		L etly affiliated with, or related to, or or than section 501(c)(3)) or in se iedule.		ations described	Yes [X No
		(a) Name of org	ganization	(b) Type of organization	(c) Description of	relationship	
		N/A					
					·· - · - · · · · · · · · · · · · · · ·		
				 			
				 			_
	and con	hplete Declaration of preparer (oth	nave examined this return, including acter than taxpayer or fiduciary) is based of	on all information of which preparer h	ints, and to the best of my knowledge and las any knowledge PRESIDENT	belief, it is true, correct,	-
ere	Sı	gnature of officer or trustee	Unica of history	Date & - 5 - 1	Trtle		
Sign Here	aid arer's Only	Preparer's signature	Rach C. Bon		-33-10 self- employed ►	Preparer's identifying r	ıumber
j.	Paid Preparer's Use Only	Firm's name (or yours RUSS		FTLER & HOUST	ON LLP EIN ►		
	ج ي		BOX 70106		Die	051 <i>47</i> 0 cc	ΕΛ
		address, and ZIP code MOBI	LE, AL 36670		Phone no.	<u>251 – 473 – 55</u> Form 990-P i	
						1 UIIII 330-P1	(2000)

ORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
OURCE						AMOUNT	
EGIONS BANK						2,6	40.
OTAL TO FORM 990-PF, PART I	, LINE	3, CO1	LUMN A			2,6	10.
ORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
OURCE		GROSS	TRUOMA		TAL GAINS	COLUMN (A AMOUNT)
EGIONS BANK			12,035.	· · · · · ·	0.	12,0	35 a
OTAL TO FM 990-PF, PART I,	LN 4		12,035.		0.	12,0	35 a
ORM 990-PF		LEGAL	FEES			STATEMENT	3
ESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN	EST- COME	(C) ADJUSTED NET INCOM		
EGAL FEES		9,160.		0.		3,0	12
O FM 990-PF, PG 1, LN 16A	····	9,160.		0.		3,0	12
ORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
ESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTEI NET INCOM		
CCOUNTING	···	4,654.	•	0.		3,3	38
O FORM 990-PF, PG 1, LN 16B	•	4,654.		0.		3,3	38

ORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 5
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SSOCIATION DUES ANAGEMENT FEES UBMERGED LAND LEASE PPRAISALS NSURANCE	4,700. 33,307. 7,078. 33. 11,405.	0. 0. 0. 0.		0 . 0 . 0 .
O FORM 990-PF, PG 1, LN 16C	56,523.	0.		0
ORM 990-PF	TAX	ES	S'	ratement (
ESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
ROPERTY TAXES NCOME TAXES	3,933. 2,517.	0.		3,933 2,517
O FORM 990-PF, PG 1, LN 18	6,450.	0.		6,450

ORM 990-PF PART VIII - LIST TRUSTEES AND	STATI	EMENT 7		
AME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
IVIAN G JOHNSTON JR O BOX 123 OBILE AL 36601	DIRECTOR/PRESII 5.00	DENT 0.	0.	0.
EIL C JOHNSTON O BOX 123 OBILE AL 36601	DIRECTOR/VICE-1 5.00	PRESIDENT 0.	0.	0.
ERBERT J MALONE JR O DRAWER 457 ULF SHORES AL 36547	DIRECTOR/ASST V	VICE-PRES 0.	0.	0.
ORMAN D PITMAN III 800 AIRPORT BOULEVARD SUITE 306 OBILE AL 36608	DIRECTOR/TREASU	URER 0.	0.	0.
ENNETH E NIEMEYER O DRAWER 1628 OBILE AL 36613-1628	DIRECTOR/SECRES	TARY	0.	0.
OTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

ORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

AME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

IVIAN G JOHNSTON JR 0 BOX 123 OBILE AL 36601

'ELEPHONE NUMBER

251-432-5511

'ORM AND CONTENT OF APPLICATIONS

O SPECIFIC FORM IS REQUIRED. ORGANIZATIONS SHOULD PROVIDE WRITTEN EVIDENCE F EXEMPT STATUS.

NY SUBMISSION DEADLINES

ONE

ESTRICTIONS AND LIMITATIONS ON AWARDS

ENERALLY LIMITED TO CHARITABLE ORGANIZATIONS LOCATED IN THE SOUTH BALDWIN 'OUNTY AREA.

	-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR			
ECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
HRISTIAN SERVICE CENTER	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	42,328.	
LABAMA GULF COAST EDUCATIONAL OUNDATION	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	15,000.	
ULF SHORES MIDDLE SCHOOL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	58,000.	
ULF SHORES ELEMENTARY SCHOOL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	58,000.	
RANGE BEACH ELEMENTARY SCHOOL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	58,300.	
ULF SHORES HIGH SCHOOL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	58,000.	
LABAMA COASTAL FOUNDATION	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	14,500.	
T ANDREWS BY THE SEA	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	20,000.	
MERICAN HEART ASSOCIATION	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	27,000.	

ERIE HALL MEYER CHARITABLE FUND	INC		63-1055074
ARE HOUSE INC	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	10,000.
OUTH BALDWIN COMMUNITY THEATRE	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	30,000.
OBILE AREA VETERANS DAY OMMISSION INC	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	10,000.
ERCY MEDICAL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	10,000.
T JUDE CHILDREN'S RESEARCH OSPITAL	NONE SUPPORT FOR OPERATING EXPENSES	PUBLIC	5,000.

416,128.

OTAL TO FORM 990-PF, PART XV, LINE 3A

Form -8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

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 1)	age 2 of this form	. ▶ 🗓				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a						
Part I Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded)					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete					
Part I only						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to	o request an exte	nsion of time				
to file income tax returns		40 Ela ana af Ala anti-				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automanoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a comyou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the www.irs.gov/efile and click on e-file for Charities & Nonprofits	68 electronically posite or consolic	if (1) you want the additional dated Form 990-T Instead,				
Type or Name of Exempt Organization	Em	Employer identification number 63-1055074				
print ERIE HALL MEYER CHARITABLE FUND, INC.						
File by the		33-1033074				
due date for Number, street, and from or suite no 11 a P O box, see instructions. P.O. BOX 2959						
return See Instructions Crty, town or post office, state, and ZIP code. For a foreign address, see instructions.						
GULF SHORES, AL 36547						
Check type of return to be filed (file a separate application for each return)						
Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720 Form 5227					
Form 990-EZ Form 990-T (trust other than above)	Form 6069					
Y Form 990-PF	Form 8870					
Table 1 of the second s						
VIVIAN G JOHNSTON JR						
○ The books are in the care of ▶ POBOX 123 - MOBILE, AL 36601						
Telephone No. ▶ <u>251-432-5511</u> 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)		- ·				
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and	d EINs of all mem	bers the extension will cover				
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension MAY 15, 2010 , to file the exempt organization return for the organization		The extension				
MAY 15, 2010 , to file the exempt organization return for the organization is for the organization's return for	ion named above	THE EXTENSION				
calendar year or						
► X tax year beginning OCT 1, 2008 , and ending SEP 30,	2009					
,,						
2 If this tax year is for less than 12 months, check reason Initial return Final return	eturn	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 a	ıny					
nonrefundable credits See instructions	3a	\$ 215.				
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	\$ 2,900.				
c Balance Due. 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	n)	- \$ 0.				
See instructions						
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 8879	3-EO for payment instructions				
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)				

Fòrm 8	868 (Rev. 4-2009)				Page 2	
⊕ If vo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	ck this box			▶ X	
	Only complete Part II if you have already been granted an automatic 3-month extension on a previo					
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	,				
Part		inal (no co	pies need	led).		
Name of Exempt Organization				Employer identification number		
	Type or					
Print ERIE HALL MEYER CHARITABLE FUND, INC.			63-	105507	4	
File by the extended due date	Number, street, and room or suite no. If a P.O. box, see instructions.	4 -0 -	For IRS u	ise only		
filing the return. S instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	2.11 -	1 1 .	- dat 1	The state of the s	
Check	t type of return to be filed (File a separate application for each return).					
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069						
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a	a previous	ly filed F	orm 8868.		
Telephone No. ► 251-432-5511 FAX No. ► If the organization does not have an office or place of business in the United States, check this box Fit 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 Fit is for part of the group, check this box Fit is for part of the group, check this box Fit is for calendar year or other tax year beginning OCT 1, 2008 and ending SEP 30, 2009 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NEEDED TO COMPLETE AN ACCURATE TAX RETURN.						
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	, 1				
nonrefundable credits. See instructions.			8a \$		215.	
-			* "			
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.			E 75-4			
			8b \$		2,900.	
c i	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, dep	oosit				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See inst	tructions.	8c \$		0.	
	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.						
Signatu	re > 1 Nursel C/ No mante > CPA		Date ►	5-11-	-/0	
				Form 886	8 (Rev. 4-2009)	

823832 05-26-09