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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state reporting

OMB No 1545-0052

2008

	Cirilai K					ec date to use a copy					g . oquir ornerito		
	G Check all that apply Initial return				2/0	01 , 2008 ,			aldana abara	-, 1 ;	1/30, 20 09		
G	Che				n j	Final return		Amended r	eturn		ddress change	لـــلـــ	Name change
		Name	of foun	dation						- 1	A Employer identific	ation no	umber
ι	Jse tl	he IRS								1			
	lat	oel. <u>DELM</u>	AN MO	ORTENSON C	HARIT	ABLE FOUNDAT	ION	I			54-	17 <u>397</u>	798
Otherwise, Number and street (or P O box nu				number	f mail is not delivered to st	treet	address)	Room/sui	te				
	pr	int								1			
		ype.	OCKDI	ת משמעת ביי							(70:	21 74	68-3442
		City or		ELL STREET state, and ZIP co						-	C If exemption application		56-5442
J.	nstru	ctions.	town,	State, and 211 CO	uc						pending, check here		►
											 1. Foreign organizati 	ions, chec	k here
_				<u>IA, VA 223</u>						_	Foreign organizat85% test, check h		
Η̈́	_Che	ck type of org	anızatı	ion Secti	on 501	(c)(3) exempt priva					computation .		
1	<u>s</u>	ection 4947(a)	(1) non	exempt charitable		x Other taxable					E If private foundation	status w:	as terminated
ı	Fair	market value	of all a	assets at end	J Acco	ounting method x	Ca	ash Acci	rual		under section 507(b)		_ 1 1
	of v	ear (from Part	II. col	(c). line		ther (specify)		_			F If the foundation is		
				2,747.		column (d) must be	on:	cash basis)			under section 507(b)		
				ue and Expens		, 		·	T				Disbursements
	-110	total of amoun	ts in co.	lumns (b), (c), an	d (d)	(a) Revenue and		(b) Net inve	Į.	(c) Adjusted net		or charitable
		may not nece.	ssanly e	equal the amount.	s in	expenses per books		incom	e		ıncome		purposes
_		coiumn (a) (se	e page	11 of the instruct	ions))							(ca	sh basis only)
	1	Contributions, gifts,	grants, e	tc , received (attach sci	nedule) .	394,55	6.						
	2	Check ▶	attach S	undation is not required.									
	3			emporary cash inves		11,84	3.	1.1	.,843.		11,843.		STMT 1
	4	Dividends and	interes	t from securities		161,93	1.	163	.,931.		161,931.	<u> </u>	STMT 2
	5а												
	h			s)									<u>. </u>
•	ł			ale of assets not on		-58,80	1						
ž	b	Gross sales price	for all										
Revenue	_	assets on line 6a		702		['	\dashv	<u> </u>				<u> </u>	
Š	7	Capital gain ne	et incon	ne (from Part IV, I	ine 2) .		-				····		
	8			gain			\dashv						
	9						_						
	10 a	Gross sales less i and allowances	etums										
	b	Less Cost of goo	ds sold										
	c	Gross profit or	(loss) (attach schedule)									
	11			schedule)									
	12			ough 11			9.	173	3,774.		173,774.		
_	13			, directors, trustees,		1							
	14			es and wages .		i e	t	••					
ŝ	ł			-									
Į.	15			yee benefits			\dashv						
çpe	l .	Legal fees (att					$\frac{1}{2}$						
ũ	ı	_		ch schedule)STM		50	0.		500.		500.		NONE
ĕ.	С	Other professi	onal fee	es (attach schedu	e)								
Administrative Expenses	17	Interest	→ 1	· 1 - 1 - · · · · · · · · · · · · · · ·									
ist	18	Taxes (attack) scr	(egule)	see page 14 of the irs	tructions)† 1	6,05	7.		5,057.				
Ë	19	Depreciation (attach s	schedule) and de	pletion .								
튭	20	Occupancy	- A O	2010 101									
۲,	21	Travel conference	ال ال	ind meetings	•		\neg				,		
and	22	Printing and p		=\ =\		-							
<u>5</u>	22						\dashv		+				
ţ	23	Other experies											
era	24	•	-	administrative ex			_						
Operating				23		6.55	-	6	5.557.		500.		NONE
_	25	Contributions,	gıfts, g	rants paid		171,00							<u>171,000.</u>
_	26	Total expenses and	disburs	ements Add lines 2	4 and 25	177.55	7.		5.557.		500.		171,000.
	27	Subtract line 2	6 from	line 12									
	а	Excess of revenue	over expe	enses and disburseme	ents _	331,97	2.						
	i			ne (if negative, er			\neg	167	,217.				
				(if negative enter			\neg				173.274.		

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

Form 990-PF (2008)

LANTARD ANG 19 2010

Form 990-PF (2008)

JSA 8E1420 1 000

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
(a) List and 2-story b	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a SEE PART IV SCHE	DULE				
b					
<u>c</u>					
<u>d</u>					
e (e) Gross sales price		(h) Gain or (lo (e) plus (f) minu			
а					
<u>b</u>					
С	······································				
d					
e					
Complete only for assets s		ned by the foundation on 12/31/69	(1)	Gains (Col (h) ga (k), but not less t	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	COI	Losses (from co	
a					
b					
C					
_d					
е		and the arter of Dod Line 7	ļ		
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-58,801.
· · · · ·	or (loss) as defined in sections 12				
	line 8, column (c) (see pages 13 a	-	ŀ		
If (loss), enter -0- in Part I,	line 8		3		
		iced Tax on Net Investment Inc			· · · · · · · · · · · · · · · · · · ·
(For optional use by domestic	c private foundations subject to the	e section 4940(a) tax on net investi	nent incol	ne)	
If section 4940(d)(2) applies,	loove the part blank				
ii section 4940(u)(2) applies,	leave this part blank				
	the section 4942 tax on the distrib not qualify under section 4940(e)	utable amount of any year in the ba	ase period	i?	Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	
(a)	(b)	(c)		(d)	
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	atio · col (c))
2007	64,000.	4,765,342.		· · · · · · · · · · · · · · · · · · ·	0.013430
2006	115,000.	3,617,039.			0.031794
2005	75,000.	1,912,354.			0.039219
2004	65,000.	1,505,335.		··	0.043180
2003	61,739.	1,295,196.	,		0.047668
2 Total of line 1, column (d)			2		0.175291
_	for the 5-year base period - divide				
number of years the found	dation has been in existence if less	tnan 5 years	3		0.035058
4 Enter the net value of non	charitable-use assets for 2008 from	m Part X, line 5	4	4	,839,017.
5 Multiply line 4 by line 3			5		169,646.
	nt income (1% of Part I, line 27b)		6		1,672.
			7		171,318.
• • • •					
8 Enter qualifying distribution If line 8 is equal to or given the Part VI instructions on	ns from Part XII, line 4	in Part VI, line 1b, and complet	e that pa	art using a 1%	171,000. tax rate See
JSA					990 PE (2000)

	990-PF (2006)	40 -641			age 😽
	t VI `Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see pa	ge 18 of th	ie ins	tructio	ns)
1 a	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)			_	.
Þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	+		<u> 3, :</u>	<u>344.</u>
	here and enter 1% of Part I, line 27b				
	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-)				
3	Add lines 1 and 2				<u>344.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		——		<u>NONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	+		3,	<u>344.</u>
6	Credits/Payments				
a	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 3,333.				
b	Exempt foreign organizations-tax withheld at source 6b NONE				
С	Tax paid with application for extension of time to file (Form 8868)				
d				_	
7	Total credits and payments Add lines 6a through 6d			3,	333.
8	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				18.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1			
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶ 11				
	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	}	_	Yes	No
	participate or intervene in any political campaign?		1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?	• • • • • •	1b		<u> X</u>
	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				
С	Did the foundation file Form 1120-POL for this year?	· • • • • •	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			. 1	
	(1) On the foundation ►\$(2) On foundation managers ►\$. 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
	foundation managers > \$		_		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	}	2		<u> </u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		_		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> X</u>
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u>X</u>
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?		4 b	, N	/ <u>A</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	, }	5	-	<u> </u>
	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	I			
_	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? If "Yes," complete Part II, col (c), and Pa	πXV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
_	instructions) VA,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G	I	۱.	,	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 494				
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part X	ı∨ on	_		
	page 27)? If "Yes," complete Part XIV		9		<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing names and addresses	their	10	x	

Form **990-PF** (2008)

Form	990-PF (2008)		ı	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		Lx_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			_
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	N/	A
	Website address N/A			
14	The books are in care of ▶ THE FOUNDATION Telephone no ▶ 703-54	8-23	20	
	Located at ▶18 COCKRELL STREET ALEXANDRIA, VA ZIP+4 ▶ 22304			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1
	the benefit or use of a disqualified person)?Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	N/	Α
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1 c	N/	Α
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
-	6e, Part XIII) for tax year(s) beginning before 2008?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b	N/	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2008)	3 b	N/	Α
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? 4b

Form **990-PF** (2008)

Form 990-PF (2008)					Page 6
Part VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ii red (continued)		
5a During the year did the foundation pay or incur any amout(1) Carry on propaganda, or otherwise attempt to influe(2) Influence the outcome of any specific public election	nce legislation (section		. Yes X No	,	
d	•		. Yes X No	,	1
(3) Provide a grant to an individual for travel, study, or of	her sımılar purposes?		Yes X No	,	
(4) Provide a grant to an organization other than a char	itable, etc , organizatio	on described in			
section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the in:	structions)	. Yes X No	•	
(5) Provide for any purpose other than religious, charital	-				
educational purposes, or for the prevention of cruelty	to children or animals	⁵ ?	. Yes X No	•	
b If any answer is "Yes" to 5a(1)-(5), did any of the transact		•			
Regulations section 53 4945 or in a current notice rega	rding disaster assistan	ice (see page 22 of the		5b	N/A
Organizations relying on a current notice regarding disas	ter assistance check h	nere	▶ [X]		
c If the answer is "Yes" to question 5a(4), does the found	•				
because it maintained expenditure responsibility for the g			Ä L Yes No	'	
If "Yes," attach the statement required by Regulations sec	` '			1 1	
6a Did the foundation, during the year, receive any funds, or	•		Yes X No		
on a personal benefit contract?				6ь	
b Did the foundation, during the year, pay premiums, directly five answered "Yes" to 6b, also file Form 8870	city or indirectly, on a	personal benefit contra	α,	80	X
7a At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chalter transaction?	Yes X No		
b If yes, did the foundation receive any proceeds or have			- —		x
Part VIII Information About Officers, Directors					
and Contractors		_		•	
1 List all officers, directors, trustees, foundation m	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
SEE STATEMENT 10		NONE	NONE	NO.	NE
2 Compensation of five highest-paid employees (of If none, enter "NONE."	her than those inc	luded on line 1 - se	ee page 23 of the inst	ructions).	
	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allo	wances
NONE			compensation		
NONE					
	1				
				· · · · · · · · · · · · · · · · · · ·	··-
	,		, 		
				···	
Total number of other employees paid over \$50,000 .					NONE

2 Cinc biok	and Contractors (continued)	the instructional If	onto- "NONE"
3 Five nign	est-paid independent contractors for professional services (see page 23 of (a) Name and address of each person paid more than \$50,000	(b) Type of service	
		(b) Type of Service	(c) Compensation
NONE			
		······	
Total number	er of others receiving over \$50,000 for professional services		▶ NONE
			· · · · · · · · · · · · · · · · · · ·
Part IX-A	Summary of Direct Charitable Activities		
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical informa	tion such as the number	****
of organization	ons and other beneficianes served, conferences convened, research papers produced, etc	tion such as the humber	Expenses
4 27 /7			
1 _N/W			
			
2			
		·	
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instru	ctions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE			
0000			
2			
A (1) 41	and the state of t		
All other pro	gram-related investments. See page 24 of the instructions		
3 <u>NONE</u>			
Total. Add I	nes 1 through 3		

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Page 7

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions)	eign founda	tions,
.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	4,839,787.
þ	Average of monthly cash balances	. 1 b	72,921.
C	Fair market value of all other assets (see page 24 of the instructions)	1 c	NONE
d	d Total (add lines 1a, b, and c)	1 d	4,912,708.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	4,912,708.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	73,691.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,839,017.
6	Minimum investment return. Enter 5% of line 5	. 6	241,951.
Pa	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) profoundations and certain foreign organizations check here ▶ □ and do not complete the		3
1	Minimum investment return from Part X, line 6	. 1	241,951.
2 a	a Tax on investment income for 2008 from Part VI, line 5		
b		<u> </u>	
С		2c	3,344.
3	Distributable amount before adjustments Subtract line 2c from line 1		238,607.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	_	238,607.
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	238,607.
=			230,007.
Pa	art 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	171,000.
b		46	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		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	171,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1717000.
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	1 _ 1	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	171,000.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	•	
	qualifies for the section 4940(e) reduction of tax in those years		To an indicate t

Form **990-PF** (2008)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		·
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7				238,607.
2	Undistributed income, if any, as of the end of 2007				
_	Enter amount for 2007 only			170,908.	
	Total for pnor years 20,20	· <u>-</u> .			
3	Excess distributions carryover, if any, to 2008		· · · · · · · · · · · · · · · · · · ·		
_	From 2003				
h	From 2004				
	From 2005				
٦	From 2005				
_	From 2006				
	From 2007				
	Total of lines 3a through e	· · · · · · · · · · · · · · · ·			
4					
	line 4 > \$ 171,000.			170 000	
а	Applied to 2007, but not more than line 2a			170,908.	
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)				
d	Applied to 2008 distributable amount				92.
е	Remaining amount distributed out of corpus	NONE			
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:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
	Prior years' undistributed income Subtract				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2009.				238,515.
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 instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a	NONE			
	Analysis of line 9				
	Excess from 2004				
þ	Excess from 2005	1			
С	Excess from 2006		1		
	Excess from 2007				
е	Excess from 2008 NONE				

JSA 8E1490 1 000

factors

c Any submission deadlines

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

3 Grants and Contributions Paid Durin	a the Year or Appro	ved for E	uture Payment	
Recipient	If recipient is an individual,	Foundation		· · · · · · · · · · · · · · · · · · ·
Name and address (home or business)	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
a Paid during the year	or substantial contributor			
SEE STATEMENT 11				
		1		
		-		
		<u> </u>		
Total		<u>.</u>	▶ 3a	171,000.
b Approved for future payment				
Total	l			
INTAL			₽ 3h	1

ter gross amounts unless otherwise indicated		ited business income	Excluded by	section 512, 513, or 514	(e) Related or exemp function income
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function incomé (See page 28 of the instructions)
a	_				
b					
c					
d					
e		· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	11,843.	
Dividends and interest from securities			14	161,931.	
Net rental income or (loss) from real estate					
a Debt-financed property b Not debt-financed property					
Net rental income or (loss) from personal property					·
Other investment income			<u> </u>		
Gain or (loss) from sales of assets other than inventory		··· <u> </u>	18	-58,801.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
b					.
c		· - -· ·····			
d			-		
e					
Subtotal Add columns (b), (d), and (e)				114,973.	
e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	lations) complishment of E	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important
the accomplishment of the fo	to verify calculate to the Acceptation to the Acceptation which is to be a second control of the	complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A con	tributed important

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

b	501(c) Transi (1) Ca (2) Oi Other (1) Sa (2) Pc (3) Rc (4) Rc (5) Lc (6) Pc Sharir If the other	the organization directly of the Code (other than fers from the reporting foash	section 501(c)(3 pundation to a no caritable exempt of a noncharitable eent, or other assents	organizations) oncharitable exe organization exempt organization fundraising solic ther assets, or ponplete the follog	or in section mpt organization	on 527, r zation of	elating to	political organ	show the fair marke	. 1a(1) . 1b(1) . 1b(2) . 1b(3) . 1b(4) . 1b(5) . 1c . value of	f the q	-
(a) L	ine no	(b) Amount involved	(c) Name of r	noncharitable exe	mpt organiza	ition	(d) Des	cription of trans	fers, transactions, and sl	anng ama	ngeme	nts
		N/A					N/A					
									· · · · · · · · · · · · · · · · · · ·			
												
												
										-		
			·									
				 		·						
	section	foundation directly or n 501(c) of the Code (oth s," complete the following (a) Name of organization	er than section 5 schedule	601(c)(3)) or in s		"				Y	≈ <u>X</u>	No
							+					
e	belief,	penalties of perjury, I declar it is true, correct, and comp										
Sign Here	sr's Ily	Preparer's signature	ph K. X	Spenker	091	Date /	Check if self-employed Preparer's (See Signal instructions P00035			iture on p s)		
	Paid Prepare Use On	Firm's name (or yours if	BERLIN	, RAMOS &	COMPA	NY. P	.A.	•	EIN ▶ 52-136			
	₹ ⊃	self-employed), address,		ROCKVILLE						· • •		_
		and ZIP code	ROCKVI			J. 1	208	352	Phone no 301.5	89.90	000	
										om 99		(2008)

Schedule B

(Form 990, 990-EZ,

Schedule of Contributors

OMB No 1545-0047

or 990-PF)

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

Department of the Treasury		
Name of the organization		Employer identification numbe
DELMAN MORTENSON	CHARITABLE FOUNDATION	
		54-1739798
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trust trust trust treated as a private trust trust trust trust trust trust trust trus	ate foundation
	x 501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (Note . Only a sect xes for both the General Rule and a Special Rule See instructions)	on 501(c)(7), (8), or (10)
General Rule		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, ny one contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
under sections 5	1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 3.09(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, du,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% ts I and II	iring the year, a contribution of the
during the year,	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the aggregate contributions or bequests of more than \$1,000 for use expression, or educational purposes, or the prevention of cruelty to children or	clusively for religious, charitable,
	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the some contributions for use <i>exclusively</i> for religious, charitable, etc., i	• • • • • • • • • • • • • • • • • • •

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

222350-108

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

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

Name of o	ganization DELMAN MORTENSON CHARITABLE F	OUNDATION	Employer identification number
			54-1739798
Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	EDWARD DELMAN 18 COCKRELL STREET ALEXANDRIA, VA 22304	\$\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	EDWARD DELMAN 18 COCKRELL STREET ALEXANDRIA, VA 22304	\$\$89,568.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	EDWARD DELMAN 18 COCKRELL STREET ALEXANDRIA, VA 22304	\$ \$ 188,681.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4_	EDWARD DELMAN 18 COCKRELL STREET ALEXANDRIA, VA 22304	\$6,750.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

JSA 8E1253 1 000 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

of ____ of Part

Name of organization DELMAN MORTENSON CHARITABLE FOUNDATION

Employer identification number

54-1739798

Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3,000 SHS NORFOLK SOUTHERN CORPORATION	_	
	\$109,557.	07/10/2009
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3,824.80408 SHARES OF HOME DEPOT	_	
	\$	VARIOUS
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3,568.762983 SHARES OF BAXTER INT'L	_	
	\$\$	07/10/2009
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_ _	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	 \$	
	(b) Description of noncash property given 3,000 SHS NORFOLK SOUTHERN CORPORATION (b) Description of noncash property given 3,824.80408 SHARES OF HOME DEPOT (b) Description of noncash property given 3,568.762983 SHARES OF BAXTER INT'L (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b)	(b) Description of noncash property given 3,000 SHS NORFOLK SOUTHERN CORPORATION (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) 3,624,80408 SHARES OF HOME DEPOT (b) Description of noncash property given (c) FMV (or estimate) (see instructions) 3,568,762983 SHARES OF BAXTER INT'L (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (c) FMV (or estimate) (see instructions)

INVESTMENTS	
CASH	
TEMPORARY	
N O	
INTEREST	========
I	Ш
PART I	=======
FORM 990PF,	

	ADJUSTED	NET	INCOME		11,843.	11,843.	
	NET	INVESTMENT	INCOME		11,843.	11,843.	
REVENUE			PER BOOKS		11,843.	11,843.	
						TOTAL	
			DESCRIPTION		BOND INTEREST: PERSHING, LLC		

					_
ADJUSTED NET	INCOME		161,931.	161,931.	
NET INVESTMENT	INCOME		161,931.	161,931.	
REVENUE AND EXPENSES	PER BOOKS	31111111	161,931.	161,931.	
				TOTAL	
	DESCRIPTION		DIVIDEND INCOME		

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CCOUNTING FEES	
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PART	ļļ.
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CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	500.
NET INVESTMENT INCOME	500.
REVENUE AND EXPENSES PER BOOKS	500.
	TOTALS
DESCRIPTION	

FORM 990PF, PART I - TAXES		
	REVENUE	
	AND	NET
	EXPENSES	INVESTME
DESCRIPTION	PER BOOKS	INCOME
FEDERAL EXCISE TAX	6,057.	9' (
TOTALS	6,057.	9,

INVESTMENT	INCOME	!!!!!!!	6,057	6,057.	
EXPENSES	PER BOOKS		6,057	6,057	### ### ### ### ### ### ### ### ### ##

ENDING EMV	254,472. 8,742. 284,608. 264,409. 177,790. 152,805. 331,712. 631,855. 6,316. 237,019. 37,984. 10,358. 21,028. 21,028. 21,779. 7,510. 34,120.
ENDING BOOK VALUE	224,080. 29,807. 195,215. 283,266. 64,603. 142,538. 7,127. 451,950. 327,492. 348,971. 365,620. 72,225. 35,899. 689,717. 25,769. 25,769. 25,769. 191,314. 16,227. 11,727.
BEGINNING BOOK VALUE	216,933. 24,506. 178,553. 283,266. 60,959. 128,611. 7,127. 436,188. 310,564. 24,014. 24,014. 24,014. 24,014. 24,014. 25,621. 16,371. 15,844. 11,578. 56,757.
DESCRIPTION	ABBOTT LSI CORPORATION ANADARKO PETROL AT&T BRISTOL MYERS SQUIBB BURLINGTON NORTHERN SANTA FE COCA COLA COMCAST EDWARDS LIFESCIENCES CORP ELI LILLY EXXON JOHNSON & JOHNSON ALCATEL-LUCENT MARSH & MCLENNAN MCDONALDS MEDCO HEALTH MERCK & CO. MOTOROLA NEW YORK TIMES PFIZER NEW YORK TIMES PRICE GROWTH T. ROWE PRICE GROWTH T. ROWE PRICE FINANCIAL SERVICE T. ROWE PRICE FINANCIAL SERVICE T. ROWE PRICE SCIENCE & TECHNOL

- CORPORATE STOCK

FORM 990PF, PART II

STOCK
CORPORATE
I
ΙI
PART
990PF,

ENDING FMV 	200,881. 386,897. 53,177. 106,501. 154,200.	5,
ENDING BOOK VALUE	200,512. 63,821. 113,741. 90,437.	4,928,695
BEGINNING BOOK VALUE	57,295. 112,582. 560,743.	
DESCRIPTION	T.ROWE PRICE SUMMIT UNION PACIFIC XEROX WYETH HOME DEPOT NORFOLK SOUTHERN CORPORATION	TOTALS

ENDING FMV 	23,427. 22,476. 10,745. 21,063. 17,661. 25,600. 12,488.
ENDING BOOK VALUE	21,301. 21,559. 12,755. 25,406. 22,059. 30,882. 14,225.
BEGINNING BOOK VALUE	21,301. 21,559. 12,755. 25,406. 22,059. 30,882. 14,225.
DESCRIPTION	FORD MOTOR BOND 10/21/13 6.75% FORD MOTOR BOND 4/2/14 6.25% GMAC SMARTNOTE 4/15/18 7.25% GMAC SMARTNOTE 8/15/16 6.60% GMAC SMARTNOTE 8/15/16 6.70% GMAC SMARTNOTE 9/15/17 7.25% POINDEXTER 3/15/14 8.75%

- CORPORATE BONDS

FORM 990PF, PART II

ENDING FMV 	607.	
ENDING BOOK VALUE	607.	
BEGINNING BOOK VALUE	607.	
	TOTALS	

INTEREST RECEIVABLE

DESCRIPTION

ω

STATEMENT

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION		AMOUNT
TAX EXEMPT INTEREST INCOME		512.
	TOTAL	512.
	1011111	

32

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

TRUSTEE

EDWARD DELMAN 18 COCKRELL STREET ALEXANDRIA, VA 22304

GRAND TOTALS

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

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

	PURPOSE OF GRANT OR CONTRIBUTION	CHARITABLE CONTRIBUTION		
AND	FOUNDATION STATUS OF RECIPIENT	NONE	501(C)3	
	RECIPIENT NAME AND ADDRESS	UJA FEDERATION OF WASHINGTON	6101 MONTROSE ROAD	ROCKVILLE, MD 20853

8,000.

AMOUNT

ENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT
DERATION OF WASHINGTON NUTROSE ROAD	NONE 501 (C) 3
LIE, MD 20853	
HEM NORWEGIAN-AMERICAN MUSEUM	NONE
WATER STREET	501(C)3

NONE	NONE	NONE	NONE
501 (C) 3	501 (C) 3	501 (C) 3	501 (C) 3
VESTERHEM NORWEGIAN-AMERICAN MUSEUM	SEAMAN'S CHURCH INSTITUTE	CYSTIC FIBROSIS FOUNDATION	ST. JUDE'S CHILDREN'S HOSPITAL
502 W. WATER STREET	241 WATER STREET	6931 ARLINGTON ROAD	501 SAINT JUDES PLACE
DECORAH, IOWA 52101	NEW YORK, NY 10038	BETHESDA, MD 20814	MEMPHIS. TN 38105

NONE 501 (C) 3	NONE 501 (C) 3	NONE
ST. JUDE'S CHILDREN'S HOSPITAL 501 SAINT JUDES PLACE MEMPHIS, IN 38105	HOSPICE OF NORTHERN VIRGINIA 6565 ARLINGTON BLVD., STE 501 FALLS CHURCH, VA 22042	HILLEL CENTER FOR JEWISH LIFE - UNIV. MD

NONE	501(C)3		NONE
₽.			
- UNIV.			
LIFE -			
HILLEL CENTER FOR JEWISH LIFE - UNIV. MD		0740	CIETY
FOR	INE	MD 2	R SO
NTER	7612 MOWATT LANE	COLLEGE PARK, MD 20740	AMERICAN CANCER SOCIETY
13 CE	MOW	GE 1	ICAN
HILLE	7612	COLLE	AMERI

AMERICAN CANCER SOCIETY	NONE
1875 CONNECTICUT AVE, NW, STE 730	501 (C) 3
WASHINGTON, DC 20009	

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

UNITED COMMUNITY MINISTERIES

AMERICAN HEART ASSOCIATION

ALEXANDRIA, VA 22306

7511 FORDSON ROAD

5335 WISCONSIN AVENUE

WASHINGTON, DC

RECIPIENT NAME AND ADDRESS

AMOUNT ----

PURPOSE OF GRANT OR CONTRIBUTION

STATEMENT 12

222350-108

122,000.		8,000.

CHARITABLE CONTRIBUTION

SIOUX FALLS, SOUTH DAKOTA 57197

1400 JACKSON STREET

DENVER, CO 80206

2001 SOUTH SUMMIT AVE.

AUGUSTANA COLLEGE

WASHINGTON, DC 20010-2970

111 MICHIGAN AVE, NW

WASHINGTON, DC 20013

P.O. BOX 2600

WETA

501 (C) 3

NONE

501(C)3

WASHINGTON, DC 20005-4153

5 THOMAS CIRCLE

HOUSE OF RUTH

SANTA FE, NM 87502-9965

INSTITUTE OF INDIAN ART

83 AVAN NU PO ROAD

NONE

25,000.

CHARITABLE CONTRIBUTION

DONATIONS

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION
SMITHSONIAN INSTITUTION - NAT'L AIR & SPACE MUSEUM	NONE	
1000 JEFFERSON DRIVE, SW - 4TH FLOOR	501(C)3	
WASHINGTON, DC 20560-0035		
NATIONAL MARITIME HISTORICAL SOCIETY	NONE	CHARITABLE CONTRIBUTION
5 JOHN WALSH BLVD., PO BOX 68	501(C)3	
PEEKSKILL, NY 10566		
ALZHEIMER'S ASSOCIATION		
	501(C)3	
HILLEL CENTER FOR JEWISH LIFE - GMU		
MMSN 2C7, SUB 1, RM. 207	501(C)3	
4400 UNIVERSITY DRIVE, FAIRFAX, VA 22030		
HABITAT FOR HUMANITY	NONE	CHARITABLE CONTRIBUTION
2115 WARD COURT, NW	501(C)3	
000		

1,500.

AMOUNT -

1,500.	5,000.	1/1,000.	
CHARITABLE CONTRIBUTION	CHARITABLE CONTRIBUTION	TOTAL CONTRIBUTIONS PAID	
Ü	Ü		

NONE 501 (C) 3

2900 TELESTAR COURT FALLS CHURCH, VA 22042

CAPITAL HOSPICE

WASHINGTON, DC 20037

SUITE 100

STATEMENT 13

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

C/	APITAL GA	INS AND LO	SSES FOR	R TAX ON	INVEST	M	ENT INCOM	<u> </u>
Kind of Property		Description					Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	Ð	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	L	or (loss)	
		TOTAL CAPITA	AL GAIN DIS	TRIBUTIONS			643.	
		3,568.762983 PROPERTY TYPE				D	07/10/2009	08/25/2009
203,152.		188,680.					14,472.	
		9,891.7891 S			CONVERT	P	VARIOUS	10/16/2009
326,429.		400,345.					-73,916.	
172,061.		9,743 SHARES PROPERTY TYI 172,061.			TOCK	P	VARIOUS	10/16/2009
								:
TOTAL GAIN(L	OSS)		• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •		-58,801. 	
LIBA.						Ш		

222350-108

SCHEDULE D (Form 1041)

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

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

Employer identification number

2008

	DELMAN MORTENSON CHARITABLE FO				54-173979	8	
Pa	e: Form 5227 filers need to complete only Part Short-Term Capital Gains and Lo		Hold One Ve	ar or Loss			
Га	(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 b (see page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							Cubildot (c) Hom (c)
		 					
h	Enter the short-term gain or (loss), if any, if	rom Schedule D	-1 line 1h			1b	14 472
b	Line: the short-term gain or (loss), if any, if	Tom Schedule D	-1, iiile 1D			10	14,472.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners	ships, S corpora	tions, and other	r estates or trusts		3	
4	Short-term capital loss carryover Enter th	e amount, if any	, from line 9 of	f the 2007 Capital Los	s		(
5	Carryover Worksheet Net short-term gain or (loss). Combine line	es 1a through 4	in column (f)	Enter here and on lir		4	(
	column (3) on the back				·	5	14,472.
Pa	rt II Long-Term Capital Gains and Losse			ne Year	(e) Cost or other b	asis	(f) Gain or (loss) for
	(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	(see page 4 of ti		the entire year Subtract (e) from (d)
6a							
					 		
					ļ··		
					<u> </u>		
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1. line 6b			6b	
							, , , , , , , , , , , , , , , , , , , ,
7	Long-term capital gain or (loss) from Form	is 2439, 4684, (6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	nips, S corporati	ons, and other	estates or trusts		8	
•	Conital ages distributions					ا م	640
9	Capital gain distributions	• • • • • • •				9	643.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	•		•		11	()
12	Net long-term gain or (loss). Combine line	s 6a through 11	ın column (f)	Enter here and on lir	ne 14a,		
For	column (3) on the back		_	<u> </u>	-		-73,273. D (Form 1041) 2008

Schedule D (Form 1041) 2008						Page 2
Part III Summa	ary of Parts I and II		, 1	(1) Benefic		(2) Estate's	(3) Total
	: Read the instructions before co			(see page	5)	or trust's	
	m gain or (loss)		13				14,472.
14 Net long-tern	_ •		المدا		-		
a Total for year			14a				
	section 1250 gain (see line 18 of the		14b				
c 28% rate gain			14c	·			
-	or (loss). Combine lines 13 and 14a		15				<u>-58,801.</u>
to Part V, and do not o	mn (3), is a net gain, enter the gain on Fon complete Part IV If line 15, column (3), is a	m 1041, line 4 (or For n net loss, complete Pa	m 990- art IV a	nd the Capital L	oss Carry	over Worksheet,	mn (2), are net gains, go as necessary
	I Loss Limitation	<u> </u>		· · · —			<u></u>
	d enter as a (loss) on Form 1041, line						
a The loss on li	ne 15, column (3) or b \$3,000 ne 15, column (3), is more than \$3,000, (<u>16 </u>	(3,000.)
Note: If the loss on I Carryover Worksheet I	ne 15, column (3), is more than \$3,000, (on page 7 of the instructions to figure your	or if Form 1041, page capital loss carryover	e 1, line -	22 (or Form s	190-T, lin	e 34), is a loss, co	omplete the Capital Loss
	nputation Using Maximum Capita		•			<u> </u>	
	Complete this part only if both lines 1		mn (2)	are dains o	r an ami	nunt is entered i	n Part I or Part II and
	Form 1041, line 2b(2), and Form 10				anam	bank is cincica i	in rait of rait if and
	part and complete the worksheet on p						
Either line 14b,	col (2) or line 14c, col (2) is more than	n zero, or					
	, line 2b(1), and Form 4952, line 4g a						
	. Complete this part only if both line						
	d Form 990-T, line 34, is more than (2) or line 14c, col (2) is more than :		rt and	complete the	e works	heet on page 8	of the instructions if
17 Enter taxable	income from Form 1041, line 22 (or	Form 990-T, line 3	4)	17			
	iller of line 14a or 15 in column (2)		,		-		
	nan zero	18		!			
	ate's or trust's qualified dividends			\neg		ľ	
	041, line 2b(2) (or enter the qualified					1 1	
	ded in income in Part I of Form 990-T)	19					
	and 19	20		\neg			
	or trust is filing Form 4952, enter the			7		1 1	
	line 4g, otherwise, enter -0	21					
	21 from line 20 If zero or less, enter-	0		. 22		i l	
	22 from line 17 If zero or less, enter-			23			
			• • • •				
24 Enter the sma	iller of the amount on line 17 or \$2,2	200		24			
	on line 23 equal to or more than the						
	p lines 25 and 26, go to line 27 and o						
	er the amount from line 23			25			
26 Subtract line	25 from line 24			26			
	nts on lines 22 and 26 the same?						
		the smaller of line 17 or lin	ie 22	27			
28 Enter the ame	ount from line 26 (If line 26 is blank, e	enter -0-)		. 28			
	28 from line 27						
30 Multiply line 2	9 by 15% (15)					30	
_	on the amount on line 23. Use the						
the Schedule	G instructions)					31	
32 Add lines 30	and 3.1					32	
	and 31					· · · · 	
•							
	Ginstructions)						
	form 1041 (or line 36 of Form 990-T)						

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2008

Name of estate or trust Employer identification number 54-173<u>9798</u> DELMAN MORTENSON CHARITABLE FOUNDATION Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (b) Date (c) Date sold (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (see page 4 of the acquired (mo, day, yr) (mo, day, yr) instructions) 1a 3,568.762983 SHARES OF BAXTER 07/10/2009 08/25/2009 203,152 188,680 14,472. 1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

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

Schedule D-1 (Form 1041) 2008

Part II Long-Term Capital Gains and	LUSSES - ASSE	ts Heid Wore I na			
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a 9,891.7891 SHARES OF WYETH STOCK CONVERTED TO PFIZER	VARIOUS	10/16/2009	326,429.	400,345.	-73,916
9,743 SHARES @ 17.666 OF PFIZER STOCK	VARIOUS	10/16/2009	172,061.	172,061.	
			<u> </u>		
					-
		_			
			-		
			····		 _

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service ▶ File a separate application for each return.

		Month Extension, complete only Part I and				
o If you are fi Do not comple	ling for an Additional (N e <i>Part II unl</i> ess you have	ot Automatic) 3-Month Extension, complet aiready been granted an automatic 3-mont	e only Part II (on pag h extension on a pre	ge 2 of this form) viously filed Form 8868		
Auto	matic 3-Month Exten	sion of Time. Only submit original (no co	opies needed).			
)-T and requesting an automatic 6-month ex		oox and complete		
•			• • • • • • • • • • • • • • • • • • • •			
time to file inco	me tax returns	O-C filers), partnerships, REMICs, and trust				
one of the ref	urns noted below (6 n	u can electronically file Form 8868 if you nonths for a corporation required to file F	Form 990-T). Howev	er, you cannot file Form 8868		
electronically i	f (1) you want the add	tional (not automatic) 3-month extension o	or (2) you file Forms	990-BL, 6069, or 8870, group		
returns, or a co 8868 For mor	emposite or consolidate odetails on the electron	d From 990-T Instead, you must submit the cfiling of this form, visit www irs.gov/efile at	e fully completed and nd click on <i>e-file for</i> (d signed page 2 (Part II) of Form Chanties & Nonprofits		
Туре ог	Name of Exempt Organiza	ation		Employer identification number		
print	DELMAN MORTE	NSON CHARITABLE FOUNDATION		54-1739798		
File by the	Number, street, and room	or suite no. If a P.O. box, see instructions				
due date for	18 COCKRELL	STREET				
filing your return See	City, town or post office,	state, and ZiP code For a foreign address, see insti	ructions			
instructions	ALEXANDRIA,	JA 22304	 .			
Check type o	f return to be filed (file a	separate application for each return)				
Form 990		Form 990-T (corporation)	Foi	rm 4720		
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust)	Foi	rm 5227		
Form 990	-EZ	Form 990-T (trust other than above)	For	6069		
X Form 990	PF	Form 1041-A	For	rm 8870		
If the organIf this is forfor the whole g		o office or place of business in the United State organization's four digit Group Exemption or the group, check the group the group that group is the group is the group is the group that group is the group is t	Number (GE <u>N)</u>	If this is light attach a list with the		
until		onth (6 months for a corporation rec 0, to file the exempt organization return				
▶	·	or		/		
\triangleright (X)	tax year beginning	12/01 , 2008 , and endi	ng	11/30,2009		
2 If this tax	year is for less than 12	months, check reason. Initial return	Final return	Change in accounting period		
3a If this ap	plication is for Form 99	90-BL, 990-PF, 990-T, 4720, or 6069, ente	er the tentative tax,	less any		
	dable credits See instruc			3a \$ 3,333.		
		0-PF or 990-T, enter any refundable credits	and estimated tax p			
made Inc	lude any prior year over	payment allowed as a credit		3b \$ 3,333.		
c Balance	Due. Subtract line 3b fr	om line 3a. Include your payment with this		, deposit		
with FTC) coupon or, if requir	ed, by using EFTPS (Electronic Federal	Tax Payment Syste	rm) See		
Instructio				3c \$ NONE		
Caution. If you	are going to make an e	lectronic fund withdrawal with this Form 886	8, see Form 8453-E	O and Form 8879-EO		
for payment in	structions					
For Privacy Ad	t and Paperwork Redu	ction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)		

JSA 6F8054 3 000

Form 8868 (Rev 4-2009)	Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete of	
Note. Only complete Part II if you have already been granted an automatic 3-month of	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on pag	e 1)
Part II Additional (Not Automatic) 3-Month Extension of Time. Only	y file the original (no copies needed).
Type or Name of Exempt Organization	Employer identification number
print DELMAN MORTENSON CHARITABLE FOUNDATION	54-1739798
File by the Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
extended 18 COCKRELL STREET	
filing the City, town or post office, state, and ZIP code. For a foreign address, see instructions	s
return See Instructions ALEXANDRIA, VA 22304	
Check type of return to be filed (File a separate application for each return):	
Form 990 X Form 990-PF	Form 1041-A Form 6069
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 8870
Form 990-EZ Form 990-T (trust other than above)	Form 5227
STOP! Do not complete Part II if you were not already granted an automatic 3-m	onth extension on a previously filed Form 8868.
The books are in the care of THE FOUNDATION	
Telephone No ▶	
If the organization does not have an office or place of business in the United States	s, check this box
 If this is for a Group Return, enter the organization's four digit Group Exemption Nun 	
for the whole group, check this box If it is for part of the group, check the	
list with the names and EINs of all members the extension is for	
4 I request an additional 3-month extension of time until10/15/2010	
5 For calendar year, or other tax year beginning12/01/2008	and ending 11/30/2009
6 if this tax year is for less than 12 months, check reason. Initial return	Final return Change in accounting period
7 State in detail why you need the extension <u>INFORMATION NECESSARY T</u>	0,
ACCURATE RETURN IS NOT YET AVAILABLE.	
According Adjusted in Not 151 Invitations	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	he tentative tax, less any
nonrefundable credits. See instructions	8a \$ 3,333.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	
tax payments made Include any prior year overpayment allowed as a cred	t 1
previously with Form 8868.	8b \$ 3,333.
c Balance Due. Subtract line 8b from line 8a Include your payment with this for	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules	
it is true, correct, and complete, and that I am authorized to prepare this form	
)/, / /	1 /
Signature > Ryl Willard Title > CF	7/14/10 Date ▶ 7/14/10
BERLIN, RAMOS & COMPANY, P.A.	Form 8868 (Rev 4-2009)
11200 ROCKVILLE PIKE STE 400	
ROCKVILLE, MD 20852	