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Form **99**0

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009
Open to Public

X		9 calendar year, or tax year beginning , 2009, and ending		, 20
X	k if applicable	Please C Name of organization KAUFMAN, BARB CHARITABLE TR LMHS 43	D Employer identificat	ion number
	Address change	use IRS label or Doing Business As	04-6878510	
$\vdash$	Name change	print or Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	<del></del>
	Initial return	type   850 MAIN STREET, 13TH FLOOR	802 660-13	28
1	Terminated	Specific City or town, state or country, and ZIP + 4	002 000 13.	
П	Amended	tions BRIDGEPORT, CT 06604	G Gross receipts \$	488.13
	return Application	F Name and address of principal officer	H(a) Is this a group return f	
الـــا	pending	Trains and dadrood of principal officer	affiliates?	
			H(b) Are all affiliates includ	
	x-exempts		If "No," attach a list (s	
	ebsite: 🕨		H(c) Group exemption num	<del> </del>
	rm of orga		ion 1998 M State of	legal domicile VT
Part		mmary		
	1 Briefl	describe the organization's mission or most significant activities		
e e	<u>To</u>	Support the efforts and goals of the LMHS.		
ä		***************************************		
ern				
Governance		this box larger if the organization discontinued its operations or disposed of more than 25%		
æ :	3 Num	er of voting members of the governing body (Part VI, line 1a)	3	
<u>.e</u>	4 Num	er of independent voting members of the governing body (Part VI, line 1b)		
Activities		number of employees (Part V, line 2a)	5	<u>-</u>
P Gt	6 Total	number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total	gross unrelated business revenue from Part VIII, column (0), line 12 UEIVED	7a	
1	<b>b</b> Net u	nrelated business taxable income from Form 990-T, Ingg		NO
		191 1441 2	Prior Year	Current Year
	8 Contr	buttons and grants (Part VIII line 1h)		
<u>و</u> ا ي	0 Drogs	om canyon revenue (Port VIII line 3a)		
<b>₽</b>	0 Inves	ment income (Part VIII, column (A), lines 3, 4, and 7th OGDEN J.T.		-50,47
	1 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		- 30,47
		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-50,47
		s and similar amounts paid (Part IX, column (A), lines 1-3)		42,20
		ts paid to or for members (Part IX, column (A), line 4)		
ses	5 Salar	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,47
Expenses	ba Profe	sional fundraising fees (Part IX, column (A), line 11e)		·
퇿.		fundraising expenses, Part IX, column (D), line 25) ► NONE		
- 1	7 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
1		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		44,69
	9 Reve	ue less expenses. Subtract line 18 from line 12		-95,17
Ces		<u> </u>	eginning of Year	End of Year
on est	20 Total	essets (Part X, line 16)	734,485	637,67
¥8 2	21 Total	iabilities (Part X, line 26)	NONE	NC NC
2 2 2	22 Net a	sets or fund balances. Subtract line 21 from line 20	734,485	637,67
Part	∐ Si	gnature Block		

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	n 990 (2009)	Page 2
_	rt     Statement of Program Service Accomplishments	
	Briefly describe the organization's mission:  To Support the efforts and goals of the LMHS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 42,205. including grants of \$ 42,205.) (Revenue \$	
	Annual distributions to the LMHS equal to 5% of asset value or net inc	
		<del></del>
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$)	<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)	
<u>Λ</u> «	Other program services. (Describe in Schedule O.)	
70	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 42,205.	
	Form 95	(2009)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	7	<u> </u>	3.665,
	Schedule D, Part VI.	. j. dj	. "	Ø.
•	Did the organization report an amount for investments other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	\$60°. 'W	* #	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	•	-	F)
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	g j	,	, '
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			. 2
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	^ <b>%</b>	", », l	18
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ندا		. 4
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X		* 1	***
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	2	, b. s.	* **
-	complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			A .
,,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E			У
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		- 1
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 1	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	-140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u>X</u>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	, ,		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	, ,		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_18		<u>X</u>
	If "Yes," complete Schedule G, Part III	, ,	1	v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
20	Did the organization operate one of more hospitals: it ites, complete schedule in	20		<u>X</u>

Form **990** (2009)

Part	Checklist of Required Schedules (continued)			·
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If No, go to question 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			<u> </u>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			<del></del> -
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			<del></del>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>  ^</del> -
-,	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	· · · · · · · · · · · · · · · · · · ·	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		<u>├</u> ^
D		201		\ v
_	Schedule L, Part IV	28b	<del> </del>	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			٠,,
	Part IV	28c	<del></del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		j '	١
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		l '	
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		'	1
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l '	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		'	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	L	Х
		Form	990	(2009)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Ī
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	*	×3`	v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		<i>i</i> :	
	this return?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
Ь	If Yes, enter the name of the foreign country		~\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		}	
_	and Financial Accounts.		التساك	ليدا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
6-	Prohibited Tax Shelter Transaction?	36		
Оa	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6Ь		
7		100	<b>.</b>	इच्च
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		{	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 82827	7c	<u></u>	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	3		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>	<u>. 22 </u>	<u> </u>
	benefit contract?	_7e_		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		v
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		X
		9b		X
10	Section 501(c)(7) organizations. Enter:			$\prod$
	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)	<del></del>	<del> </del>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	X
<u>ь</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	L	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	X	
11A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
D	rise to conflicts?	12b		
_		120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	124		
12	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<del></del>	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			٠,,
	with a taxable entity during the year?	16a		<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
See	the organization's exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed Vermont			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only	)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization: ▶Peoples United Bank TEL: (802)660-2153			
ICA .	2 Burlington Square; Burlington, VT 05402			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PEOPLES UNITED BANK FIDUCIARY TRUSTEE			х					2,473	NONE	NONI
								_		
										14-4-
										~

Page 8 Form 990 (2009) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Average Name and title Position (check all that apply) Reportable Reportable Estimated Highest compensated a employee Individual trustee or director amount of hours per Officer compensation compensation Key employee from from related other week the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations

1b Total				-	++	+	+			<del>                                     </del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   No												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   No												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►    Yes   No												
reportable compensation from the organization  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b	Total		<del></del>			. ▶	2,473.	NON	E		NONE
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	· · · · · · · · · · · · · · · · · ·		ose liste	ed abo	ve) wh	o rece	eived more than \$	5100,000 in			
employee on line 1a? If "Yes," complete Schedule J for such individual											Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former office	er, directo	r or tr	ustee,	key	emple	oyee, or highest	t compensated		∯v>	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete Schedu	ıle J for suc	h individ	dual .							<u>X</u>
Individual	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from											ĺ
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person			greater tha	an \$15	0,000	? If "	Yes,"	complete Sched	ule J for such			<del>_</del>
services rendered to the organization? If "Yes," complete Schedule J for such person	_				• • •	• • • •	• • •			4		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A) (B) (C)	5									15		
compensation from the organization.  (A)  (B)  (C)	Se		oumpion o	00		, <u>, , , , , , , , , , , , , , , , , , </u>				_1_9_1	1	
V-1	1	•	compensate	d inde	pende	nt cor	tracto	ors that received	d more than \$10	00,000	of	
Name and business address Description of services Compensation		• • •								(C)		
		Name and business add	ress					Description of ser	rvices	Compens	ation	
							-					
							+	<del>.</del>				
							-					
							+					
2 Total number of independent contractors (including but not limited to those listed above) who received	2	Total number of independent contractors (in	rcluding bu	t not li	mited	to the	se lis	sted above) who	received		-	

Par	t.VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a  Membership dues					
ontrib nd oth	g	and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	Business Code				2 \$
Program Service Revenue	2a b c d e	All other program control revenue					
P	g	All other program service revenue  Total. Add lines 2a-2f			4 * *	3.	÷ \$:\$:
	3 4 5	Investment income (including dividends, inter- other similar amounts)	proceeds	13,340.			13,340
	6a b c	Gross Rents	(II) Personal			·	
	7a	Gross amount from sales of assets other than inventory  (i) Securities  474,792	(ii) Other			6	
	b c	Less cost or other basis and sales expenses	]	***		* *	
Revenue	d 8a	Net gain or (loss)		-63,818.		4	
Other R	b	Less' direct expenses b  Net income or (loss) from fundraising events					, ,
0	9a	Gross income from gaming activities.  See Part IV, line 19					
	b	Less' direct expenses b  Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold					
	11a b						
	d e	All other revenue					
	12	Total Revenue. See instructions	<u> •</u>	-50,478.	L		13,340

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	42,205.	42,205.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,473.		2,473.	
6	Compensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·		•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal			-	· · · · · · · · · · · · · · · · ·
	Accounting				1 Th Matter
	Lobbying				<del></del>
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
a	Other				
12					
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				· 
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24					
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			ļ	
	5% of total expenses shown on line 25 below.)				
а					
b					
C					<del></del>
d					
е					
	All other expenses	18.	40.005	18.	
	Total functional expenses. Add lines 1 through 24f	44,696.	42,205.	2,491.	NON!
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet	(A)	<del>-  </del>	(B)
		Beginning of year		End of year
1 Ca	sh - non-interest-bearing		1	
	vings and temporary cash investments	69,206.	2	55,798
	edges and grants receivable, net		3	
4 Ac	counts receivable, net		4	
5 Re	ceivables from current and former officers, directors, trustees, key			
em	ployees, and highest compensated employees. Complete Part II of			
Scl	hedule L		5	
6 Re	cervables from other disqualified persons (as defined under section			
49	58(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
Pai	rt II of Schedule L		6	
\$ 7 No	ites and loans receivable, net		7	
	ventories for sale or use $\dots$		8	
9 Pre	epaid expenses and deferred charges		9	
	nd, buildings, and equipment: cost or 10a			
1	ner basis. Complete Part VI of Schedule D			
b Les	ss: accumulated depreciation 10b		10c	
	vestments - publicly traded securities	665,279.	11	581,880
	vestments - other securities. See Part IV, line 11		12	
	vestments - program-related. See Part IV, line 11	· ··	13	
	angible assets		14	-
	her assets. See Part IV, line 11	<del></del>	15	******
	tal assets. Add lines 1 through 15 (must equal line 34)	734,485.	16	637,678
	counts payable and accrued expenses		17	
L	ants payable		18	<del></del>
	ferred revenue	· · · · · · · · · · · · · · · · · · ·	19	
	x-exempt bond liabilities		20	
las r.	crow or custodial account liability. Complete Part IV of Schedule D		21	
<b>0</b> 1	yables to current and former officers, directors, trustees, key			
	ployees, highest compensated employees, and disqualified			
E	rsons. Complete Part II of Schedule L		22	
	cured mortgages and notes payable to unrelated third parties		23	
	secured notes and loans payable to unrelated third parties		24	<del></del>
	her liabilities. Complete Part X of Schedule D		25	
	tal liabilities. Add lines 17 through 25	NONE	++	NON
	ganizations that follow SFAS 117, check here ▶ and	NONE	20	NON
	mplete lines 27 through 29, and lines 33 and 34.			
27 Un	restricted net assets		27	
28 Te	mporarily restricted net assets	•	28	
29 Pe	rmanently restricted net assets		29	
한 Or	ganizations that do not follow SFAS 117, check here ▶ ☐ d complete lines 30 through 34.			
<b>-</b>	pital stock or trust principal, or current funds		30	
31 Pa	id-in or capital surplus, or land, building, or equipment fund		31	
31 Re	tained earnings, endowment, accumulated income, or other funds		32	<del></del>
	tal net assets or fund balances		33	
	tal liabilities and net assets/fund balances	NONE		NON
	ter necessity and not account one colorisco, , , , , , , , , , , , , , , , , , ,	NOME	1 24	Form <b>990</b> (2009

Form 990 (2009)

Form 990 (2009) Page **12 Financial Statements and Reporting** Part XI Yes No X Cash Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . b Were the organization's financial statements audited by an independent accountant?...... Х 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Both consolidated and separate basis Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Employer identification number

KAUFMA	AN, BARB	<u>CHARITABLE</u>	TR LMHS 43C296	019					<u>04-6878</u>	351 <u>0</u>
Part I	Reason fo	or Public Charit	ty Status (All organi	izations m	ust compl	ete this	part.) Se	e instruc	tions.	
The orga	nization is no	t a private found	ation because it is: (Fo	r lines 1 th	rough 11,	check on	ly one bo	x.)		
1 🔲	A church, co	onvention of chu	rches, or association of	of churches	described	ın sectioi	n 170(b)(	1)(A)(i).		
2	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	r a cooperative h	nospital service organiz	zation desc	rıbed in se	ction 170	(Б)(1)(А)	(iii).		
4	•	•	ation operated in co						170(b)(1)	(A)(iii). Enter the
- Ш		ame, city, and sta	•	.,		p.112. 200				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	•		or the benefit of a col	lege or un	iversity ow	ned or o	nerated I	ny a gove	ernmental	unit described in
• Ш	-	(b)(1)(A)(iv). (Co		1090 0. 0		1100 01 0	porutou .	o, o gove	J	din dood.ibdd ii
6			ernment or governmer	atal unit de	ceribad in a	oction 1	70/h\/1\/	A 1/w)		
ž		_	lly receives a substant						or from t	ha ganaral public
′ 🗀			(1)(A)(vi). (Complete P		its support	i iioiii a y	governin	siilai uiiil	01 110111 1	ile deliciai banic
. $\Box$					I-4- D	. 11 \				
8 -		•	d in section 170(b)(1)(		•					faaa amd awaaa
э <u> </u>	=		Ily receives. (1) more							
			ted to its exempt fun							
		_	ment income and un						511 tax)	from businesses
		•	after June 30, 1975.							
10	-	•	nd operated exclusivel	•	•	•			_	_
11 X	_	_	and operated exclusi	•		•				•
	•		ublicly supported orga							
			at describes the type o		**					
	а Тур			: Тур		-	_		، لتتا	pe III - Other
e X		-	rtify that the organiz				-			· · · · · · · · · · · · · · · · · · ·
	persons oth	er than foundati	ion managers and oth	er than on	e or more	publicly:	supported	dorganiz	ations de	scribed in section
	509(a)(1) oi	r section 509(a)(	2).							
f	If the organ	nization received	a written determinat	tion from t	the IRS tha	et it is a	Type I, 7	Гуре II, о	r Type III	supporting
	organizatıor	n, check this box								
g			the organization accep					the		
	following pe	ersons?								
	(i) A perso	on who directly	or indirectly controls	, either ale	one or tog	ether wit	th persor	s describ	oed in (ii)	Yes No
	and (iii)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X
			erson described in (ı) a							11g(ii) X
	(iii) A 35%	controlled entity	of a person described							11g(iii) X
h			ation about the suppo			• • • • •				•
	of supported	(ii) EIN	(iii) Type of organization	·	rganization	(v) Did v	ou notify	(vi)	ls the	(vii) Amount of
	anization	(,	(described on lines 1-9	in col. (i) h	sted in your	the organ	nization in	organizat	tion in col	support
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the .S.?	
			(occ monociono),	Yes	No	Yes	No	Yes	No	
	<del> </del>	<del></del>		<del></del>		''				
משט ממט	AMENIA 1									
2FF 211	ATEMENT 1			<del></del>			1	<del></del>		
								i	ļ	
						ļ	<del>                                     </del>			
					1					
				ļ	ļ	<del> </del>	<del> </del>		ļ	<u> </u>
					-		1			
					<u> </u>		ļ	ļ	ļ	
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	_ <del></del> .						ļ			
Total					1	1	1			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check				b)(1)(A)(iv) ar	nd 170(b)(1)(A	N/A
Sect	ion A. Public Support		. '				
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	mean year (or insear year beginning in)				, , , , , , , , , , , , , , , , , , , ,		
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	<del></del>					<del></del>
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
3	The value of common or feedback						
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each	2 %					
•	person (other than a governmental unit or					, 1	
	publicly supported organization) included	, ,				. ;	
	on line 1 that exceeds 2% of the amount			/		Í	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					ζ ,	
	ion B. Total Support		,	1	I		·
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	,-,-	(2, 2222	10, 2221	(=,====		
8	Gross income from interest, dividends,						
·	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	<b></b>					
9	Net income from unrelated business	]					
	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)				4 7	****	
11	Total support. Add lines 7 through 10	x				***	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is f						
	organization, check this box and stop here			<del></del>	<del></del>	<u></u>	<u></u> ▶
Sect	ion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (li	ne 6, column (f)	) divided by line	11, column (f))		14	%
15	Public support percentage from 2008	Schedule A, Pa	rt II, line 14			15	%
16a	331/3% support test - 2009. If the c	organization did	not check the	box on line 13	, and line 14 is	331/3% or mo	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppo	rted organizatıo	n		▶ 🔲
b	331/3% support test - 2008. If the	organization did	I not check a b	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org	anization qualıfı	es as a publicly	supported orga	nızatıon		▶ 🛄
17a	10%-facts-and-circumstances test - 2	. <b>009.</b> If the orga	nization dıd no	t check a box or	n line 13, 16a oi	r 16b, and line 1	4 is 10%
	or more, and if the organization m	eets the "facts-	-and-cırcumstan	ces" test, chec	k this box and	d stop here. E	xplaın in
	Part IV how the organization meets	the "facts-and-ci	ircumstances t	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶ 🛄
b	10%-facts-and-circumstances test -	<b>2008.</b> If the org	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anization meets	the "facts-and	l-circumstances'	' test, check t	his box and st	op here.
	Explain in Part IV how the organization	on meets the "	facts-and-circun	stances" test.	The organizatio	n qualifies as a	publicly
	supported organization				_	•	
18	Private foundation. If the organization						
	instructions						
						chedule A (Form 95	

	Support Schedule for Organi Complete only if you checked					··· <del>-</del>	N/A
ection A.	Public Support		· · · · ·				
Calendar y	ear (or fiscal year beginning in) ▶ 📙	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gıfts,	grants, contributions, and						
membe	ship fees received. (Do not include						
any "un	ısual grants.")						İ
	ceipts from admissions, merchandise		<u> </u>				
	services performed, or facilities			-			
	·						
	in any activity that is related to the						
organiza	ion's tax-exempt purpose						<u> </u>
3 Gross re	ceipts from activities that are not an						ŀ
unrelated	trade or business under section 513 .						ļ
4 Tax reve	nues levied for the organization's						
benefit	and either paid to or expended on						
ıts beha	lf				1	ŀ	
	llue of services or facilities						-
							<b>,</b>
	d by a governmental unit to the						}
_	ition without charge			-	+		1
	dd lines 1 through 5				1		-
	s included on lines 1, 2, and 3						
	from disqualified persons						
	s included on lines 2 and 3 from other than disqualified			ļ.			
persons	that exceed the greater of				ł		
\$5,000 for the v	or 1% of the amount on line 13						
	es 7a and 7b						1
	support (Subtract line 7c from						
	• •						
	<u> </u>		l	L	<u></u>		
	Total Support	4.) 2225	41.0000	430007	(1) 2000	1-1-0000	1 10 7 .
Calendar y	ear (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
	s from line 6					<del></del>	1
	ncome from interest, dividends, ts received on securities loans,						
	cyalties and income from similar						
-					<u> </u>		
<b>b</b> Unrelate	ed business taxable income (less			1		Ì	
section	511 taxes) from businesses					1	ł
	d after June 30, 1975						
	es 10a and 10b						<del> </del>
				<del> </del>	<del> </del>	<del></del>	+
	come from unrelated business some included in line 10b,						
	or not the business is regularly						
	on				<b></b>		1
2 Other i	ncome. Do not include gain or		1			1	
loss fr	om the sale of capital assets						
	in Part IV.)			1	1	<u> </u>	1
	upport. (Add lines 9, 10c, 11,	<del></del>					
	)					1	
	ve years. If the Form 990 is for	the ergonization	n's first second	third fourth o	r fifth tay year	as a section EO:	1/0//2/
	•	-			•		
	ation, check this box and stop here .				<del></del>	· · · · · · · · ·	· · · · · · ·
	Computation of Public Sup					T T	
	upport percentage for 2009 (line 8,						
	upport percentage from 2008 Sched				· · · · · · · · · · · · · · · · · · ·	16	<del></del>
ection D.	Computation of Investment	Income Per	centage			<del></del>	
	ent income percentage for 2009 (lin		· · · · · · · · · · · · · · · · · · ·	=			<del></del>
8 Investm	ent income percentage from 2008 S	Schedule A, Part	III, line 17			18	
9a 33 1/3	% support tests - 2009. If the or	ganization did	not check the bo	ox on line 14, ar	nd line 15 is mo	re than 331/3%,	and line
	not more than 33 1/3%, check th						
	% support tests - 2008. If the orga						
	is not more than 331/3%, check						
111111111111111111111111111111111111111			•	-		· · · -	
o Private	foundation. If the organization of				h check this h	OX SUU COO IPO	TILCTIONS -

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.
	•

# SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2009

Complete if the or

Department of the Treasury Internal Revenue Service	Complete if the	organization :	n answered "Yes" to Fo ► Attach to Form 990.	if the organization answered "res" to Form 990, Fart IV, line ∠1 of ∠2.  ▶ Attach to Form 990.	ine 21 or 22.		Inspection
Name of the organization						Employer identification number	on number
MAN, BARB CHARITABLE	TR LMHS	LMHS 43C296019				04-6878510	10
Part   General Information on Grants and Assistance	and Assistan	ce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate t	he amount of tl	ne grants or assista	nce, the grantees' eli	gibility for the grants	or assistance, and	
the selection criteria used to award the grants of assistance?	rants or assista cedures for mo	nce: nitoring the use	of grant funds in t	he United States.		· · · · · · · · · · · · · · · · · · ·	No No No No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Use	Sovernmen ny recipient the	ts and Organ	izations in the U	nited States. Comp. Check this box if	olete if the organizano one recipient re	ation answered "Yesceived more than	s" to \$5,000. Use
	990) if additio	nal space is n	eeded				•
T (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash gran	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Mathod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 2							
						п	
2 Enter total number of section 501(c)(3) and government organizations	nd government	organizations					
3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice		he Instructions	see the Instructions for Form 990.			Scheo	Schedule I (Form 990) 2009
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Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line 2, and any other additional information required in Part I, line	Machine of paral of sessions   19   Number of   19   Amount of   19   Am	(t) Description of non-cash assistances of the cash as in the cash
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Schedule I (Form 95		
		Schedule I (For

#### SCHEDULE O (Form 990)

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### Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Employer identification number KAUFMAN, BARB CHARITABLE TR LMHS 43C296019 04-6878510 EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a None EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7b All decisions subject to approval of governing board, and the trustees of the trust account, in accordance with trust document. DESCRIPTION FOR MAKING DOCUMENTS PUBLIC FORM 990, PAGE 6, PART VI, LINE 19 Upon request.

KAUFMAN, BARB CHARITABLE TR LMHS 43C296019

04-6878510

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS 

NAME OF SUPPORTED ORGANIZATION:

LUCY MACKENZIE HUMANE SOC

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 42,205.

TOTAL SUPPORT:

4 1 4

42,205.

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KAIIFMAN	DADD	CHARITABLE	קידי	T.MHC	430296010
CHOLIMAN,	DAKD	CHARTIADUD	ΤĽ	כחויום	436230013

04-6878510

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US 

NAME OF ORGANIZATION:

LUCY MACKENZIE HUMANE SOCIETY

ADDRESS:

. . .

PO BOX 702

PURPOSE OF GRANT:

SUPPORT OF ORGANIZATION, AS DESCRIBED IN TRUST DOCUMENT.

TOTAL CASH GRANTS..... 42,205.

REPORT PTR207 8G PEOPLES UNITED BANK	AS OF ACCOUNT HOLDINGS	NGS	05/10/10	PAGE 1
43-C296-01-9 KAUFMAN, BARB CHARITABLE TR LMHS	AS OF DATE:	12/31/09		•
CUSIP NUMBER SECURITY DESCRIPTION	SIINO	CARRYING VALUE	PRICE	MARKET VALUE
001055-10-2 AFLAC INC	148.000	4,833.68	FKICE DATE 46.250 12/31/2009	6,845.00
00206R-10-2 A T & T INC	173.000	5,801.94	28.030 12/31/2009	4,849.19
009158-10-6 AIR PRODUCTS & CHEMICALS INC	000.69	4,292.49	81.060 12/31/2009	5,593.14
018490-10-2 ALLERGAN INC	101.000	6,611.49	63.010 12/31/2009	6,364.01
025076-84-5 AMERICAN CENTURY SMALL CAP VALUE INSTL #486	3,345.588	22,750.00	7.340 12/31/2009	24,556.62
037411-10-5 APACHE CORP	75.000	5,315.30	103.170 12/31/2009	7,737.75
037833-10-0 APPLE INC	37.000	3,834.98	210.732 12/31/2009	7,797.08
054303-10-2 AVON PRODS INC	210.000	4,827.90	31.500 12/31/2009	6,615.00
055622-10-4 B P PLC SPONSORED ADR	129.000	5,160.62	57.970 12/31/2009	7,478.13
057224-10-7 BAKER HUGHES INC	162.000	4,780.04	40.480 12/31/2009	6,557.76
064058-10-0 BANK NEW YORK MELLON CORP	218.000	6,068.42	27.970 12/31/2009	6,097.46
086516-10-1 BEST BUY CO	143.000	5,069.35	39.460 12/31/2009	5,642.78
088606-10-8 B H P BILLITON LIMITED SPONSORED ADR	81.000	5,025.59	76.580 12/31/2009	6,202.98
126408-10-3 C S X CORP	107.000	2,921.10	48.490 12/31/2009	5,188.43
126650-10-0 C V S / CAREMARK CORP	199.000	6,085.42	32.210 12/31/2009	6,409.79
166764-10-0 CHEVRON CORP	000.86	4,076.87	76.990 12/31/2009	7,545.02
17275R-10-2 CISCO SYSTEMS INC	290.000	6,740.85	23.940 12/31/2009	6,942.60
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REPORT PTR207	07 8G PEOPLES UNITED BANK	AS OF ACCOUNT HOLDINGS	IGS	05/10/10	PAGE	7
43-C296-01-9	-9 KAUFMAN, BARB CHARITABLE TR LMHS	AS OF DATE:	12/31/09			
CUSIP NUMBER	R SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE	MARKET VALUE	
191216-10-0	COCA COLA CO	133.000	5,982.34	FKICE DATE 57.000 12/31/2009	7,581.00	
219350-10-5	CORNING INC	446.000	9,923.08	19.310 12/31/2009	8,612.26	
244199-10-5	DEERE & CO	104.000	4,738.42	54.090 12/31/2009	5,625.36	
254687-10-6	DISNEY (WALT) COMPANY HOLDING CO	196.000	3,461.16	32.250 12/31/2009	6,321.00	
261941-10-8	DREYFUS INST TREASURY PRIME CASH MGT #761	55,798.420	55,798.42	1.000 12/31/2009	55,798.42	
268648-10-2	E M C CORP	401.000	3,849.60	17.470 12/31/2009	7,005.47	
291011-10-4	EMERSON ELECTRIC CO	111.000	3,087.87	42.600 12/31/2009	4,728.60	
30161N-10-1	EXELON CORP	109.000	3,317.52	48.870 12/31/2009	5,326.83	
302182-10-0	EXPRESS SCRIPTS INC	74.000	5,012.05	86.420 12/31/2009	6,395.08	
3133XD-TA-9	FEDERAL HOME LOAN BANK DTD 11/03/05 4.75% 12/10/10	15,000.000	14,861.63	103.875 12/31/2009	15,581.25	
3133XH-B4-3	FEDERAL HOME LOAN BANK DTD 10/04/06 4.875% 10/05/11	15,000.000	15,523.56	106.609 12/31/2009	15,991.43	
31331G-S8-3	FEDERAL FARM CREDIT BANK 2.35% 09/23/13	25,000.000	25,187.69	100.234 12/31/2009	25,058.63	
31331G-Y2-9	FEDERAL FARM CREDIT BANK 2.9% 10/09/15	20,000.000	20,022.80	97.813 12/31/2009	19,562.60	
31331Y-GE-4	FEDERAL FARM CREDIT BANK DTD 12/4/07 4.25% 12/04/12	15,000.000	15,133.40	106.828 12/31/2009	16,024.20	
31331Y-HL-7	FEDERAL FARM CREDIT BANK DTD 12/12/07 4.15% 12/16/13	15,000.000	15,489.00	106.469 12/31/2009	15,970.35	
369604-10-3	GENERAL ELECTRIC	272.000	29.75	15.130 12/31/2009	4,115.36	
372460-10-5	GENUINE PARTS CO	141.000	6,721.94	37.960 12/31/2009	5,352.36	
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43-C296-01-9 KAU	KAUFMAN, BARB CHARITABLE TR LMHS	AS OF DATE:	12/31/09		
CUSIP NUMBER SEC	SECURITY DESCRIPTION	SIINO	CARRYING VALUE	PRICE	MARKET VALUE
375558-10-3 GILEAD	AD SCIENCES INC	123.000	5,490.77	FRICE DAIE 43.270 12/31/2009	5,322.21
428236-10-3 HEWL	HEWLETT PACKARD CO	145.000	5,771.61	51.510 12/31/2009	7,468.95
437076-10-2 HOME	HOME DEPOT INC	202.000	4,696.30	28.930 12/31/2009	5,843.86
438516-10-6 HONE	HONEYWELL INTL INC	120.000	3,849.60	39.200 12/31/2009	4,704.00
458140-10-0 INTEL	L CORP	349.000	8,536.24	20.400 12/31/2009	7,119.60
464287-23-4 ISHA	ISHARES TR MSCI EMERG MKT	527.000	20,020.68	41.500 12/31/2009	21,870.50
464287-46-5 ISHA	ISHARES TR MSCI EAFE INDEX	1,125.000	53,625.30	55.280 12/31/2009	62,190.00
46625H-10-0 JPMO	JPMORGAN CHASE & CO	144.000	7,060.06	41.670 12/31/2009	6,000.48
478160-10-4 JOHNSON	SON & JOHNSON INC	94.000	3,559.01	64.410 12/31/2009	6,054.54
532457-BD-9 LILLY	Y ELI & CO 3.550% 3/06/2012	25,000.000	25,977.50	104.069 12/31/2009	26,017.25
580135-10-1 MCDO	MCDONALDS CORP	94.000	4,869.20	62.440 12/31/2009	5,869.36
59156R-10-8 METLIFE	IFE INC	166.000	9,965.51	35.350 12/31/2009	5,868.10
594918-10-4 MICR	MICROSOFT CORP	266.000	8,153.22	30.480 12/31/2009	8,107.68
61166W-10-1 MONS	MONSANTO CO NEW	69.000	4,703.26	81.750 12/31/2009	5,640.75
654902-20-4 NOKI	NOKIA CORP SPONSORED ADR	467.000	6,591.13	12.850 12/31/2009	6,000.95
666807-10-2 NORT	NORTHROP GRUMMAN CORP	86.000	4,338.69	55.850 12/31/2009	4,803.10
674599-BX-2 OCCI:	OCCIDENTAL PETRO 4.125% 6/01/2016	20,000.000	20,838.00	100.732 12/31/2009	20,146.40

REPORT PTR207	7 8G PEOPLES UNITED BANK	AS OF ACCOUNT HOLDINGS	IGS	05/10/10	PAGE	4
43-C296-01-9	9 KAUFMAN, BARB CHARITABLE TR LMHS	AS OF DATE:	12/31/09			
CUSIP NUMBER	SECURITY DESCRIPTION	STIMO	CARRYING VALUE	PRICE	MARKET VALUE	
674599-10-5	OCCIDENTAL PETROLEUM CORP	70.000	5,496.20	FRICE DAIE 81.350 12/31/2009	5,694.50	
717081-10-3	PFIZER INC	347.000	5,222.35	18.190 12/31/2009	6,311.93	
780905-74-1	ROYCE VALUE PLUS FD SVC CL #292	2,022.846	24,266.79	11.240 12/31/2009	22,736.79	
808513-10-5	SCHWAB CHARLES CORP	330.000	5,316.39	18.820 12/31/2009	6,210.60	
842400-FM-0	SOUTHERN CA EDISON CO 4.150% 9/15/14	25,000.000	25,404.25	104.579 12/31/2009	26,144.75	
863667-10-1	STRYKER CORP	126.000	4,924.08	50.370 12/31/2009	6,346.62	
881624-20-9	TEVA PHARM INDUS ADR	113.000	2,714.20	56.180 12/31/2009	6,348.34	
902973-30-4	U S BANCORP DEL NEW	212.000	4,937.67	22.510 12/31/2009	4,772.12	
911312-10-6	UNITED PARCEL SVC INC CL B	79.000	3,579.39	57.370 12/31/2009	4,532.23	
913017-10-9	UNITED TECHNOLOGIES CORP	73.000	2,106.18	69.410 12/31/2009	5,066.93	
921946-10-9	VANGUARD SELECTED VALUE FD #934	1,765.000	25,521.90	15.950 12/31/2009	28,151.75	
92343V-10-4	VERIZON COMMUNICATIONS	154.000	5,699.81	33.130 12/31/2009	5,102.02	
931142-10-3	WAL-MART STORES INC	145.000	7,460.68	53.450 12/31/2009	7,750.25	
949746-10-1	WELLS FARGO & CO NEW	225.000	4,645.70	26.990 12/31/2009	6,072.75	
		TOTAL HOLDINGS	637,677.94		703,742.25	
		TOTAL INCOME CASH	00.		00.	
		TOTAL PRINCIPAL CASH	00.		00.	
- <sup>46</sup> , 9		TOTAL ACCOUNT	637,677.94		703,742.25	

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