

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 50m 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trus

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

F	or ca	<u>lendar</u>	<u>year 2009,</u>	<u> </u>	ta	x year beg	inning		, 2009	<u>, and end</u>	ing				, 20
G	Che	ck all t	that apply	-	4	Initial retur		Initial return	•	oublic char	<del>-</del> i		L	Final re	turn
			Name of fo	unda	_	Amended	return	Addres	ss change			ame change  A Employer id-		ication numb	hor
ι	Jse ti	he IRS										Z. Limpioyor id.			201
•		oel.	HIGGINS	F.	ΑM	MILY FOU	JNDATI	ON					14-	-618720	6
4	Other	rwise,	Number an	d stre	ee'	t (or P O box	number if	mail is not delivered to street	address)	Room/su	ııte	B Telephone numb	er (se	e page 10 of the	instructions)
	•	int												EXT	7369
		ype.	Р.О. ВО	X ]	13	3085							(51	L8) 452	-1242
		pecific ctions.	City or town	n, sta	ate	e, and ZIP co	de			L		C If exemption a pending, check	pplica	ation is	<b>•</b>
•		01.01.0.	ļ								ı	D 1. Foreign arg			ne ►
			ALBANY,	N	Y	12212						2. Foreign org	janiza	itions meeting t	he
H_	Che	ck type	e of organiz	ation	1	X Secti	on 501(	c)(3) exempt private f	oundation					nere and attach	
L	s	ection 4	4947(a)(1) no	on <u>ex</u>	en	npt charitable		Other taxable pr				E if private foun	เกลเเกเ	n status was re	minated —
į	Fair	marke	et value of al	ll ass	se	ts at end	J Acco	unting method 🔀 Ca	ash Acc	rual	- 1	under section			- I I
	-	-	m Part II, co					ther (specify)	<b></b>	<b>-</b>	[	F If the foundat	ion is	ın a 60-month	termination
_		▶ \$			_	006.		column (d) must be on	cash basis )	<del></del>		under section	507(b	<del></del>	
j	art	Analy	sis of Reve	enue	e 2	and Expens	ses (The	(a) Revenue and	(b) Net inve	estment	(c	:) Adjusted net	}		oursements haritable
		may n	ot necessarily	y equ	ual	I the amount:	sin [	expenses per books	incom		,-	income	,		poses
_		_colum	n (a) (see pa	ge 11	1 c	of the instruct	tions))	DOOKS						(cash t	basis only)
	1		tions, gifts, grants	etc ,	rec	ceived (attach sch	hedule) .								
	2	Check	attach	n Sch	В	3								<del> </del>	<del></del>
	3		on savings and			-		4,342.	<u> </u>	4,342.				ATCH	<u> </u>
١	4		nds and inter					4,342.	-	1,342.				AICH	<u>l I</u>
1			ents				i								
															<del></del> -
2		Gross s	n or (loss) from ales pnce for al		Of	assets not on	line 10			_					
mevellue	-		on line 6a		15.	rom Dort IV I								<del> </del>	
	7 8	•	l gain net inc ort-term capi		•		· /							<del> </del>	
,	9		e modification												
1		Gross sa	ales less returns	3	ĺ		Ì					·····			· · · · · · · · · · · · · · · · · ·
	b		wances · · · ost of goods sol		Г										
-			profit or (loss		_	h schedule)									
-	11		ncome (attac					1,613.		1,613.				ATCH	I 2
	12		Add lines 1 th					5, <u>955</u> .		5,955.					
-	13	Compe	nsation of office	ers, d	ire	ctors, trustees,	, etc	0.		_			•		
	14	Other	employee sal	arıes	a	nd wages .						DECE	-11		
ő	15		n plans, emp									RECE	=1 V	ED_	
2			ees (attach s								٠,,				ပ္က
ذ	b	Accour	nting fees (at	ttach	sc	chedule)					339	MAY_1	8 2		S
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اۋ	18		attach schedule				i i	000.			_ــــــــــــــــــــــــــــــــــــــ		- 1 V	01	
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3	21		conferences											<del> </del>	
2	22		g and publica					259.	<del></del>					<del> </del>	
	23		expenses (att			•								<del> </del>	
Š	24		operating and					945							
5	25		ies 13 throug outions, gifts,				1	72,100.	- "					<del>                                     </del>	72,100
- 1	25 26		pulions, gills, penses and disbu	-		-		73,045.	<del>-,</del>					<b> </b>	72,100
	<del>26</del> 27		ct line 26 fro				- ailu 25_							<u> </u>	
			of revenue over e				ents	-67,090.		}					
•			estment inc							5,955.			_		
			ed net incom			-			<u> </u>			-	0-	1	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 0000 HKS2QT 713U 5/10/2010 8:46:36 AM V 09-6.1

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JSA \*\* ATCH 3 20000356F1

Form **990-PF** (2009) PAGE 1

Part I		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year	
_	,	<del>-</del>	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bear	ng				
	2		cash investments	107,984.	40,644.	40,644.	
	3	Accounts receivable ▶					
		Less allowance for dou	btful accounts ▶				
	4	Pledges receivable >_					
		Less allowance for doub	btful accounts ▶				
	5						
	6		fficers, directors, trustees, and other		-	ATCH 5	
			ch schedule) (see page 16 of the instructions)	34,670.	34,920.	34,920.	
	7		eceivable (attach schedule)		<u> </u>	<del></del>	
		Less allowance for doub	obtful accounts ►				
	8	Inventories for sale or us		l l			
Assets	9		e		-		
SS			e government obligations (attach schedule)			<del></del>	
7			stock (attach schedule) ATCH 6	2,680,346.	2,680,346.	528,442.	
	ĺ			2,000,010.	2,000,340.	520, 442.	
	11	Investments - corporate Investments - land, buildings	bonds (attach schedule)				
					•		
		(attach schedule)	tion		-		
	12		loans			<del></del>	
	13 14	Investments - other (atta Land, buildings, and	ch schedule)				
			· ·	_			
		(attach schedule)	tion				
	15	Other assets (describe	<b>&gt;_</b> )				
		•	pleted by all filers - see the				
		instructions Also, see pa	age 1, item I)	2,823,000.	2,755,910.	604,006.	
	17	Accounts payable and a	ccrued expenses				
	18						
꺴	19		· · · · · · · · · · · · · · · · · · ·				
Liabilities	20		rs, trustees, and other disqualified persons	7			
١	21		tes payable (attach schedule)	7.41	<del>.</del>		
اڌ	22		►)				
		Other nacinates (accorde	·/				
	23	Total liabilities (add line	s 17 through 22)				
$\neg$			ow SFAS 117, check here				
		and assessed times (	24 through 26 and lines 30 and 31.				
စ္က	2.4	Unrostructed					
힏	24	Taranarah arata ta					
믦	25	remporarily restricted .					
뛰	26	Permanently restricted					
Ĭ			not follow SFAS 117,				
드		check here and comp	olete lines 27 through 31. ▶ 🗓				
0	27	Capital stock, trust princ	ipal, or current funds				
ë	28	Paid-in or capital surplus, or	land, bldg , and equipment fund	0.000.000			
SS	29	Retained earnings, accumu	lated income, endowment, or other funds	2,823,000.	2,755,910.		
ايد	30	Total net assets or fund	balances (see page 17 of the		!		
ž		instructions)		2,823,000.	2,755,910.		
-	31	Total liabilities and net	assets/fund balances (see page 17				
		of the instructions)		2,823,000.	2,755,910.		
Ρ			nges in Net Assets or Fund E	Balances			
-			lances at beginning of year - Part II,		agree with		
			on prior year's return)			2,823,000.	
ź	Enter	amount from Part I li	ne 27a		2	-67,090.	
3	Other	r increases not include				,	
					· <del></del>	2,755,910.	
		eases not included in I	une 2 (temize)				
				no 5\ Port II solume /5\	<u>5</u>	2,755,910.	
<u> </u>	rotal	tiet assets of fulld ba	lances at end of year (line 4 minus lii	ne 5) - Parcii, column (b),	line 30   <b>6</b>	2,133,310.	

Form 990-PF (2009)		14-61872	06		Page
Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	describe the kind(s) of property sold (	9.	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a	ick Waterloade, of Common Stock, 200	313 MICO CO )	D-Donation	(mo, day, yr)	
b					<del></del>
c					
d					
e		<u></u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
a			<u> </u>	-	
<u>b</u>				<del></del>	
<u>c</u>					·
<u>d</u>			<del> </del>		
Complete only for assets sh	cowing gain in column (h) and own	ned by the foundation on 12/31/69	<del></del>		
(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		Gains (Col. (h) ga (k), but not less t Losses (from co	han -0-) <b>or</b>
a	as 01 12/31/09	over cor (j), ir arry			
b					
С					
<u>d</u>			ļ		
<u>e</u>			ļ		
Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7			
	or (loss) as defined in sections 12		2	<del></del>	
	line 8, column (c) (see pages 13				
~	ne 8,		3		
Part V Qualification Un	der Section 4940(e) for Redu	iced Tax on Net Investment Inc			
	he section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase period	ı, [	Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	·
(a)		(c)	[	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2008	150,867.	899,101.			0.167798
2007	95,438.	1,411,654.			0.067607
2006	207,891.	1,749,613. 2,126,002.	ļ. <u> </u>		0.118821
2005	187,025. 222,735.	1,446,720.	<del> </del>		0.087970
2004	222, 135.	1,446,720.	<del> </del>		0.153939
Total of line 1 column (d)			2		0.596155
? Total of line 1, column (d) 8 Average distribution ratio f	or the 5-year base period - divide	the total on line 2 by 5, or by the	-		0.030100
_	·	than 5 years	3		0.119231
number of years the lound	ation has been in existence in less	, man o years			
Enter the net value of none	charitable-use assets for 2009 fro	m Part X, line 5	4		437,727.
Multiply line 4 by line 3			5		52,191.
Enter 1% of net investmen	it income (1% of Part I, line 27b)		6		60.
Add lines 5 and 6			7		52,251.
Enter qualifying distribution If line 8 is equal to or gre Part VI instructions on page	ater than line 7, check the box i	n Part VI, line 1b, and complete t	a hat part	using a 1% tax	72,100. crate See th

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	<u>ne ins</u>	tructi	ons)
` 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			60.
	here ► X and enter 1% of Part I, line 27b			
С	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-) 2			
3	Add lines 1 and 2			60.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			60.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0 .			
b	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			60.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 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?	1 a		X
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		X
	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			V
C	Did the foundation file Form 1120-POL for this year?	1 c		X
ú	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		i	
	(1) On the foundation >\$(2) On foundation managers >\$		i	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		i	
	on foundation managers > \$		i	X
, <b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
7	If "Yes," attach a detailed description of the activities		i	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		i	X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		+ ~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<del>  ^`</del>
	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		Х	
	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 Part XV	7_		+
,8а	· · · · · · · · · · · · · · · · · · ·			
	instructions) > NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ا ا	X	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	<del></del>	+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		l	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			X
	27)? If "Yes," complete Part XIV	_ 9	<del>                                     </del>	+
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ا ـ ا		X
	names and addresses	10		ــــــــــــــــــــــــــــــــــــــ

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2009 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

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . .

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . . . 4b Form 990-PF (2009)

Х

Х

2 b

3 b

4 a

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							rage U
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No control (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (1) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (1) Provide a grant to an organization other than a charitable, etc. organization described in section 596(e)(1), (2), or (3), or section 494(d)(2)(2) (see page 22 of the instructions). Yes X No (5) Provide for any purpose other than religious, charitable, scentific, literary or dicutational purposes, or for the prevention of cruelty to children or animals?  b If any answer is Yes' to guestion 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  c If the answer is Yes' to guestion 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  b If yes a facility is a facility of the foundation dumine exemption from the tax because it maintained expenditure responsibility for midrectly to pay premiums on a personal benefit contract?  b If the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If Yes X No 6 b X If Yes's 106, the Form 887.  If Yes 207.  O 107.  O 1	Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 506(4)(1), (2) (or (3)), or section 4940((2))? (see page 22 of the instructions).  (5) Provide for any purpose other than religious, charitable, scantific, literary, or educational purposes, or for the prevention of cruelly to foliate an animals?  (6) Provide for any purpose other than religious, charitable, scantific, literary, or educational purposes, or for the prevention of cruelly to foliate or animals?  (7) If yes in the answer is "Yes" to 54(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here.  (8) If the answer is "Yes" to question 54(4), does the foundation dism exemption from the tax because if maintained expenditure responsibility for the grant?  (9) Did the foundation, during the year, reserve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (9) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (1) If Yes" is also fine Form 897.  (1) If Yes" is 08, time Form 897.  (2) A large fine form 897.  (3) If Yes is 08, time Form 897.  (4) If Yes is 08, time Form 897.  (5) If Yes is 08, time Form 897.  (6) If Yes is 08, time Form 897.  (7) If Yes is 08, time Form 897.  (8) If Yes is 08, time Form 897.  (9) If Yes is 08, time Form 897.  (1) If Yes is 08, time Form 897.  (2) If Yes is 08, time Form 897.  (3) If Yes is 08, time Form 897.  (4) If Yes is 08, time Form 897.  (5) If Yes is 08, time Form 897.  (6) If Yes is 08, time Form 897.  (7) If Yes is 08, time Form 8	5 a						
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chanitable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).  (5) Provide for any purpose other than religious, charitable, secunific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the matructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the matructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the matructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the matructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the matructions)?  So that the statement required by Regulations section 53 4945-5(t)  a Did the foundation, during the year, pay premiums, directly or indirectly to pay premiums on a personal benefit contract?  If Yes to 6b, file Form 8870  A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  ATTACHMENT 7  O. —0—		· · · · · · · · ·	•		. Yes X No	,	
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(f), (2), or (3), or section 494(0)(2)? (see page 22 of the instructions),		disortly or indicable, any valor residentian drive?	•	•	Yes X No		
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 598(a)(1), (2), or (3), or section 494(d)(2)?? (see page 22 of the instructions).  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (b) If any answer is "Yes" to a question 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  (c) If the answer is "Yes" to question 53 (4) does the foundation of aim exemption from the tax because it maintained expenditure responsibility for the grant?  (b) If "Yes," aftach the statement required by Regulations section 53 4945-5(d)  (a) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (c) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (a) A any the during the tax year, was the foundation a party to a prohibited tax shelter transaction?  (b) If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  (c) From 8870  (d) Compensation  (e) Name and address  (e) Name and address  (f) Compensation  (g) Co					·	1 1	
section 508(a)(1), (2), or (3), or section 4940(d)(2?)? (see page 22 of the instructions).							
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here.  If the answer is "Yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  B Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes I No  B Did the foundation meetive any proceeds or have any net income attributable to the transaction?  Yes No  B If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tile, and average devoted to position  (a) Name and address  (b) Tile, and average devoted to position  (c) Compensation  (d) Commissions  (e) Expense account, other allowances  (e) Compensation  (f) Compensation  (g) Commissions  (g) C		•	<del>-</del>		Yes X No	,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  c If the answer is "Yes" to question 5a(4), does the foundation olaim exemption from the tax because it maintained expenditure responsibility for the grant?  di "Yes" to question 5a(4), does the foundation olaim exemption from the tax because it maintained expenditure responsibility for the grant?  di "Yes" tatch the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  di "Yes" to 65, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, furstees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours proceeds or five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Name and address of each employee paid more than \$50,000  (e) Compensation (d) Contributions to employee benefit plans and deferred compensation of the exercise of the position devoted to position (e) Compensation (e) Expense account, other allowances compensation of the position		(5) Provide for any purpose other than religious, charita	ble, scientific, literary,	or educational			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If the sanswer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes" to 66, file Form 8870  Ta At any time during the tax year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 66, file Form 8870  Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes a No  If		purposes, or for the prevention of cruelty to children of	or animals?		Yes X No	,	
Organizations relying on a current notice regarding disaster assistance check here.  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(g)  6a Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  **Description of the foundation of t	b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	s described in		
c If the answer is "Yes" to question 5a(4), does the foundation daim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 If "Yes" to 6b, file Form 8870 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).  1 ATTACHMENT 7  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  1 If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Expense account, other allowances of evolved to position (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compe		Regulations section 53 4945 or in a current notice regard	ling disaster assistant	ce (see page 22 of the		5b	
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  Both the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  If yes in 56, file Form 8870  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes, did the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  I List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours give every and defense compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours give every expense of the provided of the page 25 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee benefit plants and defensed compression and defensed compression devoted to position of the position of the provided provided to position of the provided provided to position of the provided to position of		Organizations relying on a current notice regarding disas	ter assistance check h	iere	▶ 🔼		
## 17 Pes, * attach the statement required by Regulations section 53 4945-5(d)  ## 28 Did the foundation, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract?  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## 70 If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## 28 To 85, life Form 8870  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## 28 To 85, life Form 8870  ## 70 A at any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  ## 28 To 85, life Form 8870  ## 28 To 85, life Form 8870  ## 29 To 85, life Form 8870  ## 20 To 85, life F	C	, , , , , ,			<u>г</u> ., г		
6 a Did the foundation, during the year, receive any funds, directly or indirectly to pay premiums on a personal benefit contract?					YesNo	' ] [	
on a personal benefit contract?.  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 "Yes" to 8, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee benefit plans and deferred compensation of the allowances of employee benefit plans and deferred compensation.  (e) Expense account, other allowances of employee benefit plans and deferred compensation.  (b) Title, and average hours per week devoted to position of the position of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).		• • •	• •				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  ## 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  **No**  **Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  **(a) Name and address**  **(b) Title, and average devoted to position of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  **(d) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  **(a) Name and address of each employee paid more than \$50,000  **(b) Title, and average devoted to position of the part of the pa	6 a				□ v □		
# Yes to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average (b) Title, and average (fir not paid, enter devoted to position of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  (d) Contributions to employee benefit plans and deferred compensation.  (e) Expense account, other allowances.	_					1 1	x
Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average devoted to position  ATTACHMENT 7  00-  -0-  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (c) Compensation (c) Contributions to employee paid more than \$50,000 (b) Title, and average hours per week devoted to position  (d) Contributions to employee penefit plans and deferred compensation  (e) Expense account, other allowances  (f) Contributions to employee penefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation (f) Contributions to employee penefit plans and deferred compensation  (e) Expense account, other allowances  (f) Contributions to employee penefit plans and deferred compensation  (e) Expense account, other allowances  (f) Compensation (f) Contributions to employee penefit plans and deferred compensation  (e) Expense account, other allowances	Ō		ctly or indirectly, on a	personal benetit contra	ж	60	<del></del>
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  7b X  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address (b) Title, and average hours per week devoted to position (frot paid, enter of the instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit; plans and deferred compensation (d) Contributions to employee benefit; plans and deferred compensation (e) Expense account, other allowances (c) Compensation (d) Contributions to employee benefit; plans and deferred compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation	7.	•	sty to a prohibited tay	chalter transaction?	Type X No		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, tirustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hove the devoted to position  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation			•			<del>+</del>	<del>  x  </del>
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Compensation  (o)							
(a) Name and address (b) Title, and average hours per week devoted to position  ATTACHMENT 7  O0-  -0-  Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 hone advanced devoted to position  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (hours per week devoted to position devoted		and Contractors					
ATTACHMENT 7  O0-  Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 bours per week devoted to position  NONE  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	1	List all officers, directors, trustees, foundation m		(c) Compensation (see			
ATTACHMENT 7 000-  Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position  NONE  NONE  (c) Compensation (d) Contributions to employee enemity and deferred plans and defended compensation  (e) Expense account, other allowances		(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefit plans		
ATTACHMENT 7 000-  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation plans and deferred compensation other allowances.	·						
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	ĀΊ		]	0.	-0-	-0	-
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances					1		
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit other allowances  (e) Expense account, other allowances  NONE							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and defirred compensation  (e) Expense account, other allowances			her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
NONE	-	none, enter NONE.	(b) Tills and suppose	<del></del>			
NONE SOMPSHARE	(a	Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation			
	•		devoted to position		compensation		<del></del>
		NONE					
Total number of other employees and ever \$50,000		NONE				<del></del> _	
Total number of other employees and ever \$50,000	<b>-</b>						
Total number of other employees and ever \$50,000			<del></del>	<u> </u>			
Total number of other employees and ever \$50,000	- <b></b>						
Total number of other employees and ever \$50,000		<del>-</del>					
Total number of other employees and ever \$50,000							
Total number of other employees and ever \$50,000						<u></u> _	
Total number of other employees and ever \$50,000							
Total number of other employees paid over \$50,000			j .		ı l		

Part VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five highe	st-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
NONE			· · · · · ·
otal number	of others receiving over \$50,000 for professional services	<u></u> <u></u>	▶ NONE
	Summary of Direct Charitable Activities		
		<del></del>	
	ation's four largest direct charitable activities during the tax year. Include relevant statistical info is and other beneficianes served, conferences convened, research papers produced, etc.	rmation such as the number	Expenses
1 N/A			
•			
2			
3			··· <del>-</del> ·
<b></b>			
			. <u></u>
4			
~			
Dart IV B	Summary of Program-Related Investments (see page 23 of the ins	etructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 air		Amount
1 NONE			
2	·		
All other progr	am-related investments See page 24 of the instructions		
3 NONE			
~	·		
Pada 1 A 3 3 1			
otai. Add lir	nes 1 through 3	<u></u>	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundation	ons,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
purposes	1	
a Average monthly fair market value of securities	1a	403,183.
b Average of monthly cash balances	1b	41,210.
c Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d Total (add lines 1a, b, and c)	1d	444,393.
e 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	0.
3 Subtract line 2 from line 1d	3	444,393.
4 Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
, CUI	4	6,666.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	437,727.
6 Minimum investment return. Enter 5% of line 5	6	21,886.
Part XI  Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this private the private foreign organizations.		
1 Minimum investment return from Part X, line 6	1	21,886.
2a Tax on investment income for 2009 from Part VI, line 5 2a 60.		
b Income tax for 2009 (This does not include the tax from Part VI) 2b	1	
c Add lines 2a and 2b	2c	60.
3 Distributable amount before adjustments Subtract line 2c from line 1		21,826.
4 Recoveries of amounts treated as qualifying distributions		
	5	21,826.
5 Add lines 3 and 4  6 Deduction from distributable amount (see page 25 of the instructions)	6	<del></del>
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		<del></del>
line 1	7	21,826.
Part XII Qualifying Distributions (see page 25 of the instructions)	T	
1 <sup>P.</sup> 'Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		70 100
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	72,100.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
purposes	2	0.
3 Amounts set aside for specific charitable projects that satisfy the		_
a Suitability test (prior IRS approval required)	3a	0.
b Cash distribution test (attach the required schedule)	3b	0.
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	72,100.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	60.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	72,040.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	vhether the fo	undation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d</b> ) 2009
•	· 1				21,826.
2	Undistributed income, if any, as of the end of 2009			<del></del>	
a	Enter amount for 2008 only				
b	Total for pnor years 20 07 .20 06 .20 05				
3	Excess distributions carryover, if any, to 2009				
a	From 2004 1 150,399.				
b	5-cm 2005 80 . 725				
c	From 2006   121, 492, I				
d	From 2007				
e	From 2008 109,278.				
-	Total of lines 3a through e	487,404.			
4	Qualifying distributions for 2009 from Part XII,				
-	line 4 ▶ \$ 72,100.				
a	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
4	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
ď	Applied to 2009 distributable amount				21,826.
	Remaining amount distributed out of corpus	50,274.			
5	Excess distributions carryover applied to 2009				<u></u>
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
	indicated below:				
³ a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	537,678.		<del> </del>	
b	Prior years' undistributed income Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
н	Subtract line 6c from line 6b Taxable	-			
٠.	amount - see page 27 of the instructions				
6	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
5	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section		ļ		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	150 200			
	instructions)	150,399.			<u></u>
9	Excess distributions carryover to 2010.	387,279.	Ì		1
	Subtract lines 7 and 8 from line 6a	301,213.			
	Analysis of line 9 Excess from 2005 80,725.				
					J
b	2x00000				
C	100 070				
d e	Excess from 2008				
_	<u> </u>				<u> </u>

Pa	irt XIV Private Ope	rating Foundations	(see page 27 of the	e instructions and Pa	art VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has foundation, and the rulin					
b	Check box to indicate wh					(3) or 4942(j)(5)
2 2		Tax year		Prior 3 years	<u></u>	
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a				<del></del>	<del></del>
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .		<u> </u>			
a	Amounts included in line 2c not used directly for active conduct					
_	of exempt activities			<del> </del>	<del>-</del>	
- е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the				<u> </u>	<u> </u>
•	alternative test relied upon					
. <b>a</b>	"Assets" alternative test - enter					
	<ol> <li>(1) Value of all assets</li> <li>(2) Value of assets qualifying</li> </ol>	<del></del>				·
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-				<del></del>	
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter	- <del></del>				
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
•	payments on secunties					
	loans (section 512(a)(5)), or royalties)					
-	(5) ¿rībbūt tròm denetā					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income	<u> </u>		<u></u>		<u></u>
Pa		ary  Information  (C during the year - se			lation had \$5,000	or more in assets
1	Information Regardin	g Foundation Manage	rs:	<del></del>	<del></del>	
а	List any managers of	the foundation who h	ave contributed mo	re than 2% of the tota	al contributions receive	ed by the foundation
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000) (S	See section 507(d)(2))	
	ROBERT J.	HIGGINS				
ь	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	rship or other entity) o	f which the foundatio	n has a 10% or greate	rınterest	
	N/A					
2	Information Regardin	-		=		
	Check here ► X If t	he foundation only i	nakes contributions	to preselected char	itable organizations a	nd does not accept
					e 28 of the instruction	ns) to individuals or
<u>,                                     </u>	organizations under ot					
`a	The name, address, a	nd telephone number	of the person to who	m applications should t	oe addressed	
b	The form in which app	lications should be su	omitted and informat	ion and materials they	should include	
С	Any submission deadle	nes				
_						
d	Any restrictions or li	mitations on awards	such as by geogr	aphical areas, charita	able fields, kinds of i	nstitutions, or other

Part X   Supplementary Information (continued)	Form 990-PF (2009)	14-6187206 Page			
Recipent Name and address (home or business)  a Paid during the year  ATTACHMENT 8  Total.  D Approved for future payment	Part XV Supplementary Information (c	ontinued)			
a Paid during the year ATTACHMENT 8  Total		ing the Year or App		uture Payment	
a Paid during the year ATTACHMENT 8  Total		show any relationship to	Foundation status of	Purpose of grant or	Amount
Total. > 3a 72,100.		or substantial contributor	recipient	Contribution	
Total. ▶ 3a 72,100.  b Approved for future payment	a Paid during the year				
Total. ▶ 3a 72,100.  b Approved for future payment	ATTACHMENT 8				
Total. ▶ 3a 72,100.  b Approved for future payment	7,111,0				
Total. ▶ 3a 72,100.  b Approved for future payment					
Total. ▶ 3a 72,100.  b Approved for future payment					
Total. ▶ 3a 72,100.  b Approved for future payment					
Total. ▶ 3a 72,100.  b Approved for future payment					
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Total. ▶ 3a 72,100.  b Approved for future payment	٤				
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b Approved for future payment  .	Total	·		▶ 3a	72,100.
Total					
		•			
Total					
Total▶ 3b					
Total▶ 3b					
Total					
	Total	<del></del>		▶ 3b	

Form 990-PF	(2009)			14-	-6187206	Page 12
Part XVI	-A Analysis of Income-Produ	cing Acti	vities		<del></del>	90
Enter gross	amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
o. g		(a)	(b)	(c)	(d)	Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a						
_						
		_				
_						
е						
f						
g Fees	s and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments			<u> </u>		
4 Dividend	ds and interest from securities			14	4,342.	
	al income or (loss) from real estate			<u> </u>		
	t-financed property			<u> </u>		
	debt-financed property		·	<u> </u>		·
	I income or (loss) from personal property			<del>                                      </del>	1 (12	
	vestment income			18	1,613.	
	loss) from sales of assets other than inventory			<del> </del>		
9 Net inco	me or (loss) from special events			ļ		
	rofit or (loss) from sales of inventory					
11 Other re	venue a		<del></del>	<del></del>		
ь				<del>                                     </del>		
_				<del></del>		
d				<del></del>		<del></del>
e	Add advantage (b) (d) and (c)			<del></del>	5,955.	<del>_</del>
	Add columns (b), (d), and (e)					5,955.
	dd hne 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 t				13	
	B Relationship of Activities			rempt Purn	0888	<del></del>
	Explain below how each activi					ributed importantly to
Line No.	the accomplishment of the fo					
▼	page 29 of the instructions )				, promong rames to	( , , , , , , , , , , , , , , , , , , ,
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•			NOT APPLICABI	·Ε		
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·						
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<del></del>	<del></del>					Form 990-PF (2009)

	rt XVI			ransfers To and	d Transa	ctions a	nd Relati	onships With	Nonc		able
1	ın se	he organization directly	y or indirectly ode (other than	section 501(c)(3) o	rganizations	or in se				Yes	No
a	organ Trans	organizations? Transfers from the reporting foundation to a noncharitable exempt organization of.									
		ash						<i></i>	. 1a(1)	j	Х
											X
þ	(2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization										
									X		
									X		
		ental of facilities, equipm									X
	(4) Reimbursement arrangements									X	
	(5) Loans or loan guarantees										X
_									,		$\frac{\lambda}{X}$
C.		ng of facilities, equipments answer to any of t	_							four r	L
đ		of the goods, other									
		in any transaction or		•	-						
	Value	in any transaction of	silating arrang	jernent, snow in co	(4)	10 14140 0	in the goods	, отног шооото, от	301110		
(a) L	ine no	(b) Amount involved	(c) Name of n	oncharitable exempt orga	nızatıon	(d) Descr	ption of transfe	ers, transactions, and sh	aring arra	ngemer	nts
		N/A				N/A					
								·			
						<u> </u>					
			<del>-</del>	<u></u>							
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			· · · · · · · · · · · · · · · · · · ·			-					
	sectio	foundation directly or in 501(c) of the Code (oth s," complete the following	ner than section 5			nore tax-ex	empt organiz	ations described in	$\square$	es 📝	No
(a) Name of organization			(b) Type of or	(b) Type of organization			(c) Description of relationship				
			<del></del>	<del>-</del>							
—–											
				· · · · · · · · · · · · · · · · · · ·						_	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge									ge and wiedge	
او	<b>▶</b> -	gnature of effice or trustee	h			Date	<b></b> ▶·	Title			
후		11/	4		Date			Preparer	s identif	ying	
Sign Here	Preparer's signature  Firm's name (or yours if self-employed), address.  Preparer's signature  Firm's name (or yours if self-employed), address.							number (See Signature on page 30 of the instructions)  POIO16355			
٠,	Pai epa se C	Firm's name (or yours if	THE TAX OF				<del>'</del>	EIN ▶ 20-216			
	r z	self-employed), address		3977							

Phone no 518-452-8050

and ZIP code

12203

ALBANY, NY

### **HIGGINS FAMILY FOUNDATION**

## Contribution Summary 2009

					Deductible
Name	Address	Relation	Purpose	Status	Amount
DFCI "An Evening for Bridget"	Brookline, MA	NONE	General Charitable	503(c)3	500 00
NYS Trooper Foundation	Latham, NY	NONE	General Charitable	503(c)3	2,000 00
Two Together	Albany, NY	NONE	General Charitable	503(c)3	500 00
American Stroke Association	Boston, MA	NONE	General Charitable	503(c)3	1,000 00
Twin Rivers Council, BSA	Albany, NY	NONE	General Charitable	503(c)3	1,000.00
Mendelssohn Club of Albany	Albany, NY	NONE	General Charitable	503(c)3	100 00
WMHT	Schenectady, NY	NONE	General Charitable	503(c)3	1,000 00
American Heart Association	Dallas, TX	NONE	General Charitable	503(c)3	500 00
Siena College	Loudonville, NY	NONE	General Charitable	503(c)3	12,500 00
Yaddo ·	Saratoga Springs, NY	NONE	General Charitable	503(c)3	5,000 00
Saratoga Performing Arts Center	Saratoga Springs, NY	NONE	General Charitable	503(c)3	8,300 00
Literacy Volunteers - Mohawk/Hudson	Ithaca, NY	NONE	General Charitable	503(c)3	500 00
Albany Institute of History & Art	Albany, NY	NONE	General Charitable	503(c)3	500 00
Habitat for Humanity International	Albany, NY	NONE	General Charitable	503(c)3	100 00
MADD	Albany, NY	NONE	General Charitable	503(c)3	100 00
Albany Medical Center Foundation	Albany, NY	NONE	General Charitable	503(c)3	1.000 00
-	• •	NONE	General Charitable		100 00
American Cancer Society	Oklahoma City, OK		General Charitable	503(c)3	
National Multiple Sclerosis Society	New York, NY	NONE NONE	General Charitable General Charitable	503(c)3	300 00
Peter G Young Foundation	Albany, NY			503(c)3	1,000 00
Regional Food Bank of Northeast NY	Latham, NY	NONE	General Charitable	503(c)3	500 00
Fund for Lake George	Lake George, NY	NONE	General Charitable	503(c)3	1,000 00
Twin Rivers Council, BSA	Albany, NY	NONE	General Charitable	503(c)3	5,000 00
St Peter's ALS Regional Center	Albany, NY	NONE	General Charitable	503(c)3	5,000 00
Saratoga Automobile Museum	Saratoga Springs, NY	NONE	General Charitable	503(c)3	500 00
Doane Stuart School	Rensselaer, NY	NONE	General Charitable	503(c)3	2,500 00
Capital City Rescue Mission	Albany, NY	NONE	General Charitable	503(c)3	200 00
Albany Symphony Orchestra	Albany, NY	NONE	General Charitable	503(c)3	2,500 00
Capital Repertory Theatre	Albany, NY	NONE	General Charitable	503(c)3	1,000 00
WaynmanTisdale Foundation	Tulsa, OK	NONE	General Charitable	503(c)3	1,000 00
Double H Ranch	Lake Luzerne, NY	NONE	General Charitable	503(c)3	2,000 00
Boys & Girls Club of Albany	Albany, NY	NONE	General Charitable	503(c)3	1,000 00
Homes for Our Troops	Taunton, MA	NONE	General Charitable	503(c)3	200 00
Capital Region Youth Tennis Foundation	Albany, NY	NONE	General Charitable	503(c)3	500 00
Bolton Free Library	Bolton Landing, NY	NONE	General Charitable	503(c)3	200 00
Equinox Inc	Albany, NY	NONE	General Charitable	503(c)3	200 00
Mohawk & Hudson River Humane Society	Albany, NY	NONE	General Charitable	503(c)3	200 00
Gılda's Club Capital Region NY	Albany, NY	NONE	General Charitable	503(c)3	5,000 00
Renaissance Musical Arts Ltd	Albany, NY	NONE	General Charitable	503(c)3	500.00
Leukemia & Lymphoma Society	Pittsfield, MA	NONE	General Charitable	503(c)3	1,000 00
Arthritis Foundation, NENY Chapter	New York, NY	NONE	General Charitable	503(c)3	500 00
NephCure Foundation	Berwyn, PA	NONE	General Charitable	503(c)3	500 00
Families in Need of Assistance	Albany, NY	NONE	General Charitable	503(c)3	2,500 00
American Cancer Society	Oklahoma City, OK	NONE	General Charitable	503(c)3	500 00
Lake George Land Conservancy	Lake George, NY	NONE	General Charitable	503(c)3	200 00
Albany Pro Musica	Albany, NY	NONE	General Charitable	503(c)3	500.00
Salvation Army	Albany, NY	NONE	General Charitable	503(c)3	300.00
Two Together	Albany, NY	NONE	General Charitable	503(c)3	500 00
Teresian House Foundation	Albany, NY	NONE	General Charitable	503(c)3	500 00
Regional Food Bank of Northeast NY	Latham, NY	NONE	General Charitable	503(c)3	100 00
TOTAL DEDUCTIBLE AMOUNT					\$72,100.00

HKS2QT 713U 5/10/2010

ATTACHMENT 1

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

HIGGINS FAMILY FOUNDATION

EXPENSES REVENUE AND

PER BOOKS

NET INVESTMENT

INCOME

4,342.

DESCRIPTION

GOLDMAN SACHS #12643

4,342.

TOTAL

4,342.

4,342.

20000356F1

ATTACHMENT 1

# - OTHER INCOME PART I FORM 990PF,

HIGGINS FAMILY FOUNDATION

DESCRIPTION ENRON CLASS ACTION INCOME AIG CLASS ACTION INCOME

	NET	INVESTMENT	INCOME	1,349.	264.
REVENUE	AND	EXPENSES	PER BOOKS	1,349.	264.

1,613.

1,613.

TOTALS

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

FEDERAL TAXES 2008

686.

TOTALS

686.

زز

F

ATTACHMENT 4

### FORM 990PF, PART I - OTHER EXPENSES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION
WIRE TRANSFER FEES
NYS DEPT. OF LAW (FILING FEE)
PUBLICATION FEE

39. 100. 120.

TOTALS <u>259.</u>

ATTACHMENT 5

FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC.	
BORROWER: ROBERT J. HIGGINS	
BEGINNING BALANCE DUE	34,670.
ENDING BALANCE DUE	34,920.
ending fair Market Value	34,920.
TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.	34,670.
TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC.	34,920.
TOTAL ENDING FMV - RECEIVABLES DUE FROM OFFICERS, ETC.	34,920.

- CORPORATE STOCK

PART II

FORM 990PF,

ENDING FMV

ATTACHMENT

528,442.

GS A/C# 12643

DESCRIPTION

BEGINNING BOOK VALUE

BOOK VALUE ENDING

2,680,346.

2,680,346.

2,680,346.

TOTALS

2,680,346.

528,442.

9

ATTACHMENT

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

ATTACHMENT 7

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

NAME AND ADDRESS

COMPENSATION

14-6187206

ATTACHMENT

TRUSTEE

ROBERT J. HIGGINS P.O. BOX 13085 ALBANY, NY 12212 GRAND TOTALS

0

PAGE 20

14-6187206

HIGGINS FAMILY FOUNDATION

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 8

SEE ATTACHED LIST SEE ATTACHED,

RECIPIENT NAME AND ADDRESS

501 (C) (3) NONE

GENERAL CHARITABLE

72,100

TOTAL CONTRIBUTIONS PAID

72,100

PAGE 21 ATTACHMENT 8

20000 156F1

HKS2QT 713U 5/10/2010

V 09-6 1