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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2009

				or t	ax year beg				, 2009	, and end	ding		, 20
G	Che	eck all t	hat apply.	F	Initial retu			· —	of a former		arity		Final return
_			Name of for	Indo	Amended	return		X Addre	ess change		N	ame change	<del></del>
	1 4	h - 100	Name of for	mua	ition						l	A Employer Identif	fication number
Use the IRS label. Otherwise,			THE ANG	∩ D 7	A RIDGE E	COLLNIA	זאר ד רואז				1		
												<del></del>	-1674794
		rint	Number and	3 5116	set (or P O box	number	r maii is not	delivered to stree	et address)	Room/s	uite	B Telephone number (se	ee page 10 of the instructions)
	or 1	type.	1524 WE	СT	LAKESHOF	ים חים	TVE						0.61. 0.60. 0.1.1
		pecific			ate, and ZIP co		IVE			L			06) 862-9131
ı	nstru	ictions.	City of town	, Sla	ate, and zir co	ue						C If exemption application pending, check her	cation is
			WHITERI	CH.	MT 5993	27					1	D 1. Foreign organiza	ations, check here . •
_	Che	ack type	e of organiza				(0)(0)					<ol><li>Foreign organiz</li><li>85% test, check</li></ol>	ations meeting the
7			_					empt private			ļ	computation .	
+			et value of all		empt charitable				rivate founda			E If private foundation	on status was terminated
•						_	_	nethod X C	asn Acc	crual		under section 507(	b)(1)(A), check here . 🕨 🔛
		► \$	m Part II, co.		, 1111 <del>0</del> , 407 <b>.</b>		ther (spe		n cash basıs )				s in a 60-month termination
					and Expens			(d) must be of	T casii basis )		ηЩ.	under section 507(t	b)(1)(B), check here
له	كالت	total o	f amounts in c	olun	nns (b), (c), an	d (d)	(a) R	evenue and	(b) Net inve		(c	) Adjusted net	(d) Disbursements for charitable
		may n	ot necessanly	equ	ial the amount: I of the instruct	s in		enses per books	incon		1	ıncome	purposes
_	1							,368,089	100 400 5 50 h 1	72° - 42	1 1/3	The state of the s	(cash basis only)
	2	Contribut	if the f	found	received (attach sch dation is <b>not</b> requ	uired to		<del>7</del> 300,003	340 00-2- %	<u> </u>		Sant - Marine	77-7 / 1/2 33
	3	-	— allacii		B		4	32,789	1	2,789.	30.35	7 761 \ Y\C'\J\&\C	4
	4		-	-	porary cash inves		}	30,487		30,487.	<u> </u>		ATCH~2/3 (7)
			ents						<del> </del>	,0,107.	}		TAICH 3
			al income or (lo				4 7 7 7 7	Yar Maria Salah	44	F 1 4 37	' አኒ-	1 2001 - 17 316.	
_			•	-	of assets not on		· · · · · ·	-91,316		1	7 14		3.4
Revenue	Ď	Gross s	ales pnce for all			,559.	775 40		3 2 2	10% 3		1 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ve	7		n line 6a	ma /	(from Part IV, I			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	22	<u>,/\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.</u>	· · · · · · · · · · · · · · · · · · ·
Re	8	•	ort-term capita		•	iile 2) .	×,	N 7 X - 7 X	A). ,-Tm	35		·	·
	9		modifications	_			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~	1.44	1. 18 K	<del>                                     </del>		
	_	Gross sa	les less returns				1, 18	S. W. 182	2	11/2	<u> </u>	<del> </del>	3,4 ( 2 )
	b		wances			-	- 1. W.		2 // 6 / 1/4	3/12/32	2.7	1 78 h	
			-		ach schedule)					121 N	<u> </u>	· · · ·	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
- 1	11				nedule)					· · · · · · ·			
	12				<u>ıh 11</u>		2	,340,049	. 6	3,276.			1
٦	13				rectors, trustees,								
	14				and wages								
ses	15		BEG										
Ë			ees (attach sc										
Expenses		1 2 1	ting fees (att					·			·		
	С	Other	rofessional fe	es (a	attach schedul	e).*		12,513	1	2,513.			
atı	17	Interest	l	,									· · · · · · · · · · · · · · · · · · ·
=	18	Taxes (a	ttach criedile	K	pag d the inst	tuctions)		2,702	1	2,702.			
֓֡֡֡֜֞֜֡֡֡֡	19	1			edule) and de								•
	20				<i>.</i>								
	21				meetings								
and	22	Printing	and publicat	ions									
5	23	-	•		chedule)								
perating	24				ninistrative ex <sub>l</sub>								
								15,215.	1	5,215.			
۱	25		•		ts paid			215,755.		,		,	215,755
- 1	26_				nts. Add lines 24			230,970.	1	5,215.		<del></del>	215,755
_	27		t line 26 from					,,	1,100	1.01			
	а				s and disburseme	nts	,	,109,079.		· ' ˈ			
					(if negative, en			<del></del>	4	8,061.	-		<del> </del>
					negative, enter				2			-0-	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \* ATCH 4 JSA \*\* ATCH 5 9E1410 1 000 0 3285X 594R 5/7/2010 12:45:42 PM V 09-6.1

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Form 990-PF (2009) PAGE 5

Р	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
- {	1	Cash - non-interest-beam	ing	134,560.	240,922	. 240,922.
-			cash investments			
	3	Accounts receivable		1. "WY ? 35 1 1 4	10/21/2015	7.500 C 5.50
1		Less allowance for doul	btful accounts	]		
Ì				<b>建筑建筑设施</b>	Augen in the	ý · ` ` \ . · . · \ . ·
١		Less allowance for doul	btful accounts		1	
- [						
			fficers, directors, trustees, and other			
1	•		ach schedule) (see page 16 of the instructions)		•	
- }	7	• •	receivable (attach schedule)	SHOW THE SERVICE	30.50 L 20 L 20	1
-			btful accounts	. , , , , , , , , , , , , , , , , , , ,	1,42,11 11 11 11 11 11 11 11 11	
			se	1	<del></del>	<del> </del>
Assets			leferred charges	IN CONTRACTOR OF THE CONTRACTO	<del></del>	<del></del>
SS		• •	e government obligations (attach schedule)	062 047	1,071,634	1,138,843.
٩			e stock (attach schedule)	1 674 405		
		·	, , , , , , , , , , , , , , , , , , , ,			
	11	Investments - corporate	e bonds (attach schedule)	The state of the state of the	26. 11. 35. 26 5. 2. Cs	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
- 1		and equipment basis Less accumulated deprecia		THE STATES OF STATES AND THE	THE WARRANT CARE	12000 3655 35 1
- 1		(attach schedule)			<del></del>	<del></del>
	1	investments - mortgage	loans	<del></del>	1,278,023	. 1,278,023.
	13 14	Investments - other (atta Land, buildings, and	ach schedule) ATCH 6			
Ì		equipment basis Less accumulated deprecia	ation >		The state of the s	(2) (2) (2) (3) (4) (4)
		(attach schedule)				
			<b>&gt;</b> )			
İ	16	Total assets (to be com	pleted by all filers - see the			
_		instructions Also, see p	page 1, item l)	2,672,832.	4,781,911	4,884,407
	17	Accounts payable and a	accrued expenses			
1	18	Grants payable				
õ	19					□ Reservice 22 (2.2)
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons	<u></u>		
abi	21	Mortgages and other no	otes payable (attach schedule)	Ĺ		
	22	Other liabilities (describe	e ▶)			
		•				
	23	Total liabilities (add line	es 17 through 22)			
_		Foundations that fol	low SFAS 117, check here ▶			<b>1</b> . パス、よろし
			24 through 26 and lines 30 and 31.			The second
9	24	•		i		2.
č	2.5				<del> </del>	T
ala	25				<del> </del>	十 李 5 3 3 3 4 4
Ď	25 26 27	Permanently restricted .			<del> </del>	十二分(3).56
Ĕ		Foundations that do	not follow SFAS 117,	}		***
Ę			plete lines 27 through 31. $\blacktriangleright X$	2,904,477.	2,904,477	
ō	27	Capital stock, trust prin-		2,904,477.	2,904,477	
ets	28 29 30	• • •	r land, bldg , and equipment fund	001 645	1 027 101	
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds	-231,645.	1,877,434	
ťΑ	30	Total net assets or fund	d balances (see page 17 of the			,
ž		instructions)		2,672,832.	4,781,911	<u>.</u>
	31		t assets/fund balances (see page 17			1. "
		of the instructions)	<u> </u>	2,672,832.	4,781,911	`
E	art li		anges in Net Assets or Fund			
_	_		alances at beginning of year - Part I		st agree with	
-			d on prior year's return)	• • • •	-	2,672,832
2		r amount from Part I,				2 100 070
			1. 1. 2. 1. 2. 5. (4			
		l 4 0 4 0				4 701 011
			lun 2 (hamina)	• • • • • • • • • • • • • • • • • • • •		1,,01,011
		eases not included in			5	4,781,911
<u>6</u>	Tota	net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (I	o), line 30 6	4, /81, 911.

Part IV Cap	<u>ital Gains</u>	and Losses for Tax on I	nvestment Income			
		d describe the kind(s) of property so		(b) How acquired	(c) Date acquired	(d) Date sold
		rick warehouse; or common stock, 2	00 shs. MLC Co)	P-Purchase D-Donation	(mo , day, yr )	(mo , day, yr )
1a SEE PART	IV SCHE	DULE		<del> </del>	<u> </u>	<b></b>
<u> </u>			<del></del>	<del> </del>		<del> </del>
<u> </u>				<del> </del> _		<del> </del>
_d			<del> </del>	<del> </del>		<del> </del>
<u>e</u>		10 Dansa siatus allum d	(a) Coat as other house	<del> </del>	<u> </u>	<del></del>
(e) Gross sale	s price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	}	(h) Gain or (le (e) plus (f) min	
				<del> </del>	(0) Pids (1) IIIII	
_a b				<del> </del>		<del></del>
				<del></del>	<del></del>	
d d		<del></del>		<del>                                     </del>	<del></del>	
e						<del></del>
	or assets si	howing gain in column (h) and o	owned by the foundation on 12/31/69	-	O (O-1, (b)	<del></del>
		(j) Adjusted basis	(k) Excess of col. (i)	۰۰۰ ۲۰۰	Gains (Col. (h) (k), but not less	
(i) FMV as of	12/31/69	as of 12/31/69	over col (j), if any		Losses (from c	
<u> </u>				<del>                                     </del>		<del></del>
_a _b						
C				<del>                                     </del>		
d						<del></del>
е						
			If gain, also enter in Part I, line 7			
2 Capital gain ne	et income or	(net capital loss)	If (loss), enter -0- in Part I, line 7	2		-91,316.
3 Net short-term	capital gain	or (loss) as defined in sections				
If gain, also en	ter in Part I,	line 8, column (c) (see pages	13 and 17 of the instructions).	1		
If (loss), enter	-0- in Part I, I	line 8	<u> </u>	3		
Part V Quali	fication Ur	nder Section 4940(e) for Re	educed Tax on Net Investment In	come		
Was the foundation	on liable for		tributable amount of any year in the b	oase perio	d? [	Yes No
		not qualify under section 4940(				<u>-</u>
	ropriate amo	ount in each column for each ye	ear; see page 18 of the instructions b	efore mak		
(a) Base penod	years	(b)	(c)		(d) Distribution i	atio
Calendar year (or tax ye	ar beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided b	
2008						
2007				ļ		
2006			<del></del>	<del> </del>		
2005			<del></del>	<del> </del>		
2004				<del> </del>		<del></del>
				1 1		
2 Total of line 1	, column (d)			2		<del>_</del>
			vide the total on line 2 by 5, or by the			
number of yea	ars the tound	dation has been in existence if i	ess than 5 years	3		
			6 <b>5</b> 44 5	1.1		
4 Enter the net	value of non	icharitable-use assets for 2009	from Part X, line 5	4		
				] _ ]		
5 Multiply line 4	by line 3 .			5		
6 Enter 1% of n	et investme	nt income (1% of Part I, line 27b	)	6		
				} }		
7 Add lines 5 ar	nd 6			7		
				1		
	ual to or gre	eater than line 7, check the bo	ox in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see Instructions)		.Σ.' Συμπου	- ,
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		ĺ̈́9	61.
	here ▶ and enter 1% of Part I, line 27b	25	ツト	775
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	7.5~	<i>(</i> ,	<u> </u>
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		9	61.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0-		9	61.
6	Credits/Payments	, "		
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,268.	4,10		1/2
ь	Exempt foreign organizations-tax withheld at source 6b 0.	*/ 6/ /	;; ;	,,,,,
¢	Tax paid with application for extension of time to file (Form 8868) 6c 0.	۔ ۔ بالاگر	(-	
d	Backup withholding erroneously withheld	and a	- 'M' '.'	4-03
7	Total credits and payments. Add lines 6a through 6d		1,2	68.
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	·	3	07.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 307. Refunded ▶ 11			
Pai	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	1.62	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1	,	
	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		2,	\$ <sup>3</sup> .
	published or distributed by the foundation in connection with the activities.	. ` [		2
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	, ',	- 12	13.
	(1) On the foundation >\$(2) On foundation managers >\$	r "		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		34	Ι΄.
	on foundation managers > \$	(		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities	~ .	,	΄,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	- T		~ ~
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		Χ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			<i>'</i>
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Χ̈́	
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	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	- 1	,	
υd			. 1	ĺ. ·
L	If the appear is "Yes" to line 7, has the foundation furnished a copy of Form 900 PE to the Attorney Congret		,	"
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	, 1		ĺ
	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		x	
	names and addresses ATTACHMENT /	10		1

Par	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		- 1		
	August 17, 2008?	12		X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х		
Website address ►N/A					
14	The books are in care of DANIEL WEINBERG  The books are in care of DANIEL WEINBERG  Telephone no DANIEL WEINBERG	2-91	31		
	Located at ►1524 WEST LAKESHORE DRIVE WHITEFISH, MT ZIP+4 ► 59937		<b></b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶		
	and enter the amount of tax-exempt interest received or accrued during the year				
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	,	Yes	No_	
1a	During the year did the foundation (either directly or indirectly).		3	4.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		\ .	,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Sec.			
	disqualified person?	100	13	7. 1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		1 3		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1			
	the benefit or use of a disqualified person)?Yes X No	\ ~ »	. ` ^.	4.	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if		16. 7	*	
	the foundation agreed to make a grant to or to employ the official for a period after	£ 7.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	termination of government service, if terminating within 90 days ) Yes X No		30, -,	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
b		1,3	(\$\int_{\begin{subarray}{c} \cdot \c	3 7	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	-	- 35,	
	Organizations relying on a current notice regarding disaster assistance check here		1 3		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	x	
	were not corrected before the first day of the tax year beginning in 2009?	1 c		1	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	' ':		1	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	1	14.3	7-3	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	1 :			
	be, Part XIII) for tax year(s) beginning before 20097	,		10 1	
	If "Yes," list the years			11	
b	•••	' '	1 1 m	1.75	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2 b	^	X	
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	·	,		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	` -	1, 1,	3.	
	The state of the s	1	4	3	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business  enterprise at any time during the year?  Yes  X No	- Dig:	:	( ) (	
			·` .	1.2	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	1.3	`[	1.73	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	, ,	.  4-	. (	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	15.	1. "	^ 、	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 в			
-	foundation had excess business holdings in 2009.)	•	†	X	
4a		.	1 :		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	. 4b		X	

Pai	VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requ	ired (continued)			
5 a	During the year did the foundation pay or incur any amou	nt to:					
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section	4945(e))?	Yes X N			
	(2) Influence the outcome of any specific public election	(see section 4955); o	or to carry on,				
	directly or indirectly, any voter registration drive?		•	Yes X N			
	(3) Provide a grant to an individual for travel, study, or oth	ner similar purposes?	••••••	Yes X N			
	(4) Provide a grant to an organization other than a chari						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (			Yes X N			
	(5) Provide for any purpose other than religious, charital						
	purposes, or for the prevention of cruelty to children o	•		Yes X N			
Þ	If any answer is "Yes" to 5a(1)-(5), did any of the trans.		•				
	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 disast			▶ 🗀			
C	If the answer is "Yes" to question 5a(4), does the foundation	•					
	because it maintained expenditure responsibility for the gr	ant?	<i></i>	. Yes X N			
	If "Yes," attach the statement required by Regulations sect	ion 53.4945-5(d).			(公計) (2)		
6a	Did the foundation, during the year, receive any funds, d	rectly or indirectly, to	pay premiums				
	on a personal benefit contract?			Yes N			
b	Did the foundation, during the year, pay premiums, direct			_	6Ь		
	If "Yes" to 6b, file Form 8870	,,,		~	· · · · · · · · · · · · · · · · · · ·		
7 a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes X N			
	If yes, did the foundation receive any proceeds or have a	•	•				
	VIII Information About Officers, Directors	. Trustees. Foun	dation Managers.	Highly Paid Empl	ovees.		
	and Contractors		_	-	-		
	List all officers, directors, trustees, foundation m	(b) Title, and average	(c) Compensation (see	(d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation	(e) Expense account, other allowances		
		advotou to posicion		and deterred compensation			
ΑT	TACHMENT 8		-0-	-0-	-0-		
	111011111111111111111111111111111111111						
				<u> </u>			
2	Compensation of five highest-paid employees (otl f none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the ins	tructions).		
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense account,		
(8	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allowances		
		devoted to position		compensation	<del></del>		
					}		
	NONE						
				<u></u>	<u> </u>		
_	<u> </u>						
<b>-</b>							
					<del>                                     </del>		
	number of other employees paid over \$50,000	<u> </u>	L <del></del>	l	<u> </u>		
1015	i number of other employees bald over \$50 (100)				<b>₽</b>		

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none	enter "NONE."
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		<del> </del>
		<del> </del>
- <b></b>		
		<del> </del>
		l"
Total numb	er of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
List the four	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	<del>_</del>
	ons and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE		<del>                                     </del>
·		
2		
J		
3		<del> </del>
<b></b>		
4		
<b>~</b>		
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		<del> </del>
		İ
2		<del>                                     </del>
<b>-</b>		
All other pro	gram-related investments. See page 24 of the instructions	+
3 NONE	g	1
2 7045		
~		
		<del> </del>
Total. Add	ines 1 through 3	
		Form 990-PF (2009

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundatior	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	5.0%	
	purposes		
а	Average monthly fair market value of securities	1a	3,072,127.
b	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1b	140,900.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	3,213,027.
e	Reduction claimed for blockage or other factors reported on lines 1a and	*;	
	1c (attach detailed explanation)	مَنْ ا	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	3	3,213,027.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	1	
	of the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	4	48,195.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,164,832.
6	Minimum investment return. Enter 5% of line 5	6	158,242.
Pa	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	ate operating part)	
1	Minimum investment return from Part X, line 6	1	158,242.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 961.	551	
b	Income tax for 2009 (This does not include the tax from Part VI.)	1.	
С		2c	961.
3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	3	157,281.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	157,281.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	157,281.
	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	ts /	015 755
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	215,755.
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:	′′	_
а	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	215,755.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	215,755.
	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 fou	ndation

Form	990-PF (2009)		20-16	574794	Page 9
Pa	rt XIII Undistributed Income (see page	e 26 of the instructio	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7	" " " " " " " " " " " " " " " " " " "	14.77 BY	1x 32 430 17 17 17 17 1	157,281.
2	Undistributed income, if any, as of the end of 2009	(1) "我们的"	<b>然代数利益 图</b>	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Enter amount for 2008 only			2.2.	
ь	Total for pnor years 20 07 ,20 06 ,20 05	1 1/2/1/ (1/22) 1/2		无类数 (1) 2000 ·	
3	Excess distributions carryover, if any, to 2009:	The state of the s	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	From 2004			TO THE REAL PROPERTY.	医多类 医二十二
b	From 2005 8,376.	<b>以為來與人。後</b>			フップ   マのデバイマの  されなか   マンド   マ
С	From 2006 15,160.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			17 17 4 18 18
d	From 2007	Contraction of the second			
е	From 2008				
f	Total of lines 3a through e	24,058.	多种的 2000 (1000 1000 1000 1000 1000 1000 100		14 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
4	Qualifying distributions for 2009 from Part XII,		The State of the S		20 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	line 4 ▶ \$ 215,755.		经数别的基础的		がたる。 を 変数を 変数を 変数を 変数を 変数を 変数を 変数を
а	Applied to 2008, but not more than line 2a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	536526 1	Sec. 18 17 17
b	Applied to undistributed income of prior years (Election	the off for the contract of th			
	required - see page 26 of the instructions)	<u> </u>	Type - Name of the second	\$ 1.50 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 2 3 0 3 26 3 W 3 2 2 2 3
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				British Colon
d	Applied to 2009 distributable amount	They may be the state of	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	(会にとして機を得)	157,281.
e	Remaining amount distributed out of corpus	58,474.	1432 15 245 5	* "(36% c """(	深入 等集 人 () ()
5	Excess distributions carryover applied to 2009 .		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 14 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as	【多名》 另外實際學院			
	indicated below:	82,532.			1 3 4 7 5 7
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	82,332. *	100 San 100	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	7.54
b	Prior years' undistributed income Subtract line 4b from line 2b	1500 C 15		the state of the state of	St. M. Contract
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions	校差進さ 感覚を入っ			, 众人, 沙汉
f	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 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)		Mary Mary Control		
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	82,532.	(, ',	ļ	
10		1. 5.07	1 4 1 1 1 1 1 1	1	,
а	Excess from 2005 8, 376.	1 33750	La Comment	, ,	
b	Excess from 2006 15,160.		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	
C	Excess from 2007	1 370 1	The same	,, ~ ,	,,
d	Excess from 2008				, ', ', ,
е	Excess from 2009 58, 474.		1 ' ' ' '	I	

Forn	n 990-PF (2009)				-167479				Pag	e 10
Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and	Part VII-A	۱, ques	tion 9)	NOT	APPLIC	ABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private o	perating					
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		▶					
b	Check box to indicate wh	ether the foundation is a	private operating found	lation described in ser	ction		4942(	)(3) or	4942(	J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years					/a) Tatal	
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007		(d) 200	5	]	(e) Total	
	I or the minimum investment return from Part X for each									
	year listed				_			ł		
b	85% of line 2a		L							
С	Qualifying distributions from Part	ļ						"		
	XII, line 4 for each year listed .									
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					<u></u>			<del></del>	
е	Qualifying distributions made									
	directly for active conduct of							1		
	exempt activities Subtract line 2d from line 2c							ļ		
3	Complete 3a, b, or c for the									
а	alternative test relied upon "Assets" alternative test - enter							ļ		
_	(1) Value of all assets							-		
	(2) Value of assets qualifying									
	under section 4942(j)(3)(B)(i)									
b	"Endowment" alternative test-							<u> </u>		_
	enter 2/3 of minimum invest-	İ								
	ment return shown in Part X, line 6 for each year listed				į					
С	"Support" alternative test - enter							<del>                                     </del>		
	(1) Total support other than									
	gross investment income (interest, dividends, rents,									
	payments on securities	ļ	ļ					-		
	loans (section 512(a)(5)), or royalties)									
	(2) Support from general			<del> </del>				<del>                                     </del>		
	public and 5 or more exempt organizations as							1		
	provided in section 4942	ļ								
	(j)(3)(B)(III)			<del> </del>				<del> </del>		
	port from an exempt									
	organization (4) Gross investment income							<del>                                     </del>		
Pa	_ <u>` '</u>	ary Information (C	omplete this part	only if the for	ındation	had \$	5.000	or mo	re in as	sets
		during the year - se					-,			
1	Information Regarding	g Foundation Manage	rs:							
а	List any managers of							ed by th	ne founda	ition
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000)	). (See sec	tion 507	(d)(2).)	-		
	N/A									
<u>h</u>	List any managers of	the foundation who	own 10% or more o	f the stock of a c	orporation	(or an	equally	large r	ortion of	the
٠	ownership of a partner						equaliy	large p	,0,1,0,, 0,	
	, F			3.0						
	N/A									
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs	<del></del>					
	Check here ▶ ☐ if t	e foundation only r	makes contributions	to preselected c	haritable d	าเดลกเรล	ations a	nd does	s not acc	cent
	unsolicited requests f	or funds If the foun	dation makes gifts,	grants, etc (see p	page 28 o	f the ir	struction	ons) to	individuals	s or
	organizations under ot				J			•		
	The name, address, a	nd telephone number	of the person to who	m applications shou	ıld be addr	essed:		·		
a	N/A	na telephone namber	or the person to mile	п арриодионо опос	and DC dddi.	20000				
	The form in which app	lications should be sul	bmitted and informati	on and materials t	hey should	Include	:			
	N/A				-					
	<del></del>			<del></del>						
С	Any submission deadli	nes								
	N/A		<del></del>							
đ	Any restrictions or li	mitations on awards,	such as by geogr	aphical areas, cha	arıtable fie	elds, kir	nds of	ınstitutıo	ons, or o	ther
	factors									
	N/A									

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
_		]					
ATTACHMENT 9		İ					
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		Ĭ					
		İ					
		}	1				
			[				
	<u> </u>	<u> </u>		<u> </u>			
Total	<u> </u>	<del></del>	▶ 3a	215,755			
b Approved for future payment		1					
			}				
			]				
			•				
			ĺ				
	1	1	1				
		1					
		1					
		1					
		{					
		1					
		}					
Total							
			<del></del>	<del></del>			

Form 990-PF	(2009)			20-	-1674794	Page 12
Part XVI	-A Analysis of Income-Produ	icing Activ	vities			
	amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a						
b						
c						
d				<u> </u>		
e				ļ		
f				<del> </del>		
	s and contracts from government agencies	-		ļ		
	rship dues and assessments	<del>                                     </del>		14	63,276.	<del></del>
	on savings and temporary cash investments			14	03,270.	
	ds and interest from securities	,	after a not so the of fire	37. 2225	2.数年度2人5000円の数4	11 - 1 10-45 (6) 3 1 12 4
	tal income or (loss) from real estate ot-financed property			***	100 1 My 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	debt-financed property	<u> </u>		<del> </del>		
	al income or (loss) from personal property				-	
	ivestment income			<u> </u>		
	loss) from sales of assets other than inventory			18	-91,316.	·····
	ome or (loss) from special events					·
	profit or (loss) from sales of inventory.					
•	evenue: a			T		
b						
с						
d						
е						
12 Subtota	Add columns (b), (d), and (e)	, Ag ( 150 ) *		1. There	-28,040.	
13 Total. A	dd line 12, columns (b), (d), and (e)				13	-28,040.
	heet in line 13 instructions on page 28	to verify calc	ulations.)			· -
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No.	Explain below how each active the accomplishment of the for page 29 of the instructions.)	oundation's	exempt purposes (or	ther than I	by providing funds for	such purposes) (See
_						
						-
				-		
			NOT APPLICABL	<u>E</u>	<del></del>	
	<del> </del>					
						<del></del>
			·			<del></del>
	<del> </del>				<del></del>	
	<del> </del>					
	<del> </del>	···			<del></del>	<del></del>
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	1					
	<u> </u>					

orm	990-PF	(2009)				20	0-1674794			Pa	ge 13
Pa	rt XVI	Information Exempt Orga	Regarding Tra	ansfers To an	d Transa	ctions a	nd Relationship	s With N	onch		
1	ın se	the organization directlection 501(c) of the C	y or indirectly er ode (other than :	ngage in any of t section 501(c)(3) o	the following	g with any or in sec	other organization ction 527, relating	described to political		Yes	No
а	Trans	izations? fers from the reporting f	oundation to a non	charitable exempt org	ganization of						
		ash							la(1)		X
		other assets	• • • • • • • • • •		• • • • • •				la(2)		Х
D		transactions	haritable evernt ord	anization							Х
	(1) S	ales of assets to a noncl urchases of assets from	a noncharitable exe	mot organization					b(1)		X
		ental of facilities, equipm									X
		eimbursement arrangeme							1b(4)		Х
		oans or loan guarantees								İ	Х
		erformance of services of									X
	Sharıı	ng of facilities, equipmer	nt, mailing lists, othe	er assets, or paid emp	oloyees			L	1 c		X
d		e answer to any of									
		of the goods, other									
	value	in any transaction of	r sharing arrange	ment, show in co	olumn (d) th	ne value of	the goods, other	assets, or s	ervices	rec	eived
(a) l	Line no	(b) Amount involved	(c) Name of nor	ncharitable exempt orga	anization		ption of transfers, transa	ctions, and sharin	g arran	gemer	ıts
		N/A		<del></del>		N/A					
						<del></del>					
						···	<del></del>				
		<u> </u>	<del> </del>		-			<del></del>			
	-	-				·					
			1			_		н			
	<del></del>		ļ	<u> </u>	-						
			<del></del>								
2 a	is the	foundation directly or	Indirectly affiliate	1 with or related t	o one or n	nore tay-eye	impt organizations d	escribed in			
		on 501(c) of the Code (otl	•						Yes	X	No
b		s," complete the followin		. , , , ,							
	_	(a) Name of organizatio	n	(b) Type of o	rganization		(c) Descrip	tion of relationsh	ıp		
								<u> </u>			
		<del>_</del>									
	11-4				4						
	belief,	penalties of perjury, I declute is true, correct, and com	are that I have exam	ined this return, includ preparer (other than ta	oing accompai ixpayer or fidu	nying schedul ciary) is base	es and statements, and d on all information of	to the best of which preparer I	my kno has any	owledo knov	je and vledge
	. /		/a ' // a		ı	5-11-12					
ارم	Si	ignature of officer or trustee	emma !			Date	Title	<u>-</u> .			
Sign Here			7		Date	540	1106	Preparer's id	dentifyi	na	
ਂੂ∣	ø .	 	<del>/</del> /	//			Check if self-employed ▶	number (See page 30 of the	Signati	ure or	1
Sigl	Paid Preparer's Use Only	Preparer's signature	(we) (to	(in	\$ 16	//0	sen-employed •	PO0119			
	Pai Prepa Use (	Firm's name (or yours if	BIESBOE	R, CIOLINO	ASSOCI	ATES	EiN ▶	36-44242		•	
	ت ت	self-employed) address		ESTVIEW			<del> </del>				

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Form 990-PF (2009)

Phone no 312-953-7432

835 FORESTVIEW

PARK RIDGE, IL

self-employed), address,

and ZIP code

### Schedule B (Form 990, 990-EZ,

**Schedule of Contributors** 

OMR	Nο	1545-0047
	110	1747-004/

or 990-PF) Department of the Treasury

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

nternal Revenue Service	
Name of the organization	Employer identification number
THE ANGORA RIDGE FOUNDATION	
	20-1674794

Organization type (check o	ne)
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ny one contributor. Complete Parts I and II
Special Rules	
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under (a) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and
the year, aggrega	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or oses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
the year, contribution aggregate to most year for an exclusion applies to this organization.	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during utions for use exclusively for religious, charitable, etc., purposes, but these contributions did not re than \$1,000. If this box is checked, enter here the total contributions that were received during the sively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, 0-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE ANGORA RIDGE FOUNDATION

Employer identification number 20-1674794

	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF LEWIS WEINBERG  300 W. SUPERIOR		Person X Payroll
	CHICAGO, IL 60610	\$960,000.	Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	RELATIONS FOUNDATION		Person X Payroli
	203 N WABASH, SUITE 1800	\$854,202.	Noncash (Complete Part II if there is
(a)	CHICAGO, IL 60601		a noncash contribution )
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ESTATE OF SYLVIA RADOV  3535 PATTON ROAD, #6BC	<b>\$</b> 553,887.	Person X Payroli
	HIGHLAND PARK, IL 60035	\$ 553,887.	Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

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

				3°.	اه
•	NET	INVESTMENT	INCOME	32,786.	32 789
REVENUE	AND	EXPENSES	PER BOOKS	32,786.	32 789
					TOTAT.
			DESCRIPTION	US TREASURY OBLIGATIONS US TRUST	

ATTACHMENT 2

ATTACHMENT 3

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NET INVESTMENT INCOME	30,487.	30,487.
REVENUE AND EXPENSES PER BOOKS	30,487.	30,487.
		TOTAL
DESCRIPTION	US TRUST	

ATTACHMENT 4

NET INVESTMENT INCOME	11,389. 914. 210.	12,513.
REVENUE AND EXPENSES PER BOOKS	11,389. 914. 210.	12,513.
DESCRIPTION	INVESTMENT ADVISORY FEES US BANK FEES ACCOUNTING FEES	TOTALS

4:11:02 PM V 09-6

ATTACHMENT 5

NET INVESTMENT INCOME	431.	2,702.
REVENUE AND EXPENSES PER BOOKS	431.	2,702.
		TOTALS
DESCRIPTION	FOREIGN TAXES FEDERAL EXCISE TAX	

- OTHER INVESTMENTS

PART

FORM 990PF,

ATTACHMENT 6

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BOOK VALUE ENDING

ENDING FMV

1,278,023.

1,278,023.

1,278,023.

1,278,023.

CDARS

DESCRIPTION

TOTALS

PRA RIDGE FOUNDATION 20-1674794
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	Property		Desc	ription		90	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D-	Gain or (loss)	
350,498.	MINTER	SEE ATTACHE			1 501 hasis		VAR -13,769.	VAI
		SEE ATTACHE	D STATEMENT	7			VAR	VAI
280,061.		357,608.					-77,547.	
OTAL GAIN(L	oss)			• • • • • • • • • •	•••••			
	,							

THE ANGORA RIDGE FOUNDATION

PART VII-A,

FORM 990PF,

20-1674794

ATTACHMENT

DIRECT PUBLIC SUPPORT	960,000.	854,202.	553,887.
DATE	03/06/2009	12/03/2009	10/30/2009
NAME AND ADDRESS	ESTATE OF LEWIS WEINBERG 300 W. SUPERIOR CHICAGO, IL 60610	RELATIONS FOUNDATION 203 N WABASH, SUITE 1800 CHICAGO, IL 60601	ESTATE OF SYLVIA RADOV 3535 PATTON ROAD, #6BC HIGHLAND PARK, IL 60035

2,368,089.

TOTAL CONTRIBUTION AMOUNTS

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AND TRUSTEES DIRECTORS,

20-1674794

ATTACHMENT

- LIST OF OFFICERS, FORM 990PF,

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

> 1524 WEST LAKESHORE DRIVE DANIEL C. WEINBERG

PRESIDENT

WHITEFISH, MT 59937

ZACHARY WEINBERG

SECRETARY

210 SHEFFIELD ROAD ALAMEDA, CA 94502

WINNETKA, IL 60093 MOLLY JARMUSZ 555 CHERRY STREET

TREASURER

GRAND TOTALS

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PAGE 27

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DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANTS	
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PART	
990PF.	
FORM	

AMOUNT	250.	35, 000	10,000	2,000.	12,000.	1,225.
PURPOSE OF GRANT OR CONTRIBUTION	OPERATING FUNDS	SCHOLARSHIPS	OPERATING FUNDS	OPERATING FUNDS	OPERATING FUNDS	OPERATING FUNDS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A	N/A	N/A	N/A	N/A	N/A
	501 (C) 3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3
RECIPIENT NAME AND ADDRESS	THIRD COST INTL AUDIO FESTIVAL	BOISE STATE UNIVERSITY FOUNDATION	ALPINE THEATER PROJECT	NATIONAL PARK CONSERVATION ASSOCIATION	ACLU OF MT FOUNDATION	WHITEFISH LAKE INSTITUTE
	848 E GRAND AVE	1910 UNIVERSITY DRIVE	P.O. BOX 1959	1300 19TH STREET NW	P.O. BOX 1317	635 DENVER SIREET
	CHICAGO, IL 60611	BOISE, ID 83725	WHITEFISH, MT 59937	WASHINGTON, DC 20036	HELENA, MT 59624	WHITEFISH, MT 59937

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WHITEFISH THEATER INSTITUTE	N/A	OPERATING FUNDS	850.
1 CENTRAL AVENUE	501(C)3		
WHITEFISH, MI 59937			
FIRST BEST PLACE	N/A	OPERATING FUNDS	5,000.
P O BOX 2244	501(C)3		
COLUMBIA FALLS, MT 59911			
THE WAVE	N/A	OPERATING FUNDS	263
1250 BAKER AVENUE	501(c)3		
WHITEFISH, MT 59937			
WILLIAMS COLLEGE	N/A	OPERATING FUNDS	7,000.
P.O. BOX 624	501(C) 3		
WILLIAMSTOWN, MA 01267			
FLATHEAD LAND TRUST	N/A	OPERATING FUNDS	500.
P.O. BOX 1913	501(C)3		
KALISPELL, MT 59903			
THE NURTURING CENTER	N/A	OPERATING FUNDS	200.
146 THIRD AVENUE	501(C)3		
WEST KALISPELL, MT 59901			

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20-1674794

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MONTANA INNOCENCE PROJECT P.O. BOX7607 MISSOULA, MI 59807	N/A 501(C)3	OPERATING FUNDS	110,000.
GLACIER SYMPHONY P.O. BOX 2491 KALISPELL, MT 59903	N/A 501(C)3	OPERATING FUNDS	1,000
CITIZENS FOR A BETTER FLATHEAD 35 4TH ST. WEST KALISPELL, MT 59903	N/A 501(C)3	OPERATING FUNDS	2,500.
MT HUMAN RIGHTS NETWORK P.O. BOX 1509 HELENA, MT 59624	N/A 501(C)3	OPERATING FUNDS	.000
DYSTONIA MEDICAL RESEARCH FOUNDATION ONE E. WACKER DR, SUITE 2430 CHICAGO, IL 60601	N/A 501(C)3	OPERATING FUNDS	1,000
SKOKIE NORTHSHORE SCULPTURE PARK 9351 KEELER AVE SKOKIE, IL 60076	N/A 501(C)3	OPERATING FUNDS	2,667.

ATTACHMENT 9 (CONT'D)

THE ANGORA RIDGE FOUNDATION

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

### FOUNDATION S    N/A   S01(C)		RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
N/A   OPERATING FUNDS   1,	RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DATION  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N	GLACIER HIGH SCHOOL 375 WOLFPACK WAY KALISPELL, MT 59901	N/A 501(C)	OPERATING FUNDS	. 000
N/A   OPERATING FUNDS   2,	BIGFORK HIGH SCHOOL 600 COMMERCE STREET BIGFORK, MT 59911	N/A 501(C)	OPERATING FUNDS	1,500.
N/A     OPERATING FUNDS     10,       DATION     N/A     OPERATING FUNDS     10,       N/A     OPERATING FUNDS     501(C) 3     501(C) 3	FLATHEAD LAKERS P.O BOX 70 POLSON, MT 59860	N/A 501(C)3	OPERATING FUNDS	100.
DATION N/A OPERATING FUNDS 10, N/A OPERATING FUNDS 501(C) 3	HEADWATERS MONTANA P.O. BOX 4310 WHITEFISH, MT 59937	N/A N/A	OPERATING FUNDS	2,000
N/A 501(C)3	FEFISH COMMUNITY FOUNDATION 2ND STREET WEST FEFISH, MT 59937	N/A 501(C)3	OPERATING FUNDS	10,000.
	ANA PBS ANA STATE UNIVERSITY AMAN, MT 59717	N/A 501(C)3	OPERATING FUNDS	100.

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20-1674794

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ATTACHMENT 9 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WHITEFISH PERFORMING ARTS CENTER P.O BOX 348 WHITEFISH, MT 59937	N/A N/A	OPERATING FUNDS	2,000
NORTH VALLEY FOOD BANK 311 1ST STREET WHITEFISH, MT 59937	N/A 501(C)3	OPERATING FUNDS	1,000.
CENTURION MINISTRIES 221 WITHERSPOON PRINCETON, NJ 08542	N/A 501(C)3	OPERATING FUNDS	1,500.
CHICAGO PUBLIC RADIO 848 E GRAND AVE CHICAGO, IL 60611	N/A 501(C)3	OPERATING FUNDS	100.
MISSION PAWS-IBLE P.O. BOX 567 LAKESIDE, MT 59922	N/A 501(C)3	OPERATING FUNDS	5,000.

TOTAL CONTRIBUTIONS PAID

215,755.

ATTACHMENT 9 PAGE 32

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### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

## **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Name of estate or trust Employer identification number THE ANGORA RIDGE FOUNDATION 20-1674794 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales once (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr ) (mo, day, yr) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b -13,769.1 b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, -13,769. column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) 6a -77,547. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 6 b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 8 8 9 9 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, -77,547. Schedule D (Form 1041) 2009 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Sahadula 3	D /Form	1041) 2009	٠
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Pa	a	e	2

Scrie	dule D (10111 1047) 2009			Page Z
Pa	rt III Summary of Parts I and II Caution: Read the instructions before completing this pai	(1) Beneficiar f. (see page 5	1	(3) Total
13	Net short-term gain or (loss)	3		-13,769.
	Net long-term gain or (loss):			
а	Total for year14	a		-77,547.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14	b		
С	28% rate gain	с		
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 1	5		-91,316.
Note	e; If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9	90-T. Part I. line 4a)	If lines 14a and 15 column	(2) are net gains go

to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

### **Capital Loss Limitation**

Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of

3,0001 a The loss on line 15, column (3) or b \$3,000 16 ( Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

### Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2)	· ***	* ~ .
	but not less than zero		
19	Enter the estate's or trust's qualified dividends	Sec.	`
	from Form 1041, line 2b(2) (or enter the qualified	`*************************************	& Z
	dividends included in income in Part I of Form 990-T) 19	7.	\$^
20	Add lines 18 and 19	₹. *\	
21	If the estate or trust is filing Form 4952, enter the		
	amount from line 4g, otherwise, enter -0 ▶ 21	Zar.	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	~~~.
23	Subtract line 22 from line 17 If zero or less, enter -0-	23	(Z)
24	Enter the smaller of the amount on line 17 or \$2,300	24	ý.
25	Is the amount on line 23 equal to or more than the amount on line 24?		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.		
	No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Are the amounts on lines 22 and 26 the same?		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27	``````
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
			1 m
29	Subtract line 28 from line 27	29	//
30	Multiply line 29 by 15% ( 15)	30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedul		
	(see the Schedule Ginstructions in the instructions for Form 1041)		31
32	Add lines 30 and 31		32
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedul		
	(see the Schedule Ginstructions in the instructions for Form 1041)		33
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and of	on Form 1041 Schedule	
<b>-</b> •	G. line 1a (or Form 990-T. line 36)		34

Schedule D (Form 1041) 2009

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041).

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

OMB No 1545-0092

2009

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

**Employer Identification number** 

THE ANGORA RIDGE FOUNDATION 20-1674794 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (c) Date sold (mo , day, yr ) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) acquired (mo, day, yr) (see page 4 of the instructions) 1a SEE ATTACHED STATEMENT 350,498. 364,267. -13,769.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

-13,769.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year					Employer identification number	
-	(b) Date			(a) Cookth t		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	
a SEE ATTACHED STATEMENT			280,061.	357,608.	-77,547	
				33,7,333		
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BOSTON TRUST & INVESTMENT

ADMIN PG 1

GAIN/LOSS PROFILE REPORT FROM 01/01/09 TO 12/31/09

01/12/10 12:15

ACCOUNT#. 2 07307 ANGORA RIDGE FOUNDATION INA

TAX ID: 20.1674794 ACC TYPE: 55 CAPACITY. 10 ACCNT 1 ADM 104 MGR. 39

QUALIFICATION CRITERIA FOR REPORTING

REPORTING FOR ACCOUNT: 2-07307 NINOR ASSSET CLASSES EXCLUDED: 5 6

(ID. 471) ANGORA RIDGE FOUNDATION IMA

SUMMARY WILL BE SORTED BY DATE OF ENTRY

CAIN/LOSS SCHEDULE

GAIN (LOSS)	-6364.11 -3767.76 -5919.90 0.00 0.00 0.00 0.00 0.00 0.00 0.0	-13436.75 -3177.74 -10180.16 -7448.01 -8423.63
PURCHASE	2204.10 6784.00 6494.00 6494.00 6494.00 2227.22 2285.24 7722.06	18479 40 12911.92 14033.88 18219.00 12513 00
NET PROCEEDS	1/30/09 52904.10 5 1/30/09 2726.24 1/30/09 2726.24 1/30/09 2726.24 3/03/09 2838.10 1/22/09 2858.37 4/22/09 2858.37 4/20/09 2858.37 4/20/09 2858.37 5/10/09 2858.37 5/10/09 2858.37 5/10/09 2858.37 6/15/09 2720.16 6/15/09 2720.16 7/14/09 1176.80 7/23/09 7660.10 6/15/09 26557.34 0/09/09 16426.47 2/14/09 16426.47 2/14/09 16426.47 2/14/09 16426.47 2/14/09 16426.47 2/14/09 16426.47 2/14/09 16426.47 10426.47 350, 44, 7 350, 44,	5042 65 9734.18 3853.72 10770 99 4089.37
DATE SOLD/RCD	44 <b>0</b>	1/16/09 1/16/09 1/23/09 1/30/09 1/30/09
DATE	VARIOUS 7/08/08 6/03/08 VARIOUS 7/24/09 2/22/08 2/22/08	7/05/0/ 7/05/07 7/05/07 7/06/07/
SHARES/PAR DESCRIPTION	52904.10000 ABN ANG FDS INSTL PRINE WM FD 600.00000 MILMINGTON TRUST CORPORATION 48749.63000 ABN ANGO FDS INSTL PRINE NM FD 300.00000 ROCHE HLDG LID SPONS 2327.22000 ABN ANGO FDS INSTL PRINE NM FD 95.28000 ABN ANGO FDS INSTL PRINE NM FD 95.28000 ABN ANGO FDS INSTL PRINE NM FD 100.00000 PAYCHEX INC 57460.10000 ABN ANGO FDS INSTL PRINE NM FD 100.00000 ABN ANGO FDS INSTL PRINE NM FD 77227.66000 ABN ANGO FDS INSTL PRINE NM FD 7722.76000 ABN ANGO FDS INSTL PRINE NM FD 772.76000 ABN ANGO FDS INSTL PRINE NM FD 776.10000 ABN ANGO FDS INSTL PRINE NM FD 76.47000 ABN ANGO FDS INSTL PRINE NM FD 76.47000 ABN ANGO FDS INSTL PRINE NM FD 76.47000 ABN ANGO FDS INSTL PRINE NM FD 76.47000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN ANGO FDS INSTL PRINE NM FD 76.557.34000 ABN FD FDS INSTL PRINE NM FD 76.557.34000 ABN FD FDS INSTL PRINE NM FD 76.557.34000 ABN FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS INSTL FDS	300.00000 MAERICAN EARAGES CO 300.00000 STATE STREET CORPORATION 300.00000 STATE STREET CORPORATION 300.00000 WATERS CORPORATION 300.00000 WILMINGTON TRUST CORPORATION
DATE	1/30/09 2/04/09 2/204/09 3/06/09 3/06/09 3/21/09 4/30/09 5/26/09 5/26/09 6/15/09 7/21/09 12/17/09	1/22/09 1/28/09 1/28/09 2/04/09

NO PENDING ITEMS QUALIPIED

DATE SHARES/PAR DESCRIPTION

GAIN (LOSS)

PROCEEDS

THEORETICAL SALE DATE