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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

OMB No 1545-0052

		ar year 2009, or tax year beginning			nd ending	<u> </u>		, 20
С	heck a	all that apply Initial return	<u> </u>	turn of a former public o	ì ,	L.	Final return	
_		Amended return	Add	ress change	Name ci	_ 	ntification number	
US	e the l label.		tta End			20-17779		
Ot	therwi			ddress) Bo	om/suite		mber (see page 10 of the	unetructions)
	print	Number and succes (or 1 O box number in mains no	or delivered to sheet a	duless) Ro	Onvaile			mondenons)
	or type					(319) 363		
	Spec					C If exemption a	pplication is pending, chi	eck here
_	tructio						anizations, check here	• • • • • • • • • • • • • • • • • • •
С	1	ype of organization X Section 501 on 4947(a)(1) nonexempt charitable trust	(c)(3) exempt priv	<i>r</i> ate foundation taxable private foundati	on	check here	anizations meeting the 85 and attach computation	176 test,
F	air ma	rket value of all assets at J Acco	unting method	X Cash A	ccrual	E If private found	dation status was termina 507(b)(1)(A), check here	ited ▶
е	nd of y	/ear (from Part II, col. (c),	ther (specify)					
lo	пе 16)	▶\$ 6,686,035 (Part I, o	column (d) must b	e on cash basis)		F If the foundate	on is in a 60-month termi 507(b)(1)(B), check here	nation
_	rt I	Analysis of Revenue and Expense		,		under deducin	<u> </u>	(d) Disbursemen
-44		amounts in columns (b), (c), and (d) may not necessarily eq		(a) Revenue and expenses per	(b) Net ii	nvestment	(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions)		books	inc	come	income	purposes (cash basis only
Т	1	Contributions, gifts, grants, etc., received (attac						Coost Busis of By
	2	Check ► X If the foundation is not required to attact	=				· · · · · · · · · · · · · · · · · · ·	+
	3	_						*
		Interest on savings and temporary cash investm		207 252		207 250		
	4	Dividends and interest from securities • • • •	• • • • • • •	397,350		397,350		*
1	5a	Gross rents	• • • • • • •					
	b	Net rental income or (loss)						
Į	6a	Net gain or (loss) from sale of assets not on line	e 10 · · · · ·		 			
ľ	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)	• • • • • • •	*				
1	8	Net short-term capital gain	• • • • • • •					
	9	Income modifications · · · · · · · · · · · · · · · · · · ·		*				
1	10a	Gross sales less returns and allowances						
1	b	Less Cost of goods sold · · · · · ·						¢ (
1	c	Gross profit or (loss) (attach schedule)			<i></i>			
1	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		397,350		397,350		
7	13	Compensation of officers, directors, trustees, et		36,000				36,0
.	14	Other employee salaries and wages • • • • •		, , , , , , , , , , , , , , , , , , , ,				
ì	15	Pension plans, employee benefits • • • • • •						
n	16a	Legal fees (attach schedule) • • • • • • •				-		+
,	b	Accounting fees (attach schedule) • • • • • •	STM108	4,600				4,6
,		Other professional fees (attach schedule) • • •	STM109	4,711		4,711		4,7
1	17	Interest · · · · · · · · · · · · · · · · · · ·						
. 1	18		STM110	6,340				6,3
1	18 19	Taxes (attach schedule) (see page 14 of the ins	suddions) •	5,340				6,3
,		Depreciation (attach schedule) and depletion	•••••	4 500				
1	20	Occupancy - RECEIVED		4,500				4,5
	21	Travel, conferences, and meetings · · · ·	• • • • • • •	75				
,	22	Printing and publications 6 2 3 2010 - 3	STM103					
. 1	23	Other expenses (attach schedule)		659				•
	24	Total operating and administrative expenses.				!		_
	ı	Add lines 13 throug GEDEN, UI	٠٠٠٠٠.	56,885		4,711		56,8
	25	Contributions, gifts, grants paid	• • • • • •	264,055				264,0
	26	Total expenses and disbursements. Add lines	24 and 25 -	320,940		4,711		320,9
1	27	Subtract line 26 from line 12						
1	а	Excess of revenue over expenses and disburs	sements · ·	76,410		i		
	b	Net investment income (if negative, enter -0-)				392,639		
	С	Adjusted net income (if negative, enter -0-)						d
_1		y Act and Paperwork Reduction Act Notice, see	00 -641-	in a face a face a		EEA		Form 990-PF (2

Dort I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
Part I	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · ·			
2	Savings and temporary cash investments	269,527	309,481	309,481
j 3	Accounts receivable			
ŀ	Less allowance for doubtful accounts			
4	Pledges receivable			
- 1	Less allowance for doubtful accounts			-
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
]	disqualified persons (attach schedule) (see page 16 of the			
A	instructions) · · · · · · · · · · · · · · · · · · ·			
s 7	Other notes and loans receivable (attach schedule)			
s i	Less allowance for doubtful accounts		i	
t 8	Inventories for sale or use • • • • • • • • • • • • • • • • • • •			
s 9	Prepaid expenses and deferred charges			
10a				
- 1	Investments - corporate stock (attach schedule)		C 00C FF4	6 276 654
	Investments - corporate bonds (attach schedule) STM138-	5,333,567	6,376,554	6,376,554
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans • • • • • • • • • • • • • • • • • • •			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis			
1	Less accumulated depreciation (attach schedule)			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I) · · · · · · · · · · · · · · · · · ·	5,603,094	6,686,035	6,686,035
L 17	Accounts payable and accrued expenses			
a 18	Grants payable			,
b 19	Deferred revenue			1
į 20	Loans from officers, directors, trustees, and other disqualified persons			>» ·
t 21	Mortgages and other notes payable (attach schedule)			
i 22	Other liabilities (describe ▶ STM121)	4,490	3,319	
e s 23	Total liabilities (add lines 17 through 22)	4,490	3,319	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
N F 24	Unrestricted · · · · · · · · · · · · · · · · · · ·			
t u 25	Temporarily restricted • • • • • • • • • • • • • • • • • • •	-		
d 26	Permanently restricted			
A	Foundations that do not follow SFAS 117, check here			1
s B	and complete lines 27 through 31.			,
Salaz	Capital stock, trust principal, or current funds			į,
÷ 1 20	Paid-in or capital surplus, or land, bldg, and equipment fund			
s n 29	Retained earnings, accumulated income, endowment, or other funds	5,598,604	6,682,716	,
c 30	Total net assets or fund balances (see page 17 of the	3,398,004		
o e	· · · ·	E E 08 604	6 600 716	
r 5	Instructions) · · · · · · · · · · · · · · · · · · ·	5,598,604	6,682,716	'
31	Total liabilities and net assets/fund balances (see page 17	5 502 224	6 606 005	
	of the instructions)	5,603,094	6,686,035	<u> </u>
Part I				
	Il net assets or fund balances at beginning of year - Part II, column (a), line	. •		
	of-year figure reported on prior year's return)			5,598,604
	er amount from Part I, line 27a • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		76,410
	er increases not included in line 2 (itemize) STM115		3	1,121,931
	lines 1, 2, and 3		4	6,796,945
	reases not included in line 2 (itemize) STM116		5	114,229
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30 · · · ·	6	6,682,716

Part IV Capital Gains	and Losses for Tax on Inve	<u>estment incom</u>	<u></u>		
	the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yrั , กิเจ , day)
1a RBC Securities			P	VARIOUS	VARIOUS
<u>b</u>					
<u>c</u>					
d			_		
<u>e</u>					
(e) Gross sales price	es price (f) Depreciation allowed (g) Cost or other basis plus expense of sale				n or (loss)) minus (g)
a 2,162,351			2,276,332		(113,981)
b		ļ			
C					
d					
Complete entrifer exects about	and company (b) and company	h., the formulation on	40/04/00		
Complete only for assets snow	wing gain in column (h) and owned	by the foundation of	1 12/31/69		of (h) gain minus
(i) FMV as of 12/31/69	Adjusted basis as of 12/31/69	(k) Excess over col (col (k), but not le Losses (fr	ess than -0-) cor om col (h))
a	40 01 12/01/00	Over cor (), ii diiy		(113,981)
b					(113, 301)
c					
d					
е					
	■ If gain a	ilso enter in Part I, Ii	ne 7		
2 Capital gain net income or (ne		enter -0- in Part I, Iii		2	(113,981)
3 Net short-term capital gain or	(loss) as defined in sections 1222(5				
	e 8, column (c) (see pages 13 and 1		s) • • •		
If (loss), enter -0- in Part I, line		• • • • • • • • • •	" }	3	
	nder Section 4940(e) for R	educed Tay or	Not Investme	ent Income	
For optional use by domestic priv	rate foundations subject to the section	on 4940(a) tax on n	et investment inco	me)	
f section 4940(d)(2) applies, leav	e this part blank				
.,,,,	·				
	section 4942 tax on the distributable		•	q,	Yes X No
	qualify under section 4940(e) Do no				
1 Enter the appropriate amount (a)	in each column for each year, see j	page 18 of the instru	ictions before mar	ding any entries	(d)
Base period years	(b) Adjusted qualifying distributions	Net value of a	(c) ionchantable-use asset		nbution ratio
Calendar year (or tax year beginning in) 2008	327,		6,307,1	(401 (6) (0.051937
2006	174,		3,280,8		0.053202
2007	1/4,		3,280,6	.30	0.053202
2005					
2004				- +	
2004				- 	
2 Total of line 1 column (d) -		,		2	0.105139
	he 5-year base period - divide the to			-	
=	on has been in existence if less than	•	•	3	0.035046
riamber or jours are realizated		10 700.0			
4 Enter the net value of noncha	ritable-use assets for 2009 from Pa	rt X line 5		4	5,894,286
- Enter the flet value of honorid	. Madie due addets for 2000 from Fa	117, 1110 0		-	3,034,200
5 Multiply line 4 by line 3	<i></i> .		<i>.</i>	5	206,571
					200,0.2
6 Enter 1% of net investment in	come (1% of Part I, line 27b) · · ·			6	3,926
		-	- •	 - +	
7 Add lines 5 and 6 • • • • •	<i>.</i>		<i></i>	7	210,497
		-	- · ·	 	
8 Enter qualifying distributions f	rom Part XII. line 4		<i>.</i>	8	320,940
	than line 7, check the box in Part VI				
Part VI instructions on page 1		,e .e, and compr	part ability	/v tan /uto 000 ti	·· ·

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Pa	T VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instruct	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 -			1
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	7000		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	,926
	here X and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			
C	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			0
3	Add lines 1 and 2		3	,926
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 5		3	,926
6	Credits/Payments Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4,000			
b	Exempt foreign organizations - tax withheld at source • • • • • • • • • • • • • • • • • • •			
С	Tax paid with application for extension of time to file (Form 8868) • • • • • 6c			:
d	Backup withholding erroneously withheld • • • • • • • • • • • • 6d			į
7	Total credits and payments Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·		4	,000
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached • • • • • 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			74
11	Enter the amount of line 10 to be Credited to 2010 estimated tax			74
Pa	t VII-A Statements Regarding Activities	_		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		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			ľ
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	
	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		3	1 ,
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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		4	! :
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
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			1
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV ••	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		v
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	- 55		X
9	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	}		İ
	27)? If "Yes," complete Part XIV	9		v
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	 -	_	X
	names and addresses · · · · · · · · · · · · · · · · ·	10		v
	number and addressed and a second sec	_''	l	X

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

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

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

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?

X

3b

4a

4h

Yes X No

Form 990-PF (2009) John P & Lawrence	e J Giacol	etto Fnd				20-177	7917_	Page 6
Part VII-B Statements Regarding Act	tivities for V	Vhich Forr	n 4720	May Be	Requi	red (continued)		
5a During the year did the foundation pay or incur								
(1) Carry on propaganda, or otherwise attempt	t to influence le	gislation (sect	ion 4915	5(e))? · ·		Ycs X No		
(2) Influence the outcome of any specific publi				•				
directly or indirectly, any voter registration of						Yes X No		
(3) Provide a grant to an individual for travel, s	tudy, or other s	ımılar purpose	es? • •		• • •	Yes X No		
(4) Provide a grant to an organization other that	an a charitable,	etc, organiza	ation des	cribed in				}
section 509(a)(1), (2), or (3), or section 494	10(d)(2)? (see p	age 22 of the	ınstructı	ions) • • •		Yes X No		
(5) Provide for any purpose other than religiou	s, charitable, se	cientific, litera	ry, or edi	ucational				
purposes, or for the prevention of cruelty to	children or an	ımals?				Yes X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the	ne transactions	fail to qualify i	under the	e exceptions	describ	ed in		
Regulations section 53 4945 or in a current not	tice regarding d	isaster assista	ance (se	e page 22 o	f the inst	ructions)? · · ·	5b	
Organizations relying on a current notice regard	ding disaster as	ssistance chec	ck here			• • • ▶		
c If the answer is "Yes" to question 5a(4), does the	ne foundation c	laım exemptio	n from tl	he tax			}	
because it maintained expenditure responsibility	ty for the grant?	• • • • • •				Yes No	ļ	
If "Yes," attach the statement required by Regu	lations section	53 4945-5(d)						
6a Did the foundation, during the year, receive any	y funds, directly	or indirectly,	to pay pi	remiums			ĺ	*
on a personal benefit contract?		• • • • • •			•	Yes X No		
b Did the foundation, during the year, pay premiu	ıms, dırectly or	indirectly, on a	a person	al benefit co	ntract?		6b	X
If "Yes" to 6b, file Form 8870								
7a At any time during the tax year, was the founda	ition a party to a	a prohibited ta	x sheltei	r transaction	? .	Yes X No	-	l l
b If yes, did the foundation receive any proceeds	or have any ne	et income attri	butable t	to the transa	ction?		7b	
Part VIII Information About Officers	D:							
Tart Time Innormation About Office(5)	, Directors,	Trustees,	Found	dation Ma	nager	s, Highly Paid	Empl	oyees,
and Contractors							Empl	oyees,
	managers and	their compen					Empl	oyees,
and Contractors	managers and	their compen	sation (s	see page 22	of the in	structions). Contributions to	(e) Exp	ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address	managers and (b) Title	their compen	sation (s	see page 22	of the in	structions).	(e) Exp	
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott	managers and (b) Title	their compen e, and average s per week d to position	sation (s	see page 22 ompensation paid, enter	of the in	structions). Contributions to byee benefit plans	(e) Exp	ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302	managers and (b) Title hours devoted	their compen e, and average s per week d to position	sation (s	see page 22 ompensation paid, enter	of the in	structions). Contributions to byee benefit plans	(e) Exp	ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor	managers and (b) Title hours devoted	their compen e, and average s per week d to position	sation (s	see page 22 ompensation paid, enter -0-)	of the in	structions). Contributions to object benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403	managers and (b) Title hours devoted Truste	their compened, and average sper week doposition de O	sation (s	see page 22 ompensation paid, enter -0-)	of the in	structions). Contributions to byee benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison	managers and (b) Title hours devoter Truste	their compened, and average sper week doposition de O	sation (s	see page 22 impensation paid, enter -0-)	of the in	structions). Contributions to object benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison	managers and (b) Title hours devoted Truste	their compened, and average sper week doposition de O	sation (s	see page 22 impensation paid, enter -0-)	of the in	structions). Contributions to object benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison	managers and (b) Title hours devoted Truste	their compen e, and average s per week d to position see 0	sation (s	see page 22 ompensation paid, enter -0-) 12,000	of the in	structions). Contributions to the seried compensation 0	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302	managers and (b) Title hours devotes Truste Truste	their compenses, and average is per week of to position eee 0	sation (s) (c) Co	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350	of the in (d) emploand defe	structions). Contributions to byee benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address 2 Wayne Scott 20 Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a)	managers and (b) Title hours devotes Truste Truste	their compenses, and average is per week of to position eee 0	sation (s) (c) Co	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350	of the in (d) emploand defe	structions). Contributions to byee benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison	managers and (b) Title hours devotes Truste Truste	their compenses, and average is per week of to position eee 0	sation (s) (c) Co	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350	of the in (d) emploand defe	structions). Contributions to byee benefit plans erred compensation	(e) Exp	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address 2 Wayne Scott 20 Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a)	Truste Truste other than thos	their compenses, and average is per week of to position eee 0	sation (s) (c) Co (if not)	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350	of the in (d) emplo and defe	structions). Contributions to byee benefit plans erred compensation	(e) Exprother	ense account, allowances
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address 2 Wayne Scott 20 Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a) If none, enter "NONE."	Truste Truste other than thos	their compenses, and average is per week do to position deed to position deed do de	sation (s) (c) Co (if not)	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350 see page 2	of the in (d) emplo and defe	structions). Contributions to byee benefit plans erred compensation 0 0 0 instructions).	(e) Exprother	ense account, allowances 0 0 0 ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address 2 Wayne Scott 20 Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a) If none, enter "NONE."	Truste Truste other than thos	their compenses, and average is per week do to position deed to position deed do de	sation (s) (c) Co (if not)	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350 see page 2	of the in (d) emplo and defe	structions). Contributions to byee benefit plans erred compensation 0 0 0 instructions).	(e) Exprother	ense account, allowances 0 0 0 ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address E Wayne Scott PO Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a) If none, enter "NONE."	Truste Truste other than thos	their compenses, and average is per week do to position deed to position deed do de	sation (s) (c) Co (if not)	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350 see page 2	of the in (d) emplo and defe	structions). Contributions to byee benefit plans erred compensation 0 0 0 instructions).	(e) Exprother	ense account, allowances 0 0 0 ense account,
and Contractors 1 List all officers, directors, trustees, foundation (a) Name and address 2 Wayne Scott 20 Box 282 Marion, IA 52302 Alexander Taylor 3832 Bever Ave, IA 52403 Barbara Robison 1175 8th Ave Marion, IA 52302 2 Compensation of five highest-paid employees (a) If none, enter "NONE."	Truste Truste other than thos	their compenses, and average is per week do to position deed to position deed do de	sation (s) (c) Co (if not)	see page 22 ompensation paid, enter -0-) 12,000 12,000 16,350 see page 2	of the in (d) emplo and defe	structions). Contributions to byee benefit plans erred compensation 0 0 0 instructions).	(e) Exprother	ense account, allowances 0 0 0 ense account,

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Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	lation Managers, Highi	y Paid Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of	the instructions). If none, ent	er "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information organizations and other beneficianes served, conferences convened, research papers produced, etc.	ition such as the number of	Expenses
1 Providing local schools with educational enhancement		
funds.		
		71,555
2 Providing scholarships funds to enginering students at Kirkwood Community College and Rose-Hulman Institute		
of Technology.		65,000
3 Providing funds for literacy enhancement to Cedar		
Rapids Public Library		
		52,500
4 Providing funds to other 501(c)(3) charities to		
promote education, literacy and music within the community.		67,500
Part IX-B Summary of Program-Related Investments (see page 24	of the instructions)	07,500
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1	<u> </u>	
2		
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3		•
		

Pa	rt X Minimum Investment Return (All domestic foundations milist complete this part. Foreign foun see page 24 of the instructions.)	dations	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	$ \tau$	
	purposes		
а	Average monthly fair market value of securities	1a	5,637,576
b	Average of monthly cash balances	1b	346,471
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	5,984,047
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) • • • • • • • • • • • • • • • • • • •	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	5,984,047
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	89,761
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 • •	5	5,894,286
6	Minimum investment return. Enter 5% of line 5	6	294,714
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope	rating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	. 294,714
2a	Tax on investment income for 2009 from Part VI, line 5 · · · · · · · 2a 3, 926	×	
b	Income tax for 2009 (This does not include the tax from Part VI) • • • • 2b		
С	Add lines 2a and 2b	2c	3,926
3	Distributable amount before adjustments Subtract line 2c from line 1	3	290,788
4	Recoveries of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4	5	290,788
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,	- 1	
	line 1 · · · · · · · · · · · · · · · · · ·	7	290,788
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
		T	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	-:-	200 040
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·	1a	320,940
b 2	-9	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	,	
3	ļ.	2	
	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) • • • • • • • • • • • • • • • • • • •		
a b	Cash distribution test (attach the required schedule)	3a	
4)	3b	320 040
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	320,940
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	2 026
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,926
v	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
	qualifies for the section 4940(e) reduction of tax in those years	e lound	ווטווסג
	qualities for the section 4340(e) reduction of tax in those years		

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Pai	t XIII Undistributed Income (see page 26	of the instructions)			
1	Distributable amount for 2009 from Part XI.	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7				290,788
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years,,				
3	Excess distributions carryover, if any, to 2009	1			
а	From 2004 • • • • • • • •				
b	From 2005 • • • • • • •				,
С	From 2006 • • • • • • • •				1
d	From 2007 • • • • • • •				
е	From 2008 15,804	-			
f	Total of lines 3a through e	15,804			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶\$ 320,940	į			;
	Applied to 2008, but not more than line 2a · · ·				
b	Applied to undistributed income of prior years	*			*
	(Election required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				E
	required - see page 26 of the instructions) - • •				
d	Applied to 2009 distributable amount • • • • •				290,788
е	Remaining amount distributed out of corpus • • •	30,152			
5	Excess distributions carryover applied to 2009 •				
	(If an amount appears in column (d), the same	ļ	"	1	1
	amount must be shown in column (a))				
6	Enter the net total of each column as	ĺ			. 28
	indicated below:		*		*
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 -	45,956			
b	Prior years' undistributed income Subtract				1
	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				
d	Subtract line 6c from line 6b Taxable				-
	amount - see page 27 of the instructions			*	*
0	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				İ
	27 of the instructions · · · · · · · · · · · · · · · · · · ·				<u> </u>
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010	<u> </u>			0
7	Amounts treated as distributions out of corpus				· · · · · · · · · · · · · · · · · · ·
	to satisfy requirements imposed by section	Į			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				Į.
	instructions) • • • • • • • • • • • • • • • • • • •				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · · · ·			1.	
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	45,956			
10	Analysis of line 9				
а	Excess from 2005 · · · ·				
b	Excess from 2006 · · · · ·				
c	Excess from 2007 · · · ·				:
đ	Excess from 2008 15,804				,
e	Excess from 2009 30,152				
					

Part					n 9)					
1a	, and the second									
	foundation, and the ruling is effective for 2009, enter the date of the ruling									
b	Check box to indicate whether the foun	dation is a private ope	rating foundation des	cribed in section	4942(j)(3) or	4942(;)(5)				
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years						
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total				
	each year listed									
b	85% of line 2a • • • • • • • •									
_	Oveletine distributions from Dest VII									
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •									
d	Amounts included in line 2c not used directly for active conduct of exempt activities									
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · · ·									
3	Complete 3a, b, or c for the									
	alternative test relied upon									
а	"Assets" alternative test - enter		i							
	(1) Value of all assets - · · · ·									
	(2) Value of assets qualifying under									
_	section 4942(j)(3)(B)(i) • • • •									
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed									
С	"Support" alternative test - enter									
•	(1) Total support other than gross		!		l					
	investment income (interest,									
	dividends, rents, payments on									
	securities loans (section 512(a)(5)), or royalties)					}				
	(2) Support from general public			 						
	and 5 or more exempt					l				
	organizations as provided in									
	section 4942(j)(3)(B)(iii) • • • •					ļ				
	(3) Largest amount of support from an exempt organization • • • •									
	(4) Gross investment income · · ·					1				
Part	XV Supplementary Informa	tion (Complete t	his part only if t	he foundation had	\$5.000 or more	in assets at				
	any time during the yea									
1	Information Regarding Foundation Ma									
а	List any managers of the foundation wh	no have contributed mo	ore than 2% of the total	al contributions received	by the foundation					
	before the close of any tax year (but or	ily if they have contribu	ited more than \$5,000)) (See section 507(d)(2	2))					
	None,									
	List any managers of the foundation wh	no own 10% or more of	f the stock of a corpor	ration (or an equally large	e nortion of the					
	ownership of a partnership or other ent				c portion or the					
			· · · · · · · · · · · · · · · · · ·	. #						
	None,									
	Information Regarding Contribution,	Grant Gift Lans Cabi	planskin etc. Duc							
2	ī ¬		•							
	Check here ▶ If the foundation on	ly makes contributions	to preselected charita	able organizations and o	loes not accept					
	unsolicited requests for funds If the for			28 of the instructions) to	o individuals or					
	organizations under other conditions, o									
а	The name, address, and telephone nur	mber of the person to v	whom applications sho	ould be addressed						
	990APP									
			~* <u> </u>		· · · · · · · · · · · · · · · · · · ·	-				
b	The form in which applications should	be submitted and infor	mation and materials	they should include						
С	Any submission deadlines									
	•									
d	Any restrictions or limitations on award	s, such as by geograph	hical areas, charitable	fields, kinds of institution	ons, or other					
-	factors		,	,	,					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contribut		· · · · · · · · · · · · · ·		Foundation		
Recipien			If recipient is an individual, show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or	business)	or substantial contributor	reapient		
a Paid during the year						
Aiming For a Cure					Program expense	
200 Hawkins Dr 0733-J		E2242	No.			F 000
Iowa City	IA	52242	None	Paid		5,000
Cedar Rapids Communit	y Scho	ols		İ	Programs	
346 Second Avenue SW						
Cedar Rapids	IA	52404	None	Paid		29,950
College Community Sch	ool Di	str			Books for Program	
4011 76th Ave SW	.001 D1				Books for Frogram	•
Cedar Rapids	IA	52404	None	Paid		2,500
Eastern Iowa Arts Aca	demy				Program Expense	
PO Box 2511						
Cedar Rapids	IA	52406	None	Paid		4,500
Flood Them with Love					Flood recovery	
162 Collins Rd NE					11000 1000 101	
Cedar Rapids	IA	52402	None	Paid		3,000
Kirkwood Foundation					Scholarships	
PO Box 2068				ļ		
Cedar Rapids	IA	52406	None	Paid		15,000
Linn Mar High School					Music Programs	
3111 N 10th Street				}		
Marion	IA	52302	None	Paid		22,000
Red Cedar Chamber Mus	10				Programs	
PO Box 154		50000				
Marion	IA	52302	None	Paid		15,000
Total · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •			
b Approved for future payment				T		
				1		
					1	
					1	
				}		
				1	1	
				İ		
Total · · · · · · · · ·					▶ 3b	

Part XV Supplementary Information (continued)

PO Box 8056 Cedar Rapids IA 52408 None Paid 10,000 South Vermillion Community Sch P O Box 387 Clinton IN 47842 None Paid 6,32 Theatre Cedar Rapids 102 3rd Street SE Cedar Rapids IA 52403 None Paid 5,000 All Saints Catholic Church 720 29th Street SE Cedar Rapids IA 52403 None Paid 2,500 Cedar Rapids Opera Theatre 1120 Second Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic 947 14th Ave Cedar Rapids IA 52401 None Paid 10,000 Prive Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52401 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52401 None Paid 10,000 Prive Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 10,000 Prive Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 10,000 Prive Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 10,000 Prive Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic Second Rapids IA 52403 None Paid 5,000 Community Health Free Clinic February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February Free February	Recip	pient		If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount	
Programs Programs Programs Programs 10,00 Paid 10,00 Postation Army None Paid 10,00 Programs Programs 10,00 Programs Programs 10,00 Programs Programs Programs 10,00 Programs Program Expense	Name and address (home	or business)		recipient	1		
PO Box 8056 Cedar Rapids IA 52408 None Paid 10,00 South Vermillion Community Sch P O Box 387 Clinton IN 47842 None Paid 6,32 Theatre Cedar Rapids 102 3rd Street SE Cedar Rapids IA 52403 None Paid 5,00 All Saints Catholic Church 170 29th Street SE Cedar Rapids IA 52403 None Paid 2,50 Cedar Rapids Opera Theatre 1120 Second Avenue SE Cedar Rapids IA 52403 None Paid 5,00 Community Health Free Clinic 141 Ave Cedar Rapids IA 52401 None Paid 10,00 Five Seasons Chamber Music Fes 3750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,00 Community Health Free Clinic 157 3rd Avenue SE Cedar Rapids IA 52406 None Paid 5,00 Commanculate Conception Church 157 3rd Avenue SE Cedar Rapids IA 52406 None Paid 5,00 Commanculate Conception Church 157 3rd Avenue SE Cedar Rapids IA 52406 None Paid 2,50 Total	Paid during the year							
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Paid Total None Paid Paid Paid 10,000 Paid 10,000 Paid 10,000 Paid Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense 2,500 Paid 2,500	Cedar Rapıds	IA	52403	None	Paid		5,000	
Paid Total None Paid Paid Paid 10,000 Paid 10,000 Paid 10,000 Paid Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense Program Expense 2,500 Paid 2,500	Community Health Fr	ee Clini	c		Į	Flood Recovery		
Cedar Rapids IA 52401 None Paid 10,000 Five Seasons Chamber Music Fes Program Expense 5750 Cottage Grove Avenue SE Cedar Rapids IA 52403 None Paid 5,000 Immaculate Conception Church Program Expense 57 3rd Avenue SE Cedar Rapids IA 52406 None Paid 2,500 Total						11000 110001019		
Total	Cedar Rapids	IA	52401	None	Paid		10,000	
Total	Five Seasons Chambe	r Music	Fes			Program Expense		
Immaculate Conception Church 857 3rd Avenue SE Cedar Rapids IA 52406 None Paid 2,50	3750 Cottage Grove	Avenue S	E					
857 3rd Avenue SE Cedar Rapids IA 52406 None Paid 2,50	Cedar Rapıds	IA	52403	None	Paid		5,000	
Cedar Rapids IA 52406 None Paid 2,50 Total	Immaculate Concept:	on Churc	h			Program Expense		
Total · · · · · · · · · · · · · · · · · · ·	857 3rd Avenue SE							
	Cedar Rapıds	IA	52406	None	Paid		2,500	
Approved for future payment	Total · · · · · · · ·		• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	3a		
	Approved for future payme	ent						

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

. Recipie	ent		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home of	r business)		or substantial contributor	recipient		
a Paid during the year Linn-Mar School Foun	dation				Programs	
3111 N 10th St						
Marion	IA	52302	None	Paid		10,780
Metro Library Networ	k				Authors Series	
1095 6th Avenue						
Marion	IA	52302	None	Paid		52,500
Rose-Hulman Institut 5500 Wabash Ave	e of Te	chn	i	!	Schlorships	
Terre Haute	IN	47803	None	Paid		50,000
Science Station			į.		Summer School	
427 1st St SE					Program	
Cedar Rapids	IA	52401	None	Paid	110g1am	5,000
St Patricks Catholic	Church				Flood Recovery	
120 Fifth St NW						
Cedar Rapids	IA	52405	None	Paid		2,500
				1		
			l.	:		
b Approved for future paymen					3a	264,055
					į	
					·	
Total		. <i>.</i>				

P	art XVI	-A Analysis of Income-Producing	Activities				
		amounts unless otherwise indicated		d business income	Excluded by s	ection 512, 513, or 514	(e)
	•		(a)	(b) Amount	(c)	(d) Amount	Related or exempt function income (See page 28 of
1	Program	n service revenue	Business code	Amount	Exclusion code	Amount	the instructions)
	a				ļ. <u>.</u> _		
	ь						
	c				<u> </u>		
	d				ļ		
	e				ļ		
	¹ <u>-</u>				ļ		
_	_	and contracts from government agencies	<u> </u>		ļ		
		ship dues and assessments · · · · · · ·					
_		on savings and temporary cash investments -				207 250	
4		ds and interest from securities			14	397,350	
Ð		al income or (loss) from real estate			<u> </u>		
		-financed property			 		
æ					 		
		al income or (loss) from personal property • • • vestment income • • • • • • • • • • • • • • • • • • •	-		<u> </u>		
_		(loss) from sales of assets other than inventory •			<u> </u>		
8 9		me or (loss) from special events • • • • • • •					
		rofit or (loss) from sales of inventory	<u> </u>	-	 		
	•				 	 	
••	b				-		<u> </u>
	č —				 -		
	d			ļ	 		
	. —				 		
12		Add columns (b), (d), and (e)		 	 	397,350	
			L				397,350
		neet in line 13 instructions on page 28 to verify ca	lculations)				
_		-B Relationship of Activities to the		lishment of Exe	empt Purno	ses	
		Explain below how each activity for which inc	ome is repo	rted in column (e) of	Part XVI-A cor	tributed importantly to	the
_	ine No.	accomplishment of the foundation's exempt p	ourposes (ot	her than by providing	funds for sucl	n purposes) (See page	29 of the
	_	instructions)					
							<u> </u>
			_				
						··	
							_
_	-						
							
_							
							
							_
	-			 			
	_						
_				 			
							

Pa	rt XV		ation Rega t Organiza		ansfers To and T	ransacti	ons and	Relation	nships W	ith Nonc	narita	able	
1	D.d.th				age in any of the followi							Yes	NIA
1	•	_				-	_				 	res	No
			the Code (oth	ier than sect	tion 501(c)(3) organizat	lions) or in s	section 527	7, relating to	o political		'	1 .	
	organ	nizations?											
а					noncharitable exempt o	_							
											1a(1)		_ X
	(2) O	ther assets •									1a(2)		Х
b		r transactions											
			to a nonchari	table evemn	ot organization • • •						1b(1)		v
					e exempt organization						1b(2)		X
					, •								X
					ssets · · · · · · ·						1b(3)		X
					• • • • • • • • • • •						1b(4)		X
					• • • • • • • • • • •						1b(5)		X
	(6) P	erformance of	services or m	nembership (or fundraising solicitation	ons · · ·			• • • • • •	• • • • •	1b(6)		_X
C	Sharı	ng of facilities,	equipment, r	nailing lists,	other assets, or paid er	mployees					1c		Х
d	I If the	answer to any	of the above	ıs "Yes," coi	mplete the following scl	hedule Col	umn (b) sh	ould always	s show the fa	aır market			
	value	of the goods.	other assets.	or services	given by the reporting f	oundation	If the found	dation recei	ved less tha	n fair marke	∍t		
					ent, show in column (d)								
													
<u>(a)</u>	Line no	(b) Amount involv	ved (6	Name of non	chantable exempt organization	on	(d) Desc	nption of transf	fers_transaction	is, and sharing	arranger	ments	
													
											<u>·</u>		
						_							
_									_				
						-							
	-+			_									
	+												
-													
2a	le the	foundation du	roctly or indus	othy affiliator	d with, or related to, one	o or more to	av evemnt	organizatio					
24								_			,		
					er than section 501(c)(3)) or in sect	ion 52/7	• • • • •			· · Ye	s X	. No
	If "Ye	s," complete th	ne following s	chedule									
		(a) Name of	organization		(b) Type of org	ganization			(c) Descript	tion of relations	hip		
								_		<u>-</u>			
									_				
													
					 								
	<u> </u>	<u>_</u>			 						<u></u>		
					<u> </u>								
	Under belief	penames of penur it is true, correct a	y, i declare that t and complete. De	nave examined claration of nier	this return, including accomp parer (other than taxpayer or f	anying schedi iduciary) is bar	uies and state sed on all infr	ements, and to ormation of whi	tne best of my l	knowledge and s any knowleda	ie		
s		1	الم المارية						p. spectrica	, momouy	-		
o i	.	Garles	- her	<u></u>			8/151	110	Trust	ee			
9	Sign	nature of officer or	trustee				Date		Title				
n						Date		T -	r	Preparer's ic	dentifying		
н	Paid									number (see			
e e	Prepai	r-	K			1		Check if		page 30 of the	ne instru	ctions)	
r	ers	Preparer's	D	D.1		00.10	0010	self-employe	_{ed} ▶ X				
е	Use	signature		a Robiso		08-19-	2010			L			
	Only		e (or yours if ed), address,	Barbar	ra Robison CPA				EIN P				
		and ZIP cod		Mario	n, IA 52302				Phone no	319-37	7-509	4	

Federal Supporting Statements 2009 PG 01 Name(s) as shown on return John P & Lawrence J Giacoletto Fnd 20-1777917 Statement #115 Form 990PF, Part III, Line 3 Other Increases Schedule Unrealized gain on investments 1,121,931 Total 1,121,931 PG 01 Statement #116 Form 990PF, Part III, Line 5 Other Decreases Schedule Non-deductible penalties 248 Loss on sale of securities 113,981 Total 114,229

Form 990PF, Part II, Line 22 Other Liabilities Schedule PG 01 Statement #121

<u>Description</u> Payroll taxes	BOY Amount 4,490	EOY Amount 3,319
Total	4,490	3,319

Form 990PF, Part II, Line 10(c)
Investments: Corporate Bond Schedule

PG 01 Statement #138

Category	BOY	Book Value	EOY FMV
RBC Dain Rauscher AXA Annuity	4,827,828 505,739	5,782,499 594,055	5,782,499 594,055
Totals	5,333,567	6,376,554	6,376,554

		Federal Su	Federal Supporting Statements	ments	2009 PG 01	
Name(s) as shown on return John P & Lawrence J Glacoletto Fnd	etto End				Your Social Security Nuriber 20-1777917	1
	Form 990PF, Part I,	t I, Line 23 -	Line 23 - Other Expenses Schedule	edule	Statement #103	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
Supplies Telephone Totals	142 517 659	0 0 0	0 0 0	517		1
	Form 990PF, Part I	I, Line 16(b) -	Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule	hedule	PG 01 Statement #108	
Description Accounting Fees	Revenue and expenses 1.1	Net investment	Adjusted net income	Charitable purpose 4,600		
Totals	4,600	0	0	4,600		
·						
						7

		Federal St	Federal Supporting Statements	ments	2	2009 PG 01	
Name(s) as shown on relum John P & Lawrence J Glacoletto Fnd	to End				Yo u 20	Your Social Security Number 20-1777917	
	Form 990PF, Par	rt I, Line 16(c) - 00	Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule	es Schedule	St	Statement #109	
Description	Revenue and expenses	Net investment	Adjusted net income	Charıtable purpose			
Investment Fees Totals	4,711	4,711	0	4,711			
	Form	Form 990PF, Part I, Line 18	e 18 - Taxes Schedule	-	S	PG 01 Statement #110	
Description Payroll Taxes Federal Taxes	Revenue and expenses 2,754 3,586	Net investment	Adjusted net income 0	Charitable purpose 2,754			
Totals	6,340	0	0	6,340			
							$\rceil $