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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2009

For excitational year 2009, or the sayes beginning initial return of a former public charry Freshreiture Address changes Freshreiture Address changes Freshreiture Address changes Freshreiture Address changes				t of the Treasury renue Service	N	lote. The fou	ndation may				s return to sati		rting r	equirements.	2	.UUJ
Check all that apply: Inhalar feture						_				<i>:</i>						
Address change	_								Initial retu	rn of a f	ormer public o	harity		Final return)	
STARK MARTIN CHARTABLE TRUST 20-3446537				., •		Amended r	eturn		Addre	ess char	nge		Name	change		
TARK MARTIN CHART/PABLE TRUST Observiers. C/ J AMES EHINGER print Number and startage of one number of mails and delaward to starte actions of type. See Specific City or (two, state, and ZIP code instructions. PHORNIX, AZ 85004-2554 If Check type of organization: XI Section 501(c)(3) exempt private foundation Section 4987(s)(1) noncempt charitable usus. Ober teaching print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) See Specific City or (two, state, and of year J Accountage of the print (from Part II, col. (c), lan 16) For III Analysis of Revenue and Expenses 1 Contributions, gifts, grants, state, received 2 compared to the print (from Part II, col. (c), lan 16) 2 compared to the print (from Part II, col. (c), lan 16) Deceased the print (from Part II, col. (c), lan 16) Deceased the print (from Part II, col. (c), lan 16) Deceased the print (from Part II, col. (c), lan 16) Deceased the print (from Part III, col. (c), lan 16) Deceased the print (from Part III, col. (c)	_	llee	the										A En	ployer identification	number	
Part	•			STARK		_		BLE !	rrust				ا ا			
of type. ONE EAST WASHINGTON ST., STE #1900 602 or two, store, and 2/P code PROBENTX, A. 2 85004-2554 1 Control type of organization: Section 48/7(3/1) concentral charable trust in the standard control of the standard c		Oth	erwis										1		<u> </u>	
See Specific (City or town, state, and ZIP code shrtroutloss. PHORNIX, AZ Section 501(c)1) exempt private foundation Section 547(a)(1) nonexempt charitable trust Other tasable private foundation	:		•		-							Room/suite			43	
Billion Bill				:c-			GTON S	5T.,	STE	# T A O	U		 			
Check type of organization:	•		•	Lity or tow			004 05	· F 4					1		-	
Section 4947(a)(1) nonexempt charitable trust	-									-1		·	2.	FOREIGN ORGANIZALIONS Foreign organizations me	s, CNECK Ner eting the 859	6 test,
Farr market value of all assets at end of year J Accounting method: X Cash Accrual Fundamental Fundam) H	- 0									ation		1	check here and attach co	mputation	
Common	٠	F-										ual				
Part Analysis of Reviewae and Expenses Che total of memoris C	ı					end of year		-		JUASII		uai			• • •	
Part Analysis of Revenue and Expenses (1) Analysis of Revenue and Expenses (2)				art II, coi. (c),	## <i>E 16)</i> 2 361	025.	(Part I. colu	ımn (d) i	must be o	n cash .	basis.)					
Contributions, girts, grants, etc., received N/A	П	•		Analysis of Re	venue an	d Expenses						vestment	1		ia (b)	sbursements
2 Check	L			The total of amount of amo	unts in colui I the amoun	mns (b), (c), an ts in column (a	d (d) may not)-)	exp	enses per b	ooks						
Check	_		1	Contributions, g	ıfts, grant	ts, etc., recer	ved				×,	7, 1	-r * -	N/A		
Interest on savings and temporary and temp			2	Check X if	the foundabor	n is not required to	attach Sch B	p	, 4 , 	, ,		Ac 13 2 2 1 1 1	3.5,		1 ,	, ×-
Some content Some			_	Interest on savings	and tempo	orary .									} ~~ .	
Statistics Sta			4	Dividends and i	nterest fro	m securities			80,1	L47.	8	0,147.			STATE	MENT I
8 Net gam or (loss) from sale of easets not on line 10 Gross sales price for all 594,031. 7 Capital gam or (loss) from sale of easets not on line 10 Gross sales price for all 594,031. 8 Net short-term capital gam Income from the form from the from the from the from from the from			5a	Gross rents											1 2 3	
Description Process			b	Net rental income	or (loss)			13		200		, -	<u> </u>	The first of a second	tu digitalis Kina	# F 1 1
1		9							 	996.	*	<u> </u>	7,	*		
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9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other mcome 12 Total. Add lines 1 through 11 31 .,151. 80 ,147. 13 Compensation of officers, directors, trustees, etc 14 Other employee stantes and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 846. 0		اچ											1	BECEIV	FN	- 1, 11 (-
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D Less Cost of goods sold C Gross profit or (loss)				Groce coles less re				*		12.71		, , , , , , , , , , , , , , , , , , ,	15	404	13.5	S
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12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustess, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Caption of the complete of the past of the complete			C	Gross profit or ((loss)						7 7	1 16 1		<u>L</u>		<u>œ</u>
13 Compensation of officers, directors, trustess, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees 17 Interest 18 Taxes STMT 4 2,219. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			11	Other income									1	<u>OGDEN</u>	UT.	
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a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	_	╛						ļ	114,6	18.		0.			1	06,000.
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c Adjusted net income (if negative, enter -0-)								 		0/.	Ω (117	210	2	5 . T. S	en e for for fine.
- 7.0justo 110 1110 (11.0 11.0 11.0 11.0 11.0 11.0												· , 4 · · ·	<u> </u>			
	923	350 -02						l .		instruct	tions.					

后	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	9,375.	11,996.	11,996.
	2	Savings and temporary cash investments	453,785.	48,035.	48,035.
	3	Accounts receivable ►			•
		Less; allowance for doubtful accounts	1		
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
G	R	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·
Asi	i	Investments - U.S. and state government obligations			-
		Investments - corporate stock STMT 6	1,435,231.	1,754,893.	2,300,994.
		Investments - corporate bonds	2,200,2021	2,,02,000	
		Investments - land, buildings, and equipment basis			<u> </u>
	' '				
	12	Less accumulated depreciation Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment: basis			
	45	Less accumulated depreciation			
	15	Other assets (describe			
	4.0	Tabel access (to be accesslated by all filess)	1,898,391.	1,814,924.	2,361,025.
	_	Total assets (to be completed by all filers)	1,030,331.	1,014,324.	2,301,023.
	17	•			
	18				
Liabilities	19				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	00	Tatal liabilities (add lines 17 through 99)	o.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.		
		,			
S		and complete lines 24 through 26 and lines 30 and 31.	1,898,391.	1,814,924.	
ž		Unrestricted	1,030,331.	1,014,324.	
<u>e</u>		Temporarily restricted			
9	26	Permanently restricted		<u>.</u>	
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
<u>-</u>		and complete lines 27 through 31.			
ş	27	Capital stock, trust principal, or current funds	ļ 		1
286	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥ A	29	Retained earnings, accumulated income, endowment, or other funds	1 000 201	1 014 024	
ž	30	Total net assets or fund balances	1,898,391.	1,814,924.	
	١.,	W. A. 1.11. A. 12.12	1,898,391.	1 014 024	
	31	Total liabilities and net assets/fund balances		1,814,924.	
P	art	III Analysis of Changes in Net Assets or Fund B	lalances		
_	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	00	1	1,898 391
2	-	r amount from Part I, line 27a		1 2	1,898,391. -83,467.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,814,924.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 30	6	1,814,924.
<u>.</u>	rold	mor assers or runo balances at end of year time 4 minus line 3) - Part II, U	oracini (D), ilile do] 0]	Form 990-PF (2009)

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: :

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		ax on Investmen	t Income	176314	ow acc	autired I			
		rty sold (e.g., real estate, ock, 200 shs. MLC Co.)		I P-	Purch Dona	iase	(c) Date : mo., d)	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b SEE ATTACHED	STATEMENT								
C									
e e							-		
(e) Gross sales price	(f) Depreciation al (or allowable		st or other basis expense of sale		-	I		ain or (loss s (f) minus (
<u>a</u>				-					
b				-+			•		
c d				\dashv					
e 594,031.			643,02	7.					-48,996.
Complete only for assets showing	gain in column (h) and	d owned by the foundation	on 12/31/69			(1)	Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted ba as of 12/31/6		cess of col. (1) col. (1), if any			col.	(k), but r Losses	not less that (from col. (n -0-) or h))
a				_					
b	 		 .			_			
d				\dashv					
e			 –	$\neg +$					-48,996.
	(If nai	n, also enter in Part I, line	7	7	T				
2 Capital gain net income or (net cap		ss), enter -0- in Part I, line		}_	2				-48,996.
3 Net short-term capital gain or (loss		s 1222(5) and (6):		٦١					
If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	column (c).			<u>}</u>	۱ ۽			N/A	
Part V Qualification U	nder Section 49	40(e) for Reduced	Tax on Net	Inve	estm	ent Inc	ome	11/11	
(For optional use by domestic private	foundations subject to	the section 4940(a) tax or	net investment in	come.	.)				
If posture 4040/d\/2\ applies leave th	ic nort blank								
If section 4940(d)(2) applies, leave th									——————————————————————————————————————
Was the foundation liable for the section		• •	•	ıod?					Yes X No
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e				es.					
(a) Base period years	1	(b)		(c)		-	1	Diatrik	(d) oution ratio
Base period years Calendar year (or tax year beginnin	g in) Adjusted q	ualifying distributions	Net value of no		table-u	use assets		col. (b) div	/ided by col. (c))
2008		94,193.				2,363			.043763
2007		91,267.	<u></u>			7,766			.039377
2006		66,500.		2,	179	9,553	•		.030511
2005							+		
2004			<u>L</u>						
2 Total of line 1, column (d)		•					2		.113651
3 Average distribution ratio for the 5	-year base period - divi	de the total on line 2 by 5,	or by the number	of yea	irs				
the foundation has been in existen	ce if less than 5 years						3		.037884
4 Enter the net value of noncharitable	e-use assets for 2009 f	rom Part X, line 5					4		2,069,624.
5 Multiply line 4 by line 3							5		78,406.
6 Enter 1% of net investment incom	e (1% of Part I, line 27t))					6		801.
7 Add lines 5 and 6							7		79,207.
8 Enter qualifying distributions from	Part XII, line 4						8		106,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in	Part VI, line 1b, and com	plete that part usin	g a 1%	6 tax ra	ate.			

X

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10

AZ

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addre

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

	20-5440	337		
Pa	art 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 instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► JAMES EHINGER Telephone no. ► 602-26	2-5	943	
	Located at ▶ 201 E. WASHINGTON ST, 11TH FLOOR, PHOENIX, AZ ZIP+4 ▶85	004		
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	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			,
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	• • •	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	,	i		
0	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.		٠,,
	before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?			
	If "Yes," list the years ▶ 2008 ,,,,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	Х	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ <u>2008</u> ,,,,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	olf "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			,
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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
	For	m 990	-PF	(2009)

Total number of other employees paid over \$50,000

Form 990-PF (2009) C/O JAMES EHINGER		446537 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, et		
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers i	atistical information such as the produced, etc.	Expenses
1 N/A		·
2		
3		
4		
Dort IV Blo		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
	on mes rand z.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		 ·
а	Average monthly fair market value of securities	1a	1,841,887.
b	Average of monthly cash balances	1b	1,841,887. 259,254.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,101,141.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,101,141.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,517.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,069,624.
6	Minimum investment return. Enter 5% of line 5	6	103,481.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Mınimum ınvestment return from Part X, line 6	1	103,481.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	ł	
C	Add lines 2a and 2b	2c	801.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	102,680.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	102,680.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	102,680.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	106,000.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	106,000.
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	5	801.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	105,199.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	jualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7				102,680.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			106,416.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2009:			-	_ 4
a From 2004				
b From 2005				
c From 2006				
dFrom 2007				
eFrom 2008	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ►\$ 106,000.				
a Applied to 2008, but not more than line 2a			106,000.	
,,, ,			100,000	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2009 distributable amount	0.,			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				-
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			416.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				100 600
be distributed in 2010				102,680.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	•			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009	·	<u> </u>	<u> </u>	Form 990-PF (2009)

Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating	.]		
foundation, and the ruling is effective fo	r 2009, enter the date of t	the ruling	▶		
		-	n section	4942(i)(3) or 49	42(1)(5)
				10 12()/(07 01	(1)(0)
	(a) 2009	(b) 2008		(d) 2006	(e) Total
	\-\-\-	(-/	(-7	(4)-555	(0) (0)
•				 	
• •	ļ				
•					-
d Amounts included in line 2c not					
used directly for active conduct of	•		•		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
•					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c 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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the					
1 at Ith foundation has received a riving of determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling by the control of the ruling of the control of the ruling by					
**** *** ****					<u></u>
c "Support" alternative test - enter:		ı			
and 5 or more exempt					

, , =					
, -					
			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more f	than 2% of the total contr	butions received by the	foundation before the clos	e of any tax
			•		•
NONE					
b List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large portion	on of the ownership of a pa	rtnership or
			an adam'y large portic	5 5 or omp or a pa	
NONE					
		Cabalanahin ata Du		•	
					and for founds of
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	`		mipiete items za, u, c, anu	<u>. </u>
a The name, address, and telephone number	per of the person to whon	n applications should be a	addressed:		
000 000 000 000 00 00					
					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	s such as by gengraphics	l areas charitable fields	kinds of institutions or	ther factors:	
a rany resolutions of initiations on awards	, saon as by goograpilica	a areas, chartavit litius, i	หมานอ บา สาอแเบนบทอ, UF C	ranoi rautulo.	

STARK MARTIN CHARITABLE TRUST Form 990-PF (2009) C/O JAMES EHINGER 20-3446537 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor **Amount** Name and address (home or business) a Paid during the year SEE STATEMENT 8 106,000. ▶ 3a Total b Approved for future payment NONE

Form **990-PF** (2009)

➤ 3b

0.

Total

923611 02-02-10

Enter gross amounts unless otherwise indicated.		d business income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code				
8 b				-	
					
4					 .
	— 				
-	_				
g Fees and contracts from government agencies			 		
•	-		+ +		
2 Membership dues and assessments			-	+	
3 Interest on savings and temporary cash	ľ				
Investments	-		14	80,147.	
4 Dividends and interest from securities				00,147.	
5 Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property	<u> </u>				
b Not debt-financed property	-		++-		
6 Net rental income or (loss) from personal					
property			- - 		
7 Other investment income			- 		
8 Gain or (loss) from sales of assets other			18	40 006	
than inventory			- 1 - 9	-48,996.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:				}	
a				-	
Ь	1 1		<u> </u>		
D				1	
C			 		
c d e				21 151	
c d e Subtotal. Add columns (b), (d), and (e)		().	31,151.	0
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		().	31,151.	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	is.)).		
c d e				13	0 31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie	es to the Acco	omplishment of	Exempt i	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
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c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
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c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of	Exempt F	13 Purposes	31,151

C/O JAMES EHINGER

20-3446537 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did th	e organization directly or indir	rectly engage in any of the follow	ing with any other organization	described in section 501(c) of		Yes	No
)(3) organizations) or in section 5			Н		
8			ation to a noncharitable exempt o			1 1		
	(1) (· ·		•		1a(1)		X
		ther assets				1a(2)		X
b		transactions:						
	(1) 8	ales of assets to a noncharital	ble exempt organization			16(1)		X
			ncharitable exempt organization			1b(2)		X
		ental of facilities, equipment,	• •			1b(3)		X
	(4) F	eimbursement arrangements				15(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) F	erformance of services or me	mbership or fundraising solicitati	ions		1b(6)		X
C	Sharı	ng of facilities, equipment, ma	uling lists, other assets, or paid er	mployees		1c		X
Ć	I If the	answer to any of the above is	"Yes," complete the following sch	nedule. Column (b) should alwa	ays show the fair market value of the goods, o	her ass	ets,	
	or sei	vices given by the reporting fo	oundation. If the foundation recei	ived less than fair market value	ın any transaction or sharing arrangement, sh	ow in		
	colun	in (d) the value of the goods, (other assets, or services received					
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and s	haring arr	angeme	nts
			N/A					
				·				
_							-	
_								
					 			
2:	Is the	foundation directly or indirect	I tly affiliated with, or related to, on	e or more tax-exempt organiza	tions described			 -
		-	r than section 501(c)(3)) or in se		[-	Yes	X	No
t		s," complete the following sch	, , , , ,		_			, 110
		(a) Name of org		(b) Type of organization	(c) Description of relationsh	íp		
		N/A						
_								
			rave examin ed this return, including acc or thap taxpayer or fiduciary) is based o		nts, and to the best of my knowledge and belief, it is to as any knowledge	ue, correc	ct,	
ļ		/ ^ ^	(/	, / /		1	1	
		100		11/10/10	Trust Admini	17/a	70/	
Ę	Si	gnature of officer or trustee		Date /	Title te Check if Preparer	s (dentific	una num	her
5/	ر ا	Preparer's	y K NI	Da	1 2 1 2 1 1	o iudritify	wy num	.uei
2		signature M3 CC	Con 1 - 19/		1-8-10 sell- employed ▶ □			
	Pail Prepar Use O	Firm's name (or yours MASS		& CO., P.C.	EIN ▶			
	₹3		HILL COUNTRY DI VILLE, TX 7802	RIVE, SUITE 11	020 0	57_	エ ココ	n
_		address, and ZIP code KERR	VILLE, TA /002	0		m 990		
					FUI	33U	-1.1-(£009)

CONTINUATION FOR 990-PF, PART IV 20-3446537 PAGE 1 OF

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, P - Purchase D - Donation (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) P VARIOUS 1a SEE STATEMENT 9 VARIOUS b SEE STATEMENT 9 P VARIOUS VARIOUS P VARIOUS c 1,000 ROHM & HAAS CO VARIOUS d 3,000 SVENSKA CELLULOSA AKTIEBOL P VARIOUS VARIOUS e 3,000 SVENSKA CELLULOSA AKTIEBOL P VARIOUS VARIOUS VARIOUS 12/31/09 f BASIS ADJUSTMENT P g h m n 0 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 108,715 120,569. -11,854. а 375,001. 49,114. 325,887. b -12,246. 58,723. 70,969. C 25,796. 50,474. -24,678. d 2,592. 25,796. 23,204. -328,697.328,697. h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -11,854. 325,887. b -12,246. -24,678.d 2,592. -328,697. n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } -48,996. 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

ı

FORM 990-PF DIVIDEND	S AND	INTER	EST FF	ROM	SECUI	RITIES	ST	ATEMENT	1
SOURCE		GROSS	AMOUN	ĭT		TAL GAINS	s c	OLUMN (A AMOUNT)
SCOTTRADE INC	•		80,14	17.		0.	-	80,1	47.
TOTAL TO FM 990-PF, PART I, L	N 4		80,14	7.		0.		80,1	47.
FORM 990-PF		LEGAL	FEES	-			ST	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	NET I MENT			(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
LEGAL FEES		846.			0.			-	0.
TO FM 990-PF, PG 1, LN 16A		846.			0.				0.
FORM 990-PF	AC	COUNTI	NG FEE	SS			ST	ATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	NET I			(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
ACCOUNTING FEES		5,500.			0.				0.
TO FORM 990-PF, PG 1, LN 16B		5,500.			0.				0.
FORM 990-PF		TAX	ES				ST	ATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	NET I MENT			(C) ADJUSTE NET INCO		(D) CHARITA PURPOS	
FOREIGN TAX WITHHELD	-	2,219.			0.		•		0.
TO FORM 990-PF, PG 1, LN 18		2,219.			0.				0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT !			
DESCRIPTION	(A) EXPENSES PER BOOKS				(D) CHARITA E PURPOS	
BANK CHARGES	53.		0.	· · · · · · · · · · · · · · · · · · ·		0.
TO FORM 990-PF, PG 1, LN 23	53.	0.				0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
MARKETABLE SECURITIES AND CD	's	-	1	L,754,893.	2,300,9	94.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	-	1	L,754,893.	2,300,9	94.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAMES ENHINGER 201 E. WASHINGTON ST. 11TH FLOOR PHOENIX, AZ 850042385

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

STARK MARTIN CHARITABLE TRUST

FORM AND CONTENT OF APPLICATIONS

A CHARITABLE ORGANIZATION REQUESTING A GRANT SHOULD SUBMIT THE FOLLOWING:

- 1)A WRITTEN DESCRIPTION OF THE ORGANIZATION (INCLUDING EIN, ITS CHARITABLE ACTIVITIES AND BENEFICIARIES.
- 2)LIST OF ORGANIZATIONS PRINCIPAL OFFICERS, BOARD MEMBERS, AND TRUSTEES (INCLUDING CONTACT INFORMATION FOR EACH)
- 3) INCOME AND EXPENSE STATEMENTS FOR THREE YEARS (INCLUDING THE CURRENT FISCAL YEAR AND A FORCAST OF THE COMING YEAR)
- 4) AMOUNT OF GRANT REQUESTED
- 5) DESCRIPTION OF HOW GRANT WOULD BE USED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

8

STATEMENT

FORM 990-PF

	DURING THE YEAR	STATEMENT 0		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
CAPITAL AREA FOOD BANK OF TEXAS 8201 S. CONGRESS AUSTIN, TX 78745		OPERATING FOUNDATION	20,000.	
CARITAS OF AUSTIN P.O. BOX 1947 AUSTIN, TX 78767-1947	NONE BENEFIT LOCAL COMMUNITY	PUBLIC CHARITY	15,000.	
GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP RD FREDERICKSBURG, TX 78624	NONE BENEFIT LOCAL COMMUNITY	PUBLIC CHARITY	11,000.	
HILL COUNTRY COMMUNITY NEEDS COUNCIL 209 S. ACORN FREDERICKSBURG, TX 78624	BENEFIT LOCAL	PUBLIC CHARITY	5,000.	
HILL COUNTRY UNIVERSITY CENTER, CAPITAL FUND P.O. BOX 724 FREDERICKSBURG, TX 78624	BENEFIT LOCAL	PUBLIC CHARITY	20,000.	
PARKSIDE COMMUNITY SCHOOL 1701 TOOMEY RD AUSTIN, TX 78704	NONE BENEFIT LOCAL COMMUNITY	PUBLIC CHARITY	5,000.	
HILL COUNTRY MEMORIAL HOSPITAL FOUNDATION P.O. BOX 1339 FREDERICKSBURG, TX 78624	NONE BENEFIT LOCAL COMMUNITY	PUBLIC CHARITY	15,000.	
WOMEN AND CHILDREN PROGRAM MISERICORDIA UNIVERSITY 301 LAKE STREET DALLAS, PA 18612-1090	NONE BENEFIT LOCAL COMMUNITY	PUBLIC CHARITY	5,000.	

GRANTS AND CONTRIBUTIONS

STARK MARTIN CHARITABLE TRUST C/O JAMES

20-3446537

NORTHEASTERN PENNSYLVANIA PHILHARMONIC

BENEFIT LOCAL 4101 BIRNEY AVENUE MOOSIC, PA COMMUNITY

NONE

PUBLIC CHARITY 10,000.

18507-1323

TOTAL TO FORM 990-PF, PART XV, LINE 3A

106,000.

	Realized Gain	Realized Loss	Total Realized Gain/Loss					
Short-Term	\$326,960 27	(\$1,073 25)	\$325,887 02					
Long-Term	\$4,624 18	(\$16,478 81)	(\$11,854 63)					
Total	\$331,584 45	(\$17,552 06)	\$314,032 39					
Symbol/ CUSIP	Security Description	Term	Acquired Date	Closed Date	Quantity	Proceeds	Tax Cost	Realized Gain/Loss
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	N/A	(\$101 00)	\$101 00
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	176	N/A	(\$179 00)	\$179 00 \$201 99
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	200	N/A	(\$201 99)	· ·
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	\$506 00 \$890 55	\$607 00	(\$101 00)
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	176	•	\$1,069 55	(\$179 00)
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100 100	\$506 00 \$506 00	\$607 00 \$607 70	(\$101 00) (\$101 70)
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009		•		
AGC	Advent Clay Gbl Conv Sec & Inc	\$hort	11/3/2008	3/27/2009	24 100	N/A N/A	(\$24 25) (\$101 70)	\$24 25 \$101 70
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	24			
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	\$121 43 \$499 01	\$145 68 \$607 00	(\$24 25) (\$107 99)
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009 3/27/2009	100	5499 01 N/A	(\$101.00)	\$101 00
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008 11/3/2008	3/27/2009	100	N/A N/A	(\$101.00)	\$101.00
AGC	Advent Clay Gbl Conv Sec & Inc	Short Short	11/3/2008	3/27/2009	100	\$506 00	\$607.00	(\$101.00)
AGC AGC	Advent Clay Gbl Conv Sec & Inc Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	N/A	(\$101 00)	\$101.00
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	\$506 00	\$607 00	(\$101.00)
AGC	Advent Clay Gbl Conv Sec & Inc	Short	11/3/2008	3/27/2009	200	\$1,012 01	\$1,214 00	(\$201 99)
AGC	Advent Clay Gbi Conv Sec & Inc	Short	11/3/2008	3/27/2009	100	N/A	(\$107 99)	\$107 99
LCM	Advent/Claymore Enh Gr & Inc	Short	5/21/2009	7/8/2009	500	\$4,387 94	\$4,185 00	\$202 94
LCM	Advent/Claymore Enh Gr & Inc	Short	5/21/2009	7/8/2009	400	\$3,510 35	\$3,355 00	\$155 35
LCM	Advent/Claymore Enh Gr & Inc	Short	5/21/2009	7/8/2009	900	\$7,898 30	\$7,533 00	\$365 30
LCM	Advent/Claymore Enh Gr & Inc	Short	5/21/2009	7/8/2009	200	\$1,755 95	\$1,674 00	\$81 95
DCS	Claymore Divid & Income Fd C	Short	5/20/2009	7/8/2009	2,000 00	\$19,852 68	\$19,907 00	(\$54 32)
CDRAX9	Dallas City Bk Tex Ctf 6m*8e 2 7006052009	Short	12/31/2008	6/5/2009	50,000 00	\$50,000 00	\$0.00	\$50,000 00
CD18AY4	Montgomery Bank 6mo *Be 2 9004092009	Short	12/31/2008	4/9/2009	50,000 00	\$50,000 00	\$0.00	\$50,000 00
CD8BC1	Montgomery Bk Sikeston 9 *Be 3 507302009	Short	12/31/2008	7/30/2009	50,000 00	\$50,000 00	\$0.00	\$50,000 00
CD69AT2	Mount Prospect Na Calible*Be 506122009	Short	12/31/2008	6/12/2009	25,000 00	\$25,000 00	\$0.00	\$25,000 00
CD7NY1	New York Cmnty Bk Westbu *Be 302172009	Short	12/31/2008	2/17/2009	50,000 00	\$50,000 00	\$0.00	\$50,000 00
CD1AQ	Riverview Community 8k 5 *8e 3 0004132009	Short	12/31/2008	4/13/2009	50,000 00	\$50,000 00	\$0.00	\$50,000 00
CD28BT	State Bk Tex Irving Cd 6*Be 3 2501232009	Short	12/31/2008	1/23/2009	50,000 00	\$50,000 00	\$0.00	\$50,000.00
TYW	Ts&W Claymore Tx Adv Bai Fd	Short	4/28/2009	7/8/2009	1,000 00	\$7,542 80	\$7,407 00	\$135 80
	Today Claymore Tarret Darre		-,,,,	1,0,2000	2,000	\$375,001 02	\$49,114 00	\$325,887.02
						••		
ESOCF	Enel-Societa Per Azioni (Italy)	Long	11/9/2005	1/26/2009	2,500 00	\$13,871 42	\$19,757 00	(\$5,885 58)
ESOCF	Enel-Societa Per Azioni (Italy)	Long	3/2/2006	1/26/2009	500	\$2,774 28	\$4,160 00	(\$1,385 72)
ESOCF	Enel-Societa Per Azioni (Italy)	Long	8/3/2006	1/26/2009	1,250 00	\$6,935 71	\$11,119 50	(\$4,183 79)
ESOCF	Enel-Societa Per Azioni (Italy)	Long	1/19/2007	1/26/2009	750	\$4,161 43	\$7,667 50	(\$3,506 07)
TIP	Ishares Barclays Tips Bond Fd	Long	11/10/2005	3/27/2009	100	\$10,329 44	\$10,285 25	\$44 19
TIP	Ishares Barclays Tips Bond Fd	Long	11/16/2005	3/27/2009	100	\$10,332 94	\$10,304 31	\$28 63
TIP	ishares Barclays Tips Bond Fd	Long	11/16/2005	3/27/2009	100	\$10,329 44	\$10,304 31	\$25 13
TIP	Ishares Barclays Tips Bond Fd	Long	12/12/2005	3/27/2009	100	\$10,332 94	\$10,167 50	\$165 44
EEM	Ishares Msci Emerging Mkt Index	Long	11/1/2005	3/27/2009	750	\$19,142 51	\$20,142 00	(\$999 49)
EEM	ishares Msc: Emerging Mkt Index	Long	11/10/2005	3/27/2009	250	\$6,380 84	\$6,899 00	(\$518 16)
CWI	Spdr Index Shs Fds Msci Acwi	Long	11/25/2008	12/17/2009	300	\$9,208 76	\$6,367 20	\$2,841 56
CWI	Spdr Index Shs Fds Msci Acwi	Long	11/25/2008	12/17/2009	160	\$4,915 07	\$3,395 84	\$1,519 23
						\$108,714.78	\$120,569.41	(\$11,854 63)
Net Realized Gain/Loss						\$483,715 80	\$169,683 41	\$314,032 39

Form **8868**

(Rev.: April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

					
	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the not complete Part II unless you have already been granted an automatic 3-month extension on a previously				
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
	prporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and collisionly	mplet	• ▶ □		
All o to fil	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a le income tax returns.	n exte	ension of time		
note (not you	etronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or community submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for the submit the fully completed and signed page 2 (Part II) of Form 8868.	ncally onsoli	of (1) you want the additional dated Form 990-T. Instead,		
Туре	e or Name of Exempt Organization	Em	ployer identification number		
print					
File by	C/O JAMES EHINGER	20-3446537			
due da filing y return	tate for Number, street, and room or suite no. If a P.O. box, see instructions.	_			
Instruc					
Cher	ck type of return to be filed (file a separate application for each return):				
		700			
H	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5				
 					
<u>}=</u>	Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 80	-			
	FOIII 990-FF FOIII 1041-A				
	JAMES EHINGER				
Te If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo			
Te If t	elephone No. ► 602-262-5943 FAX No. ► the organization does not have an office or place of business in the United States, check this box	is is fo			
Te If 1 If 1 box 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	is is fo memb	or the whole group, check this ers the extension will cover.		
Te If t Oox 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or	is is fo memb	or the whole group, check this ers the extension will cover.		
Te If 1 If 1 Dox 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	is is fo memb	or the whole group, check this ers the extension will cover.		
Te If t If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or	is is formemb	or the whole group, check this ers the extension will cover.		
Te If	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi I if it is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: X calendar year 2009 or X calendar year 2009 or This tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	is is formemb	or the whole group, check this pers the extension will cover. The extension		
Tee Iffi	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010, to file the exempt organization return for the organization named a is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning, and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	is is formemb	or the whole group, check this pers the extension will cover. The extension		
Te Iffi	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box	is is formemb	the whole group, check this pers the extension will cover. The extension		
Tee Ifit If	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is formemb	the whole group, check this pers the extension will cover. The extension		
Tee Ifit Iff Iff Iff Iff Iff Iff Iff Iff Iff If	the organization does not have an office or place of business in the United States, check this box	is is formemble of the state of	or the whole group, check this pers the extension will cover. The extension Change in accounting period		
Tee Ifit If	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is formemble of the state of	or the whole group, check this pers the extension will cover. The extension Change in accounting period		

Page 2	
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• If	e. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete or omplete Part II if you have already been granted an automatic 3-month extensi	ion on a pre			Page . ► Z
	rt li	filing for an Automatic 3-Month Extension, complete only Part I (on pag Additional (Not Automatic) 3-Month Extension of Time. Only file t		I (no copie	es needed).	
	e or	Name of Exempt Organization STARK MARTIN CHARITABLE TRUST			identification 344653	numbe
exter due d	date for	Number, street, and room or suite no. If a P O box, see instructions. 201 E. WASHINGTON STREET 11 FLOOR		For IRS us	e only	
	n See uctions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, ARIZONA 85004-2385				
	ck type Form 990 Form 990 Form 990	D-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	n 1041-A n 4720 n 5227		Form 6069 Form 8870	
		t complete Part II if you were not already granted an automatic 3-month e		n a previou	sly filed For	rm 8868
Te ● If t ● If t for t	lephone the orgar this is for he whole	are in the care of ► JAMES EHINGER No. ► (602) 262-5943 FAX No. ► () nization does not have an office or place of business in the United States, a Group Return, enter the organization's four digit Group Exemption Number group, check this box ► □ . If it is for part of the group, check that and EINs of all members the extension is for.	check this ber (GEN)	box		
4	l reques	st an additional 3-month extension of time until NOVEMBER 15	,	20_10		
5	For cale	ndar year $\frac{2009}{1}$, or other tax year beginning, 20,	and ending			
6 7	State in	ax year is for less than 12 months, check reason: Initial return Fir detail why you need the extension STILL GATHERING INFORMATION NATE TAX RETURN.	EEDED TO	FILE A CO	OMPLETE A	ND
8a		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ternomerfundable credits. See instructions.	entative tax	, 8a	\$	
b	estimate	oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable at tax payments made. Include any prior year overpayment allowed as a crepaid previously with Form 8868.			\$	

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶

Date ►

8c \$

8-16-10

N/A

Form 8868 (Rev 4-2009)