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# 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2009

Fo	or cal	lendar	year 2009, o	r tax	x year begi	nning			, 2009,	and endin	g_		, 20	
G	Che	ck all th	nat apply:		Initial retu			Initial return o	•	blic charity			Final return	
_	<u>.                                    </u>			<u> </u>	Amended	return		Addres	s change			me change		
			Name of fou	ndati	ion						^	Employer Identif	ication number	
Use the IRS label. MICHAEL AND CATHERINE POI														
								20-3483888						
•	tner pri	wise,	Number and	stre	et (or P.O. box	c number if n	nail is not de	elivered to street a	address)	Room/suit	te   B	Telephone number (see	page 10 of the instructions)	
	or ty													
S	-	ecific	1201 HOV									(65		) ————————————————————————————————————
lr	rstruc	ctions.	City or town,	state	e, and ZIP co	ae					٦	pending, check here		$\vdash$
			DUDI INC		C3 040	110					٥	1. Foreign organizat		
_	<u> </u>		BURLING				1/01					<ol><li>Foreign organizat</li><li>85% test, check h</li></ol>		
H			of organizat					npt private fou				computation .		
1			947(a)(1) non					er taxable priv			E	If private foundation	status was terminated	$\overline{}$
ı			t value of all			1	_	thod: XC	asn Acc	rual		under section 507(b)	(1)(A), check here . 🕨	
	-	ear ( <i>iro</i> ▶ \$	m Part II, co		235.		ther (spec	d) must be on	cash hasis		F		a 60-month termination	$\Box$
-							Column (	d) must be on	Casii Dasis.j	— Т		under section 507(b	(1)(B), check here . (d) Disbursemen	<u></u>
نا	લા ૫ (	total o	ysis of Reve of amounts in a	colun	nns (b), (c), a	nd (d)		venue and	(b) Net inve		(c)	Adjusted net	for chantable	113
		may n	ot necessarily n (a) (see pag	equ	al the amoun	ts in		enses per oooks	incom	e		income	purposes	
٦								150,000.	<u> </u>			<del></del>	(cash basis only	γ)
	1	Check I		ound	ation is not re	quired to							<del> </del>	
	3	-	attach on savings and		B			83.	<del></del> -	83.			<del> </del>	
	4		on savings and nds and interes	•	•			75,034.		5,034.			ATCH 1	
	ъ 5 а		rents						<del></del>				111011 1	
			t rental income or (loss)t gain or (loss) from sale of assets not on line 10					-0-						
Ž	b	Gross s	ales price for all			9,800.								
Revenue	7		gain net incor	me (f	from Part IV.	line 2)				-0-				
حّا	8		ort-term capita			- 1								
	9	Income	modifications											
	10 a	Gross sa	ales less returns wances											
ı	b		ost of goods sold	1	=							· <del>-</del>		
١			profit or (loss)											
	11	Otherli	ncome (attach	sch	edule) ပို့			2,307.					ATCH 2	
4	12	Total.	Add lines 1 thr	pugl	010 · 🔾			227,424.		5,117.				
	13		nsation of officer			, etc	<u> </u>	0.						
	14	Other	mployee sala	ries a	and wages	{							ļ	
ses	15					1								
ē		-	ees (attach sc					6 220		<del>- 110  </del>				110
껇			nting fees (atta					6,220.		3,110.		0.	3,	110.
Operating and Administrative Expenses		-	orofessional fe									<u></u>		
rati	17		t					2,317.						10.
ist	18		attach schedule)					2,311.						<u> </u>
듩	19	•	ation (attach		•	•								
Ad	20	•	ancy conferences,										<del> </del>	
9	21				• •		<del></del>						<del> </del>	
ga	22 23	-	g and publicati expenses (atta		Chadula\ AT			175.		105.				
턡	23 24		expenses (ana perating and					2,3.						
965	<b>4</b> 4		es 13 through		misualive ex	cpenses.		8,712.		3,215.		0.	3.	120.
ဝ	25		es is unough outions, gifts, g		s naid			575,717.		_,,				717.
	25 26		penses a <u>nd d</u> isbu					584,429.	-	3,215.		0.		837.
-	27		ct line 26 from			7 0.10 20		,				<u></u>	1	
			of revenue over ex			ments		-357,005.						
			estment inco	-					7	1,902.		····		
			ed net income									-0-		
_														

E	art	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
_	-	<del>-</del>	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beam	ing			
	2		cash investments	414,256.	506,659.	506,659.
	3	Accounts receivable				
,		Less allowance for doul	btful accounts ▶			
	4	Pledges receivable >				
		Less: allowance for doul	btful accounts ▶			
ξ.	5					
	6		fficers, directors, trustees, and other			
;			ich schedule) (see page 16 of the instructions)	İ		
	7		eceivable (attach schedule)			
	,		btful accounts ▶			
	8	Inventories for sale or us				
ets	9					
Assets	_		eferred charges	3,498,002.	0.	
⋖			e government obligations (attach schedule)	3,470,002.		
	D	investments - corporate	stock (attach schedule)	0.	3,048,594.	3,113,576.
	11 <sup>C</sup>	Investments - land, buildings	bonds (attach schedule).ATCH.6.		3,046,594.	3,113,5/6.
	40	(attach schedule)				
	12 13		loans			<del>-</del>
	14	Land, buildings, and	ich schedule)			
		(attach schedule)				
	15	Other assets (describe )	<b>&gt;</b> )			
	16		pleted by all filers - see the			
		instructions. Also, see pa	age 1, item I)	3,912,258.	3,555,253.	3,620,235.
	17	Accounts payable and a	ccrued expenses			
	18					
Š	19					
Liabilities	20		rs, trustees, and other disqualified persons			
abi	21		tes payable (attach schedule)			
Ξ	22		· ►			
			/ <sub>-</sub>			
	23	Total liabilities (add line	s 17 through 22)			
_		•	ow SFAS 117, check here			
S		and complete lines 2	24 through 26 and lines 30 and 31.			
Ce	24 25 26					
ilar	25					
B	26					
n	27	Foundations that do				
교		check here and comp	plete lines 27 through 31. ▶ X			
ō	27	Capital stock, trust princ	apal, or current funds			
	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumu	lated income, endowment, or other funds	3,912,258.	3,555,253.	
Į,	30		balances (see page 17 of the			
Š				3,912,258.	3,555,253.	
-	31	Total liabilities and net	assets/fund balances (see page 17			
				3,912,258.	3,555,253.	
P	art II		nges in Net Assets or Fund B		2,200,200.	
			lances at beginning of year - Part II,		agree with	
						3,912,258.
2	C110-	r amount from Dart ! !	on prior year's return)		$\cdots \cdots \frac{1}{2}$	-357,005.
2		r amount from Part I, II	ne 27a			-351,005.
3	Otne	r increases not include	ed in line 2 (itemize)		3	2 555 252
		lines 1, 2, and 3	0.44		1 1	3,555,253.
		eases not included in l		·- <u>-</u>	5	2 555 252
<u>6</u> _	rota	net assets or fund ba	lances at end of year (line 4 minus lin	ne 5) - Part II, column (b),	line 30 6	3,555,253.

P	art IV Capital Gains	and Losses for Tax on In	vestment Income	(b) How		
<ul><li>(a) List and describe the kind(s) of property sold (e g , real estate,</li><li>2-story brick warehouse; or common stock, 200 shs. MLC Co )</li></ul>					(c) Date	(d) Date sold (mo , day, yr )
_	200 000 EX II C EX	P-Purchase D-Donation P	(IIIO., day, yi )	10/9/2009		
<u>1</u>	<u> </u>	CEAS BILLS	<del></del>	P	6/26/2009	10/9/2009
<u>_t</u>			<del></del>	<u> </u>	<u> </u>	<u> </u>
_	<del> </del>			<del> </del>		<del>  - :- :- : :-</del>
	<del></del>			<b>.</b>		
_		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	l
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	ıs (g)
_ <u></u>	199,800.		199,800.			0-
_ <u>t</u>				ļ		
			<del> </del>	ļ		
			<del>                                     </del>	ļ <u> </u>	···	
_6			10/04/00			
	omplete only for assets show	ving gain in column (h) and owned			Gains (Col (h) g	
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less t Losses (from co	
_a	ı					
Ŀ						
c	l			<u> </u>		
_6	)			<u> </u>		<del></del>
2	Capital gain net income or (		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-0	_
3	Net short-term capital gain of	or (loss) as defined in sections 122				
		ne 8, column (c) (see pages 13 ar				
		ne 8	· · · · · · · · · · · · · · · · · · ·	3		
P			ced Tax on Net Investment Inc	ome		
W			table amount of any year in the base	period?	🗆	Yes X No
11			see page 18 of the instructions before		ony ontrino	· · · · · · · · · · · · · · · · · · ·
-	(a)			e making a T	any entries. (d)	<del></del>
_	Base period years calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col. (b) divided by	
_	2008	277,975.	5,023,465.	ļ		0.055335
	2007	922,031.	4,511,817.	ļ		0.204359
_	2006	381,129.	4,770,108.	<u> </u>		0.079899
	2005	89,000.	605,913.	<u> </u>		0.146886
_	2004		<u> </u>	ļ <del></del> .	<del></del>	
_						
	Total of line 1, column (d)			2		0.486479
3	_	or the 5-year base period - divide t	• •			
	number of years the founda	ation has been in existence if less	than 5 years	3		0.121620
4	Enter the net value of nonc	haritable-use assets for 2009 from	n Part X. line 5	4	3.	601,504.
-						
5	Multiply line 4 by line 3			5		438,015.
6	Enter 1% of net investment	income (1% of Part I, line 27b)		6		719.
7	Add lines 5 and 6			7		438,734.
8	Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% tax	578,837. rate. See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7	19.
	here $\blacktriangleright$ X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		7	19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		7	19.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2, 307.			
b	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		2,3	07.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,5	88.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,588. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
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		Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1 c		Χ
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			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		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			
	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	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ CALIFORNIA			
ь	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	86	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<del></del>		
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	امدا		X

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b 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)

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a 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?

Form	990-PF	(2009)

Х

X

Х

2 b

X No

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

Pa	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)				
5 a	During the year did the foundation pay or incur any amou	int to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No							
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organization other than a char	itable, etc , organizatio	on described in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the in:	structions)	Yes X No	,			
	(5) Provide for any purpose other than religious, chanta	ble, scientific, literary,	or educational					
	purposes, or for the prevention of cruelty to children of	-		Yes X No	,			
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans			<del></del>				
	Regulations section 53.4945 or in a current notice regard		•		5b	Х		
	Organizations relying on a current notice regarding disas	=						
c	If the answer is "Yes" to question 5a(4), does the found							
	because it maintained expenditure responsibility for the g			Yes No	,			
	If "Yes," attach the statement required by Regulations sec				´			
٠.	• • •	• •						
оа	Did the foundation, during the year, receive any funds, o			Yes X No				
<b>.</b>	on a personal benefit contract?					x		
U	Did the foundation, during the year, pay premiums, direct	city or indirectly, on a	personal benefit contrac	:t?	6b	^ <u>^</u> _		
7.	If "Yes" to 6b, file Form 8870	-4 4 -   -   b.b.d d 4	-h-ltt	Yes X No				
	At any time during the tax year, was the foundation a pa	•	•			<del>-   x</del>		
	If yes, did the foundation receive any proceeds or have a trivial Information About Officers, Directors					^_		
	and Contractors		•		•			
1	List all officers, directors, trustees, foundation m		compensation (see		uctions).			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo			
MIC	NAPT II DODELI	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans				
MIC	NAPT II DODELI	hours per week devoted to position	(If not paid, enter	employee benefit plans				
	CHAEL H. PODELL	hours per week devoted to position PRESIDENT	-0-)	employee benefit plans and deferred compensation		owances		
	CHAEL H. PODELL	hours per week devoted to position PRESIDENT 5 00	-0-)	employee benefit plans and deferred compensation		owances		
	CHAEL H. PODELL	hours per week devoted to position RESIDENT 5 00 DIRECTOR	0.	employee benefit plans and deferred compensation 0.		owances 0		
	CHAEL H. PODELL	hours per week devoted to position RESIDENT 5 00 DIRECTOR	0.	employee benefit plans and deferred compensation 0.		owances 0		
	CHAEL H. PODELL	hours per week devoted to position RESIDENT 5 00 DIRECTOR	0.	employee benefit plans and deferred compensation 0.		owances 0		
	CHAEL H. PODELL	hours per week devoted to position RESIDENT 5 00 DIRECTOR	0.	employee benefit plans and deferred compensation 0.		owances 0		
CAT	CHAEL H. PODELL THERINE H. PODELL	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00	0.	employee benefit plans and deferred compensation 0.	other allo	owances 0		
CAT	CHAEL H. PODELL	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00	0.	employee benefit plans and deferred compensation  0.  0.	other allo	owances 0		
CAT	CHAEL H. PODELL CHERINE H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	other allo	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
CAT	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00 her than those inc (b) Title, and average hours per week	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		
2 (a	CHAEL H. PODELL CHERINE H. PODELL Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 5 00 DIRECTOR 10.00  her than those inc  (b) Title, and average hours per week devoted to position	0. 0. luded on line 1 - se	employee benefit plans and deferred compensation  0.  0.  (d) Contributions to employee benefit plans and deferred	tructions).	0 0 e account		

Form **990-PF** (2009)

and Contractors (continued)	oyees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	<u> </u>
Tall 17-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	·
2	
	<del></del>
3	
4	
<b>7</b>	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	<u></u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total, Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	S,
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	3,150,534.
b	Average of monthly cash balances	1b	505,803.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	12.
d	Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and	1d	3,656,349.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)  Acquisition indebtedness applicable to line 1 assets	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,656,349.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	54,845.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,601,504.
6	Minimum investment return. Enter 5% of line 5	6	180,075.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ □ and do not complete this privations.	ite operating part )	
1	Minimum investment return from Part X, line 6	1	180,075.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 719.		
b	Income tax for 2009 (This does not include the tax from Part VI)  2b	1 1	
С		2c	719.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	179,356.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	179,356.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	179,356.
Pa	art XII Qualifying Distributions (see page 25 of the 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	578,837.
b	* * * * * * * * * * * * * * * * * * * *	1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc,	<del></del>	<del></del>
۷.	DUTDOSOS	2	0.
3	Amounts set aside for specific charitable projects that satisfy the.	<del>-^</del>	
о a		3a	0.
	Out of distribution that (attack the annual asked day)	3b	0.
4	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	578,837.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del>-</del> -	3,0,031.
3		_	719.
c	Enter 1% of Part I, line 27b (see page 26 of the instructions)  Adjusted qualifying distributions. Subtract line 5 from line 4	6	578,118.
6	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		<del> </del>
	qualifies for the section 4940(e) reduction of tax in those years	mether the foul	านสเผก

Form 990-PF (2009)

Ρē	undistributed income (see page	26 of the instruction	ns)	<del></del>	1
_		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				179,356.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
	Total for pnor years 20 07 .20 06 .20 05	-			<u> </u>
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
þ					
С	From 2006				
d	From 2007 707,830. From 2008 28,994.				
		065 017			
f	Total of lines 3a through e	965,217.		<del></del>	
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 578,837.				
а	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)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				179,356.
	Remaining amount distributed out of corpus	399,481.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,364,698.			
h	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
7	distributed in 2010				
,	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	1,364,698.			
10	Analysis of line 9.				
а	Excess from 2005				
	Excess from 2006 148,505.				
	Excess from 2007 707,830.				
d	Excess from 2008 28, 994.				
	Excess from 2009 399, 481.				

Fort	n 990-PF (2009)			20-34	483888	Page 10		
Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE		
1 a	If the foundation has i		<del>^ • </del>		<del></del>			
	foundation, and the ruling is effective for 2009, enter the date of the ruling							
ь	Check box to indicate who				4942(	)(3) or 4942(J)(5)		
_		Tax year		Prior 3 years		1 10 120/07		
2 a	Enter the lesser of the ad-	(a) 2009	(b) 2008	(c) 2007	(4) 2006	(e) Total		
	for the minimum investment	(a) 2009	(0) 2008	(6) 2007	(d) 2006			
	return from Part X for each							
	year listed		<del> </del>					
Ь	85% of line 2a							
C	Qualifying distributions from Part							
	XII, line 4 for each year listed				<u> </u>			
đ	Amounts included in line 2c not used directly for active conduct					Ti.		
	of exempt activities							
е	Qualifying distributions made		l l					
	directly for active conduct of exempt activities. Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the							
а	alternative test relied upon "Assets" alternative test - enter							
_	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section							
b	4942(j)(3)(B)(i)	<del></del>						
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
С	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income							
	(interest, dividends, rents, payments on securities							
	loans (section 512(a)(5)),							
	or royaltres)							
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	()(3)(B)(III)							
	(3) Largest amount of sup- port from an exempt							
	organization							
_	(4) Gross investment income	<del> </del>	<u> </u>			<u> </u>		
Pa					ation had \$5,000	or more in assets		
		<del> </del>	e page 28 of the in	structions.)				
1	Information Regarding							
а	List any managers of t					ed by the foundation		
	before the close of any	tax year (but only if the	ney nave contributed r	nore than \$5,000) (S	ee section 507 (a)(2) )			
	N/A							
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the		
	ownership of a partners					• • • • • • • • • • • • • • • • • • • •		
	·	••		-				
	N/A							
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:				
	Check here ▶ If th	ne foundation only	makes contributions	to preselected charit	able organizations a	nd does not accent		
	unsolicited requests for	or funds If the foun	dation makes gifts, g	rants, etc. (see page	28 of the instruction	ins) to individuals or		
	organizations under oth					•		
	The name, address, ar	nd telephone number	of the person to whom	n applications should be	e addressed			
a	ATTACHME		of the person to whom	i approations should be	c addressed			
	The form in which appli		hmitted and information	on and materials they	should include			
D	тне топп ш минен аррі	ications should be Su	Dimitted and instituation	on and materials triey	anoulu moluue			
	NO PRESCRIE	RED FORM						
					·			
С	Any submission deadling	ies:						
	NONE							
		nitations	auch as by see	unbund community	ble Calde Istrato of			
đ	Any restrictions or lir factors	nitations on awards	, such as by geogra	ipnicai areas, charita	bie tielas, kinds of i	institutions, or other		
		ס חוואי						
	ATTACHME	'INT O						

rm 990-PF (2009)			20-3483888	Page '
art XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Du	ring the Year or App		ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	<del> </del>
a Paid during the year				
ATTACHMENT 9				
TIACHHENI 9				
Total			▶ 3a	575,71
Approved for future payment				<u></u>
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			1	
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			į	
	<u> </u>			
Total				

Form 990-PF	(2009)			20-	-3483888	Page <b>12</b>
	A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
_		(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
_	service revenue					the instructions )
_						
f						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
	n savings and temporary cash investments			14	83.	
4 Dividend	Is and interest from secunties			14	75,034.	<del></del>
	al income or (loss) from real estate					
	t-financed property	<u> </u>				
	debt-financed property					
	I income or (loss) from personal property					
	vestment income					<del></del>
•	oss) from sales of assets other than inventory					
	me or (loss) from special events					<del></del>
· · · · · · · · · · · · · · · · · · ·	rofit or (loss) from sales of inventory					
11 Other rev	REFUND	_		01	2,307.	
-						
e						
	Add columns (b), (d), and (e)				77,424.	
	dd line 12, columns (b), (d), and (e)				13	77,424.
(See worksh	neet in line 13 instructions on page 28	to venfy calc	ulations)			
Part XVI-	B Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
Line No.	Explain below how each activ					
▼	the accomplishment of the fo	oundation's	exempt purposes	(other than	by providing funds for	such purposes) (See
<u> </u>	page 29 of the instructions)					
			<del></del>			<del> </del>
					<del></del>	
			<del></del>	·		
			NOT APPLICAE	BLE	<del></del>	
				· · · · · · · · · · · · · · · · · · ·		<del></del>
			<del></del>			<del> </del>
				- <u> </u>		
					<u></u>	

orim=	990-PF	(2009)							20-34	8388	8				Р	age 13
Pa	rt'XVI		Information Exempt Orga		Transfers T	o and	Fransa	ctions	and R	Relatio	nsh	ips W	ith N	lonc		
1	ın se	ction	ganization directl 501(c) of the C	y or indirectly ode (other than	engage in an n section 501(	y of the c)(3) orga	followin nizations	g with a s) or in	any othe section	er orga 527, re	ınızatı elatıng	on desci	ibed itical		Yes	No
а	organ Trans	ization: fers fr	om the reporting f	oundation to a n	onchantable exe	mpt organi	zation of									
														1a(1)		X
			sets											1a(2)		X
b	Other													1		,,
	(1) S	ales of	assets to a noncl	haritable exempt of	organization									1b(1)		X
			es of assets from											1b(2)		X
			f facilities, equipm													X
			rsement arrangeme													X
			r Ioan guarantees													X
_			ance of services of													X
			acilities, equipmer												<u> </u>	
a			wer to any of													
			e goods, other													
	value	ın aı	ny transaction or	r snaring arran	gement, snow	in colum	n (a) ti	ne value	of the	goods	, othe	er assets	, or	service	es re	ceived
(a) L	ine no	(b)	Amount involved	(c) Name of	noncharitable exer	mpt organiza	ition	(d) Des	cription of	f transfei	rs trans	actions a	nd shar	no arra	ngeme	
(, -		<del>- · ·</del>	/A	(0) //				N/A		1 (10110101	0, 447		10 311a1	ing unio	ngenne	
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2 a			dation directly or c) of the Code (oth	-	· ·	-		nore tax-	exempt o	organiza	ations	describe	d in	Y	ж Г	X No
b			nplete the following				• • •								_	
		(a)	Name of organization	n	(b) T <sub>3</sub>	ype of organ	ızatıon			(c	) Desci	ription of r	elations	hip		
	<u> </u>		of perjury, I deck	are than have explete Deplaration of	amined this return of preparer (other	n, including than taxpay	accompa yer or fidu		dules and ased on al	_	_	nd to the	best of reparer	my k has ai	nowled ny kno	lge and wledge
<u>-</u>	- 31	ynatu <b>g</b> t	e of officer or trustee				l n	Date			Title	Drac	aror's	Iden+-	400	
Sign Here	Paid Preparer's Use Only	Prepa signa		i de	)	~	Date 5-/	2.10	Check self-e	c if mployed	ı ►[	numl page	arer's per (Se 30 of ti	e Signa he mstr	ture o	s)
	Pa 'eps se (		s name (or yours if	SEILER	R LLP					7	EIN D					
	۾ ج		employed), address		LAGOON DE	RIVE, S	STE 40	00								

CA

REDWOOD CITY,

Form 990-PF (2009)

Phone no 650-365-4646

and ZIP code

94065

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organiz

## **Schedule of Contributors**

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

OMB No 1545-0047

MICHAEL AND CATHERINE PODELL FUND						
20-3483888						
Organization type (check on	e)					
Filers of:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a pr	vate foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation				
	501(c)(3) taxable private foundation					
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rul	e and a Specal Rule See				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, one contributor. Complete Parts I and II	\$5,000 or more (in money or				
Special Rules						
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % su and 170(b)(1)(A)(vi), and received from any one contributor, during ) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 99	the year, a contribution of the greater				
the year, aggregate	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it mu or on line 2 of its Form 990-F 990-PF).	t is not covered by the General Rule and/or the Special Rules does ist answer "No" on Part IV, line 2 of its Form 990, or check the box PF, to certify that it does not meet the filing requirements of Schedul luction Act Notice, see the Instructions	on line H of its Form 990-EZ,				
for Form 990, 990-EZ, or 990-PF.	industrial industrial and the initial delibrities	20110 2010 D (1 01111 330, 330-EZ, 01 330-FF) (2003)				

Schedule I	В	(Form 990)	990-F7	or 990-PF)	١,	(2009)	١

	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page of of Part
Name of or	ganization MICHAEL AND CATHERINE PODELL	FUND	Employer identification number 20-3483888
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL H & CATHERINE H PODELL  2200 RALSTON AVENUE  HILLSBOROUGH, CA 94010	\$ <u>150,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll

(Complete Part II if there is a noncash contribution)

Noncash

# - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	35,269. 45,720. -5,955.	75,034.
REVENUE AND EXPENSES PER BOOKS	35,269. 45,720. -5,955.	75,034.
		TOTAL
DESCRIPTION	CITIBANK, N.A. WELLS FARGO INVESTMENTS LESS: ACCRUED INTEREST PURCHASED	

FORM 990PF, PART I - OTHER INCOME

REVENUE AND

EXPENSES PER BOOKS

2,307.

DESCRIPTION TAX REFUND

TOTALS

2,307.

4:10:12 PM V 09-6

49552K M200 5/6/2010

17023

ATTACHMENT 3

FEES	
ACCOUNTING	
- 1	ŀ
н	ŀ
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	3,110.	3,110.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME	3,110.	3,110.
REVENUE AND EXPENSES PER BOOKS	6,220.	6,220.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

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TAXES	
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PART	
990PF,	DESCRIPTION
FORM	DESCR

REVENUE AND EXPENSES PER BOOKS	
---	--

TOTALS

EXCISE TAX PAID STATE TAX

CHARITABLE PURPOSES

10.

10.

4:10:12 PM V 09-6 49552K M200 5/6/2010

17023

ATTACHMENT 4

FORM 990PF,

EXPENSES
PER BOOKS
175. REVENUE AND

INVESTMENT
INCOME
105.

TOTALS

DESCRIPTION MISCELLANEOUS EXPENSES

175.

105.

ATTACHMENT 6	ENDING ENDING BOOK VALUE EMV	986,146. 520,266. 269,197. 218,100. 301,000. 508,945. 253,885. 253,360. 3,048,594.
FORM 990PF, PART II - CORPORATE BONDS	DESCRIPTION	940,000 FV GOLDMAN SACHS GROUP INC BDS 500,000 FV HSBC FINANCIAL CORP BDS 275,000 FV JP MORGAN CHASE CORP BDS 250,000 FV WELLS FARGO & CO BDS 250,000 FV IBM CORP BDS 500,000 FV GOLDMAN SACHS GROUP INC BDS 275,000 FV JP MORGAN CHASE BDS

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## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MICHAEL H. PODELL 1201 HOWARD AVE 3RD FL BURLINGAME, CA 94010 650 579-7900

## 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

CHARITIES MUST QUALIFY UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HILLSBOROUGH SCHOOLS FOUNDATION	NONE	UNRESTRICTED	500.
HILLSBOROUGH, CA	PUBLIC		
JEWISH COMMUNITY FEDERATION	NONE	UNRESTRICTED	50,000.
SAN FRANCISCO, CA	PUBLIC		
KQED	NONE	ANNUAL FUND DRIVE	250
SAN FRANCISCO, CA	PUBLIC		
MEALS ON WHEELS SAN FRANCISCO	NONE	UNRESTRICTED	1,500.
SAN FRANCISCO, CA	PUBLIC		
MIDDLEBURY COLLEGE	NONE	FINANCIAL AID PROGRAM	21,000.
MIDDLEBURY, VT	PUBLIC		
MISSION HOSPICE	NONE	HOME HEALTH CARE SUPPORT PROGRAM	4,500
SAN MATEO, CA	PUBLIC		

MICHAEL AND CATHERINE PODELL FUND

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NARAL PRO-CHOICE AMERICA FOUNDATION	NONE	UNRESTRICTED	6, 500.
SAN FRANCISCO, CA	PUBLIC		
NEW YORK RESTORATION PROJECT	NONE	REVITALIZATION OF PARKS, COMMUNITY GARDENS, AND	2,000.
NEW YORK, NY	PUBLIC	OPEN SPACE THROUGHOUT NEW YORK CITY	
THE TIDES CENTER	NONE	PARTNERS ENDING DOMESTIC ABUSE AND THE SAN	2,000
SAN FRANCISCO, CA	PUBLIC	FRANCISCO DOMESTIC VIOLENCE CONSORTIUM	
PENNISULA HUMANE SOCIETY	NONE	CARE FOR ABANDONED, NEGLECTED, UNWANTED ANIMALS	300
SAN MATEO, CA	PUBLIC		
SAMARITAN HOUSE	NONE	CAPITAL CAMPAIGN FOR A NEW HOME	10,000
SAN MATEO, CA	PUBLIC		
SAN FRANCISCO MUSEUM OF MODERN ARTS	NONE	UNRESTRICTED	1,500.
SAN FRANCISCO, CA	PUBLIC		

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	R CONTRIBUTION AMOUNT	RESCUE FUND 300	712,762	11,000	40,000.	CULTURE 1,000.	2,500
ONTRIBUTOR	PIENT PURPOSE OF GRANT OR CONTRIBUTION	GLOGAU TEDDY BEAR RESCUE FUND	MEDICAL RESEARCH	MEDICAL RESEARCH	UNRESTRICTED	SUPPORT CAMBODIA'S CULTURE	UNRESTRICTED
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC
	RECIPIENT NAME AND ADDRESS	UCSF CHILDREN'S HOSPITAL SAN FRANCISCO, CA	UCSF FOUNDATION SAN FRANCISCO, CA	ALZHEIMER'S RESEARCH FOR A CURE SAN FRANCISCO, CA	CALIFORNIA ACADEMY OF SCIENCES SAN FRANCISCO, CA	FRIENDS OF KHMER CULTURE NORFOLK, CT	MILLS-PENINSULA HOSPITAL FOUNDATION BURLINGAME, CA

MICHAEL AND CATHERINE PODELL FUND

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
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RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MUSEUM OF PERFORMANCE & DESIGN	NONE	UNRESTRICTED	500.
SAN FRANCISCO, CA	PUBLIC		
OAKLAND MUSEUM OF CALIFORNIA	NONE	UNRESTRICTED	1,000
OAKLAND, CA	PUBLIC		
STANFORD UNIVERSITY	NONE	MEDICAL RESEARCH	1,600.
STANFORD, CA	PUBLIC		
THE J DAVID GLADSTONE FOUNDATION	NONE	MEDICAL RESEARCH	2,500
SAN FRANCISCO, CA	PUBLIC		
UC REGENTS	NONE	FRIENDS OF COMPANION ANIMALS	25,000
DAVIS, CA	PUBLIC		
SAN FRANCISCO EDUCATION FUND	NONE	UNRESTRICTED	500.
SAN FRANCISCO, CA	PUBLIC		

ATTACHMENT 9