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

OMB No 1545-0052

**2009**Department of the Treasury  
Internal Revenue Service

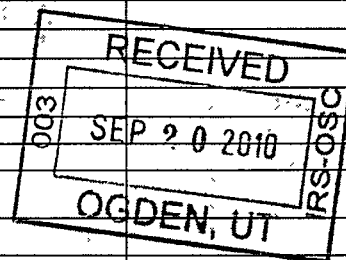
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2009**, or tax year beginning , **2009**, and ending

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>LINKED FOUNDATION</b>		<b>A</b> Employer identification number <b>20-3880761</b>
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone number (see the instructions) <b>(805) 880-1990</b>
	City or town	State ZIP code	<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
	<b>CARPINTERIA</b>	<b>CA 93013</b>	<b>D 1</b> Foreign organizations, check here <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			<b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ <b>7,314,152.</b>		<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	785,000.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	299,321.	297,154.	0.	
	5a Gross rents				
	b Net rental income or (loss)		L-6a Stmt		
	6a Net gain/(loss) from sale of assets not on line 10	20,795.			
	b Gross sales price for all assets on line 6a	286,693.			
	7 Capital gain net income (from Part IV, line 2)		20,795.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,105,116.	317,949.	0.		
ADMINISTRATIVE AND OPERATING EXPENSES	13 Compensation of officers, directors, trustees, etc	136,375.	0.	0.	54,938.
	14 Other employee salaries and wages	24,378.	0.	0.	8,982.
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	4,954.	0.	0.	0.
	c Other prof fees (attach sch) L-16c Stmt	69,059.	54,602.	0.	0.
	17 Interest				
	18 Taxes (attach schedule)(see instr) See Line 18 Stmt	18,550.	0.	0.	4,304.
	19 Depreciation (attach sch) and depletion L-19 Stmt	9,369.	0.	0.	
	20 Occupancy	21,864.	0.	0.	0.
	21 Travel, conferences, and meetings	5,114.	0.	0.	0.
	22 Printing and publications	441.	0.	0.	0.
	23 Other expenses (attach schedule) See Line 23 Stmt	21,250.	0.	0.	10,180.
	24 Total operating and administrative expenses. Add lines 13 through 23	311,354.	54,602.	0.	78,404.
	25 Contributions, gifts, grants paid	461,796.			461,796.
26 Total expenses and disbursements. Add lines 24 and 25	773,150.	54,602.	0.	540,200.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	331,966.				
b Net investment income (if negative, enter -0-)		263,347.			
c Adjusted net income (if negative, enter -0-)			0.		



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**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>ASSETS</b>	1 Cash – non-interest-bearing	2,219.	10,429.	10,429.
	2 Savings and temporary cash investments	314,900.	433,400.	433,400.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch) 500,000.	L-7 Stmt		
	Less: allowance for doubtful accounts 0.	300,000.	500,000.	500,000.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,613.	2,465.	2,465.
	10a Investments – U.S. and state government obligations (attach schedule) L-10a Stmt	6,218,801.	6,238,129.	6,325,251.
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis			
Less: accumulated depreciation (attach schedule)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis 73,379.				
Less: accumulated depreciation (attach schedule) L-14 Stmt 30,772.	51,976.	42,607.	42,607.	
15 Other assets (describe ▶ <b>NET AMORTIZABLE ASSETS</b> )	109,865.	106,646.	0.	
16 <b>Total assets</b> (to be completed by all filers – see instructions. Also, see page 1, item I)	7,000,374.	7,333,676.	7,314,152.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ L-22 Stmt)	5,048.	6,384.	
	23 <b>Total liabilities</b> (add lines 17 through 22)	5,048.	6,384.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	6,995,326.	7,327,292.	
	30 <b>Total net assets or fund balances</b> (see the instructions)	6,995,326.	7,327,292.	
	31 <b>Total liabilities and net assets/fund balances</b> (see the instructions)	7,000,374.	7,333,676.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,995,326.
2 Enter amount from Part I, line 27a	2	331,966.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	7,327,292.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	7,327,292.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)

	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a CHICAGO ILL MET WTR RECLAM BOND	P	03/12/08	02/03/09
b CHICAGO ILL MET WTR RECLAM BOND	P	03/12/08	02/03/09
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 155,292.		144,028.	11,264.
b 131,401.		121,870.	9,531.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			11,264.
b			9,531.
c			
d			
e			

2 Capital gain net income or (net capital loss).	— [ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]	2	20,795.
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) (see the instructions). If (loss), enter -0- in Part I, line 8		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	457,663.	4,295,563.	0.106543
2007	470,359.	105,471.	4.459605
2006	489,985.	82,470.	5.941373
2005			
2004			

2 Total of line 1, column (d)	2	10.507521
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.502507
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	7,254,187.
5 Multiply line 4 by line 3	5	25,407,841.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,633.
7 Add lines 5 and 6	7	25,410,474.
8 Enter qualifying distributions from Part XII, line 4	8	540,200.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	5,267.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	5,267.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	5,267.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	3,843.	
b Exempt foreign organizations — tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	7,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	11,343.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,076.	
11 Enter the amount of line 10 to be. Credited to 2010 estimated tax	11	6,076.	Refunded

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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.</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e 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? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) CA - California		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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**Part 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? Website address: <u>LINKEDFOUNDATION.ORG</u>	13	X	
14	The books are in care of <u>DOROTHY F LARGAY</u> Telephone no. <u>(805) 880-1990</u> Located at <u>3749 SANTA CLAUS LN</u> <u>CARPINTERIA</u> <u>CA</u> ZIP + 4 <u>93013</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			

**Part 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
<b>1 a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If 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 the instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? <input type="checkbox"/>	1 c	X
<b>2</b> 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)):		
<b>a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 the instructions.) <input type="checkbox"/>	2 b	X
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
<b>3 a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 foundation had excess business holdings in 2009) <input type="checkbox"/>	3 b	
<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4 a	X
<b>b</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? <input type="checkbox"/>	4 b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

6b

If 'Yes' to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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 account, other allowances
DOROTHY F LARGAY 3749 SANTA CLAUS LANE, STE B CARPINTERIA, CA 93013	PRESIDENT 20.00	0.	0.	0.
WAYNE E ROSING 3749 SANTA CLAUS LANE, STE B CARPINTERIA, CA 93013	SECRETARY 1.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1-- see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NANCY F SWANSON 3749 SANTA CLAUS LANE, STE B CARPINTERIA, CA 93013	MANAGING DIRECTOR 40.00	109,875.	4,650.	360.
0				
0				
0				
0				

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

None

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services -- (see 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

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 SEE PART XV	
	461,796.
2 EXPENSES INCURRED THAT INDIRECTLY SUPPORT THE ALLEVIATION OF POVERTY BY PROMOTING AND INVESTING IN SOLUTIONS THAT IMPROVE THE HEALTH AND ECONOMIC SELF-RELIANCE OF WOMEN IN LATIN AMERICA	78,404.
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
<b>a</b> Average monthly fair market value of securities .....	<b>1a</b>	6,934,352.
<b>b</b> Average of monthly cash balances .....	<b>1b</b>	380,474.
<b>c</b> Fair market value of all other assets (see instructions) .....	<b>1c</b>	49,831.
<b>d</b> Total (add lines 1a, b, and c) .....	<b>1d</b>	7,364,657.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	
<b>2</b> Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d .....	<b>3</b>	7,364,657.
<b>4</b> Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	110,470.
<b>5</b> Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	7,254,187.
<b>6</b> Minimum investment return. Enter 5% of line 5 .....	<b>6</b>	362,709.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b> Minimum investment return from Part X, line 6 .....	<b>1</b>	362,709.
<b>2a</b> Tax on investment income for 2009 from Part VI, line 5 .....	<b>2a</b>	5,267.
<b>b</b> Income tax for 2009 (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b> Add lines 2a and 2b .....	<b>2c</b>	5,267.
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	357,442.
<b>4</b> Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	
<b>5</b> Add lines 3 and 4 .....	<b>5</b>	357,442.
<b>6</b> Deduction from distributable amount (see instructions) .....	<b>6</b>	
<b>7</b> Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	357,442.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
<b>a</b> Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 .....	<b>1a</b>	540,200.
<b>b</b> Program-related investments — total from Part IX-B .....	<b>1b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .....	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the		
<b>a</b> Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b> Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b> Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	<b>4</b>	540,200.
<b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) .....	<b>5</b>	0.
<b>6</b> Adjusted qualifying distributions. Subtract line 5 from line 4 .....	<b>6</b>	540,200.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2009)

**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 . . . . .				357,442.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only . . . . .			0.	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009:				
a From 2004 . . . . .	0.			
b From 2005 . . . . .	0.			
c From 2006 . . . . .	269,985.			
d From 2007 . . . . .	470,392.			
e From 2008 . . . . .	457,663.			
f Total of lines 3a through e . . . . .	1,198,040.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 540,200.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions) . . . . .				
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	540,200.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	357,442.			357,442.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	1,380,798.			
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 instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,380,798.			
10 Analysis of line 9:				
a Excess from 2005 . . . . .	0.			
b Excess from 2006 . . . . .	0.			
c Excess from 2007 . . . . .	382,935.			
d Excess from 2008 . . . . .	457,663.			
e Excess from 2009 . . . . .	540,200.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**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 ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon.					
<b>a</b> 'Assets' alternative test — enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> 'Support' alternative test — enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV** <sup>2</sup> **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)  
DOROTHY F. LARGAY AND WAYNE E ROSING BOTH INDIVIDUALLY AND THROUGH  
THE TABASGO FOUNDATION.

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
DIRECT RELIEF INTERNATIONAL 27 S. LA PATERA LN SANTA BARBARA CA 93117		501(C)3	FUND CHARITABLE EVENT FOR ORGANIZATION	8,796.
LIVING GOODS 220 HALLECK ST, STE 210 SAN FRANCISCO CA 94129		501(C)3	ECONOMIC SUPPORT TO WOMEN	5,000.
OXFAM AMERICA 226 CAUSEWAY ST. 5TH FL BOSTON MA 02114		501(C)3	SAVINGS FOR CHANGE PROGRAM IN EL SALVADOR	100,000.
GLOBAL PARTNERSHIPS 909 NE BOAT ST STE 200 SEATTLE WA 98105		501(C)3	PROJECTS THAT ALLEVIATE POVERTY	75,000.
SANTA BARBARA FOUNDATION 15 E. CARILLO ST SANTA BARBARA CA 93101		501(C)3	COMMUNITY ECONOMIC RECOVERY FUNDING	25,000.
GIRLS INC OF CARPINTERIA 5315 FOOTHILL RD CARPINTERIA CA 93013		501(C)3	ECONOMIC EMPOWERMENT/ ADVANCEMENT OF WOMEN	25,000.
GLOBAL FUND FOR WOMEN 1375 SUTTER ST, STE 400 SAN FRANCISCO CA 94109		501(C)3	PROJECTS THAT ALLEVIATE POVERTY	3,000.
FONKOZE USA 50 F STREET, STE 810 WASHINGTON DC 20001		501(C)3	HEALTH SERVICES PROGRAMS HAITI MALNUTRITION PROGRAM	100,000.
MERCY CORP 3015 SW FIRST AVE PORTLAND OR 97201		501(C)3	PROJECTS THAT ALLEVIATE POVERTY	120,000.
<b>Total</b>			<b>3a</b>	461,796.
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1	Program service revenue:					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	299,321.	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
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 than inventory . . . . .			18	20,795.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue:					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e) . . . . .				320,116.	
13	Total. Add line 12, columns (b), (d), and (e) . . . . .				13	320,116.

(See worksheet in the instructions for line 13 to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2009**

Name of the organization

LINKED FOUNDATION

Employer identification number

20-3880761

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 501(c)(\_\_\_\_) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule –**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

Employer identification number

LINKED FOUNDATION

20-3880761

**Part I Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TABASGO FOUNDATION 3463 STATE STREET, SUITE 255 SANTA BARBARA CA 93105	\$ 785,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

LINKED FOUNDATION

Identifying number

20-3880761

Business or activity to which this form relates

Form 990-PF page 1

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	9,369.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	9,369.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 07/07/09

Form 4562 (2009)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								<b>25</b>					
<b>26</b> Property used more than 50% in a qualified business use													
<b>27</b> Property used 50% or less in a qualified business use:													
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .													
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .													

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions).					
<b>43</b> Amortization of costs that began before your 2009 tax year . . . . .					<b>43</b> 9,018.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b> 9,018.

## 2009

Tax Year 2009

► Keep for your records

20-3880761

[illegible]

Page 1 of 1

## 2009

Tax Year 2009

► Keep for your records

20-3880761

**Code:** S = Sold, A = Auto, L = Listed, C = COGS

**Form 990-PF**  
**Part I, Line 6a**

**Net Gain or Loss From Sale of Assets**

**2009**

Name <b>LINKED FOUNDATION</b>	Employer Identification Number <b>20-3880761</b>
----------------------------------	---

**Asset Information:**

Description of Property: ...	SEE PART IV	
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: ....	286,693.	Cost or other basis (do not reduce by depreciation) 265,898.
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	20,795.	Accumulation Depreciation: ....

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

Description of Property: .....		
Date Acquired: .....	How Acquired: .....	
Date Sold: .....	Name of Buyer: .....	
Sales Price: .....	Cost or other basis (do not reduce by depreciation)	
Sales Expense: .....	Valuation Method: .....	
Total Gain (Loss): .....	Accumulation Depreciation: .....	

**Form 990-PF**  
**Part II, Lines 6 and 7**

**Receivables**

**2009**

Name <b>LINKED FOUNDATION</b>	Employer Identification Number <b>20-3880761</b>
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**Lender Information**

Loan Receivable Type 3

Borrower's Name GLOBAL PARTNERSHIP MICROFINANCE FUND 2008, LLC Borrower's Title GP FUND MANAGEMENT LLC

Check Box, if Borrower is a Business ☒ Relationship of Borrower (other loans only) NO RELATION

Repayment Terms PRINCIPAL DUE AT MATURITY-INTEREST PAID QUAR Borrower's Security UNSECURED

Purpose of Loan EXPAND OPPORTUNITY FOR PEOPLE LIVING IN POVE Description of Consideration CASH

Original Amount 300,000. Beginning Year Balance 300,000. Year End Balance 500,000.

FMV of at Year End 500,000. FMV of Consideration 500,000.

Allowance for Doubtful Accounts (other loans only) 0.

Date of Note 10/30/08 Maturity Date 10/31/14 Interest Rate 4.00

Loan Receivable Type \_\_\_\_\_

Borrower's Name \_\_\_\_\_ Borrower's Title \_\_\_\_\_

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) \_\_\_\_\_

Repayment Terms \_\_\_\_\_ Borrower's Security \_\_\_\_\_

Purpose of Loan \_\_\_\_\_ Description of Consideration \_\_\_\_\_

Original Amount \_\_\_\_\_ Beginning Year Balance \_\_\_\_\_ Year End Balance \_\_\_\_\_

FMV of at Year End \_\_\_\_\_ FMV of Consideration \_\_\_\_\_

Allowance for Doubtful Accounts (other loans only) \_\_\_\_\_

Date of Note \_\_\_\_\_ Maturity Date \_\_\_\_\_ Interest Rate \_\_\_\_\_

Loan Receivable Type \_\_\_\_\_

Borrower's Name \_\_\_\_\_ Borrower's Title \_\_\_\_\_

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) \_\_\_\_\_

Repayment Terms \_\_\_\_\_ Borrower's Security \_\_\_\_\_

Purpose of Loan \_\_\_\_\_ Description of Consideration \_\_\_\_\_

Original Amount \_\_\_\_\_ Beginning Year Balance \_\_\_\_\_ Year End Balance \_\_\_\_\_

FMV of at Year End \_\_\_\_\_ FMV of Consideration \_\_\_\_\_

Allowance for Doubtful Accounts (other loans only) \_\_\_\_\_

Date of Note \_\_\_\_\_ Maturity Date \_\_\_\_\_ Interest Rate \_\_\_\_\_

Loan Receivable Type \_\_\_\_\_

Borrower's Name \_\_\_\_\_ Borrower's Title \_\_\_\_\_

Check Box, if Borrower is a Business ☐ Relationship of Borrower (other loans only) \_\_\_\_\_

Repayment Terms \_\_\_\_\_ Borrower's Security \_\_\_\_\_

Purpose of Loan \_\_\_\_\_ Description of Consideration \_\_\_\_\_

Original Amount \_\_\_\_\_ Beginning Year Balance \_\_\_\_\_ Year End Balance \_\_\_\_\_

FMV of at Year End \_\_\_\_\_ FMV of Consideration \_\_\_\_\_

Allowance for Doubtful Accounts (other loans only) \_\_\_\_\_

Date of Note \_\_\_\_\_ Maturity Date \_\_\_\_\_ Interest Rate \_\_\_\_\_

Form 990-PF, Page 1, Part I, Line 18

**Line 18 Stmt**

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FRANCHISE TAX BOARD	10.	0.	0.	0.
DEPARTMENT OF JUSTICE	150.	0.	0.	0.
PAYROLL TAX	11,026.	0.	0.	4,304.
PROPERTY TAX	114.	0.	0.	0.
FEDERAL TAX	7,250.	0.	0.	0.
<b>Total</b>	<b>18,550.</b>	<b>0.</b>	<b>0.</b>	<b>4,304.</b>

Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Amortization	9,018.			
MEMBERSHIPS	6,760.	0.	0.	6,760.
INSURANCE-LIABILITY	1,995.	0.	0.	0.
POSTAGE AND DELIVERY	160.	0.	0.	0.
OFFICE EXPENSES	1,218.	0.	0.	0.
TELEPHONE/INTERNET	6,470.	0.	0.	0.
TRAINING AND EDUCATION	183.	0.	0.	0.
BANK CHARGES	25.	0.	0.	0.
PUBLICATIONS/SUBSCRIPTIONS	4,714.	0.	0.	0.
WORKERS COMP INSURANCE	1,752.	0.	0.	0.
EMPLOYEE RELATED EXPENSE	139.	0.	0.	0.
OTHER IT EXPENSE	448.	0.	0.	0.
RESEARCH CONSULTANT	3,420.	0.	0.	3,420.
RECONCILING ADJUSTMENT	-15,052.	0.	0.	0.
<b>Total</b>	<b>21,250.</b>	<b>0.</b>	<b>0.</b>	<b>10,180.</b>

Form 990-PF, Page 1, Part I

**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JOHN P. TALIA, CPA	TAX ACCOUNTING	3,360.	0.	0.	0.
MAIDA SMITH	BOOKKEEPING	1,594.	0.	0.	0.
<b>Total</b>		<b>4,954.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>

Form 990-PF, Page 1, Part I

**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BESSEMER TR-8H2772	INVEST. MGMT	9,165.	9,165.	0.	0.
BESSEMER TR-8G9073	INVEST. MGMT	36,272.	36,272.	0.	0.
BESSEMER TR-8H2772	INVEST. MGMT	9,165.	9,165.	0.	0.
BIG SKY CONSULTING,	IT SUPPORT	2,472.	0.	0.	0.
ELLSWORTH GREEN	IT SUPPORT	8,325.	0.	0.	0.

Form 990-PF, Page 1, Part I

Continued

**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CIVICACTIONS LLC	WEBSITE DESIGN	3,660.	0.	0.	0.
Total		69,059.	54,602.	0.	0.

Form 990-PF, Line 19

**Allocated Depreciation**

Description	Date Acquire	Cost or Basis	Prior Yr. Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
COMPUTER	10/01/06	1921	864	SL	5.00	368		
FURNITURE & EQUIPMENT	10/01/06	33635	10920	SL	7.00	4659		
LEASEHOLD IMPROVEMENTS	10/01/06	15240	863	SL	39.00	391		
FURNITURE AND FIXTURES	01/04/07	11928	4625	200DB	7.00	2087		
FURNITURE AND FIXTURES	07/01/07	10655	4131	200DB	7.00	1864		
Total								

Form 990-PF, Page 2, Part II, Line 10a

**L-10a Stmt**

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
\$1400K FED HOME LOAN BANK-D			1,461,684.	1,482,684.
\$575K FED HOME LOAN BANK-D			598,541.	627,290.
US TREASURY NOTES-\$880-D			935,687.	952,116.
US TREASURY NOTES-\$1.765-D			1,867,176.	1,909,642.
\$1000K-US TREASURY NOTES-D			1,089,920.	1,081,950.
\$136K-US TREASURY NOTES-P			154,488.	147,145.
\$115K-US TREASURY NOTES-P			130,633.	124,424.
CHICAGO ILL MET WTR	0.	0.		
CHICAGO ILL MET WTR	0.	0.		
Total		0.	6,238,129.	6,325,251.

Form 990-PF, Page 2, Part II, Line 14

**L-14 Stmt**

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
SEE DEPRECIATION REPORT ATTACHED	73,379.	30,772.	42,607.
Total		73,379.	42,607.



Form 990-PF, Page 2, Part II, Line 22

**Other Liab Stmt**

<b>Line 22 - Other Liabilities:</b>	<b>Beginning Year Book Value</b>	<b>Ending Year Book Value</b>
CASH OVERDRAFT	1,000.	0.
OTHER CURRENT LIABILITIES	4,048.	6,384.
Total	<u>5,048.</u>	<u>6,384.</u>

**Supporting Statement of:**

Form 990-PF, p1/Line 1(a)

Description	Amount
11/04/09	50,000.
9/16/09	50,000.
08/03/09	75,000.
06/17/09	50,000.
06/11/09	10,000.
05/11/09	50,000.
05/01/09	200,000.
03/25/09	200,000.
01/30/09	100,000.
Total	<u>785,000.</u>

**Supporting Statement of:**

Form 990-PF, p1/Line 20(a)

Description	Amount
RENT	17,637.
UTILITIES	1,877.
CLEANING	2,350.
Total	<u>21,864.</u>

**Supporting Statement of:**

Form 990-PF, p2/Line 2(c)

Description	Amount
FED TR UST OBLIG-8G8909	107,900.
FED TR UST OBLIG-8G9073	324,300.
FED TR UST OBLIG-8H2772	1,200.
Total	<u>433,400.</u>

**Supporting Statement of:**

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
BESSEMER 8G8909-DIVIDENDS	9.
BESSEMER 8G8909-INTEREST US TREASURY	52,540.
ACCRUED INTEREST PAID	-1,442.
TAX EXEMPT INTEREST	1,174.
BESSEMER 8G9073-DIVIDENDS	19.

Continued

**Supporting Statement of:**

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
BESSEMER 8G9073-INTEREST US TREASURY	229,900.
ACCRUED INTEREST PAID	-1,220.
TAX EXEMPT INTEREST	993.
BESSEMER 8H2772-DIVIDENDS	16.
BESSEMER CHECKING	17.
GLOBAL PARTNERSHIP NOTE	17,315.
Total	<u>299,321.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	LINKED FOUNDATION	20-3880761
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	3749 SANTA CLAUS LANE, B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CARPINTERIA CA 93013	

**Check type of return to be filed** (File a separate application for each return):

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                      | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **DOROTHY F LARGAY**  
Telephone No. **(805) 880-1990** FAX No. **(805) 684-5530**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **.....**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **Nov 15**, 20 **10**.
- 5 For calendar year **2009**, or other tax year beginning **.....**, 20 **.....**, and ending **.....**, 20 **.....**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ... **TAXPAYER IS STILL WAITING FOR DOCUMENTATION FROM THIRD PARTIES WITHOUT WHICH A COMPLETE AND ACCURATE RETURN COULD NOT BE COMPLETED BY THE INITIAL EXTENDED DUE DATE**

<b>8a</b> 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 .....	<b>8a</b> \$	<b>5,176.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .....	<b>8b</b> \$	<b>11,343.</b>
<b>c Balance Due.</b> 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 instrs .....	<b>8c</b> \$	<b>0.</b>

**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 **▶ [Signature]** Title **▶ CPA** Date **▶ 8/5/10**

7007 2560 0000 8880 0775