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990-PF

Return of Private Foundation

OMB No 1545-0052

		ot of the Tee		or	Sect	tion 4947(a)(1) None Treated as a Priva					୬៣ በ0
In	epartine temal R	ent of the Tre evenue Serv	vice	Note: The foundation r	nay b	be able to use a copy of this return to satisfy state reporting requirement					<u> </u>
F	or ca	lendar y	year 2009), or tax year beginnir	ng		, 2009	and endin	<u>g</u>		, 20
G	Che	ck all th	at apply	Initial return		Initial return o	of a former p	ublic ch <u>arit</u>	y	<u> </u>	Final return
_				Amended retu	ırn	Addres	ss change		Nar	ne change	=
		ŀ	Name of f	oundation					A	Employer identific	cation number
-	Use ti	ne IRS							ł		
			ROMICH	FOUNDATION					┸	20-	3991275
		wise, int	Number a	nd street (or P O box num	ber if r	nail is not delivered to street	address)	Room/suite	∍ B	Telephone number (see	page 10 of the instructions)
	•		105								0. 06. 000
,		pecific		ST PINE STREET						 	0) 264-9897
ı	nstru	ctions.	City or tov	vn, state, and ZIP code					ြင	If exemption applicat pending, check here	
		l,	MOOGER	D 011 44601					D	1 Foreign organization	ons, check here . D
_				R, OH 44691					4	2 Foreign organizati 85% test, check he	
Н	\neg	• •	of organi			(3) exempt private f				computation	
Ţ				nonexempt charitable tru		Other taxable pri			⊢ E	If private foundation	status was terminated
1				I —	\neg	inting method X Ca	ash Acc	rual		under section 507(b)	(1)(A), check here .
		ear (<i>rron</i> ▶ \$		col (c), line 832,308. (Pa		her (specify) column (d) must be on	cach hacie		_ F		in a 60-month termination
r				venue and Expenses		Columni (a) mast be on	casii basis j			under section 507(b)	(1)(B), check here . (d) Disbursements
	aru	_ total of	amounts ir	n columns (b), (c), and (d))	(a) Revenue and	(b) Net inve	I	(c) /	Adjusted net	for charitable
				rily equal the amounts in age 11 of the instructions	,,	expenses per books	incom	ne		ıncome	purposes (cash basis only)
_	1		` ' '	nts, etc., received (attach schedule	′′ 						(cash basis only)
	2	Check >	y if th	e foundation is not required	to [
	3	-		ch Sch B		25.		25.			ATCH 2
	4			erest from securities		5,200.		5,200.			ATCH 3
	l '										
	1			(loss)							
e				om sale of assets not on line 1	10	-31,133.					
ű			les price for								
Revenue	7			come (from Part IV, line 2	2).						
~	8	Net sho	n-term ca	pital-gain /	[
	9	Income	modification		[
	10 a		es less retur vances								-
	b	Less Oc	stof goods\s				···· , , ,				
	С			ss) (attach schedule)		100 250	1.0	0 250			
	11	Other in	rcome-tatt	ach schedule) T		100,352.		0,352.			ATCH 4
· —	12				- 1	74,444.	10	5,577.			
3	13			icers, directors, trustees, etc		· · · · · · · · · · · · · · · · · · ·		-			
Ş	14			alaries and wages							
'n	15			nployee benefits		`			,		
Expenses"				schedule)		4,305.		0.		0.	0
ij o				attach schedule)		2,174.		2,174.			
Operating and Administrative	17			ll fees (attach schedule) .* ACHMENT _6		133.		133.			
stra	18			lle) (see page 14 of the instruction	.*;* - -	576.		76.			
Ξ	19			ich schedule) and depleti	· ·						
퉏	20	-	•					- +			
ح	21			es, and meetings	- 1						
aŭ	22			cations	· · -			-			
gu	23			attach schedule) ATCH		44.					
ati	24			nd administrative expen-							
be			-	ugh 23	- 1	7,232.		2,383.		0.	0
0	25			ts, grants paid	Г	101,509.					101,509
	26		_	bursements Add lines 24 and	Г	108,741.		2,383.		0.	101,509
	27			rom line 12							
	a	Excess of	revenue over	expenses and disbursements	[-34,297.					
	1 .	Not inve	actmant in	name (if possitive enter	اده		1 10	13.194			

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 5 JSA ** ATCH 7 9E1410 2 0000 7 2 4 4 3 Q A10 A 10/28/2010 1:53:51 PM V 09-8.3

Form 990-PF (2009)

c Adjusted net income (If negative, enter -0-). .

20-3991275

P:	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	للتعد		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng			
	2		cash investments			
	3	Accounts receivable				
		Less allowance for dou	btful accounts			
	4	Pledges receivable				
ł			btful accounts ▶			
	5				· · · · · · · · · · · · · · · · · · ·	
	6	• •	officers, directors, trustees, and other			
	•					
-	-		ach schedule) (see page 16 of the instructions)		* 1,470,000	ATCH 9
	7		receivable (attach schedule)	1,470,000.	1,470,000	1
	_		obtful accounts ▶	1,470,000.	1,470,000	1,470,000
ş	8	Inventories for sale or us				
ssets	9		leferred charges			
ا∛			te government obligations (attach schedule)	267 210	226 027	260 200
- 1	þ	Investments - corporate	estock (attach schedule) ATCH 1.0	367,319.	336,277	. 362,308
	11 C	Investments - land, building and equipment basis				
		Less accumulated deprecial (attach schedule)				
	12		loans			
- 1	13 14	Investments - other (atta Land, buildings, and equipment basis Less accumulated deprecia	ach schedule)			
		(attach schedule)				
	15	Other assets (describe	-)			
	16	•	pleted by all filers - see the			
		instructions Also, see p	page 1, item I)	1,837,319.		
	17	Accounts payable and a	accrued expenses		3,255	
	18	Grants payable				
S	19	~				
≝∣	20		ors, trustees, and other disqualified persons			
·=I	21		otes payable (attach schedule)			
ٿ	22		e ▶)			
			·/			
	23	Total liabilities (add line	es 17 through 22)		3,255	
$^{+}$			llow SFAS 117, check here ▶		· · · · ·	1
			24 through 26 and lines 30 and 31.			
S		-	•			
ĕ	24					-
믉	25					-
뛰	26					-
š			not follow SFAS 117,			
Ē			nplete lines 27 through 31. ▶ 🔀			
s or Fund Balances	27		cipal, or current funds			-
et	28		or land, bldg, and equipment fund	1 027 210	1 000 000	-
155	29		ulated income, endowment, or other funds	1,837,319.	1,803,022	<u>-</u> ∤
Net Assets	30		d balances (see page 17 of the			
ž		instructions)		1,837,319.	1,803,022	<u>·</u>
	31	Total liabilities and ne	t assets/fund balances (see page 17			
$oldsymbol{\perp}$		of the instructions)	<u> </u>	1,837,319.	1,806,277	•
P	art l	Analysis of Ch	anges in Net Assets or Fund I	Balances		
1	Tota	I net assets or fund b	alances at beginning of year - Part II,	column (a), line 30 (mus	st agree with	
	end-	of-year figure reporte	d on prior year's return)		1	1,837,319
		er amount from Part I,	las 07s			-34,297
			led in line 2 (itemize) ▶		3	
		lines 1, 2, and 3			<u>3</u>	1,803,022
		reases not included in			5	,
			alances at end of year (line 4 minus l	ine 5) - Part II, colume /b		1,803,022
<u>~</u>		absolts of fulld b	alanded at end of year time 4 millus i	uio oj - i arcii, coluliii (u	7, sine oo 8	2,003,022

(a) List and 2-story bri	describe the kind(s) of property sold (c) ick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHEI	: 				
b					
<u>c</u>					
<u>d</u>			<u> </u>		
<u>e</u>	(D Demonstrate allowed	(g) Cost or other basis		(h) Com on (le	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
C					
d					
Complete only for exects sh	pplete only for assets showing gain in column (h) and owned by the foundation F M V as of 12/31/69 (j) Adjusted basis (k) Excess of over col (j),				
Complete only for assets si		Gains (Col (h) g (k), but not less			
(i) F M V as of 12/31/69		over col (j), if any		Losses (from co	
а					
b					
c .			<u> </u>		
d			<u> </u>		
<u>e</u>	. If	gain, also enter in Part I, line 7	 		
Proposed the composition of the	(not capital loce)	(loss), enter -0- in Part I, line 7	2		-31,133.
Net short-term capital gain	or (loss) as defined in sections 12	•			'
-	line 8, column (c) (see pages 13				
If (loss), enter -0- in Part I, li	ine 8	<u> </u>	3		
Part V Qualification Un	der Section 4940(e) for Redu	uced Tax on Net Investment Inc	come		
	the section 4942 tax on the distrib not qualify under section 4940(e)	outable amount of any year in the b	ase peno	d?	Yes X N
		, see page 18 of the instructions be	efore mak	ung any entries.	
(a)	(b)	(c)		(d)	
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	
2008	39,309.	1,856,439.			0.021174
2007	24,917.	475,043.			0.052452
2006	12,833.	320,042.	-		0.040098
2005 2004		43,444.			
2004			 		
2 Total of line 1, column (d)			2		0.113724
3 Average distribution ratio t	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
number of years the found	lation has been in existence if less	s than 5 years	3		0.028431
Enter the net value of non-	charitable-use assets for 2009 fro	om Part X, line 5	4	1,	739,055.
Multiply line 4 by line 3.			5		49,443.
E Enter 19/ of not investment	ot income (19/ of Dort Line 275)				1,032.
6 Enter 1% of net investmer	it income (1% of Part i, line 27b)		6	•	1,032.
7 Add lines 5 and 6			7		50,475.
Add mics o and U	• • • • • • • • • • • • • • • • • • • •				,
B Enter qualifying distribution					
	ns from Part XII, line 4	in Part VI, line 1b, and complete	8		101,509.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e 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		1,0	32.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		-	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,0	32.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 43.			
b				
С	Tax paid with application for extension of time to file (Form 8868) 6c 400.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		4	43.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			8.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		5	97.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 • Refunded ▶ 11			
	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 X
	participate or intervene in any political campaign?	_1a_		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			Х
	of the instructions for definition)?	1b_		
	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	4.		Х
С.	Did the foundation file Form 1120-POL for this year?	1 c		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers (3)			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$	2		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			
	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
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
ча b		4b		Х
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
3	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			
Ū	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	X	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► OH,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
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 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	10		X

3 b

Χ

X

Х

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

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?

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

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
			:	
NONE				
Total number of other employees paid over \$50,000 .				▶

Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Emplo	yees,	
3 Five high	est-paid independent contractors for professional services (see page 23 o	f the instructions). If none.	enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE		···		
-				
Total numb	er of others receiving over \$50,000 for professional services		▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct charitable activities during the tax year. Include relevant statistical informons and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number	Expen	ises
1 N/A		· · · · · · · · · · · · · · · · · · ·		
'				
2				
	· 			
3				
4		· · · · · · · · · · · · · · · · · · ·		
	`			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instri			
	two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amo	unt
1 N/A				
2				
	gram-related investments See page 24 of the instructions	-		
3 NONE				
Takal Add	unce 1 through 2			

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eign foundation	ons,
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	267,993.
b	Average of monthly cash balances	1b	27,545.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	1,470,000.
d		1d	1,765,538.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,765,538.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the contributions)	4	26,483.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,739,055.
6	Minimum investment return. Enter 5% of line 5	6	86,953.
Pa	The property of the instructions and certain foreign organizations check here □ and do not complete this property of the instructions and certain foreign organizations check here □ and do not complete this property of the instructions are property or the instructions of the instructions are property or the instructions of the instruction of the instruc	vate operating	
1	Minimum investment return from Part X, line 6	. 1	86,953.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 1,032		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	1,032.
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	85,921.
4	Recoveries of amounts treated as qualifying distributions		
5		1 _ 1	85,921.
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,		
	Ine 1	. 7	85,921.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		1a	101,509.
b			0.
2	Program-related investments - total from Part IX-B	.	
_	nurnosos	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	· -	
а	0. (4) 14. (4.4.(4.4.4) 170 - 4.4.(4.4.4)	3a	0.
b		•	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	. 4	101,509.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	• -	
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,032.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	100,477.
Ü	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	miculai ule il	Januaron

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•	line 7	·	·		85,921.
2	Undistributed income, if any, as of the end of 2009				
a	Enter amount for 2008 only			54,183.	
b	Total for pnor years 20 07 ,20 06 ,20 05			•	
3	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	From 2008	0.			
	Qualifying distributions for 2009 from Part XII,				
4	line 4 ▶ \$ 101,509.			F.A. 102	
а	Applied to 2008, but not more than line 2a			54,183.	
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				47,326.
е	Remaining amount distributed out of corpus	0.			·
5	Excess distributions carryover applied to 2009	0.			0.
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	0.			
b	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				38,595.
7	distributed in 2010				30,393.
,	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	0.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2008				
	Excess from 2009 0 .				

Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh				4942()(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
2 a	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a		<u> </u>			
_	Qualifying distributions from Part					
·	XII, line 4 for each year listed					
d	Amounts included in line 2c not		7-1		*****	-
	used directly for active conduct					
e	of exempt activities					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying				·····	
	under section					
b	4942(j)(3)(B)(i) "Endowment" afternative test-					-
	enter 2/3 of minimum invest-					
	ment return shown in Part X line 6 for each year listed					
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 royalties)					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt				•	
	organization (4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets
		during the year - se				
1	Information Regarding					
а	List any managers of	the foundation who h	ave contributed more	than 2% of the total	contributions receiv	ed by the foundation
	before the close of any		iey nave contributed r	nore than \$5,000). (Se	e section 507(a)(2))	
	BARRY A. RO	OMICH				
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 partner	rsnip or other entity) of	r wnich the foundation	nas a 10% or greater	interest.	
	NONE					
2	Information Regardin	a Contribution, Grant	Gift Loan Scholarsh	in etc. Programs:		
-	Check here ► X if t	=		• • •	abla araan, matiana m	
	unsolicited requests f	for funds. If the foun	dation makes difts, d	rants etc (see page	able organizations a	ind does not accept
	organizations under ot				20 or the mendence	mo, to matriduals of
	The name, address, a	nd telephone number	of the person to whor	n annications should be	addressed	
_	rno namo, address, a	na totophone namber	or the person to who	ii applications should be	s addressed.	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
С	Any submission deadle	nes:				
đ	Any restrictions or li	mitations on awards,	, such as by geogra	phical areas, charital	ble fields, kinds of	institutions, or other
	factors					

Part XV Supplementary Information (co	ntinued)	 -		
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,			
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
a Paid during the year	di substantiai contributor			- • , • •
a raid dailing the year				
ATTACHMENT 12				
			1	
			:	
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		ľ		
		ļ		
Total			▶ 3a	101,509.
b Approved for future payment				

er gross amounts unless otherwise indicated		ted business income		y section 512, 513, or 514	(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
Program service revenue	-				the instructions)
a					
b					***************************************
C					
d					
e					
				· · · · · · · · · · · · · · · · · · ·	
g Fees and contracts from government agencies	-				
Membership dues and assessments					
Interest on savings and temporary cash investments Dividends and interest from securities			14	5,225.	",
Net rental income or (loss) from real estate					
-					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income			18	-31,133.	
Gain or (loss) from sales of assets other than inventory				31,100,	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a1 2				100,352.	
b ATTACHMENT 13				100,332.	
C			 		
d					
de				74 444	
d e Subtotal Add columns (b), (d), and (e) Total, Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities	to verify calcu	lations) complishment of E	xempt Purp	ooses	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purp	ooses n (e) of Part XVI-A cor	74,444
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,44
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 Total XVI-B Relationship of Activities Relationship of Activities Total Add line 12, columns (b), (d), and (e) Explain below how each activities the accomplishment of the form	to verify calcu	lations) complishment of E ch income is report exempt purposes	Exempt Purped in column (other than	ooses n (e) of Part XVI-A cor	74,444

Pai	rt XVII	Information Exempt Orga		Transfers To	and T	ransa	ictions a	nd Relati	onship	s With I	Nonc	harit	able
1	ın se	he organization directlection 501(c) of the C										Yes	No
а	Trans	izations? fers from the reporting f	oundation to a r	oncharitable exemp	pt organiza	ation of							
	(1) Ca	ash									1a(1)		Х
	(2) O	ther assets									1a(2)		Х
b		transactions											
		ales of assets to a noncl									1b(1)		X
		urchases of assets from									1b(2)		Х
	(3) R	ental of facilities, equipm	ent, or other ass	ets							1b(3)		X
	(4) R	eimbursement arrangeme	ents								1b(4)		Х
		oans or loan guarantees									1b(5)		Х
		erformance of services of									1b(6)		X
С	Sharır	ng of facilities, equipmer	it, mailing lists, o	other assets, or paid	d employed	es					1 c		Х
d		answer to any of				_							
	value	of the goods, other	assets, or ser	vices given by t	he repor	rting fo	oundation I	f the found	dation red	ceived less	than	fair r	market
	value	in any transaction or	sharing arrar	igement, show in	n column	n (d) t	he value o	f the good	s, other	assets, or	service	es rec	ceived
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exemp	ot organizati	ion	(d) Descr	ption of transi	ers, transact	tions, and shai	ng arra	ngeme	nts
		N/A					N/A						
				· · · · · · · · · · · · · · · · · · ·									
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				···									
							<u></u>						
2a	ls the	foundation directly or	indirectly affilia	ated with, or relat	ted to, o	ne or	more tax-ex	empt organi	zations de	scribed in			
		n 501(c) of the Code (oth								[Ye	s ∑	No 🛚
b	If "Ye:	s," complete the following	g schedule	·				<u> </u>					
		(a) Name of organization	n	(b) Type	e of organiz	zation		ı	c) Descript	ion of relations	ship		
											.	···	
		7777											
													
				<u> </u>									
				L									
	Under belief,	penalties of perjury, I decl it is true, correct, and com	are that I have e: plete Declaration	camined this return, of preparer (other th	including a nan taxpaya	accompa er or fid	anying schedu uciary) is base	les and statered on all infor	nents, and mation of w	to the best o which prepare	f my k r has ai	nowled ny kno	ge and wledge
	► X	//_//					1-/	1/0					
e	Sı	gnature of officer or trustee					Date		Title				
Sign Here						Date		Charles		Preparer's	ıdentıf	ying	
딞	ج ^ج	Preparer's \				NOV 4) 0 0040	Check if self-employ	ed ▶	number (Se page 30 of			
ĬŠ	Paid eparer se Onl	signature	a-1 /	<u></u>		NOV (3 2010			1006	331	38	
	Paid Preparer's Use Only	Firm's name (or yours if		•					EIN ▶	34-1513			
self-employed), address, 4040 EMBASSY PARKWAY SUITE 100									•				

Form **990-PF** (2009)

44333-8354 Phone no 330-668-6500

and ZIP code

AKRON, OH

FORM 990-PF - PART IV

Kınd of F		AINS AND LO		ription		Pop	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		WELLS FARGO				P	VARIOUS	01/02/2009
13.		FROEBRIT	re. Shoul	1155			13.	
		200 SHS CHI PROPERTY TY		TV HLDGS CO)	Р	VARIOUS	VARIOUS
1,300.		10,015.					-8,715.	
		843.687 SHS		YORK VENTU FIES	RE	Ρ	VARIOUS	VARIOUS
17,500.		26,011.					-8,511.	
		PROPERTY TY		FMANN SMALL TIES	CAP FUN	Ρ		VARIOUS
5,443.		8,381.					-2,938.	
		500 SHS STE				Р	·······	VARIOUS
2,332.		11,405.					-9,073.	_
_		49 SHS TECH PROPERTY TY				P		VARIOUS
154.		0.					154.	
		PROPERTY TY	ORNBURG INT YPE: SECURI			Р		VARIOUS
6,917.		8,980.					-2,063.	
OTAL GAIN(L	088)						-31,133.	
3111E 31111(E	000,							
-								

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UE			OKS INCOME		.62	25.
REVENUE	AND	EXPENS	PER BOOKS			TOTAL
			DESCRIPTION) 	FIDELLIY	

ATTACHMENT 2 .

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

NET INVESTMENT INCOMP	TINCOGE	783.	5,200.
REVENUE AND EXPENSES PFP ROOKS	FEN DOORS	783.	5,200.
			TOTAL
	DESCRIPTION	LASALLE ST. SECURITIES FIDELITY	

AND EXPENSES REVENUE

NET PER BOOKS 100,352.

INVESTMENT INCOME 100,352.

TOTALS

DESCRIPTION INTEREST INCOME FROM PRC N/R

100,352.

100,352.

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FEES
PROFESSIONAL
OTHER
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PART
990PF.
FORM

NET	INCOME	2,174	2,174
REVENUE AND	PER BOOKS	2,174.	2,174.
	TION	INVESTMENT ACCOUNT FEES	TOTALS
	DESCRIPTION	INVESTME	

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FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME	133.	133.
REVENUE AND EXPENSES PER BOOKS	133.	133.
		TOTALS
DESCRIPTION	MARGIN INTEREST	

NET INVESTMENT INCOME	76.	76.
REVENUE AND EXPENSES PER BOOKS	76. 400. 100.	576.
		TOTALS
DESCRIPTION	FOREIGN TAX PAID FEDERAL INCOME TAXES STATE INCOME TAXES	

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION
MISCELLANEOUS EXPENSES

PER BOOKS 44.

TOTALS

44.

BORROWER: ORIGINAL AMOUNT:	PRENTKE ROMICH COMPANY 1,470,000.	
BEGINNING BALANCE DUE		1,470,000.
ENDING BALANCE DUE		1,470,000.
ENDING FAIR MARKET VALUE	· · · · · · · · · · · · · · · · · · ·	1,470,000.

FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE 1,470,000.

DESCRIPTION

LASALLE ST CHT-145041 FIDELITY - 214930

BOOK VALUE ENDING

ENDING

336,277.

362,308.

TOTALS

336,277.

362,308.

	AND TRUSTEES
	DIRECTORS,
1	OFFICERS,
!	- IIIA
•	990
	FORM

			CONTRIBUTIONS	EXPENSE ACCT
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
BARRY A. ROMICH 1022 HEYL ROAD WOOSTER, OH 44691	PRESIDENT 2.00	.0	· o	· o
MARGO E. BROEHL 105 W. PINE STREET WOOSTER, OH 44691	DIRECTOR 1.00	ō		· o
ALAN J. TOBIN 4040 EMBASSY PARKWAY, STE 100 AKRON, OH 44333	DIRECTOR 1.00	0	.0	· o
	GRAND TOTALS	0.	0	0.

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	URING THE YEAR		ATTACHMENT 12
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RAILS TO TRAILS OF WAYNE COUNTY PO BOX 1566 WOOSTER, OH 44691-7089	501(C)(3)	GENERAL FUND	3, 334
WOOSTER CAMPUS SCARLET, GRAY, AND GREEN FAIR 1328 DOVER ROAD WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	1,000
LIFE'S LITTLE ADVENTURES 9199 BURBANK ROAD WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	4,000
WAYNE COUNTY SUSTAINABLE 1022 HEYL ROAD WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	10,100
CASE FUND 10605 CHESTER AVENUE #309 CLEVELAND, OH 44106	501(C)(3)	GENERAL FUND	1,000
WAYNE COUNTY COMMUNITY FOUNDATION 517 NORTH MARKET STREET WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	000,000

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

ATTACHMENT 12 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WCSGGF 1680 MADISON AVENUE WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	100
HABITAT FOR HUMANITY 1451 SPRUCE STREET WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	14,200
VIOLA STARTZMAN FREE CLINIC 1874 CLEVELAND ROAD WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	1,000
THE SCHOENBRUNN VALLEY BARBERSHOP CHORUS DOVER, OH	501(C)(3)	GENERAL FUND	200
STS PETER & PAUL ORTHODOX CHURCH 2238 EAST 32ND STREET LORAIN, OH 44055-2018	501(C)(3)	GENERAL FUND	1,000
WEST HOLMES LOCAL SCHOOLS 28 WEST JACKSON STREET MILLERSBURG, OH 44654	501(C)(3)	GENERAL FUND	1,475

ATTACHMENT 12 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION AMOU	AMOUNT
THE UCONN FOUNDATION 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269-3206	501(C)(3)	GENERAL FUND	1,000
NORWAYNE HIGH SCHOOL 350 SOUTH MAIN STREET CRESTON, OH 44217	501(C)(3)	GENERAL FUND	200
ACTION AGAINST HUNGER 247 WEST 37TH STREET, 10TH FLOOR NEW YORK, NY 10018	501(C)(3)	GENERAL FUND	100
WESTMINSTER PRESBYTERIAN CHURCH 353 E PINE STREET WOOSTER, OH 44691	501(C)(3)	GENERAL FUND	200
OHIO ENVIRONMENTAL COUNCIL 1207 GRANDVIEW AVE, SUITE 201 COLUMBUS, OH 43212-3449	501(C)(3)	GENERAL FUND	100
UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQ CAMBRIDGE, MA 02238-9105	501(C)(3)	GENERAL FUND	100

ATTACHMENT 12 (CONT'D)

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YEAR	
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LIONS	
AND CONTRIBUTIONS	
CONT	
GRANTS	
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PART	
990PF,	
FORM	

AMOUNT	300	200	100	200	1,000
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL FUND	GENERAL FUND	GENERAL FUND.	GENERAL FUND	GENERAL FUND
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501 (C)(3)
RECIPIENT NAME AND ADDRESS	CRESTON PRESBYTERIAN CHURCH 13070 CLEVELAND ROAD CRESTON, OH 44217	AMERICAN CANCER SOCIETY 525 N BROAD ST CANFIELD, OH 44406-9274	AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY SUITE 100 AKRON, OH 44333	NAACP 4805 MT HOPE DRIVE BALTIMORE, MD 21215	SAFENET 4690 MILLENNIUM DRIVE BELCAMP, MD 21017

TOTAL CONTRIBUTIONS PAID

101,509

ATTACHMENT 12

v 09-8 3

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

RELATED OR EXEMPT FUNCTION INCOME ATTACHMENT 13 AMOUNT EXCLUSION AMOUNT BUSINESS DESCRIPTION

TOTALS

INTEREST INCOME FROM PRC N/R

100,352.

100,352.

14

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

Employer identification number Name of estate or trust ROMICH FOUNDATION 20-3991275 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales pnce the entire year (see page 4 of the (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 13. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 13. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (mo, day, yr) (mo, day, yr) 6a -31,146.6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet ______ 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -31,146.

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Schedule D (Form 1041) 2009

Sche	tule D (Form 1041) 2009	_			Page 2
Pai			(1) Beneficiaries	1 ' '	(3) Total
	Caution: Read the instructions before completing this	`	(see page 5)	or trust's	
13	Net short-term gain or (loss)	13		J	13.
14	Net long-term gain or (loss):	١.,			_21 146
a	Total for year	14a		 	-31,146.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)				
	28% rate gain				-31,133.
Note	Total net gain or (loss). Combine lines 13 and 14a If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 1041, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV.	rm 990	 -T, Part I, line 4a) If li and the Capital Loss C	nes 14a and 15, colum arryover Worksheet, as	n (2), are net gains, go
	t IV Capital Loss Limitation		•	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, I	ine 4c, if a trust), the	smaller of	
					3,000)
Note Carry	The loss on line 15, column (3) or b \$3,000 cr if Form 1041, pag over Worksheet on page 7 of the instructions to figure your capital loss carryove	:1	ne 22 (or Form 990-T,	line 34), is a loss, con	mplete the Capital Loss
Pai	•				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu			amount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
	tion: Skip this part and complete the worksheet on page 8 of the instru	ctions	ıf		
	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			44	
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa or line 14b, col. (2) or line 14c, col. (2) is more than zero.	iii and	complete the wor	ksneet on page o	of the instructions if
		2.4.\	147	<u> </u>	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20 If zero or less, enter -0		22		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
	5 4 4 4 7 40 000				
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
	No. Enter the amount from line 23		1 1		
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ine 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		

Schedule D (Form 1041) 2009

30

31

32

33

29

30

Subtract line 28 from line 27

(see the Schedule Ginstructions in the instructions for Form 1041)

Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts

Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Add lines 30 and 31

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

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

OMB No 1545-0092 2009

Name of estate or trust

ROMICH FOUNDATION

Employer identification number

20-3991275

(b) Date of the page of the pa	Part I Short-Term Capital Gains an	d Losses - Asse		or Less		, _
a WELLS FARGO & CO - CASH IN LIEU VARIOUS 01/02/2009 13.	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
	a WELLS FARGO & CO - CASH IN		01 /02 /2000	1.2		1 2
	PIEO	VARIOUS	01/02/2009	13.		13
			;			
				-		,
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			<u> </u>	<u> </u>	<u> </u>	

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Schedule D-1 (Form 1041) 2009

13.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . .

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (
200 SHS CHINA DIGITAL TV	(110 , 00), 1.7				
HLDGS CO	VARIOUS	VARIOUS	1,300.	10,015.	-8,71
343.687 SHS DAVID NEW YORK					
VENTURE	VARIOUS	VARIOUS	17,500.	26,011.	-8,51
440 SHS FEDERATED KAUFMANN SMALL CAP FUND	UNDIQUE	MADIONE	E 442	0 201	2 01
SMALL CAP FUND	VARIOUS	VARIOUS	5,443.	8,381.	-2,93
500 SHS STERLITE INDIA	VARIOUS	VARIOUS	2,332.	11,405.	-9,07
49 SHS TECK COMINCO LTD	VARIOUS	VARIOUS	154.	0.	15
440 SHS THORNBURG INTL VALUE	VARIOUS	VARIOUS	6,917.	8,980.	-2,06
	· · · · · · · · · · · · · · · · · · ·				
-					
					-
					
					

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S	ervice Frite a Separate application for each return.	
 If you are f 	ling for an Automatic 3-Month Extension, complete only Part I and check this box	X
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag- te Part II unless you have already been granted an automatic 3-month extension on a prev	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete
Part I only		▶ ∟ .
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns	004 to request an extension of
one of the re electronically i returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auto turns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	ROMICH FOUNDATION	20-3991275
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions 105 WEST PINE STREET	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Instructions	WOOSTER, OH 44691	
Check type o	f return to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation)	m 4720
Form 990		m 5227
Form 990	-EZ Form 990-T (trust other than above)	m 6069
X Form 990	-PF Form 1041-A Form	m 8870
If the organIf this is for for the whole or	No ► 330 264-9897 FAX No ► 330 263-0406 Inization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) Group, check this box . ► If it is for part of the group, check this box . ► and an analysis of all members the extension will cover	
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form	n 990-T) extension of time
until	$\frac{08/15}{2010}$, to file the exempt organization return for the organization return for	
loi tile oi	·	
► X	calendar year 2009 or	
• []	tax year beginning,, and ending	·
2 If this tax	year is for less than 12 months, check reason Initial return Final return	Change in accounting period
•	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
	dable credits. See instructions	3a \$ 621.
•	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	1 1
	clude any prior year overpayment allowed as a credit.	3b \$ 221.
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	·
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	in). See
instruction		3c \$ 400.
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
for payment in		
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

•	•				
	8 (Rev 4-2009)			Page	_
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete on			► X	
	Only complete Part II if you have already been granted an automatic 3-month ex		Form 8	868	
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part	Additional (Not Automatic) 3-Month Extension of Time. Only				
Туре	Name of Exempt Organization	Employer identification		ımber	
print	ROMICH FOUNDATION	20-399127	5		_
File by th		For IRS use only			
extended due date for filing the	e for		- Constant P	- STEV DON'T FREE TO THE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions				3
return S				45.07.5	T.
Check	type of return to be filed (File a separate application for each return)	 1			
	Form 990 X Form 990-PF	Form 1041-A	<u> </u>	Form 6069	
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720		Form 8870	
	Form 990-EZ Form 990-T (trust other than above)	Form 5227			
	Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usly file	d Form 8868	<u>8.</u>
• The	books are in the care of MARGO BROEHL				
Tele	phone No ► 330 264-9897 FAX No ► 330	263-0406			_
• If the	e organization does not have an office or place of business in the United States,	check this box		▶∟	
• If the	is is for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb		his is		
for the	whole group, check this box	s box ▶ and attac	:h a		
list wit	h the names and EINs of all members the extension is for				
4 1	request an additional 3-month extension of time until 11/15/2010		-		
5 F	or calendar year 2009, or other tax year beginning	,and ending			_
6 li	f this tax year is for less than 12 months, check reason Initial return			ounting perio	d
	State in detail why you need the extension ADDITIONAL TIME IS NEED		HER		
T	HE INFORMATION NECESSARY TO PREPARE A COMPLETE AND A	CCURATE RETURN			
8a li	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any			
<u>n</u>	onrefundable credits. See instructions		8a \$	621	
b 1	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and estimated			
ta	ax payments made. Include any prior year overpayment allowed as a credit	and any amount paid			
p	previously with Form 8868		8b \$	621	
c E	Balance Due. Subtract line 8b from line 8a Include your payment with this form	n, or, if required, deposit			
٧	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System) See instructions	8c \$		
	Signature and Verificatio	n			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules a	nd statements, and to the best o	f my kno	wledge and belie	ef,
it is true	, correct, and complete, and that I am authorized to prepare this form				
	$\sim \sim $	a 1	_	1	
Signatur	re > //avme d (rand Title > Ct	Date)	ナ	122/10	

Form 8868 (Rev 4-2009)

CBIZ MHM, LLC 4040 EMBASSY PARKWAY SUITE 100 AKRON, OH 44333-8354