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### Form **990-PF**

## EXTENSION GRANTED TO 08/15/2010

#### **Return of Private Foundation**

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

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.

2009

For calendar year 2009, or tax year beginning and ending Initial return of a former public charity G Check all that apply: Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label. 20-5881913 THE HEIDT FAMILY FOUNDATION Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 9075 CUNNINGHAM ROAD 513-842-8560 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions CINCINNATI, OH 45243-1503 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination. 163,385. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income ıncome 389,268 N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 29 29 Statement 4 Dividends and interest from securities 248 248 Statement 5a Gross rents h Net rental income or (loss) -101,693 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 449,885. 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 287,852 277 Total. Add lines 1 through 11 0 0. 13 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 3 2,050 2,050 0. · 今四の田(MED er-professional-feet v Administrative O 18 AUG 0 9 2010 Stmt 4 107. 107. 0. Depreciation and depletion 20 22 Printing and publications 23 Other expenses 24 Total operating 165 165 Stmt 5 0. 24 Total operating and administrative 2,322 2,322 0. expenses. Add lines 13 through 23 511,020 511,020. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 513,342 2,322 511,020. 27 Subtract line 26 from line 12: -225,490 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 0 N/A c Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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Form **990-PF** (2009)



|                             | art  | Balance Sheets Attached schedules and amounts in the description               | beginning of year | Ena o          | i year                    |  |  |
|-----------------------------|--|--|-------------------|----------------|---------------------------|--|--|
| <u>-</u>                    | T  | Congriss and the control of your amounts only                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value     |  |  |
|                             | 1  | Cash - non-interest-bearing  | 015 000           | 4.50 005       |                           |  |  |
|                             | 1  | Savings and temporary cash investments   | 215,829.          | 163,385.       | 163,385.                  |  |  |
|                             | 1  | Accounts receivable ►  |                   |                |                           |  |  |
|                             |  | Less: allowance for doubtful accounts ▶  |                   |                |                           |  |  |
|                             |  | Pledges receivable >   |                   |                |                           |  |  |
|                             |  | Less: allowance for doubtful accounts  |                   |                |                           |  |  |
|                             | 5  | Grants receivable  |                   |                |                           |  |  |
|                             | 6  | Receivables due from officers, directors, trustees, and other                  |                   |                |                           |  |  |
|                             |  | disqualified persons   |                   |                |                           |  |  |
|                             | 7  | Other notes and loans receivable   |                   |                |                           |  |  |
|                             | 1  | Less: allowance for doubtful accounts  |                   |                |                           |  |  |
| ţ                           | 8  | Inventories for sale or use  |                   |                |                           |  |  |
| Assets                      | 9  | Prepaid expenses and deferred charges  |                   |                |                           |  |  |
| Ä                           | 10a  | Investments - U.S. and state government obligations                            |                   |                |                           |  |  |
|                             | ь  | Investments - corporate stock  | 173,046.          |                |                           |  |  |
|                             | 1  | Investments - corporate bonds  | •                 |                |                           |  |  |
|                             |  | Investments - land, buildings, and equipment basis                             |                   |                | · ·                       |  |  |
|                             |  | Less accumulated depreciation  |                   |                |                           |  |  |
|                             | 1  | Investments - mortgage loans   |                   |                |                           |  |  |
|                             | 1  | Investments - other  |                   |                |                           |  |  |
|                             | 1  | Land, buildings, and equipment: basis  |                   |                |                           |  |  |
|                             | '  | Less accumulated depreciation  |                   |                |                           |  |  |
|                             | 15   | Other assets (describe ►   | _ · ·             |                | -                         |  |  |
|                             | '3   | Other assets (describe   |                   | <del></del>    |                           |  |  |
|                             | 16   | Total assets (to be completed by all filers)                                   | 388,875.          | 163,385.       | 163,385.                  |  |  |
|                             |  | Accounts payable and accrued expenses  | 300,073.          | 103,303.       | 103,303.                  |  |  |
|                             |  | Grants payable   |                   |                |                           |  |  |
|                             | •  | · ·  | _                 |                |                           |  |  |
| Liabilities                 |  | Deferred revenue   |                   |                |                           |  |  |
| Ħ                           |  | Loans from officers, directors, trustees, and other disqualified persons       |                   |                |                           |  |  |
| <u>.</u>                    |  | Mortgages and other notes payable  |                   |                |                           |  |  |
| _                           | 22   | Other liabilities (describe )  |                   |                |                           |  |  |
|                             |  |  |                   | •              |                           |  |  |
|                             |  | Total liabilities (add lines 17 through 22)                                    | 0.                | 0.             |                           |  |  |
|                             |  | Foundations that follow SFAS 117, check here                                   |                   |                |                           |  |  |
| s                           |  | and complete lines 24 through 26 and lines 30 and 31.                          |                   |                |                           |  |  |
| õ                           | l .  | Unrestricted   | 388,875.          | <u> </u>       |                           |  |  |
| ā                           |  | Temporarily restricted   |                   |                |                           |  |  |
| ĕ                           | 26   | Permanently restricted   |                   | <u>.</u>       |                           |  |  |
| Net Assets or Fund Balances |  | Foundations that do not follow SFAS 117, check here                            |                   |                |                           |  |  |
| Ē                           | ļ  | and complete lines 27 through 31.  |                   |                |                           |  |  |
| S                           | 27   | Capital stock, trust principal, or current funds                               |                   |                |                           |  |  |
| set                         | 28   | Paid-in or capital surplus, or land, bldg., and equipment fund                 |                   |                |                           |  |  |
| À                           | 29   | Retained earnings, accumulated income, endowment, or other funds               |                   |                |                           |  |  |
| Š                           | 30   | Total net assets or fund balances  | 388,875.          | 163,385.       |                           |  |  |
|                             |  |  |                   |                |                           |  |  |
|                             | 31   | Total liabilities and net assets/fund balances                                 | 388,875.          | 163,385.       |                           |  |  |
| Г                           | art  | Analysis of Changes in Net Assets or Fund B                                    | alances           |                |                           |  |  |
| <u></u>                     |  |  |                   | ·              |                           |  |  |
| 1                           |  | net assets or fund balances at beginning of year - Part II, column (a), line   | 30                |                | 388,875.                  |  |  |
|                             | (must agree with end-of-year figure reported on prior year's return) |  |                   |                |                           |  |  |
|                             |  | amount from Part I, line 27a   |                   | 2              | -225,490.                 |  |  |
|                             |  | increases not included in line 2 (itemize)                                     |                   | 3              | _0.                       |  |  |
| 4                           | Add I  | nes 1, 2, and 3  |                   | 4              | 163,385.                  |  |  |
| 5                           | Decre  | ases not included in line 2 (itemize)  |                   | 5              | 0.                        |  |  |
| 6                           | Total  | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6              | 163,385.                  |  |  |
|                             |  |  |                   |                | Form <b>990-PF</b> (2009) |  |  |

| Ŀ             | art IV Capital Gaills  | and Losses for Tax of  | ii iiivesiinen   | Lincome                              |           |                                    |               |                              |   |
|---------------|--|--|--|--------------------------------------|-----------|------------------------------------|---------------|------------------------------|---|
|               | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)   |  |  |                                      |           | w acquired<br>Purchase<br>Donation |               | acquired<br>lay, yr.)        | (d) Date sold<br>(mo., day, yr.)          |
|               | ORTHOFIX INTL  | NV ORD, 2930 S   | HARES  |                                      |           | D                                  | 01/0          | 7/08                         | 07/06/09                                  |
| _             | BP PLC SPON AD   |  |  |                                      |           | D                                  | Vari          |                              | 12/09/09                                  |
|               | SCRIPPS NETWOR   |  |  |                                      | <u> </u>  | D                                  | 11/0          |                              | 12/09/09                                  |
| $\overline{}$ | EXXON MOBIL CO   |  |  |                                      | <b></b> - | D                                  | 05/0          |                              | 05/06/09                                  |
| _ <u>e</u>    |  | ICL / BBSO BIRELE  |  | · -·-·                               | <b> </b>  |                                    | 05/0          | 3,03                         | 03/00/03                                  |
|               | (e) Gross sales price  | (f) Depreciation allowed (or allowable)                                    |  | st or other basis<br>expense of sale |           |                                    |               | aın or (loss<br>s (f) mınus  |   |
| a             | 74,590.  |  |  | 173,04                               | 6.        |                                    |               |                              | -98,456.                                  |
| _ <u>=</u>    |  |  |  | 148,09                               |           |                                    |               |                              | 295.                                      |
|               | 70 500   |  |  | 78,84                                |           |                                    |               |                              | -260.                                     |
| ď             |  |  |  | 151,60                               |           |                                    |               |                              | -3,272.                                   |
| e             |  |  |  | 131,00                               |           |                                    |               |                              | 3,272.                                    |
| Ť             | Complete only for assets showing   | ng gain in column (h) and owner  | d by the foundation  | n on 12/31/69                        |           | (                                  | I) Gains (C   | Col. (h) gain                | minus                                     |
|               | (i) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69                                       |  | cess of col. (i)                     |           |                                    | l. (k), but r | not less tha<br>(from col. ( | n -0-) <b>or</b>                          |
| a             |  | ***************************************                                    |  |                                      |           |                                    | -             |                              | -98,456.                                  |
| _ <u></u>     |  |  |  | -                                    |           |                                    |               |                              | 295.                                      |
|               |  | -  |  |                                      |           |                                    |               |                              | -260.                                     |
| d             |  |  |  |                                      |           |                                    |               |                              | -3,272.                                   |
| e             |  |  |  |                                      |           |                                    |               |                              |   |
|               | Capital gain net income or (net ca<br>Net short-term capital gain or (los<br>If gain, also enter in Part I, line 8,<br>If (loss), enter -0- in Part I, line 8  | apital loss) { If (loss), ent ss) as defined in sections 1222( column (c). | enter in Part I, line<br>er -0- in Part I, line<br>5) and (6): | 7<br>. 7                             | }         | 3                                  |               | N/A                          | -101,693.                                 |
| ΙP            | Part V   Qualification U   | Inder Section 4940(e)  | for Reduced  | l Tax on Net                         | : Inve    | stment in                          | come          |                              |   |
| Wa            | section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section for the section 4940(d)(a) applies, leave the section 4940(d)(a) applies a | tion 4942 tax on the distributab   | ot complete this pa  | art.                                 |           |                                    |               |                              | Yes X No                                  |
|               | (a)<br>Base period years<br>Calendar year (or tax year beginni   | 1 8 4  |  | Net value of no                      | ncharita  | able-use assets                    | 5             | Distrit<br>col. (b) div)     | (d)<br>oution ratio<br>vided by col. (c)) |
|               | 2008   |  | 322,609.   |                                      |           | 242,144                            |               |                              | 1.332302                                  |
|               | 2007   |  | 328,025.   |                                      |           | <u>161,889</u>                     |               |                              | 2.026284                                  |
|               | 2006   |  | 18,650.  |                                      |           | 89,489                             | 9.            |                              | .208406                                   |
| _             | 2005   |  |  |                                      |           |                                    |               |                              |   |
|               | 2004   |  |  |                                      |           |                                    |               |                              |   |
|               | <b>Total</b> of line 1, column (d)<br>Average distribution ratio for the   | E year base period duude the t   | estal on line 2 by E   | or by the number                     | ofvoor    |                                    | 2             |                              | 3.566992                                  |
| J             | the foundation has been in existe  |  | otal off line 2 by 3,  | or by the number                     | Oi year   | 5                                  | 3             |                              | 1.188997                                  |
| 4             | Enter the net value of noncharitat   | ole-use assets for 2009 from Pa  | rt X, line 5   |                                      |           |                                    | 4             |                              | 122,921.                                  |
| 5             | Multiply line 4 by line 3  |  |  |                                      |           |                                    | _ 5           |                              | 146,153.                                  |
| 6             | Enter 1% of net investment incon   | ne (1% of Part I, line 27b)  |  |                                      |           |                                    | 6             |                              | 0.  |
| 7             | Add lines 5 and 6  |  |  |                                      |           |                                    | 7             |                              | 146,153.                                  |
| 8             | Enter qualifying distributions from  | n Part XII, line 4   |  |                                      |           |                                    | 8             |                              | 511,020.                                  |
|               | If line 8 is equal to or greater than See the Part VI instructions.  | n line 7, check the box in Part VI   | , line 1b, and comp  | olete that part usin                 | g a 1%    | tax rate.                          |               |                              |   |

| _   | rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -  |              |         |       | Page 4    |
|-----|--|--------------|---------|-------|-----------|
|     |  | See II       | istru   | Ctioi | 15)       |
| 1a  | 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 letter if necessary-see instructions)  |              |         |       | ^         |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%                                       |              |         |       | 0.        |
|     | of Part I, line 27b  |              |         |       |           |
|     | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                      |              |         |       | _         |
|     | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                    |              |         |       | <u>0.</u> |
| 3   | Add lines 1 and 2  | <del> </del> |         |       | 0.        |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                  |              |         |       | 0.        |
|     | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |              |         |       | <u>0.</u> |
| 6   | Credits/Payments:  |              |         |       |           |
|     | 2009 estimated tax payments and 2008 overpayment credited to 2009  |              |         |       |           |
|     | Exempt foreign organizations - tax withheld at source  |              |         |       |           |
| C   | Tax paid with application for extension of time to file (Form 8868)  |              |         |       |           |
| đ   | Backup withholding erroneously withheld 6d 6d  |              |         |       |           |
| 7   | Total credits and payments. Add lines 6a through 6d  |              |         |       | <u>0.</u> |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here 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  |              |         |       | 0.        |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10   |              |         |       |           |
| 11  | Enter the amount of line 10 to be: Credited to 2010 estimated tax  |              |         |       |           |
| Pa  | rt VII-A Statements Regarding Activities   |              |         |       |           |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in |              |         | Yes   | No        |
|     | any political campaign?  |              | 1a      |       | _X_       |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?       |              | 1b      |       | <u>X</u>  |
|     | 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  |              |         |       |           |
| C   | Did the foundation file Form 1120-POL for this year?   | ŀ            | 1c      |       | Х         |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   | ſ            |         |       |           |
|     | (1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.                                   |              |         |       |           |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                  |              |         |       |           |
|     | managers. ► \$ 0.  |              |         |       |           |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |              | 2       |       | Х         |
|     | If "Yes," attach a detailed description of the activities.   | Ī            |         |       |           |
| 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       |       | _X_       |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | ľ            | 4a      |       | X         |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?   | /a           | 4b      |       |           |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |              | 5       |       | X         |
| Ŭ   | If "Yes," attach the statement required by General Instruction T   | F            |         | -     |           |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  | l            |         |       |           |
|     | 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?  | i            | 6       | X     |           |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year?  | ŀ            | 7       | X     |           |
| •   | If "Yes," complete Part II, col. (c), and Part XV.   | ŀ            |         |       |           |
| R a | Enter the states to which the foundation reports or with which it is registered (see instructions)   |              |         |       |           |
| Va  | OH   | — i          |         |       |           |
| h   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                  | —            |         |       |           |
| Ü   | of each state as required by General Instruction G? If "No," attach explanation  |              | O.      | х     |           |
| ۵   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar      | -            | 8b      | Λ     | _         |
| 9   | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV                                 |              |         |       | v         |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," complete Part XIV   | ے ا          | 9<br>10 | x     | X         |

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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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3ь

4a

\_\_ Yes X No

N/A

during the year?

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|--|---|--------------------------------|---|-------------------------------|
| Part VII-B   Statements Regarding Activities for Which                                     | Form 4720 May Be I                            | Required (contin               | ued)  |                               |
| 5a During the year did the foundation pay or incur any amount to:                          | •   |                                |   |                               |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio             | n 4945(e))?                                   | Y6                             | s X No                                      |                               |
| (2) Influence the outcome of any specific public election (see section 4955); of           | or to carry on, directly or indir             | ectly,                         |   |                               |
| any voter registration drive?  |   | Ye                             | s X No                                      |                               |
| (3) Provide a grant to an individual for travel, study, or other similar purposes          | ?   | Ye                             | s X No                                      |                               |
| (4) Provide a grant to an organization other than a charitable, etc., organization         | n described in section                        |                                |   |                               |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |   | Ye                             | s X 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?  | , , ,   |                                | s X No                                      |                               |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un-     | der the exceptions described                  |                                |   |                               |
| section 53.4945 or in a current notice regarding disaster assistance (see instru           | •   |                                | N/A   | 5b                            |
| Organizations relying on a current notice regarding disaster assistance check h            | •   |                                |   |                               |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f          |   | uned                           |   | 1 1                           |
| expenditure responsibility for the grant?  |   | . —                            | s 🔲 No                                      |                               |
| If "Yes," attach the statement required by Regulations section 53 494                      |   | •, ••                          |   |                               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to      | * *   |                                | 1   |                               |
| a personal benefit contract?   | pay promiting on                              |                                | s X No                                      |                               |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p | organal hanafit contract?                     | 16                             |   | 6b X                          |
| If "Yes" to 6b, file Form 8870.  | Jersonal Denenit Contract?                    |                                | <u> </u>                                    | <u> </u>                      |
| •  | shaltar transaction 0                         | [                              | es X No                                     |                               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s       |   | Y6                             |   | 76                            |
| b If yes, did the foundation receive any proceeds or have any net income attribut          |   | anamana Uimbb                  | 7-1   | 7 <u>b</u>                    |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors     | ·   | anagers, Higniy<br>            | <i>,</i>                                    |                               |
| 1 List all officers, directors, trustees, foundation managers and their                    | compensation.                                 | -1                             |   |                               |
| ( -) Name and address  | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expense<br>account, other |
| (a) Name and address   | to position                                   | enter -0-)                     | and deferred<br>compensation                | allowances                    |
| ROBERT S. HEIDT, JR.   | TRUSTEE                                       |                                |   |                               |
| 9075 CUNNINGHAM ROAD   |   |                                |   |                               |
| CINCINNATI, OH 452431503   | 1.00  | 0.                             | ٥.  | 0.                            |
| JULIA S. HEIDT   | TRUSTEE                                       |                                |   |                               |
| 9075 CUNNINGHAM ROAD   |   |                                |   |                               |
| CINCINNATI, OH 452431503   | 1.00  | 0.                             | 0.  | 0.                            |
| <u></u>  |   |                                |   |                               |
|  |   |                                |   |                               |
|  |   |                                |   |                               |
|  |   | ·                              |   |                               |
|  | 1   |                                |   |                               |
|  | 1   |                                |   |                               |
| 2 Compensation of five highest-paid employees (other than those inc                        | Luded on line 1). If none.                    | enter "NONE."                  | L   |                               |
|  | (b) Title, and average                        |                                | (d) Contributions to                        | (e) Expense                   |
| (a) Name and address of each employee paid more than \$50,000                              | hours per week devoted to position            | (c) Compensation               | einployee benefit plans<br>and deferred     | account, other                |
| NONE   | devoted to position                           |                                | compensation                                | allowances                    |
| NOME   | -   |                                |   |                               |
|  |   | -                              |   |                               |
|  | 1   |                                |   |                               |
|  | <del> </del>                                  | <del> </del>                   |   |                               |
|  | 1   |                                |   |                               |
|  |   |                                |   |                               |
|  |   |                                |   |                               |
|  |   | -                              |   |                               |
|  | 1   |                                |   |                               |
|  | l   |                                | <u> </u>                                    |                               |
| Total number of other employees paid over \$50,000   |   |                                |   | 0                             |

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|---|---------------------|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)  |                     |                                       |
| 3 Five highest-paid independent contractors for professional services. If none, enter   | 'NONE."             |                                       |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service | (c) Compensation                      |
| NONE  |                     |                                       |
| · · · · · · · · · · · · · · · · · · ·   |                     |                                       |
|   | 4                   |                                       |
|   |                     |                                       |
|   | †                   |                                       |
| ·   |                     |                                       |
|   | 1                   |                                       |
|   |                     |                                       |
|   |                     |                                       |
| Fotal number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities   |                     | <u> </u>                              |
|   |                     | ····                                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ | ced, etc.           | Expenses                              |
| IN/A  |                     | · · · · · · · · · · · · · · · · · · · |
|   |                     |                                       |
|   |                     | 0.                                    |
| 2   |                     |                                       |
|   |                     |                                       |
|   |                     |                                       |
| · · · · · · · · · · · · · · · · · · ·   |                     |                                       |
|   |                     |                                       |
| <b>I</b>  |                     |                                       |
|   |                     |                                       |
| Dark IV D. C.   |                     | · · · · · · · · · · · · · · · · · · · |
| Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lii  | and 1 and 0         | A                                     |
| Describe the two largest program-related investments made by the foundation during the tax year on in ${\sf IN/A}$  | ies I dilu Z.       | Amount                                |
| IN/ B   |                     |                                       |

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0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

| P        | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for  | oundations, se      | e instructions.) |
|----------|---|---------------------|------------------|
| 1        | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |                     | ·                |
| a        | Average monthly fair market value of securities   | 1a                  | 37,214.          |
|          | Average of monthly cash balances  | 1b                  | 87,579.          |
|          | Fair market value of all other assets   | 1c                  | <u></u>          |
| d        | Total (add lines 1a, b, and c)  | 1d                  | 124,793.         |
| е        | Reduction claimed for blockage or other factors reported on lines 1a and  |                     |                  |
|          |   | ).                  |                  |
| 2        | Acquisition indebtedness applicable to line 1 assets  | 2                   | 0.               |
| 3        | Subtract line 2 from line 1d  | 3                   | 124,793.         |
| 4        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4                   | 1,872.           |
| 5        | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5                   | 122,921.         |
| 6        | Minimum investment return. Enter 5% of line 5   | 6                   | 6,146.           |
| P        | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here  and do not complete this part.) | and certain         | ···              |
| 1        | Minimum investment return from Part X, line 6   | 1                   | 6,146.           |
| 2a       | Tax on investment income for 2009 from Part VI, line 5  |                     |                  |
| b        | Income tax for 2009. (This does not include the tax from Part VI.)  |                     |                  |
| C        | Add lines 2a and 2b   | 2c                  | 0.               |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1   | 3                   | 6,146.           |
| 4        | Recoveries of amounts treated as qualifying distributions   | 4                   | 0.               |
| 5        | Add lines 3 and 4   | 5                   | 6,146.           |
| 6        | Deduction from distributable amount (see instructions)  | 6                   | 0.               |
| <u>7</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7                   | 6,146.           |
| P        | art XII Qualifying Distributions (see instructions)   |                     |                  |
| 1        | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |                     |                  |
| а        | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a                  | 511,020.         |
| b        | Program-related investments - total from Part IX-B  | 1b                  | 0.               |
| 2        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | 2                   |                  |
| 3        | Amounts set aside for specific charitable projects that satisfy the:  |                     |                  |
| а        | Sultability test (prior IRS approval required)  | 3a                  |                  |
| b        | · · · · · · · · · · · · · · · · · · ·   | 3b                  |                  |
| 4        | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  | 4                   | 511,020.         |
| 5        | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment  |                     |                  |
|          | income. Enter 1% of Part I, line 27b  | 5                   | 0.               |
| 6        | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6                   | 511,020.         |
|          | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation  | on qualifies for th | e section        |

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | *             |                            |             |                 |
|--|---------------|----------------------------|-------------|-----------------|
|  | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009     |
| 1 Distributable amount for 2009 from Part XI,  | · p           |                            |             |                 |
| line 7   |               |                            |             | 6,146.          |
| 2 Undistributed income, if any, as of the end of 2009  |               | ,                          |             | 0,110.          |
| a Enter amount for 2008 only   |               |                            | 0.          |                 |
| <b>b</b> Total for prior years:  |               |                            | •           |                 |
| g rotation prior yours.  |               | 0.                         |             |                 |
| 3 Excess distributions carryover, if any, to 2009:   |               |                            |             |                 |
| a From 2004  |               |                            |             |                 |
| <b>b</b> From 2005   |               |                            |             |                 |
| c From 2006 18,004.  |               |                            |             |                 |
| dFrom 2007 319,971.  |               |                            |             |                 |
| e From 2008 310,516.   |               |                            |             |                 |
|  | 648,491.      |                            |             |                 |
| f Total of lines 3a through e  | 040,491.      |                            |             |                 |
| 4 Qualifying distributions for 2009 from   |               |                            |             |                 |
| Part XII, line 4: ►\$ 511,020.   |               |                            | •           |                 |
| a Applied to 2008, but not more than line 2a   |               | <del></del>                | 0.          | <del></del>     |
| b Applied to undistributed income of prior   |               | 0                          |             |                 |
| years (Election required - see instructions)   |               | 0.                         |             |                 |
| c Treated as distributions out of corpus   |               |                            |             |                 |
| (Election required - see instructions)   | 0.            |                            |             |                 |
| d Applied to 2009 distributable amount   | 504 054       |                            |             | 6,146.          |
| e Remaining amount distributed out of corpus   | 504,874.      |                            | ·           |                 |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))   | 0.            |                            | <del></del> | 0.              |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |                 |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 1,153,365.    |                            |             |                 |
| <b>b</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   |               | 0.                         |             |                 |
| amount - see instructions  |               | 0.                         |             |                 |
| e Undistributed income for 2008. Subtract line   |               |                            |             |                 |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0           |                 |
| f Undistributed income for 2009. Subtract  | <del></del>   |                            | 0.          |                 |
| lines 4d and 5 from line 1. This amount must   |               |                            |             |                 |
| be distributed in 2010   |               |                            |             |                 |
| 7 Amounts treated as distributions out of  |               |                            |             | 0.              |
| corpus to satisfy requirements imposed by  |               |                            |             |                 |
| · · · · · · · · · · · · · · · · · · ·  | 0             |                            |             |                 |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            | _                          |             |                 |
| 8 Excess distributions carryover from 2004   | 0             |                            |             |                 |
| not applied on line 5 or line 7  | 0.            |                            |             |                 |
| 9 Excess distributions carryover to 2010.  | 1 152 265     |                            |             |                 |
| Subtract lines 7 and 8 from line 6a  | 1,153,365.    |                            |             |                 |
| O Analysis of line 9:  |               |                            |             |                 |
| a Excess from 2005   |               |                            |             |                 |
| b Excess from 2006 18,004.   |               |                            |             |                 |
| c Excess from 2007 319,971.  |               |                            |             |                 |
| d Excess from 2008 310,516.  |               |                            |             |                 |
| e Excess from 2009 504,874.  | <del></del>   |                            |             | 5 000 DE (2000) |

| Form 990-PF (2009) THE HEI Part XIV Private Operating F   | DT FAMILY F   |                              | A ==================================== |                             | 881913 Page 10 |
|---|---|------------------------------|--|-----------------------------|----------------|
| <u> </u>  | <u>`</u>  |                              | -A, question 9)                        | N/A                         | <del> </del>   |
| 1 a If the foundation has received a ruling o   |   |                              |  |                             |                |
| foundation, and the ruling is effective fo  | · · · · · · · · · · · · · · · · · · ·                 | -                            | . ▶ ∟                                  | 1                           |                |
| <b>b</b> Check box to indicate whether the found  |   | ig foundation described i    |  | 4942(j)(3) or 49            | 942(j)(5)      |
| 2 a Enter the lesser of the adjusted net  | Tax year  | 41,0000                      | Prior 3 years                          | ( 11 0000                   | 4.5            |
| income from Part I or the minimum   | (a) 2009  | (b) 2008                     | (c) 2007                               | (d) 2006                    | (e) Total      |
| investment return from Part X for   |   |                              |  |                             |                |
| each year listed  |   |                              |  |                             |                |
| <b>b</b> 85% of line 2a   |   |                              |  |                             |                |
| c Qualifying distributions from Part XII,   |   |                              |  |                             |                |
| line 4 for each year listed   |   |                              |  |                             |                |
| d Amounts included in line 2c not   |   |                              |  |                             |                |
| used directly for active conduct of   |   |                              |  |                             |                |
| exempt activities   |   |                              |  |                             |                |
| e Qualifying distributions made directly  |   |                              |  |                             |                |
| for active conduct of exempt activities.  |   |                              |  |                             |                |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets |   |                              |  |                             |                |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |   |                              |  |                             |                |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed                         |   |                              |  |                             |                |
| c "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)     |   |                              |  |                             |                |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)  |   |                              |  |                             |                |
| (3) Largest amount of support from  |   |                              |  |                             |                |
| an exempt organization  |   |                              |  |                             | _              |
| (4) Gross investment income   |   |                              | _                                      |                             |                |
| Part XV   Supplementary Info  | rmation (Comple                                       | te this part only            | if the foundation                      | n had \$5,000 or m          | ore in assets  |
| at any time during t  | the year-see the i                                    | instructions.)               |  |                             |                |
| Information Regarding Foundation     List any managers of the foundation whyear (but only if they have contributed research)  See Statement 7         | o have contributed more<br>nore than \$5,000). (See s | ection 507(d)(2).)           |  |                             |                |
| b List any managers of the foundation who other entity) of which the foundation has   |   |                              | (or an equally large port              | ion of the ownership of a p | partnership or |
| None  |   |                              |  |                             |                |
| 2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.  | only makes contributions                              | to preselected charitable    | organizations and does                 |                             |                |
| a The name, address, and telephone num  |   | · · · ·                      | •                                      |                             |                |
| a The harroy accessors, and telephone harr  |   | m approanono onoura bo       |  |                             |                |
| b The form in which applications should t   | pe submitted and informa                              | tion and materials they s    | hould include:                         |                             |                |
| c Any submission deadlines:   |   |                              |  |                             |                |
| d Any restrictions or limitations on award  | s, such as by geographic                              | al areas, charitable fields, | kınds of institutions, or              | other factors:              |                |
|   |   |                              |  |                             |                |

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment |  |                      |                                  |          |  |  |  |
|--|--|----------------------|----------------------------------|----------|--|--|--|
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount   |  |  |  |
| Name and address (home or business)  | or substantial contributor   | recipient            |                                  |          |  |  |  |
| Name and address (home or business)  a Paid during the year                    | or substantial contributor   | recipient            | Continuation                     |          |  |  |  |
|  |  |                      |                                  |          |  |  |  |
| See Statement 8  |  |                      | <b></b>                          | 511,020. |  |  |  |
| b Approved for future payment  None  |  |                      | ► 3a                             | 311,020. |  |  |  |
|  |  |                      |                                  |          |  |  |  |
| Total  |  |                      | <b>▶</b> 3h                      | 0.       |  |  |  |

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

| Enter aross   | s amounts unless otherwise indicated.   | Unrelate         | d business income                       |                        | ded by section 512, 513, or 514 | (e)                               |
|---------------|---|------------------|---|------------------------|---------------------------------|-----------------------------------|
|               |   | (a)<br>Business  | (b)<br>Amount                           | Exclu-<br>sion<br>code | (d)<br>Amount                   | Related or exempt function income |
|               | n service revenue:  | code             | , | code                   | 7 III GUIL                      | 101101101110                      |
|               |   |                  |   | <del>  </del>          |                                 |                                   |
|               |   |                  |   | <del> </del>           | `                               |                                   |
| . —           |   |                  | <del></del>                             | 1                      |                                 |                                   |
|               |   |                  | <del></del>                             |                        |                                 |                                   |
| f —           |   |                  |   |                        |                                 | <del>-</del>                      |
| a Fees        | and contracts from government agencies  |                  | <del></del>                             |                        |                                 |                                   |
| -             | rship dues and assessments  |                  |   |                        |                                 | <del></del>                       |
|               | on savings and temporary cash   |                  |   |                        |                                 |                                   |
| investm       |   |                  |   | 14                     | 29.                             |                                   |
| 4 Dividen     | ds and interest from securities   |                  |   | 14                     | 248.                            |                                   |
| 5 Net rent    | al income or (loss) from real estate:   |                  |   |                        |                                 |                                   |
|               | t-financed property   |                  |   |                        |                                 |                                   |
|               | debt-financed property  |                  |   |                        |                                 |                                   |
|               | al income or (loss) from personal   |                  |   |                        |                                 |                                   |
| propert       | y   |                  |   |                        |                                 |                                   |
| 7 Other in    | vestment income   |                  |   |                        |                                 |                                   |
| 8 Gain or     | (loss) from sales of assets other   |                  |   |                        |                                 |                                   |
| than inv      | rentory   |                  |   |                        |                                 | -101,693.                         |
| 9 Net inco    | ome or (loss) from special events   |                  |   |                        |                                 |                                   |
| IO Gross p    | rofit or (loss) from sales of inventory   |                  |   |                        |                                 |                                   |
| I1 Other re   | evenue:   |                  |   |                        |                                 |                                   |
| a             |   |                  |   |                        |                                 |                                   |
| b             |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
| d             |   |                  |   |                        |                                 |                                   |
| е             |   |                  |   |                        |                                 |                                   |
|               | I. Add columns (b), (d), and (e)  | <u> </u>         | 0.                                      |                        | 277.                            | -101,693.                         |
|               | dd line 12, columns (b), (d), and (e)   |                  |   |                        | 13                              | -101,416.                         |
| See works     | heet in line 13 instructions to verify calculations.)   |                  |   |                        |                                 |                                   |
| Part X        | VI-B Relationship of Activities to  | o the Acco       | emplishment of Ex                       | empt                   | Purposes                        |                                   |
| Line No.<br>▼ | Explain below how each activity for which incor<br>the foundation's exempt purposes (other than t |                  |   | contrib                | uted importantly to the accomp  | lishment of                       |
|               | N/A   | by providing far | 100 101 00011 parpooss).                |                        |                                 |                                   |
|               | M/A   |                  |   |                        | <del></del>                     |                                   |
|               |   |                  |   |                        |                                 | _                                 |
|               |   | -                |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 | ·                                 |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  | -                                       |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 |                                   |
|               |   |                  |   |                        |                                 | ···                               |
|               | <u> </u>  |                  |   |                        |                                 |                                   |

Form 990-PF (2009) THE HEIDT FAMILY FOUNDATION 20-5881913 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X X (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements X 1b(4) (5) Loans or loan guarantees 1b(5) Х (6) Performance of services or membership or fundraising solicitations 1b(6) X Sharing of facilities, equipment, mailing lists, other assets, or paid employees X 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/AUnder penalties of p e examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, ary) is based on all information of which preparer has any knowledge XONOWO TRUSTEE Sign Here Signature of officer or trustee Title Date Check if Preparer's identifying number Date

Form **990-PF** (2009)

513-842-8560

self-

employed >

EIN >

Phone no.

07/21/10

Paid Preparer's Use Only

Preparer's

signature

Firm's name (or yours

if self-employed). address, and ZIP code A. Priny, CPA

MOWRY & MARTY,

CINCINNATI,

KURT

A. MARTY,

CPA

10260 ALLIANCE ROAD, SUITE 160

INC

OHIO 45242-4743

# Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

| TI  | HE HEIDT FAMILY FOUNDATION   | 20-5881913                           |  |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|--|
| Organization type (check o  |  |                                      |  |  |  |  |  |
| Filers of:  | Section:   |                                      |  |  |  |  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization  |                                      |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |                                      |  |  |  |  |  |
|   | 527 political organization   |                                      |  |  |  |  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation  |                                      |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |                                      |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation   | 501(c)(3) taxable private foundation |  |  |  |  |  |
|   |  |                                      |  |  |  |  |  |
|   | s covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru  | lle See instructions.                |  |  |  |  |  |
| General Rule  |  |                                      |  |  |  |  |  |
| X For an organizatio contributor Comp   | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in millete Parts I and II  | oney or property) from any one       |  |  |  |  |  |
| Special Rules   |  |                                      |  |  |  |  |  |
| 509(a)(1) and 170(  | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (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 lf 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 its 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).   |  |                                      |  |  |  |  |  |

LHA 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

# THE HEIDT FAMILY FOUNDATION

20-5881913

| Part I            | Contributors (see instructions)  |                             |   |
|-------------------|--|-----------------------------|---|
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d) Type of contribution  |
| 1                 | ROBERT S., JR., & JULIA S. HEIDT  9075 CUNNINGHAM ROAD  CINCINNATI, OH 452431503 | -<br>\$\$87,067.            | Person Payroll Noncash X (Complete Part II if there is a noncash contribution )                             |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d)<br>Type of contribution   |
| 2                 | ROBERT S., JR., & JULIA S. HEIDT  9075 CUNNINGHAM ROAD  CINCINNATI, OH 452431503 | -<br>-<br>\$\$1,023.        | Person Payroll Noncash X (Complete Part II if there is a noncash contribution )                             |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d) Type of contribution  |
| 3                 | JULIA S. HEIDT  9075 CUNNINGHAM ROAD  CINCINNATI, OH 452431503                   | _ \$\$                      | Person Payroll Noncash X (Complete Part II if there is a noncash contribution)                              |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d) Type of contribution  |
| 4                 | JULIA S. HEIDT  9075 CUNNINGHAM ROAD  CINCINNATI, OH 452431503                   | -<br>\$ 78,840.             | Person Payroll Noncash X (Complete Part II if there is a noncash contribution )                             |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d) Type of contribution  |
| 5                 | JULIA S. HEIDT  9075 CUNNINGHAM ROAD  CINCINNATI, OH 452431503                   | -<br>\$\$_10,736.           | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution )                            |
| (a)<br><u>No.</u> | (b)<br>Name, address, and ZIP + 4  | (c) Aggregate contributions | (d) Type of contribution  |
| 923452 02-0       | 1-10   | Schedule B (Form            | Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2009) |

# THE HEIDT FAMILY FOUNDATION

20-5881913

| Part II                      | Noncash Property (see instructions)                                    |  |                               |
|------------------------------|--|--|-------------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received          |
| 1                            | 1500 SHARES OF STOCK, COMMON, BP PLC<br>SPON ADR                       |  |                               |
|                              |  | \$ 87,067.                                     | 12/03/09                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received          |
| 2                            | 1050 SHARES OF STOCK, COMMON, BP PLC<br>SPON ADR                       |  |                               |
|                              |  | \$61,023.                                      | 12/07/09                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
| 3                            | 2238 SHARES OF STOCK, COMMON, EXXON<br>MOBIL CORP                      |  |                               |
|                              |  | \$\$   | 05/05/09                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
| 4                            | 2000 SHARES OF STOCK, COMMON, SCRIPPS<br>NETWORKS INTERACTIVE INC CL A |  |                               |
|                              |  | \$ 78,840.                                     | 11/09/09                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
|                              |  |  |                               |
|                              |  | \$   |                               |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received          |
|                              |  |  |                               |
| 923453 02-01                 | 1-10   | \$Schedule B (Form 9                           | 90, 990-EZ, or 990-PF) (2009) |

| Form 990-PF Interest on Savi                    | ings a | nd Tem              | porary Ca       | ash Ir | nvestments                   | Statement           | 1   |
|---|--------|---------------------|-----------------|--------|------------------------------|---------------------|-----|
| Source  |        |                     |                 |        |                              | Amount              |     |
| UBS BANK USA DEP ACCT.                          |        |                     |                 |        |                              |                     | 29. |
| Total to Form 990-PF, Part I,                   | line   | 3, Co.              | lumn A          |        |                              |                     | 29. |
| Form 990-PF Dividend                            | ls and | Inter               | est from        | Secur  | rities                       | Statement           | 2   |
| Source  |        | Gross               | Amount          |        | tal Gains<br>vidends         | Column (A<br>Amount | ۲)  |
| COMMON STOCK<br>RMA MONEY MKT. PORTFOLIO        | -      |                     | 150.<br>98.     |        | 0.                           | 1                   | 50. |
| Total to Fm 990-PF, Part I, 1                   | ln 4   |                     | 248.            |        | 0.                           | 2                   | 48. |
| Form 990-PF                                     | Ac     | counti              | ng Fees         |        |                              | Statement           | 3   |
| Description                                     | Expe   |                     | (b)<br>Net Inve |        | (c)<br>Adjusted<br>Net Incom |                     |     |
| MOWRY & MARTY, INC.                             |        | 2,050.              | 2               | ,050.  |                              |                     | 0.  |
| To Form 990-PF, Pg 1, ln 16b                    |        | 2,050.              | 2               | ,050.  |                              |                     | 0.  |
| Form 990-PF                                     |        | Tax                 | es              |        |                              | Statement           | 4   |
| Description                                     | Expe   | a)<br>nses<br>Books | (b)<br>Net Inve |        | (c)<br>Adjusted<br>Net Incom |                     |     |
| FEDERAL EXCISE TAX TREASURER, STATE OF OHIO FEE |        | 7.                  | ·               | 7.     |                              |                     | 0.  |
| To Form 990-PF, Pg 1, ln 18                     |        | 107.                |                 | 107.   |                              | <del></del>         | 0.  |
| - TO TOTAL 330 TE, EG 1, IN 10                  |        | 10/.                |                 | 10/.   |                              |                     |     |

| Form 990-PF                                   | Other E              | xpenses                                    | Statement 5    |                          |    |
|---|----------------------|--|----------------|--------------------------|----|
| Description                                   |                      | (b)<br>Net Invest-<br>ment Income          |                | (d)<br>Charita<br>Purpos |    |
| RMA SERVICES FEE<br>UBS VISA LATE PAYMENT FEE | 150.<br>15.          |  |                |                          | 0. |
| To Form 990-PF, Pg 1, 1n 23                   | 165.                 | 165.                                       |                |                          | 0. |
| Name of Controllation                         | Addr                 |  |                |                          |    |
| Name of Controllation                         | Part VII-A,          |  |                |                          |    |
| Name of Contributor                           | Addi                 | ess  |                |                          |    |
| ROBERT S. HEIDT, JR.                          | 9075                 | ess<br><br>CUNNINGHAM RO<br>INNATI, OH 452 |                |                          |    |
|   | 9075<br>CINC<br>9075 | CUNNINGHAM RO                              | 2431503<br>DAD |                          |    |

Name of Manager

ROBERT S. HEIDT, JR. JULIA S. HEIDT

|   | and Contributions<br>During the Year           | Stat                | ement 8  |
|---|--|---------------------|----------|
| Recipient Name and Address  | Recipient Relationship<br>and Purpose of Grant | Recipient<br>Status | Amount   |
| ST. XAVIER HIGH SCHOOL<br>600 WEST NORTH BEND ROAD<br>CINCINNATI, OH 45224                | NONE<br>EDUCATIONAL ENDEAVORS                  | 501(C)(3)           | 303,070. |
| BETHANY HOUSE<br>1841 FAIRMOUNT AVENUE<br>CINCINNATI, OH 45214                            | NONE<br>CHARITABLE ENDEAVORS                   | 501(C)(3)           | 18,228.  |
| SCRIPPS HOWARD FOUNDATION P.O. BOX 5380 CINCINNATI, OH 45201                              | NONE<br>CHARITABLE ENDEAVORS                   | 501(C)(3)           | 5,000.   |
| WEST POINT ASSOCIATION OF<br>GRADUATES FUND<br>698 MILLS ROAD WEST POINT, NY<br>109961607 | NONE<br>EDUCATIONAL ENDEAVORS                  | 501(C)(3)           | 300.     |
| XAVIER UNIVERSITY<br>3800 VICTORY PARKWAY<br>CINCINNATI, OH 45207                         | NONE<br>EDUCATIONAL ENDEAVORS                  | 501(C)(3)           | 2,000.   |
| UNIVERSITY OF CINCINNATI FOUNDATION P.O. BOX 19970 CINCINNATI, OH 45219-0970              | NONE<br>EDUCATIONAL ENDEAVORS                  | 501(C)(3)           | 40,000.  |
| MERCY NEIGHBORHOOD MINISTRIES<br>1602 MADISON ROAD CINCINNATI,<br>OH 45206                | NONE<br>CHARITABLE ENDEAVORS                   | 501(C)(3)           | 1,750.   |
| DISABLED AMERICAN VETERANS<br>P.O. BOX 14301 CINCINNATI, OH<br>45250-0301                 | NONE<br>SUPPORT FOR OUR<br>SERVICEMEN          | 501(C)(3)           | 1,500.   |

| THE HEIDT FAMILY FOUNDATION  |   |           | 20-5881913 |
|--|---|-----------|------------|
| KENZIE'S CLOSET P.O. BOX 43285 CINCINNATI, OH 45243  | NONE<br>COMMUNITY SUPPORT FOR<br>YOUTH  | 501(C)(3) | 200.       |
| GRASS RIVER NATURAL AREA P.O. BOX 231 BELLAIRE, MI 49615   | NONE<br>CHARITABLE ENDEAVORS            | 501(C)(3) | 100.       |
| THE WELLNESS COMMUNITY 4918 COOPER ROAD CINCINNATI, OH 45242   | NONE<br>CANCER SUPPORT AND<br>EDUCATION | 501(C)(3) | 100.       |
| HALEY MEMORIAL LIBRARY & HISTORY<br>CENTER<br>1805 W. INDIANA AVENUE MIDLAND,<br>TX 79701                      | NONE<br>EDUCATIONAL ENDEAVORS           | 501(C)(3) | 100.       |
| ST. LOUIS UNIVERSITY 221 NORTH GRAND BLVD. ST LOUIS, MO 63103  | NONE<br>EDUCATIONAL ENDEAVORS           | 501(C)(3) | 500.       |
| SPRINGER SCHOOL AND CENTER<br>2121 MADISON ROAD CINCINNATI,<br>OH 45208-3288                                   | NONE<br>EDUCATIONAL ENDEAVORS           | 501(C)(3) | 12,500.    |
| THE BEECHWOOD HOME 2140 POGUE AVENUE CINCINNATI, OH 452082087  | NONE<br>LONG TERM MEDICAL CARE          | 501(C)(3) | 300.       |
| MULTIPLE SCLEROSIS SOCIETY OF SOUTHWEST OHIO 4440 LAKE FOREST DRIVE BLUE ASH, OH 45242                         | NONE<br>MEDICAL RESEARCH                | 501(C)(3) | 200.       |
| NATIONAL KIDNEY FOUNDATION OF<br>KENTUCKY<br>200 EAST LIBERTY STREET, SUITE<br>710 LOUISVILLE, KY 40202        | NONE<br>MEDICAL RESEARCH &<br>SUPPORT   | 501(C)(3) | 200.       |
| THE NATIONAL FOUNDATION TO SUPPORT CELL TRANSPLANT RESEARCH 333 E. MAIN STREET, SUITE 304 LOUISVILLE, KY 40202 | NONE<br>MEDICAL RESEARCH                | 501(C)(3) | 200.       |

| THE HEIDT FAMILY FOUNDATION  |  |           | 20-5881913 |
|--|--|-----------|------------|
| CRIS COLLINSWORTH PROSCAN<br>FOUNDATION<br>4850 RED BANK ROAD CINCINNATI,<br>OH 45227                | NONE<br>MEDICAL RESEARCH                         | 501(C)(3) | 500.       |
| USO OF METROPOLITAN WASHINGTON P.O. BOX 1710 FT MYER, VA 22211                                       |  | 501(C)(3) | 25,632.    |
| BOYS & GIRLS CLUBS OF CARLSBAD<br>P.O. BOX 913 CARLSBAD, CA 92018                                    | NONE<br>COMMUNITY SUPPORT OF<br>YOUTH ACTIVITIES | 501(C)(3) | 400.       |
| CINCINNATI FRIENDS OF CHARITY<br>2499 SADDLEBACK DRIVE<br>CINCINNATI, OH 45244                       | NONE<br>CHARITABLE ENDEAVORS                     | 501(C)(3) | 5,525.     |
| JUVENILE DIABETES RESEARCH<br>FOUNDATION<br>8041 HOSBROOK RD., SUITE 422<br>CINCINNATI, OH 452363830 | NONE<br>MEDICAL RESEARCH                         | 501(C)(3) | 100.       |
| STEPPING STONES CENTER<br>5650 GIVEN ROAD CINCINNATI, OH<br>45243                                    | NONE<br>CHARITABLE ENDEAVORS                     | 501(C)(3) | 3,165.     |
| EVANS SCHOLARSHIP FOUNDATION 1 BRIAR ROAD GOLF, IL 60029   | NONE<br>COMMUNITY SUPPORT FOR<br>YOUTH           | 501(C)(3) | 200.       |
| ST. JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>262 DANNY THOMAS DRIVE MEMPHIS,<br>TN 38105              | NONE<br>MEDICAL RESEARCH                         | 501(C)(3) | 25.        |
| FINE ARTS FUND<br>2649 ERIE AVENUE CINCINNATI, OH<br>452082087                                       | NONE<br>FINE ARTS SUPPORT                        | 501(C)(3) | 500.       |
| ST. GERTRUDE PRIORY DOMINICAN<br>FRIARS<br>7630 SHAWNEE RUN ROAD<br>CINCINNATI, OH 45243-3009        | NONE<br>RELIGIOUS ENDEAVORS                      | 501(C)(3) | 1,000.     |

| THE HEIDT FAMILY FOUNDATION  |  |           | 20-5881913 |
|--|--|-----------|------------|
| DAMIEN HOUSE FOUNDATION 4407 N. ELSTON CHICAGO, IL 60630   | NONE<br>MEDICAL RESEARCH                 | 501(C)(3) | 50.        |
| GREATER CLEVELAND FOOTBALL<br>COACHES ASSN. CLINIC<br>C/O INDEPENDENCE H.S.,6001<br>ARCHWOOD RD INDEPENDENCE, OH | NONE<br>COMMUNITY SUPPORT FOR<br>YOUTH   | 501(C)(3) | 1,000.     |
| CINCINNATI CHILDREN'S HOSPITAL<br>MEDICAL CENTER<br>3333 BURNET AVENUE CINCINNATI,<br>OH 45229                   | NONE<br>CHARITABLE ENDEAVORS             | 501(C)(3) | 1,600.     |
| HOLY CROSS IMMACULATA CHURCH 30 GUIDO STREET CINCINNATI, OH 45202  | NONE<br>RELIGIOUS ENDEAVORS              | 501(C)(3) | 100.       |
| MELANOMA KNOW MORE P.O. BOX 9155 CINCINNATI, OH 45209  | NONE<br>MEDICAL RESEARCH                 | 501(C)(3) | 100.       |
| HILLCREST CHRISTIAN SCHOOL<br>17531 RINALDI STREET GRANADA<br>HILLS, CA 91344                                    | NONE<br>EDUCATIONAL ENDEAVORS            | 501(C)(3) | 100.       |
| OUR DAILY BREAD<br>1730 RACE STREET CINCINNATI, OH<br>452022602  | NONE<br>FEED THE HUNGRY                  | 501(C)(3) | 100.       |
| THREE LAKES ASSOCIATION P.O. BOX 689 BELLAIRE, MI 49615  | NONE<br>ENVIRONMENTAL<br>PROTECTION      | 501(C)(3) | 100.       |
| BIKE & BUILD, INC.<br>6109 RIDGE AVENUE, BLDG. 2<br>PHILADELPHIA, PA 19128                                       | NONE<br>COMMUNITY SUPPORT FOR<br>HOUSING | 501(C)(3) | 100.       |
| CINCINNATI SQUASH RACQUETS<br>ASSN., INC.<br>220 W. 3RD STREET, 3RD FLOOR<br>CINCINNATI, OH 45202                | NONE<br>COMMUNITY SUPPORT FOR<br>SPORTS  | 501(C)(3) | 100.       |

| THE HEIDT FAMILY FOUNDATION  |  |           | 20-5881913 |
|--|--|-----------|------------|
| LINDNER CENTER OF HOPE<br>4075 OLD WESTERN ROW ROAD<br>MASON, OH 45040                         | NONE<br>MEDICAL RESEARCH                 | 501(C)(3) | 80,000.    |
| INTERNATIONAL RETT SYNDROME FOUNDATION 4600 DEVITT DRIVE CINCINNATI, OH 45246                  | NONE<br>CHARITABLE ENDEAVORS             | 501(C)(3) | 100.       |
| ANNUNCIATION SCHOOL CAST<br>CAMPAIGN<br>3545 CLIFTON AVENUE CINCINNATI,<br>OH 45220            | NONE<br>EDUCATIONAL ENDEAVORS            | 501(C)(3) | 500.       |
| RALLY FOR ROBIN C/O PANCREATIC CANCER AWARENESS FOUNDATION P.O. BOX 57271 WASHINGTON, DC 20037 | NONE<br>MEDICAL RESEARCH                 | 501(C)(3) | 1,000.     |
| MEMORIAL FUND FOR DAYSHAAN<br>BALLEW C/O PNC BANK<br>5727 MADISON ROAD CINCINNATI,<br>OH 45227 | NONE<br>COMMUNITY SUPPORT FOR<br>YOUTH   | 501(C)(3) | 200.       |
| WORKING IN NEIGHBORHOODS<br>1814 DREMAN AVENUE CINCINNATI,<br>OH 45223                         | NONE<br>COMMUNITY SUPPORT FOR<br>HOUSING | 501(C)(3) | 250.       |
| CONSERVANCY OF SOUTHWEST FLORIDA 1450 MERRIHUE DRIVE NAPLES, FL 34102                          | NONE<br>ENVIRONMENTAL<br>PROTECTION      | 501(C)(3) | 500.       |
| JOY OUTDOOR EDUCATIONAL CENTER<br>10117 OLD 3C HIGHWAY<br>CLARKSVILLE, OH 45113                | NONE<br>YOUTH ACTIVITIES<br>SUPPORT      | 501(C)(3) | 125.       |
| BIG BROTHERS BIG SISTERS OF<br>GREATER CINCINNATI<br>2400 READING ROAD CINCINNATI,<br>OH 45202 | NONE<br>YOUTH ACTIVITIES<br>SUPPORT      | 501(C)(3) | 1,700.     |
| Total to Form 990-PF, Part XV, li  | ne 3a                                    |           | 511,020.   |

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

| <ul><li>If you</li></ul>       | are filing for an Automatic 3-Month Extension, complete only Part I and check this box  |           |                               | ightharpoons X |
|--------------------------------|---|-----------|-------------------------------|----------------|
| <ul><li>If you</li></ul>       | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this  | form).    |                               |                |
| Do not                         | complete Part II unless you have already been granted an automatic 3-month extension on a previously f  | led Fo    | m 8868.                       |                |
| Part                           | Automatic 3-Month Extension of Time. Only submit original (no copies needed)  |           |                               |                |
| A corpo                        | ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con   | nnlete    |                               |                |
| Part I or                      | ·   | ipiete    |                               |                |
|                                | ·   |           |                               |                |
|                                | r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request al<br>come tax returns.  | ı exten   | sion of time                  |                |
| noted b<br>(not aut<br>you mu: | nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits. | ically if | (1) you want thated Form 990- | ne additional  |
| Type or                        | Name of Exempt Organization   | Empl      | oyer identifica               | ation number   |
| print                          |   |           |                               |                |
| File by the                    | THE HEIDT FAMILY FOUNDATION   | 2         | <u>0-58819</u> :              | 13             |
| due date fi<br>filing your     | or Number, street, and room or suite no. If a P.O. box, see instructions.  9075 CUNNTNGHAM ROAD   |           |                               |                |
| return See<br>instruction      |   |           |                               |                |
|                                | CINCINNATI, OH 45243-1503   |           |                               |                |
| Check 1                        | type of return to be filed (file a separate application for each return).   |           |                               |                |
| □ ε <sub>ε</sub>               | orm 990 Form 990-T (corporation) Form 4   | 720       |                               |                |
| _                              | orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 55   |           |                               |                |
|                                | orm 990-EZ Form 990-T (trust other than above) Form 6   | 069       |                               |                |
|                                | orm 990-PF  | 870       |                               |                |
|                                |   |           |                               | <del></del>    |
|                                | THE HEIDT FAMILY FOUNDATION   | E24       | 2 1502                        |                |
|                                | books are in the care of ► 9075 CUNNINGHAM ROAD - CINCINNATI, OH 40 bhone No. ► 513-842-8560 FAX No. ► 513-842-8561   |           | 3-1303                        |                |
|                                | phone No. ► 513-842-8560 FAX No. ► 513-842-8561 organization does not have an office or place of business in the United States, check this box  |           | <del></del>                   |                |
|                                | s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   | ie ie foi | r the whole aro               | up check this  |
| box <b>&gt;</b>                | If it is for part of the group, check this box   and attach a list with the names and EINs of all   |           |                               |                |
| DUX                            | The is for part of the group, check this box  | momo      | 010 1110 02101131             |                |
| _<br>IS                        | request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un August 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for X calendar year 2009 or tax year beginning , and ending  |           | The extension                 |                |
|                                | <del></del>   |           |                               |                |
| 2 If                           | this tax year is for less than 12 months, check reason. Initial return Final return   |           | Change in acco                | ounting period |
| 3a If                          | this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any  |           |                               |                |
|                                | onrefundable credits. See instructions  | 3a        | \$                            | 0.             |
|                                | this application is for Form 990-PF or 990-T, enter any refundable credits and estimated  |           |                               | _              |
|                                | x payments made. Include any prior year overpayment allowed as a credit   | 3b        | \$                            | 0.             |
|                                | alance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,   |           |                               |                |
|                                | eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)  |           |                               | •              |
| <u>S</u>                       | ee instructions.  | 3c_       | \$                            | 0.             |
| Caution                        | a. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form  | 8879-     | =O for navmen                 | tinstructions  |