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	:				
Form	9	9	0-	P	F

## Return of Private Foundation

OMB No 1545-0052

		oot of the Treesure			ection 4947(a)(' Treated a	s a Priva	ate Foundatio	n			୬ଜ	00	
Int	ernal R	ent of the Treasury levenue Service	Note	: The foundation ma	y be able to use a	copy of t	his return to sa	tisfy state i		requirements.		UJ	
_			or t	ax year beginning	$\overline{}$	<del></del>		and endi	_ <del>-</del>			, 20	
G	Che	ck all that apply:	_	Initial return		1	of a former p	ublic char	<del>-</del> -		Final retu	ırn	
_			بـــــــــــــــــــــــــــــــــــــ	Amended return	<u> X</u>	Addre	ss change			change			
		Name of fo	unda	tion					AE	mployer identific	ation numbe	r	
(		he IRS							- 1				
				MILY FOUNDAT					_   _		<u>5926336</u>		_
		int Number an	d stre	eet (or PO box number	r if mail is not deliver	ed to stree	t address)	Room/su	ite B Te	elephone number (see p	-		
	•	vne I.	<b></b>	ייי שטניכש האו	v DO DOV 0	2205				(50		255	
		City or tour		ER TRUST BAN te, and ZIP code	K, PO BOX 2	2305		<u> </u>		(50 exemption applicati		3136	Т
ı	nstru	ctions.	II, SLO	te, and zir code					P	ending, check here		···∑⊢	-
		CALEM	ΩP	97308-2305					1 -	Foreigh organization			
_	Cho			: X Section 50	11(c)(3) evernet	nrivate f	ioundation		'	85% test, check he	ere and attach		٦
Ϊ	_	-		empt charitable trust			ivate foundat	ion		computation • •			_
1		market value of a			counting method				1 -	private foundation : nder section 507(b)		- L	٦
		ear (from Part II, c			Other (specify)					the foundation is in			_
					t I, column (d) mi	ust be o	n cash basis.)		.	nder section 507(b)			٦
P	art	Analysis of Reve	enue	and Expenses (T	he (a) Baura				4		(d) Disbu		_
		total of amounts in may not necessarii	ı colu	mns (b), (c), and (d)	expenses	per	(b) Net inve			justed net come	for cha		
_				of the instructions)	, books							oses sis only)	_
	1			received (attach schedule)									
	2			dation is <b>not</b> required to B					<u> </u>				
	3			oorary cash investments	s	75.		75.		75.		STMT	<u> 1</u>
	4	Dividends and inter	est fr	om securities	4	1,954.		4,954.		4,954.		STMT	<u>2</u>
	5 a	Gross rents			·								_
	b	Net rental income or (	loss) _		-					DEN	11 1100		
e		Net gain or (loss) from Gross sales price for a		of assets not on line 10		120.				- MECE	Med	- V	
Ē	~	assets on line 6a		120	-			100	- (6)			- <del>(3)</del>	_
Revenue	7			(from Part IV, line 2)		<del></del>		120.	(S)	0000	5 0000	<del>  Ö  </del>	
	8			ın					_	IAIW I	1 2010	<del>                                      </del>	—
	9 10 a	Gross sales less return	s		•				-	CODE	V 1 1 1 2 2		
	<b>.</b>	and allowances · · · Less Cost of goods so		<del> </del>							<del>                                      </del>	11:30	—
		•	•	ich schedule)	<del>-  </del>							<del>-</del>	_
	11			nedule)									
	12			ıh 11	-	5,149.		5,149.		5,029.			_
	13			rectors, trustees, etc		1,542.		1,542.					
	14			and wages				NONE		NONE			_
Ses	15	Pension plans, emp		•				NONE		NONE			_
and Administrative Expenses	16a	Legal fees (attach s	chedu	ule) STMT 3	2	2,602.		2,602.		NONE			<u>N</u> E
ž	b	Accounting fees (at	tach	schedule)STMT 4		<u>335</u> .		335.		NONE		NO	<u>on</u> e
ě	С	Other professional f	fees (a	attach schedule)									
ati	17												
isti	18	<u>-</u>		page 14 of the That ctions		5 <u>0</u> .							
Ē	19	•		edule) and depletion									_
Adi	20				l l			NONT		MONTH			_
2	21			meetings				NONE		NONE			—
	22	<del>-</del> -						NONE		NONE			_
Ĭ	23	•		chedule)									_
Operating	24			ninistrative expenses	l .	,529.		4,479.		NONE		NIC	ONE
5	25	-		to paid		000.		<del>-,-///</del>		NONE		9,00	
ļ	25 26		-	ts paid	11			4,479.		NONE		9,00	
٦	<u> 20</u> 27	Subtract line 26 fro		ents Add lines 24 and 2		., ., ., .		-1-10-		110111			<u>.~</u> .
				es and disbursements	P	3,380.							
			-	(if negative, enter -0-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		670.					_
		Adjusted net incom		-			-			5,029.			_

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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JSA

Form 990-PF (2009)

20-5926336

Form 990-PF (2009)

P	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-	Beginning of year	End e	of year
_	916	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	· - L		
	2	Savings and temporary cash investments		3,050	3,050
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructi	ons)		
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ►NC			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<del></del>
\ss	_	Investments - U S and state government obligations (attack Schedule)		49,878	52,581
•	u	Investments - corporate stock (attach schedule) . STMT . 7		104,076	<del></del>
		Investments - corporate bonds (attach schedule) STMT 8	• • — — — — — — — — — — — — — — — — — —	22,620	
	11	Investments - land, buildings,		22,020	23,301
		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	. ,		
	13	Investments - other (attach, schedule)			
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
		(attach schedule)			
	15	Other assets (describe	- )	- <del></del>	
	16	Total assets (to be completed by all filers - see the	105 510	150 604	1.55 0.60
_		instructions Also, see page 1, item I)		179,624.	165,369
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe	_ )		
			1		
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and			
es	24	Unrestricted			
lances	25	Temporarily restricted			
ala	26	Permanently restricted			
9		Foundations that do not follow SFAS 117,	•		
Ë		check here and complete lines 27 through 31. ▶	र्जा (		
ř	27	Capital stock, trust principal, or current funds	<u></u>		
S	28		• •		
set	28 29 30		105 510	179,624.	
As	20	Retained earnings, accumulated income, endowment, or other funds	105,510.	110,024.	
et	30	Total net assets or fund balances (see page 17 of the	105 510	170 624	
2		instructions)	185,510.	179,624.	
	31	Total liabilities and net assets/fund balances (see page 17	105 510	170 604	
	- 4 11	of the instructions)		<u>179,624.</u>	
		Analysis of Changes in Net Assets or Fu			
1		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			185,510.
		r amount from Part I, line 27a	MANDMINI O	2	-8,380.
3	Othe	er increases not included in line 2 (itemize) $ ightharpoonup \_\_\_\_\_\_\_\_\_$	TATEMENT 9	3	2,494.
		lines 1, 2, and 3		4	179,624.
5	Decr	eases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minu	s line 5) - Part II, column (b),	line 30 6	179,624.
					Form <b>990-PF</b> (2009)

Ŀ	Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold ( rick warehouse; or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
16	a SEE PART IV DETA	IL				
_1	b				<u> </u>	
_	<u> </u>			ļ		
	<u>d</u>					
_5	9	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
_	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
	a					
_	<u> </u>			<del></del>		
_	d	<del></del>	<del></del>		·	
	9					
	<del></del>	wing gain in column (h) and owner	d by the foundation on 12/31/69	0	Gains (Col. (h) ga	in minus
	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) <b>or</b>
	- <del></del> -					
t						
_						
	d					
E	• <u> </u>			<u> </u>		
2	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		120.
3	, ,	or (loss) as defined in sections 122			_	
	<del>-</del>	line 8, column (c) (see pages 13 an				
		ine 8		3		
_			ed Tax on Net Investment Inc section 4940(a) tax on net investment		<del></del>	
W If '	"Yes," the foundation does n	the section 4942 tax on the distrib not qualify under section 4940(e). [				Yes X No
1		ount in each column for each year;	see page 18 of the instructions bet	fore maki		
c	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	tio col (c))
	2008	7,241.	174,424.		0.041	51378251
	2007	1,967.	193,049.		0.010	18912297
	2006	NONE NONE	96,923.			NONE
_	2005					
_	2004					<del></del>
2	Total of line 1 column (d)			2	0.051	.70290548
3	Average distribution ratio	for the 5-year base period - divide t	the total on line 2 by 5, or by the			.70230340
•	-	lation has been in existence if less		3	0.017	23430183
4	Enter the net value of non-	charitable-use assets for 2009 from	n Part X, line 5	4	·	156,946.
5	Multiply line 4 by line 3			5		2,705.
6	Enter 1% of net investmen	it income (1% of Part I, line 27b)		6		7.
7	Add lines 5 and 6			7		2,712.
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions on page	ons from Part XII, line 4 eater than line 7, check the box in e 18.	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	9,000.

By state legislation that effectively amends the governing instrument so that no mandatory directions that

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV. . . .

instructions) ► STMT 10

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8b

By language in the governing instrument, or

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Х

X

Х

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X

X No

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

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

	t VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requi	ired (continued)		
	During the year did the foundation pay or incur any amou	int to:				
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,			
	directly or indirectly, any voter registration drive?			Yes X No	<b>,</b>	
	(3) Provide a grant to an individual for travel, study, or ot	her sımılar purposes?		Yes X No	•	
	(4) Provide a grant to an organization other than a charite	able, etc., organization	n described in		İ	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see page 22 of the ins	structions)	. Yes X No	•	
	(5) Provide for any purpose other than religious, charitable	e, scientific, literary,	or educational			
	purposes, or for the prevention of cruelty to children of	or animals?		Yes X No	,	
ь	If any answer is "Yes" to 5a(1)(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
	Regulations section 53 4945 or in a current notice regard	ling disaster assistanc	e (see page 22 of the	instructions)?	5b	
	Organizations relying on a current notice regarding disast	er assistance check h	iere	▶ X		
c	If the answer is "Yes" to question 5a(4), does the foundati					
	because it maintained expenditure responsibility for the g	rant?		Yes No	,	
	If "Yes," attach the statement required by Regulations sect					
6a	Did the foundation, during the year, receive any funds, dir	ectly or indirectly, to	pay premiums			
	on a personal benefit contract?			Yes X No	,	
b	Did the foundation, during the year, pay premiums, directly			_	6b	X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a part	ty to a prohibited tax	shelter transaction?	Yes X No	, [	
ь	If yes, did the foundation receive any proceeds or have an	y net income attribut	able to the transaction	? <u></u>	7b	
Par	VIII	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,	
1	and Contractors  List all officers, directors, trustees, foundation man	nagers and their c	omnensation (see r	age 22 of the instru	ictions)	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expens	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owances
SEE	STATEMENT 11		1,542.	-0-		-0
SEE			1,542.	-0-		-0-
SEE	STATEMENT 11		1,542.	-0-		-0-
	STATEMENT 11		1,542.	-0-		-0-
	STATEMENT 11		1,542.	-0-		-0-
	STATEMENT 11		1,542.	-0-		-0-
	STATEMENT 11					-0-
2	STATEMENT 11  Compensation of five highest-paid employees (oth				ructions).	-0-
2	STATEMENT 11	er than those incl		page 23 of the inst		
2	STATEMENT 11  Compensation of five highest-paid employees (oth	er than those incl		page 23 of the inst	ructions).  (e) Expens	e account,
2	STATEMENT 11  Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see	page 23 of the insti	(e) Expens	e account,
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see	page 23 of the insti	(e) Expens other all	e account,
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a)	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
2 (a	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances
(a	Compensation of five highest-paid employees (oth f none, enter "NONE."	er than those incl	uded on line 1 - see (c) Compensation NONE	page 23 of the insta (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	one account, owances

Form 990-PF (2009)

**3**NONE

All other program-related investments See page 24 of the instructions

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreisee page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 - 1	
•	purposes:	1 1	
а	Average monthly fair market value of securities	1a	136,769.
b		1b	22,567.
c		1c	NONE
ď		1d	159,336.
e	Reduction claimed for blockage or other factors reported on lines 1a and	<b></b>	137,330.
٠	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	159,336.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25	<del>                                     </del>	159,330.
7		4	
5	of the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	156,946.
6	Minimum investment return. Enter 5% of line 5		
_	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		7,847.
LE	foundations and certain foreign organizations check here and do not complete this p		
1	Minimum investment return from Part X, line 6	1	7,847.
		<del></del>	7,047.
Z a b	Tax on investment income for 2009 from Part VI, line 5 2a 7.  Income tax for 2009. (This does not include the tax from Part VI.) 2b	{	
_		3-	7.
С 3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	7,840.
_			
4 5	Recoveries of amounts treated as qualifying distributions	5	NONE
-	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	<del></del>	7,840.
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	6	NONE
,	·	_	7 040
_	line 1	7	7,840.
Pa	rt XII Qualifying Distributions (see page 25 of the 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	9,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	7.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,993.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when the column (b) is the column (b).		
	qualifies for the section 4940(e) reduction of tax in those years.		

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	n 990-PF (2009)				Page 9
Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				7,840.
2	Undistributed income, if any, as of the end of 2009			0 613	
	Enter amount for 2008 only	<del></del>	NONE	8,613.	
	Total for prior years 20 <u>07</u> , 20, 20		NONE		<del></del>
3	Excess distributions carryover, if any, to 2009				
	From 2004				
		NONE			
	Total of lines 3a through e	NONE	<del></del>	<del></del>	<del></del>
4	line 4. > \$ 9,000.				
				8,613.	
	Applied to 2008, but not more than line 2a		<del></del>	0,013.	
p	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		NONE		
	, , , , , , , , , , , , , , , , , , , ,	<del></del>	NOINI	·	
C	Treated as distributions out of corpus (Election	NONE			
	required - see page 26 of the instructions)	NONA			387.
	Applied to 2009 distributable amount	NONB	<del></del>		
5	Remaining amount distributed out of corpus	NONE			NONE
,	(If an amount appears in column (d), the same	NONE			HONE
	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
_		NONE			
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5				<del></del>
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
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		NONE		
	, ,				
u	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		NONE		
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
					<u></u>
t	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010.	. [			7,453.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	NONB			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	NONB			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9				
a	Excess from 2005 NONE			]	
þ	Excess from 2006 NONE				
c	Excess from 2007 NONE				
d	Excess from 2008 NONE				
e	Excess from 2009 NONE				

Pа	Private Oper	ating Foundations	(see page 27 of the	instructions and Pai	rt VII-A, question 9)	NOT APPLICABLE
	If the foundation has	received a ruling or o	determination letter that	t it is a private opera		
	foundation, and the ruling				. ▶	
Ь	Check box to indicate wh		private operating founda		4942(	j)(3) or 4942(j)(5)
2а		Tax year	41,000	Prior 3 years		(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	<u> </u>
h	85% of line 2a		<del> </del>		<del></del>	<del>                                     </del>
	Qualifying distributions from Part		<u> </u>			
	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					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) * "Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	*Support* alternative test - enter  (1) Total support other than gross investment income (interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)), or royalties) (2) Support from general					
	public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization					
Do	(4) Gross investment income .	n, Information /C	omplete this part	only if the found:	ation had \$5,000	or more in assets
Γá		during the year - se			ation had \$5,000	Of more in assets
1	Information Regarding			. <del></del>	<del></del>	<del></del>
а	List any managers of before the close of any					red by the foundation
	<u>N/A</u>					
b	List any managers of ownership of a partner					/ large portion of the
	N/A Information Regarding	Contribution Grant	Gift Loan Scholarch	in atc Programs		
•	Check here ► X if t unsolicited requests f organizations under ot	he foundation only or funds. If the foun	makes contributions dation makes gifts, g	to preselected charit grants, etc (see page	table organizations as 28 of the instruction	and does not accept ons) to individuals or
а	The name, address, an				e addressed.	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include:	
С	Any submission deadli	nes <sup>.</sup>				
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	ophical areas, charita	ble fields, kinds of	institutions, or other

Part XV Supplementary Information (c 3 Grants and Contributions Paid Durin	ontinued)	aved for F	iutura Payment	
	If recipient is an individual.		T	T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		ľ		1
				į
SEE STATEMENT 17			]	
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	<u> </u>		<u> </u>	
Total	<del> </del>	· · · · ·	▶ 3a	9,000
b Approved for future payment				
			j	j
			j	Į
			1	
Total				
				5 000 PE 10000

Part XVI-A	Analysis of Income-Produ	cing Activ	⁄ities			
-	mounts unless otherwise indicated		eted business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program s	ervice revenue:	Business code	Amount	Exclusion code		(See page 28 of the instructions)
a						
b						
С						
d						
f						
_	nd contracts from government agencies					
2 Membersh	nip dues and assessments			<del></del>		
	savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	14	75.	
	and interest from securities			14	4,954.	
	income or (loss) from real estate					
	inanced property					
	ebt-financed property					<del> </del>
	ncome or (loss) from personal property .		·	_		
	estment income		<del></del>	10	120	<del></del>
	s) from sales of assets other than inventory		<del></del>	18	120.	
	e or (loss) from special events					
•	it or (loss) from sales of inventory			<del></del>		
	enue: a					
6	Add columns (b), (d), and (e)		··		5,149.	
	l line 12, columns (b), (d), and (e)					5,149.
	et in line 13 instructions on page 28 to					
Part XVI-B		to the Ac	complishment of E	xempt Purp	oses	
Line No.	Explain below how each activithe accomplishment of the forpage 29 of the instructions.)					
			NOT APPLICAB	T 17		
			NOT APPLICAB	<u> </u>		
		<del></del>		···-		· ——
<del>}</del> -			<del></del>	<del>_</del>	<del> </del>	
<del></del> +		<del></del>				
<del></del>					<del></del>	
<del></del>	<del></del>	· <del></del> -				<del></del>
		·-·	<del></del>			
<del></del>			-			

Pa	rt XVI	Information Exempt Orga	Regarding Trans mizations	fers To and	Transacti	ons and	l Relationshi	ps With I	Vonc	harit	able
1	ın se	the organization directly ection 501(c) of the Contractions?	ode (other than secti	on 501(c)(3) or	ganizations) o					Yes	No
ε		nizations? ifers from the reporting for							İ	1	
		Cash								<u> </u>	X
	• •	Other assets			• • • • • •				1a(2)		
٠		ales of assets to a noncha	ritable exempt organiza	ation					16(1)		_ X_
		urchases of assets from a							-		X
		ental of facilities, equipme									X
		leimbursement arrangeme									X
		oans or loan guarantees									X
		erformance of services or								L	X
C		ng of facilities, equipment									X
C		e answer to any of t		•	-			•			
		of the goods, other	_	•							
	value	in any transaction or	snaring arrangemen	t, show in coll	ımn (a) tne	value of 1	ine goods, other	assets, or	service	es rec	eived
(a)	Line no	(b) Amount involved	(c) Name of nonchar	itable exempt organ	ization	(d) Description	on of transfers, transa	ctions, and shai	ing arra	ngeme	nts
		<del></del>					<del></del>			_	
		<del></del>				<del></del>					
		ļ									
			· <u></u>								
				<del>_</del>			<del></del>				
					<del></del>	·					
			<del></del>								
	sectio	e foundation directly or in 501(c) of the Code (oth s." complete the following	er than section 501(c)(					ſ	Y6	es 🔼	No
		(a) Name of organization	1	(b) Type of org	anization		(c) Descrip	tion of relation	ship		
		<u>-</u>									
			<del></del>				<del></del>				
_	Under	penalties of perjury, I decla	re that I have examined	this return include	ng accompanyin	a schedules	and statements and	to the best o	f my ki	nowled	ne and
	belief,	it is true, correct, and comp	ete Declaration of prepa	rer (other than tax	payer or fiduciar	y) is based o	n all information of	which prepare	r has ar	ny knov	wledge
		$\mathcal{M}_{\mathcal{L}}(0,\mathcal{L})$	)d// 72		1.3	1/13/10	▶ PRES	DENT			
<u>و</u> ا	S	gnature of officer or trustee	STEPHEN A	WALKER II		ate	Title				
Sign Here		- <del>"</del> /		1	Date		eck if	Preparer's			
E	s ≥	Preparer's	:1000	6 MA	<b>,</b>	se	leck if If-employed ►	number (Se			
Š	Paid Preparer's Use Onfy	signature	ull to	CA CAN	05/10/2	2010		<u> </u>			
	rep Use	Firm's name (or yours if		RUST BANK,	N A		EIN ▶	93-0208	010		
	_	self-employed), address, and ZIP code	PO BOX 230			97308	<b>8</b> 5	- E00 0	(2 2	126	
		1 2112 -11 0000	SALEM. OF	₹		9/308	I Phone r	io 503-3	ハイート	136	

JSA 9E1493 1 000

SALEM,

OR

97308

Form 990-PF (2009)

Phone no 503-363-3136

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		Description					Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	悄	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs		or (loss)	
						П		
		TOTAL SHOR	T-TERM CAPIT	'AL GAIN DI	VIDENDS	11	120.	
						Ш		
						$\ \cdot\ $		
OTAL GAIN(L	oss)					$\  \ $	120.	
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FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME	75.
NET INVESTMENT INCOME	75.
REVENUE AND EXPENSES PER BOOKS	75.
	TOTAL
	ro
DESCRIPTION	MONEY MARKET FUNDS

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

ADJUSTED NET INCOME	204. 814. 42. 3,004. 16.	4,954.
NET INVESTMENT INCOME	204. 814. 3,004. 16.	4,954.
REVENUE AND EXPENSES PER BOOKS	204. 814. 42. 3,004. 874.	4,954.
DESCRIPTION	FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST U.S. GOVERNMENT INTEREST(FEDERAL TAXABLE NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL

7

FORM 990PF, PART I - LEGAL FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	2,602.
REVENUE AND EXPENSES PER BOOKS	2,602.
DESCRIPTION	NON-ALLOCABLE LEGAL FEES TOTALS

53587000

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FORM 990PF, PART I - ACCOUNTING FEES 

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	335.
REVENUE AND EXPENSES PER BOOKS	335.
DESCRIPTION	AUDIT & ACCOUNTING FEES (ALLOC TOTALS

F	OF	M	Ī	9	9	0	P	F	,		P	A	R	Т		Ι		-		T	Α	X	E	S
=	==	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=

		REVENUE
		AND
		EXPENSES
DESCRIPTION		PER BOOKS
OREGON FILING FEES		29.
FOREIGN TAXES WITHHE		21.
	TOTALS	50.
		==========

S.A.W. FAMILY FOUNDATION, INC.

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS 

DESCRIPTION

US TREASURY NOTES

BOOK VALUE ENDING

TOTALS

49,878. 49,878. 53587000

9

FORM 990PF, PART II - CORPORATE STOCK 

DESCRIPTION

DODGE & COX STOCK FUND
DODGE & COX INTERNATIONAL
T ROWE PRICE GROWTH STK FD
ARTIO INTERNATIONAL EQUITY FD
T ROWE PRICE EQUITY INC FD

TOTALS

BOOK VALUE ENDING

27,404. 6,500. 28,475. 6,500. 35,197.

104,076.

7

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

PIMCO TOTAL RETURN FUND II

ENDING BOOK VALUE 22,620.

22,620.

TOTALS

- BRE329 H269 05/10/2010 12:28:52

24

53587000

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STATEMENT

7.0

FORM	990PF,	PART	III -	OTHER	INCREASES	IN NET	WORTH	OR F	TUND	BALANCES
=====		=====	=====	======			======	====	====	=======

AMOUNT DESCRIPTION -----\_\_\_\_\_\_

1,779. 715. 2007 INCOME TAX REFUND FILING FEE REFUND

> TOTAL 2,494. ==========

.S.A.W. FAMILY FOUNDATION, INC.

20-5926336

STATE(S) WHERE THE FOUNDATION IS REGISTERED

-----

OR

S.A.W. FAMILY FOUNDATION, INC.

20-5926336

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

PIONEER TRUST BANK NA

ADDRESS:

PO BOX 2305

SALEM, OR 97308

TITLE:

**AGENT** 

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 1,542.

OFFICER NAME:

STEPHEN A WALKER II

ADDRESS:

PO BOX 325

AMITY, OR 97101

TITLE:

PRESIDENT & DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION: 1,542.

S.A.W. FAMILY FOUNDATION, INC.

20-5926336

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME:

SAALFELD GRIGGS, PC

ADDRESS:

PO BOX 770

SALEM, OR 97308

TYPE OF SERVICE:

ATTORNEY

COMPENSATION EXPLANATION:

LEGAL SERVICES REGARDING STATE REGISTRATIONS

NAME:

CT CORPORATION

ADDRESS:

PO BOX 4349

CAROL STREAM, IL 60197

TYPE OF SERVICE:

ADMINISTRATIVE

COMPENSATION ...... 335.

COMPENSATION EXPLANATION:

REGISTERED AGENT FEE

TOTAL COMPENSATION:

2,937.

S.A.W. FAMILY FOUNDATION, INC. 20-5926336 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: SOS CHILDREN'S VILLAGES USA ADDRESS: 1200 G ST NW #550 WASHINGTON, DC 200005 RELATIONSHIP: NONE PURPOSE OF GRANT: ORPHANAGE-BOGATA COLUMBIA FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: AMERICAN OPINION FOUNDATION ADDRESS: 770 WESTHILL BLVD APPLETON, WI 54914 RELATIONSHIP: NONE PURPOSE OF GRANT: YOUTH EDUCATION FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: HEIFER INTERNATIONAL ADDRESS: PO BOX 8058 LITTLE ROCK, AR 72203 RELATIONSHIP: NONE PURPOSE OF GRANT: FIGHT GLOBAL HUNGER & POVERTY FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

EXEMPT FOUNDATION

200.

S.A.W. FAMILY FOUNDATION, INC. 20-5926336 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_ RECIPIENT NAME: PKD FOUNDATION ADDRESS: 9221 WARD PARKWAY, STE 400 KANSAS CITY, MO 64114 RELATIONSHIP: NONE PURPOSE OF GRANT: KIDNEY DISEASE RESEARCH FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 500. RECIPIENT NAME: COLLIER PREGNANCY CENTER ADDRESS: 940 FIFTH AVENUE N NAPLES, FL 34102 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SOCIAL SERVICES-CRISIS PREGNANCIES FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION 1,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: LUDWIG VON MISES INSTITUTE ADDRESS: 518 WEST MAGNOLIA AVE AUGURN, AL 36832 RELATIONSHIP: NONE PURPOSE OF GRANT: ECONOMIC EDUCATION FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION

AMOUNT OF GRANT PAID .....

1,000.

S.A.W. FAMILY FOUNDATION, INC. 20-5926336 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INTERNATIONAL JUSTICE MISSION ADDRESS: PO BOX 58147 WASHINGTON, DC 200037 RELATIONSHIP: NONE PURPOSE OF GRANT: HUMAN RIGHTS AGENCY FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 400. RECIPIENT NAME: THE AMERICAN VISION, INC ADDRESS: PO BOX 220 POWDER SPRINGS, GA 30127 RELATIONSHIP: NONE PURPOSE OF GRANT: RELIGIOUS EDUCATION FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: LIFE DYNAMICS INC ADDRESS: PO BOX 2226 Denton, TX 76202 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATIONAL FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION

AMOUNT OF GRANT PAID ......

1,000.

S.A.W. FAMILY FOUNDATION, INC. 20-5926336 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CASA OF MARION COUNTY ADDRESS: PO BOX 12765 SALEM, OR 97309 RELATIONSHIP: NONE PURPOSE OF GRANT: PUBLIC SCHOOL BOOKS FOUNDATION STATUS OF RECIPIENT: EXEMPT ORGANIZATION AMOUNT OF GRANT PAID ..... 300. RECIPIENT NAME: INSTITUTE FOR INTERNATIONAL CHRISTIAN COMMUNICATION ADDRESS: 6012 SE YAMHILL PORTLAND, OR 97215 RELATIONSHIP: NONE PURPOSE OF GRANT: RELIGIOUS FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION 1,000. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: WILLAMETTE VALLEY HOSPICE ADDRESS: 1015 3RD ST NW SALEM, OR 97308 **RELATIONSHIP:** NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID .....

HOSPICE CARE FOR TERMINALLY ILL FOUNDATION STATUS OF RECIPIENT:

EXEMPT FOUNDATION

200.

S.A.W. FAMILY FOUNDATION, INC. 20~5926336 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WYCLIFFE BIBLE TRANSLATION ADDRESS: PO BOX 628200 ORLANDO, FL 32862 RELATIONSHIP: NONE PURPOSE OF GRANT: EDUCATION FOUNDATION STATUS OF RECIPIENT: EXEMPT FOUNDATION AMOUNT OF GRANT PAID ..... 400.

TOTAL GRANTS PAID: 9,000.