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

OMB No 1545-0052

2009
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Fo	or ca	lendar	year 2009,	or tax	x year begi	nning			, 2009	, and end	ding			, 20	
G	Che	ck all t	hat apply.		Initial retur	'n		Initial retur	n of a former	public cha	arity			Final return	
					Amended	<u>return</u>		Addr	ess change		. 1	Name cha	ange		
			Name of fou	ındatıo	n							A Employ	yer identifi	cation number	
ι	Jse th	ne IRS													
	lab	el.	LONGWELI	L FA	MILY FO	UNDAT	ION						20-	5970193	
	Other	wise,	Number and	street	t (or P O box	number if r	mail is not	delivered to stre	eet address)	Room/s	uite	B Telephon	e number (see	page 10 of the instructions)	_
	pr	int	C/O AYC	o co	MPANY				•						
_	or t		ро вох 8	860								1	(51	8) 886-4130	
		pecific	City or town		and ZIP cod	de				٠	_	C If exem	ption applica	ition is	$\top$
- 11	nstru	ctions.		,	,								), check here	_	$\dashv$
			SARATOGA	A SE	PRINGS.	NY 12	866							tions, check here	
	Cho	ok type	e of organiza					mpt private	foundation			85%	test, check h	tions meeting the nere and attach	$\neg$
ï	_		4947(a)(1) no			` 1			private founda	ition		com	putation .		
+			et value of all					ethod: X		crual				status was terminated	$\neg$
•								cify)		Ciuai		unders	section 507(b	)(1)(A), check here . P	
		eai (110 ▶ \$	om Part II, coi 2 <b>,</b> 7 .						on cash basis.	<del>-</del>		P -		in a 60-month termination	$\neg$
			ysis of Reve			<u> </u>	column (	d) must be	T Casir Dasis.		-	unders	section 507(b)	(d) Disbursements	
	er t	total o	of amounts in c	column	is (b), (c), an	d (d)		evenue and	(b) Net inv		(	(c) Adjuste		for charitable	•
		may r	not necessarily	equal	I the amounts	s in		enses per oooks	incoi	me		ıncom	е	purposes	
-			nn (a) (see pag					,647,650	1		+			(cash basis only)	—
	1		tions, gifts, grants,		ceived (attach sch tion is <b>not</b> regi			, 047, 030	<del>'1</del>		<del> </del>				
	2	Check ]	attach	Sch B		-			-		<del> </del> -		<del></del>		
	3		t on savings and	-	-			33,32		33,321	╁			A TICIL 2	
	4		nds and intere					33,32.	<u> </u>	33,321.	+-			ATCH 2	
	5 a		rents					<u>.</u>			<del> </del>				
		Net ren	tal income or (lo	ss)					<del>-</del>						
ne	6 a b		n or (loss) from sales price for all		assets not on	line 10					ļ				
e le	_	assets o	on line 6a					-	<del></del>						
Hevenue	7	Capital	I gain net inco	ome (fr	rom Part IV, I	ine 2)				_	-				
ב ב	8		ort-term capita	•							-				
_	9		e modifications ales less returns			-			<del>- </del>	·	-				
# ⇒	IVa		wances								-				
			ost of goods sold								-				
_	С		profit or (loss)							-					
ľ	11		ıncome (attact				1	,680,97		33,321.	<del> </del>				
ğ —	12		Add_lines 1 th				1		) ]	33,321.	1		-		—
2	13		nsation of office						<sup>7</sup> • • • • • • • • • • • • • • • • • • •		ļ				
5 30	14		employee sala								<u> </u>				
Ş	15		on plans, empl								<u> </u>				
<b>Æ</b>			fees (attach sc						ļ			<del>IIVED</del>			
Щ			ntıng fees (att					<del> </del>			10.5				
and Administrative Expenses	С		professional fe					1 7 /	1:	2	<u> </u>	<b>⇔ 2046</b>	)SC		
rat	17	Interes	a ATTAC	HME	ENT 3.			178	1	S AP	R O	7 2010	10		
is	18	Taxes (a	attach schedule)	(see pa	age 14 of the inst	ructions)					<u> </u>		<u> </u>		
Ē	19	Depred	ciation (attach	sche	dule) and de	pletion .			1	0	9	- 1 0 0 -	<del>-</del> 1		
ď	20	Occup	ancy						-						
Þ	21	Travel,	, conferences,	and m	neetings										
ar	22	Printing	g and publicat	tions		📙									
Operating	23	Other	expenses (atta	ach scl	hedule)	L					<u> </u>				
rat	24	Total c	perating and	l admi	nistrative ex	penses.			ı						
be		Add lin	nes 13 through	h 23		L		178		<del> </del>	<u> </u>				
0	25		butions, gifts,					390,35						390,3	
_	26		enses and disbur	_	-			390,529	9.					390,3	351
	27		ct line 26 fron												_
			of revenue over ex			ents	1	,290,442	2 📗					<u></u>	
			vestment inco			Г				33,321.					
			ed net income	•	•	· · ·		_					-0-		_

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 0000 8 3 6 7 4 M B 5 4 C 3/12/2010 11:25:46 AM V 09-4.3

Form **990-PF** (2009)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Balance Sheets description column should be for end-of-year	Beginning of year	<del></del>	End of year		
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
٠.		Cash - non-interest-bearing	85,093.	13,041.	13,041.		
		Savings and temporary cash investments					
	3	Accounts receivable	į				
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶	Ì	]			
	5	Grants receivable					
ı		Receivables due from officers, directors, trustees, and other			ATCH 4		
		disqualified persons (attach schedule) (see page 16 of the instructions)	675.	535.			
		Other notes and loans receivable (attach schedule)					
	•	Less. allowance for doubtful accounts					
ets	8	Inventories for sale or use					
Assets		Prepaid expenses and deferred charges			<del></del>		
۷	10 a	Investments - U S and state government obligations (attach schedule)	1 016 500	1 062 660	2 727 600		
ı		Investments - corporate stock (attach schedule) ATCH 5 .	1,016,500.	1,063,668.	2,727,600.		
	11 °	Investments - corporate bonds (attach schedule).  Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)					
	10	(attach schedule)	-		<del></del>		
		Investments - mortgage loans					
	14	Investments - other (attach schedule)  Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			· · · · · · · · · · · · · · · · · · ·		
		(attach schedule)					
	10	Other assets (describe					
		Total assets (to be completed by all filers - see the	1 100 000	1 077 044	2 740 641		
$\dashv$		Instructions. Also, see page 1, item I)	1,102,268.	1,077,244.	2,740,641.		
		Accounts payable and accrued expenses					
		Grants payable	ı				
es	19	Deferred revenue		<del></del>			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons .					
Liabilities	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	İ				
		Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.					
ş	24	Unrestricted					
2	25	Temporarily restricted					
ala	25						
		Permanently restricted					
Ξ		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► X					
ī			1,101,593.	1,076,709.			
S	27	Capital stock, trust principal, or current funds	1,101,333.	1,070,703.			
š	28	Paid-in or capital surplus, or land, bldg , and equipment fund	675.		T. C. C.		
4SS	29	Retained earnings, accumulated income, endowment, or other funds	6/3.	535.	ATCH 6		
7	30	Total net assets or fund balances (see page 17 of the	1 100 000				
ž		instructions)	1,102,268.	1,077,244.			
	31	Total liabilities and net assets/fund balances (see page 17					
		of the instructions)	1,102,268.	1,077,244.			
Р	art III	Analysis of Changes in Net Assets or Fund E	Balances				
		net assets or fund balances at beginning of year - Part II,		agree with			
	end-c	of-year figure reported on prior year's return)			1,102,268.		
2		and a continue to the David Library 07-	1 _ 1	1,290,442.			
				· · · · · · · · ·   <del>-    </del>			
4	<b>7441</b>	ines 1 2 and 3			2,392,710.		
5	Decr	eases not included in line 2 (itemize) ATTACHI	MENT 7		1,315,466.		
		net assets or fund balances at end of year (line 4 minus lii			1,077,244.		
<u>-</u>	rotal	het assets of fund balances at end of year time 4 minus iii	ne <i>oj -</i> Fart II, Culullini (D),	line 30 6	1,0//,244.		

	Part IV Capital Gains and Losses for Tax on Investment Income								
_		d describe the kind(s) of property sold (		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo , day, yr )			
18	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·						
_	<u> </u>			<u> </u>	ļ				
_	<u> </u>				<del> </del>				
_	<u> </u>								
_6	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini						
_		(or allowable)	plus expense of sale		.,, .,				
	<u>-</u>								
	·								
_	1								
_6	e								
_(	Complete only for assets s	howing gain in column (h) and owr	ned by the foundation on 12/31/69		Gains (Col (h) g				
_	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less to Losses (from co				
_6	<u> </u>				· · · · · · · · · · · · · · · · · · ·				
_	<u> </u>				<del></del>				
	<u> </u>								
	<u></u>								
_6	<u> </u>		gain, also enter in Part I, line 7						
	Capital gain net income or	(net capital loss) {	(loss), enter -0- in Part I, line 7	2					
3		n or (loss) as defined in sections 12 , line 8, column (c) (see pages 13 :							
	<del>-</del>	line 8		3					
•			uced Tax on Net Investment Inc						
If W	section 4940(d)(2) applies,	leave this part blank.	e section 4940(a) tax on net investi outable amount of any year in the b		_	] Yes X No			
		<del></del> :	; see page 18 of the instructions be	efore mal	ung any entries	<del></del>			
÷	(a)	(b)	(c)	(d)					
(	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by				
	2008	1,109,357.	1,929,409.			0.574972			
	2007	736,139.	2,518,386.			0.292306			
_	2006	0.	207,815.			0.000000			
_	2005		<u> </u>						
_	2004				<del>-</del>				
2	Total of line 1, column (d)	Valangan sa		2		0.867278			
3	•	for the 5-year base period - divide dation has been in existence if less	-	3		0.289093			
4	Enter the net value of nor	4	1	,371,654.					
5	5 Multiply line 4 by line 3					396,536.			
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6	· <u>-</u> - <u>-</u> -	333.			
7	Add lines 5 and 6			7		396,869.			
8	Enter qualifying distribution If line 8 is equal to or group Part VI instructions on page		n Part VI, line 1b, and complete t			390,351. x rate. See the			

Page	4

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ins	tructio	ons)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1						
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		6	66.			
	here and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		_				
3	Add lines 1 and 2			66.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		6	66.			
6	Credits/Payments:						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 532 .						
b	Exempt foreign organizations-tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6c 0.						
	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d			32.			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			2.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	.36.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11						
Par	t VII-A Statements Regarding Activities						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No			
	participate or intervene in any political campaign?	. <u>1a</u>		_X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						
	of the instructions for definition)?	. <u>1b</u>		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities.						
С	Did the foundation file Form 1120-POL for this year?	1c		X			
d							
	(1) On the foundation  \$\Bigs\\$	ŀ					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers. ▶ \$	1					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2_		X			
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X_			
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5	ļ	X			
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or	Ì					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	j	.,				
	conflict with the state law remain in the governing instrument?		X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			<u>-</u>			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $ ightharpoonup^{TX}$						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. <u>8b</u>	X				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page						
	27)? If "Yes," complete Part XIV	. 9_	<u> </u>	X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		1	,,			
	names and addresses	10		X			

4a

Х

X

of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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

Form 990-PF (2009)		20-597	0193		Page <b>6</b>
Part VII-B Statements Regarding Activities for	or Which Form 4				, ago <b>c</b>
5a During the year did the foundation pay or incur any amou.  (1) Carry on propaganda, or otherwise attempt to influer  (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or ot  (4) Provide a grant to an organization other than a char section 509(a)(1), (2), or (3), or section 4940(d)(2)?	int to nce legislation (section (see section 4955), her similar purposes? itable, etc., organizati	n 4945(e))? or to carry on,	Yes X N Yes X N Yes X N	0	
<ul> <li>(5) Provide for any purpose other than religious, charita purposes, or for the prevention of cruelty to children of any answer is "Yes" to 5a(1)-(5), did any of the trans Regulations section 53.4945 or in a current notice regard</li> </ul>	ble, scientific, literary, or animals? actions fail to qualif ding disaster assistan	or educational y under the exceptions ce (see page 22 of the	Yes X N s described in instructions)?	0	х
Organizations relying on a current notice regarding disas  c If the answer is "Yes" to question 5a(4), does the foundabecause it maintained expenditure responsibility for the g  If "Yes," attach the statement required by Regulations sec	ation claim exemption	from the tax		0	
<ul> <li>6a Did the foundation, during the year, receive any funds, of on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly "Yes" to 6b, file Form 8870.</li> </ul>			Yes X N	o 6b	х
7a At any time during the tax year, was the foundation a pa b If yes, did the foundation receive any proceeds or have a					X
Part VIII Information About Officers, Directors and Contractors  1 List all officers, directors, trustees, foundation m	, Trustees, Four	idation Managers,	Highly Paid Emp	loyees,	
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
ATTACHMENT 8		0.	-0-	-	0-
			<del></del>		
2 Compensation of five highest-paid employees (ot If none, enter "NONE."	ner than those inc	cluded on line 1 - se		tructions).	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other allo	
NONE					
Total number of other employees paid over \$50,000 .					<u>.                                     </u>

NONE

3 NONE

Total. Add lines 1 through 3.

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

P	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	1,372,650.
þ	Average of monthly cash balances	1b	19,892.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	1,392,542.
е	Heduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	1,392,542.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	20,888.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,371,654.
6_	Minimum investment return. Enter 5% of line 5	6	68,583.
Pa	The private art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this just the private instructions and certain foreign organizations.		
1	Minimum investment return from Part X, line 6	1	68,583.
2 a			
b		]	
С		2c	666.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	67,917.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	67,917.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<del></del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	67,917.
P	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	390,351.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	390,351.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	390,351.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years.	whether the fo	oundation

2 Intertament incree, if any, as of the end of 2009	řε	Tt XIII Undistributed Income (see page	26 of the instruction	ns)		<del></del>
1.00   1.00			(a)		(c)	(d)
2 Intertament incree, if any, as of the end of 2009	1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
2 Undarbetined income, if way, as of the eart of 2009 2 Enter amount for 2008 only 3 Excess distributions carriever, if any, to 2009: 3 From 2004 4 From 2006 5 From 2006 6 From 2007 7 (507, 551. 4 From 2008 7 From 2008 7 From 2008 7 From 2008 8 From 2008 1 Total of lines 3a through e 7 Undarbetined subtribution for 2009 from Part XII, line 4: ▶ \$ 390, 351. 3 Applied to 2008, but not more than line 2a. 4 Applied to undistributed income of pror years (Election required - see page 26 of the instructions). 5 Excess distributions carryever applied to 2009. 6 If an amount appears in column (a), the same amount must be shown in column (a). 5 Excess distributions carryever applied to 2009. 6 If an amount appears in column (a). 6 Enter the national comme. Subtract line 5 Pror years "undistributed income for which a notice of deficiency has been sized, or on which the section 4942(a) tax has been previously assessed. 6 Subtract line 6 from line 6b. Taxable amount - see page 27 of the instructions. 7 Amounts treated as distributions or or which the section of 4942(a) tax has been previously assessed. 7 Undistributed income for 2009. Subtract line 6 Subtract		line 7				67,917.
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1 Total of lines 3a through e		From 2008 1,016,823.				
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 390, 351.  a Applied to 2008, but not more than line 2a. b Applied to undistributed income of prior years (Electron required - see page 26 of the instructions).  c Treated as distributions out of corpus (Electron required - see page 26 of the instructions).  d Applied to 2009 distributable amount .  Flemaining amount distributed out of corpus .  Excess distributions carryover applied to 2009 .  iff an amount appears in column (g), the same amount must be shown in column (a).  Enter the net total of each column as inclinated below.  C Enter the net total of each column as inclinated below.  C Enter the mount of prior years undistributed income. Subtract line 45 from line 25.  E Prior which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.  d Subtract line 6c from line 8b. Tasable amount - see page 27 of the instructions.  Undistributed income for 2009. Subtract lines 4 from line 2a. Tasable amount - see page 27 of the instructions.  I Undistributed income for 2009. Subtract lines 4 from line 2a. Tasable amount - see page 27 of the instructions.  I Undistributed income for 2009. Subtract lines 4 d from line 2a. Tasable amount - see page 27 of the instructions.  I Undistributed income for 2009. Subtract lines 4 d and 5 from line 1. This amount must be distributed in 2010.  Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(g) (see page 27 of the instructions into 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruction line 5 or line 7 (see page 27 of the instruc			1.624.374.			
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Subtract lines 7 and 8 from line 6a	9					
10 Analysis of line 9:  a Excess from 2005  b Excess from 2006  c Excess from 2007	-	-	1,946,808.	_		
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- Labore nem Leve , , ,   T== / TT T1	e	Excess from 2009 322, 434.				

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	e instructions and Pa	ort VII-A, question 9)	NOT APPLICABL			
1 a									
	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling								
b	Check box to indicate wh					)(3) or 4942(J)(5)			
2-		Tax year		Prior 3 years	<del>`</del>				
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total			
	I or the minimum investment return from Part X for each year listed		(-),	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	85% of line 2a			_					
С	Qualifying distributions from Part								
	XII, line 4 for each year listed .								
đ	Amounts included in line 2c not used directly for active conduct of exempt activities								
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the alternative test relied upon								
а	"Assets" alternative test - enter								
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>								
	under section 4942(j)(3)(B)(i)								
b	"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								
	(4) Gross investment income					<u> </u>			
Pa	at any time o	during the year - se	e page 28 of the ir	nstructions.)	ation had \$5,000	or more in assets			
1	Information Regarding			45 00/ -5 45 4-4	.1				
а	List any managers of before the close of any	tax year (but only if th	nave contributed most	more than \$5,000) (S	See section 507(d)(2).)	ed by the foundation			
		NORMA LONGWELL				· · · · · · · · · · · · · · · · · · ·			
b	List any managers of ownership of a partner					large portion of the			
_	N/A			· · · · · · · · · · · · · · · · · · ·					
2	Information Regarding	•		-					
	Check here ► X if t unsolicited requests forganizations under ot	or funds If the foun	dation makes gifts,	grants, etc. (see page	itable organizations a e 28 of the instruction	and does not accept ons) to individuals or			
а	The name, address, a	nd telephone number	of the person to who	m applications should t	oe addressed	<del></del>			
b	The form in which app	lications should be sul	bmitted and informat	ion and materials they	should include:				
С	Any submission deadli	nes:							
d	Any restrictions or lifactors:	mitations on awards,	such as by geogr	aphical areas, charita	able fields, kınds of	institutions, or other			

Form 990-PF (2009)			20-5970193	Page 11
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACIMENT O		<u> </u>		
ATTACHMENT 9				
		1		
		1		
		1		
	l			390,351.
Total	· · · · · · · · · · · · · · · · · · ·	<del></del>	▶ 3a	390,331.
<b>b</b> Approved for future payment				
	,			
T.1.1		<u> </u>	<b>N</b> At	
Total	<u> </u>		<u> ▶ 3b</u>	1

Part XV	I-A Analysis of Income-Produ	ıcing Activ	vities			
	s amounts unless otherwise indicated	1	ated business income (b)		y section 512, 513, or 514 (d)	(e) Related or exempt function income
•	m service revenue:	Business code	Amount	(c) Exclusion code		(See page 28 of the instructions.)
	<u>-</u>	i		<del> </del>		<del> </del>
				<del> </del>		
				ļ <u>-</u>		
d						
e				<u> </u>		<del></del>
f				<u> </u>		· · · · · · · · · · · · · · · · · · ·
	es and contracts from government agencies			ļ		
	ership dues and assessments					
	on savings and temporary cash investments		<u> </u>	14	33,321.	<u> </u>
	ds and interest from securities	-		14	33,321.	
	ital income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·	-		
	bt-financed property			<u> </u>		
	t debt-financed property		<u> </u>			-
	al income or (loss) from personal property .			ļ		
	nvestment income			<u> </u>		
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events			ļ		
	profit or (loss) from sales of inventory	ļ		<u> </u>		
11 Other re	evenue. a			ļ <u></u>		
ь						
c			· ·			
d						<del></del>
e					22.221	
	al Add columns (b), (d), and (e)			<u> </u>	33,321.	22 221
	Add line 12, columns (b), (d), and (e)				13	33,321.
	sheet in line 13 instructions on page 28  Relationship of Activities					
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions.)					
			····			<del></del>
			·			<del></del>
-		-				
		_				
				·		
					, -	
			NOT APPLICABL	E	· · · · · · · · · · · · · · · · · · ·	
			<del></del>		· · · · · · · · · · · · · · · · · · ·	
						<del></del>
	<del> </del>					
	<del> </del>					
	<del> </del>			<del></del>	<del></del>	
	<del>                                     </del>	-				
					· · · · · · · · · · · · · · · · · · ·	
					<del></del>	- <u>-</u>
	<del> </del>					

orm	990-PF	(2009)					20-5970193		Pa	age <b>13</b>
Ра	rt XVII	Information Exempt Orga		ransfers To an	d Transac	ctions	and Relationships With	Nonc		
1	ın se	ction 501(c) of the C	ode (other than	section 501(c)(3)	organizations)	y with a	any other organization described section 527, relating to politica	1 -	Yes	No
а		zations? fers from the reporting f								
										X
		transactions:						. 1a(2)		<u> </u>
Ü			haritable evennt o	raanization				16/1)		х
										X
										Х
										Х
										Х
										Х
С									<u>L</u>	X
d				•	-		Column (b) should always sho			
	value	of the goods, other	assets, or serv	ices given by the	reporting for	undation.	If the foundation received les	s than	fair i	narke
	value	in any transaction o	r sharing arrang	gement, show in co	olumn (d) th	e value	of the goods, other assets, o	r servic	es red	eived
(a)	Line no	(b) Amount involved	(c) Name of r	noncharitable exempt org	anization	(d) Des	cription of transfers, transactions, and si	naring arra	ingeme	nts
		N/A				N/A				
			<del> </del>				·			
			<del></del>	<del>-</del>						
					-					
	-									
				•						
			L			_				
	sectio	<ul> <li>foundation directly or n 501(c) of the Code (ot s," complete the followin</li> </ul>	her than section 5			ore tax-	exempt organizations described in		es 🔼	No
		(a) Name of organizatio	n	(b) Type of c	organization		(c) Description of relation	nship		
		<del> </del>					<del></del>			
_										
								·		
	Under belief,	penalties of perjury, I decit is true, correct, and com	lare that I have example to Declaration of	amined this return, inclust preparer (other than to	iding accompar axpayer or fidu	Trying sche clary) is be $3/2$	dules and statements, and to the best ased on all information of which prepared in the prepare	of my k rer has a	nowled ny kno	ge and wledge
<u>e</u>	₹ Si	gnature of officer of truptee			<u> </u>	Date	Title			
Sign Here				2	Date		Check if Preparer number	See Sign	áture o	
<u>.</u>	Paid Preparer's Use Only	Preparer's signature			3/12	مالا	self-employed PL page 30 c	of the insti 91143		)
ا ری	Paid Preparer's Use Only	Firm's name (or yours if	THE AY	CO COMPANY,	LP	1· <u> </u>	EIN ▶ 33-118			
	يَّ يَ	self-employed), address	PO BOX							

Phone no. 518-886-4130

12866

NY

and ZIP code

self-employed), address,

SARATOGA SPRINGS,

# Schedule B

· (Form 990, 990-EZ,

**Schedule of Contributors** 

OMB No 1545-0047

or 990-PF) Department of the Treasury

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

nternal Revenue Service	
Name of the organization	Employer identification number
LONGWELL FAMILY FOUNDATION	
	20-5970193
Organization type (check one):	

Organization type (check one	
	):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor Complete Parts I and II.
Special Rules	
For a section 501(c) sections 509(a)(1) a	)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and
For a section 501(c) sections 509(a)(1) a of (1) \$5,000 or (2) II  For a section 501(c) the year, aggregate	and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater

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).

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)

LONGWELL FAMILY FOUNDATION Name of organization

Employer identification number 20-5970193

Page\_

Part   Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARRY AND NORMA LONGWELL  C/O AYCO COMPANY, PO BOX 860  SARATOGA SPRINGS, NY 12866	_ \$275,000. 	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HARRY LONGWELL  THE AYCO COMPANY, PO BOX 860  SARATOGA SPRINGS, NY 12866	\$1,372,650.	Person X Payroll X Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ _	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization LONGWELL FAMILY FOUNDATION

Employer identification number

<b>4</b> 011111	····	,,,,,,,	ч	~~
20	-50	70	1 9	3

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	20,000 SHARES OF XOM		VARIOUS
(a) Na		<b>\$</b> \$.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Ψ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) - Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

(Rev August 2008)

**Disclosure Statement** 

Do not use this form to disclose items or positions that are contrary to Treasury regulations. Instead, use Form 8275-R, Regulation Disclosure Statement.

See separate instructions.

► Attach to your tax return.

OMB No 1545-0889

Attachment Sequence No 92

Department of the Treasury Internal Revenue Service Name(s) shown on return

LONGWELL FAMILY FOUNDATION

Identifying number shown on return 20-5970193

(a) Rev. Rul., Rev. Proc., etc.	(b) Item or Group of Items	(c) Detailed Description of Items	(d) Form or Schedule	(e) Line No.	(f) Amount
A	SELFDEALING	BENEFITS RECEIVED BY DISQUALIFIED PERSON	VII-B	1A(4)	1,225
t II Detailed Expla	nation (see instru	ctions)	<u> </u>	<u> </u>	·
EE PART IV					
III Information Abresidual interes		h Entity. To be completed by partner	s, sharehold	lers, benefic	laries, or
residual interes	st holders.	h Entity. To be completed by partner		lers, benefic	laries, or
residual interes	st holders.  you are making ad  ty is a partnership, S	equate disclosure for a pass-through ite	m.		
residual interes  plete this part only if  : A pass-through entre  trust (REIT), or real e	st holders. you are making ad ty is a partnership, S estate mortgage inve	equate disclosure for a pass-through ite S corporation, estate, trust, regulated invest estment conduit (REMIC).	m. tment compar	ny (RIC), real	estate investment
residual interes  plete this part only if  : A pass-through entre  trust (REIT), or real e	st holders. you are making ad ty is a partnership, S estate mortgage inve	equate disclosure for a pass-through ite S corporation, estate, trust, regulated invest estment conduit (REMIC).	m.  stment compar  umber of pass  pass-through	n <i>y (RIC), real o</i> s-through ent	estate investment
residual interes plete this part only if : A pass-through entit	st holders. you are making ad ty is a partnership, S estate mortgage inve	equate disclosure for a pass-through ite  S corporation, estate, trust, regulated investment conduit (REMIC).  Igh entity  2 Identifying n  3 Tax year of	m.  stment compar  umber of pass  pass-through  to	ny (RIC), real o s-through ent	estate investment

For Paperwork Reduction Act Notice, see separate instructions.

Form **8275** (Rev 8-2008)

Part IV Explanations (continued from Parts I and/or II)
· DURING 2008, A DONATION IN THE AMOUNT OF \$25,000 WAS MADE TO CATHOLIC
CHARITIES BY THE LONGWELL FAMILY FOUNDATION. AS A RESULT, DISQUALIFIED
PERSONS RECEIVED GOODS AND SERVICES. OF THE TOTAL DONATION AMOUNT, THE
GOOD FAITH ESTIMATE OF THE FAIR MARKET VALUE OF PERSONAL BENEFITS
RECEIVED BY DISQUALIFIED PERSONS EQUALED \$690. EXCISE TAX ON SELF
DEALING HAS BEEN PAID ON THE REPORTED GOOD FAITH MARKET ESTIMATE OF
THE FAIR VALUE OF THE RECEIVED BENEFIT, AND THE DISQUALIFIED PERSON
HAS REIMBURSED THE LONGWELL FAMILY FOUNDATION FOR THIS AMOUNT PLUS
INTEREST. THE 990-PF RETURN TO WHICH THIS DISCLOSURE IS ATTACHED
REFLECTS THE POSITION THAT THE BALANCE OF THE DONATION, IN THE AMOUNT
OF \$24,310, DOES NOT CONSTITUTE SELF DEALING BY THE DISQUALIFIED
PERSONS.
DURING 2009, A DONATION IN THE AMOUNT OF \$5,000 WAS MADE TO VITAE
CARING BY THE LONGWELL FAMILY FOUNDATION. AS A RESULT, DISQUALIFIED
PERSONS RECEIVED GOODS AND SERVICES. OF THE TOTAL DONATION AMOUNT, THE
GOOD FAITH ESTIMATE OF THE FAIR MARKET VALUE OF PERSONAL BENEFITS
RECEIVED BY DISQUALIFIED PERSONS EQUALED \$535. EXCISE TAX ON SELF
DEALING HAS BEEN PAID ON THE REPORTED GOOD FAITH MARKET ESTIMATE OF
THE FAIR VALUE OF THE RECEIVED BENEFIT, AND THE DISQUALIFIED PERSON
HAS REIMBURSED THE LONGWELL FAMILY FOUNDATION FOR THIS AMOUNT PLUS
INTEREST. THE 990-PF RETURN TO WHICH THIS DISCLOSURE IS ATTACHED
REFLECTS THE POSITION THAT THE BALANCE OF THE DONATION, IN THE AMOUNT
OF \$4,465, DOES NOT CONSTITUTE SELF DEALING BY THE DISQUALIFIED
PERSONS.

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

NET INVESTMENT	INCOME	33,200. 121.
REVENUE AND EXPENSES		33,200.
	DESCRIPTION	SMITH BARNEY DIVIDENDS SMITH BARNEY INTEREST

TOTAL

ATTACHMENT 2

FORM 990PF, PART I - INTEREST EXPENSE

REVENUE

AND

EXPENSES

PER BOOKS

MARGIN LOAN INTEREST

DESCRIPTION

178.

TOTALS

178.

# FORM 990PF, PART II - RECEIVABLES DUE FROM OFFICERS, ETC.

BORROWER: HARRY LONGWELL

ORIGINAL AMOUNT:

INTEREST RATE:

675. 2.510000

DATE OF NOTE:

01/01/2008

MATURITY DATE:

03/31/2009

PURPOSE OF LOAN:

INADVERTANT PAYMENT OF PERSONAL ITEMS

BEGINNING BALANCE DUE .....

675.

BORROWER: HARRY LONGWELL

ORIGINAL AMOUNT:

535.

INTEREST RATE:

0.720000

DATE OF NOTE:

03/01/2009 03/31/2010

MATURITY DATE: PURPOSE OF LOAN:

INADVERTANT PAYMENT OF PERSONAL ITEMS

ENDING BALANCE DUE .....

535.

TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC.

<u>675.</u>

TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC.

535.

- CORPORATE STOCK

PART II

FORM 990PF,

19880603F1

ATTACHMENT 5

BOOK VALUE ENDING

ENDING FMV

2,727,600.

INVESTMENTS - EXXON MOBIL

DESCRIPTION

1,063,668.

TOTALS

1,063,668.

2,727,600.

LONGWELL FAMILY FOUNDATION	20-5970193
FORM 990PF, PART II - OTHER FUNDS	ATTACHMENT 6
DESCRIPTION	ENDING BOOK VALUE

TOTALS

NOTES RECEIVABLE

535.

535.

# FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

APPRECIATION OVER DONORS COST OF STOCKS CONTRIBUTED INTO THE FOUNDATION

1,315,466.

TOTAL

1,315,466.

FORM 990PF, PART VIII - LIST OF OFFICERS,	CERS, DIRECTORS, AND TRUSTEES	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
HARRY LONGWELL C/O AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	TRUSTEE 0.00	Ċ
NORMA LONGWELL C/O AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	TRUSTEE 0.00	Ö
HARRY LONGWELL, III C/O AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	TRUSTEE 0.00	Ö
PAXTON JOHN LONGWELL C/O AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	TRUSTEE 0.00	.0
GARETT JOHN LONGWELL C/O AYCO COMPANY PO BOX 860 SARATOGA SPRINGS, NY 12866	TRUSTEE 0.00	.0

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

ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

COMPENSATION

SARATOGA SPRINGS, NY 12866 BRENT JOHN LONGWELL C/O AYCO COMPANY PO BOX 860

00.00 TRUSTEE

0

GRAND TOTALS

ATTACHMENT

ω

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CATHOLIC CHARITIES OF DALLAS 3725 BLACKBURN STREET DALLAS, TX 75219	NONE 501(C)(3)	COMMUNITY	55,486
UNIVERSITY OF MT FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE 501(C)(3)	EDUCATION	25,000
VITAE CARING FOUNDATION 1731 SOUTHRIDGE DR STE D JEFFERSON CTY, MO 65109	NONE 501(C)(3)	COMMUNITY	4,465
THE HIGHLANDS SCHOOL 1451 EAST NORTHGATE DR IRVING, TX 75062	NONE 501(C)(3)	EDUCATION	10,000
ORDER OF THE MALTA FEDERAL ASSOCIATION 1700 M STREET, NW SUITE 403 WASHINGTON, DC 20036	NONE 501(C)(3)	COMMUNITY .	10,000.
NATIONAL CENTER FOR POLICY ANALYSIS 12770 COIT ROAD, SUITE 800 DALLAS, TX 75251	NONE 501(C)(3)	COMMUNITY	16,000.
INCARNATE WORD ACADEMY FOUNDATION 2910 S ALAMEDA ST CORPUS CHRISTI, TX 78404	NONE 501(C)(3)	EDUCATION	50,000
AIS USA FOUNDATION PO BOX 4332 ITHACA, NY 14852	NONE 501(C)(3)	EDUCATION	15,000

11 25-46 AM

19880603F1

ATTACHMENT 9 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHRIST THE KING CATHOLIC CHURCH 8017 PRESTON ROAD DALLAS, TX 75225	NONE 501(C)(3)	COMMUNITY	22,500
JESUITS OF THE NEW ORLEANS PROVINCE 710 BARONNE SI, STE B NEW ORLEANS, LA 70113	NONE 501(C)(3)	COMMUNITY	16,900
ST VINCENT DE PAUL 3052 W NORTHWEST HWY DALLAS, TX 75220	NONE 501(C)(3)	COMMUNITY	10,000
UNITED WAY OF DALLAS 1800 N. LAMAR DALLAS, TX 75202	NONE 501(C)(3)	COMMUNITY	15,000.
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT 701 ELM STREET, SUITE 700 DALLAS, TX 75202	NONE 501 (C) (3)	EDUCATION	2,000
INTERFAITH CARE PARTNERS 701 N. POST OAK RD., STE. 330 HOUSTON, TX 77024	NONE 501 (C)(3)	COMMUNITY	5,000.
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER P O BOX 301439 HOUSTON, TX 77230-1439	NONE 501 (C) (3)	COMMUNITY	125,000
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840-2811	NONE 501 (C) (3)	EDUCATION	2,000

TOTAL CONTRIBUTIONS PAID

390,351.

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UNDERPAYMENT BEG.DATE END DATE DAYS % PENALTY

QUARTER 4, RATE PERIOD 1 (12/15/2009 - 05/15/2010)

134. 12/15/2009 05/15/2010 151 4 TOTAL TO FORM 2220, LINE 22, COLUMN D