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Form **990-PF**

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0052

For caler	ndar year 2009, or ta	x year beginning		, and ending	9		
G Check	k all that apply:	Initial return		ormer public charit	`	Fınal retur	n
		Amended return	, Address char	nge		Name change	
Use the		ation			ľ	A Employer identificatio	n number
label		OUNDATION			į	23-725079	5
Otherwi print		t (or P O box number if mail is not	delivered to street address)	Roo	m/suite	B Telephone number	<u> </u>
or type	•		,			(251)952-	5357
See Spe	a:s:a	ate, and ZIP code	·····			C If exemption application is	
Instructi	ons. SUMMERD		0			D 1. Foreign organization	
H Check	k type of organization		exempt private foundation			Foreign organizations mechack here and attach of the control	
		exempt charitable trust	Other taxable private found	lation			
	arket value of all asse		nting method: X Cash	Accrual		E If private foundation st under section 507(b)(
(from	Part II, col. (c), line	· / —	Other (specify)			F If the foundation is in a	
\$		470,290. (Part I, co.		basis)		under section 507(b)(
Part I	Analysis of Reven	ue and Expenses	(a) Revenue and	(b) Net investi	ment	(c) Adjusted net	(d) Disbursements
		in columns (b), (c), and (d) may not amounts in column (a))	expenses per books	income		income	for charitable purposes (cash basis only)
1	Contributions, gifts,	grants, etc., received				N/A	
2	-	undation is not required to attach Sch. B.					
3	Interest on savings and cash investments	temporary	951.		951.		STATEMENT 2
4	Dividends and intere	est from securities	477,357.	47,	735.		STATEMENT 3
- 5a	Gross rents- —						
b	Net rental income or (lo	ss)					
<u>o</u> 6a		sale of assets not on line 10	322,534.				STATEMENT 1
티	Gross sales price for all assets on line 6a						
Revenue 2	Capital gain net income			19,	551.		
- 6	Net short-term capt						
9	Acome prodification Gross sales less returne and allowances	18,		 -			
1 1 1							
	Less Cost of God 946 Gross profit or (loss	n					
111	Other income	RS S	13,265.	12	265.		STATEMENT 4
12	TOTAL ACTION BY 1 th	echilah 11	814,107.		502.		PINIEMENI 4
13		rs, directors, trustees, etc	36,000.	017	0.		36,000.
14	Other employee sala	•	30,000				30/0001
15	Pension plans, emp						
1A	Legal fees	,					
	Accounting fees	STMT 5	53,440.	26,	720.		26,720.
器。	Other professional f	ees STMT 6	125,831.				0.
C 9 17	Interest						
व्हूं 18	Taxes						
SCANNED MON 3.3 reference Scanner of the second sec	Depreciation and de	pletion					
⋛ 20	Occupancy						
Z 21	Travel, conferences	•					
<u>C</u> € 22	Printing and publica					·	
	Other expenses	STMT 7	56,006.	17,	768.		38,238.
≥ E 24	Total operating and		051 055	450			100 050
<u> </u>	expenses. Add lines		271,277.	170,	319.		100,958.
	Contributions, gifts,		878,100.	 			878,100.
26	Total expenses and		1 1/0 277	170	210		070 050
-	Add lines 24 and 25 Subtract line 26 from		1,149,377.	· 170,	313.		979,058.
- 1			<335,270.	L			
		expenses and disbursements Ome (if negative, enter -0-)	<333,470.	 	0.		
	Adjusted net incom				<u> </u>	N/A	
		- ,					

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick wa	(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.)			[`P-	low acquired - Purchase - Donation	1 10) Date acquired mo., day, yr.)) Date sold o., day, yr.)
1a MATRIX					P	V	ARIOUS	VA	RIOUS
b CAPITAL GAINS	DIVIDENDS				-				
C									
d			·			_ _			
e						L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale				(h) Gain or (le (e) plus (f) min		
a 2,233,684.			2,233,68	4.					0
ь 19,551.	<u> </u>		·						19,551
C						_			
d									
е									
Complete only for assets showing	ig gain in column (h) and owned l	by the foundation	on 12/31/69			(I) G	ains (Col. (h) g	ain minus	
(:) F M V as of 19/91/60	(j) Adjusted basis		cess of col. (1)	ĺ		col. (k), but not less osses (from c	than -0-) c	r
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any				.05565 (110111 6	UI. (11 <i>))</i>	
a									0
b									<u>19,551</u>
С									
d									
e					•				
	C If gain, also er	nter in Part I. line	7	_ _					
- Capital gain net income or (net ca	ipital loss) If (loss), enter	nter in Part I, line r -0- in Part I, line	· 7	}	2			-	19,551
Net short-term capital gain or (los				' [
If gain, also enter in Part I, line 8,		y and (o).		1					
	· · · · · · · · · · · · · · · · · · ·			PI	ŀ				
If (loss), enter -0- in Part I, line 8					3		N,	<u>/ A</u>	
Part V Qualification U For optional use by domestic private	•					Inco		/ <u>A</u>	
Part V Qualification U For optional use by domestic private f section 4940(d)(2) applies, leave to Vas the foundation liable for the sec	e foundations subject to the section his part blank. tion 4942 tax on the distributable	on 4940(a) tax on	net investment in	ncome		Inco			Yes X No
Part V Qualification U For optional use by domestic private f section 4940(d)(2) applies, leave to Vas the foundation liable for the sec f Yes,* the foundation does not qual	e foundations subject to the section his part blank. tion 4942 tax on the distributable	on 4940(a) tax on e amount of any ye t complete this pa	net investment in ear in the base pei irt.	ncome		Inco			Yes X No
Part V Qualification U For optional use by domestic private f section 4940(d)(2) applies, leave to Was the foundation liable for the sec f *Yes,* the foundation does not qual Enter the appropriate amount in (a)	e foundations subject to the section his part blank. Ition 4942 tax on the distributable lify under section 4940(e). Do not each column for each year; see in (b)	on 4940(a) tax on a amount of any ye t complete this pa nstructions before	net investment in ear in the base pei irt. making any entri	riod? es. (c)	.)		me	(d)	
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_	SNOCK FOUNDATION	10(1) 4040(-) 4	<u> 23-725</u>	0/95	<u> </u>	age 4
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 494		948 - see	Instru	ictioi	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" or	Į.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see	- 1				_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here \[\bigcap \bigcap \bigcap \] and	enter 1%	1			0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, lin					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	-0-)	2		-	<u> </u>
_	Add lines 1 and 2	2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter	-0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	Ì	5			<u> </u>
6	Credits/Payments: 2009 estimated tax payments and 2008 overpayment credited to 2009 6a		l			
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld Tetal arodita and sourcests. Add less for through 5d.		,			0
	Total credits and payments. Add lines 6a through 6d		7			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached		8		_	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10		Defined and	10			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax art VII-A Statements Regarding Activities	Refunded -	11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t it participate or intervene	ın		Yes	No
10	any political campaign?	i it participate or intervene	111	1a		X
	 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see insi 	tructions for definition\2		1b	 	X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of			- 10		
	distributed by the foundation in connection with the activities.	any materials published	J 01)
	Did the foundation file Form 1120-POL for this year?			1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			16	-	
u	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$	0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp			- 1	•	
-	managers. > \$ 0 •	Josed on touridation				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	ļ	х
-	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 in	г			
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	artiolog of incorporation, o		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	_	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-1,	5	_	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:			İ	}	
-	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	1		
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)]]	
	AL			-		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen	neral (or designate)		·	}	
	of each state as required by General Instruction G? If "No," attach explanation	. 5,		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942((j)(3) or 4942(j)(5) for cale	ndar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete P			9		_x_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			10		Х

Form **990-PF** (2009)

_	1 990-PF (2009) SNOOK FOUNDATION 23-7250	7 <u>95</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	- 1	- }	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MARJORIE SNOOK Telephone no. ► 251-95	2-58	312	
	Located at ▶12955 HIGHWAY 55, FOLEY, ALABAMA ZIP+4 ▶36	536		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	- 1	l	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	- 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ļ		
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	.		
·	before the first day of the tax year beginning in 2009?	10		х
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	-10		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2009?			
	If "Yes," list the years > , , ,			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ŀ		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2ь		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
C				
	Did the foundation hold more than a 20% direct as adjusted interest in any business anterest as any time.			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	- · ·			
2	o If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X_
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			3.5
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b _		<u>X</u>

4b X Form **990-PF** (2009)

Form 990-PF (2009) SNOOK FOUNDATION			<u>23-72507</u>	95 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instruors). If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? 	or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or educational purposes, or indirectly of educational purposes, or indirectly of educations described indirectly of educations.	ectly, Ye Ye Ye or Ye on Regulations		5b
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	C Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	<i>'</i>	
1 List all officers, directors, trustees, foundation managers and their		1	(-1) 0	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans – and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Table number of other ampleuess and our CCC 000	L			
Total number of other employees paid over \$50,000				0

orm 990-PF (2009) SNOOK FOUNDATION		250795 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
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		
	1	
	1	
	1	
	1	
	1	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	Expenses
DEVELOPMENT, CONSTRUCTION, AND MAINTENANCE OF	THE SNOOK	
FOUNDATION TELEPHONE MUSEUM		
		185,473.
2		
	<u> </u>	 -
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lir	ies 1 and 2.	Amount
All other program-related investments. See instructions.		
3 <u>N/A</u>		
		•
		0.

Total. Add lines 1 through 3

	art A withinful investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see 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	24,915,303.
b	Average of monthly cash balances	1b	24,915,303. 95,436.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	25,010,739.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	25,010,739.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	375,161.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,635,578.
6	Minimum investment return. Enter 5% of line 5	6	1,231,779.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	-
1	Minimum investment return from Part X, line 6	1	1,231,779.
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	1,231,779.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,231,779.
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	1,231,779.
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	979,058.
þ	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	185,473.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,164,531.
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	1,164,531.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7		·	.,	1,231,779.
2 Undistributed income, if any, as of the end of 2009	-			
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007 398,170.				
e From 2008 480,049.				
f Total of lines 3a through e	878,219.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: \triangleright \$ 1,164,531.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
and Applied to 2009 distributable amount —				1,164,531.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	67,248.			67,248.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	810,971.			
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	7.	<u>U•</u>		· · · · · · · · · · · · · · · · · · ·
amount - see instructions		0.	1	
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				-
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004		·		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.		=1		··· ·-
Subtract lines 7 and 8 from line 6a	810,971.			
O Analysis of line 9:				· :
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 330,922.	İ			
d Excess from 2008 480,049.				
e Excess from 2009		<u> </u>		
· · · · · · · · · · · · · · · · · · ·				Form 990-PE (2000)

	OOK FOUNDATION			23-72	50795 Page 10
Part XIV Private Ope	rating Foundations (see I	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has receive	ed a ruling or determination letter th	at it is a private operating			
foundation, and the ruling is	effective for 2009, enter the date of	f the ruling	•		
b Check box to indicate wheth	er the found <u>ation is a private opera</u> t	ting foundation described	in section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjust	ted net Tax year		Prior 3 years		
income from Part I or the mi	4 1 0000	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part	·····		}		
each year listed	X 101				
b 85% of line 2a	-			-	
	Dart VII	 			
c Qualifying distributions from	TPatt All,				
line 4 for each year listed					
d Amounts included in line 2c					
used directly for active cond	luct of				
exempt activities		 -			
e Qualifying distributions mad	· 1		•		
for active conduct of exemp	t activities.				
Subtract line 2d from line 2d	;				
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - ent	ter:				
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3					
b "Endowment" alternative test	// //				
2/3 of minimum investment					
shown in Part X, line 6 for ea	ach year				
- Isted	 		 		<u>-</u>
c "Support" alternative test - ei	i				
(1) Total support other than					
investment income (inte dividends, rents, payme					
securities loans (section					
512(a)(5)), or royalties))				
(2) Support from general p	ublic				
and 5 or more exempt organizations as provid	ed in				
section 4942(j)(3)(B)(III	i)				
(3) Largest amount of supp	port from				
an exempt organization					
(4) Gross investment incom					
	tary Information (Compl	ete this part only	if the foundatio	n had \$5,000 or me	ore in assets
at any time	during the year-see the	instructions.)			
1 Information Regarding	Foundation Managers:				
	undation who have contributed more	e than 2% of the total cor	tributions received by th	e foundation before the clo	se of any tay
	ontributed more than \$5,000). (See		a ibadono received by a	ic roundation before the ord	o or any tax
MARJORIE SNOOK					
	undation who own 10% or more of t	the stock of a corporation	/or an aqually large nor	tion of the awarehin of a n	artnorchin or
	undation has a 10% or greater inter		(or an equally large por	tion of the ownership of a p	armership or
	ground into	•••			
NONE					
	Contribution, Grant, Gift, Loan				
	oundation only makes contributions				
	grants, etc. (see instructions) to ind			complete items 2a, b, c, and	i a.
	phone number of the person to who				
MARJORIE SNOOK,	P.O. BOX 725,	SUMMERDALE,	AL 36580 (251)952-5810	
		<u>-</u> -			
	ons should be submitted and inform	ation and materials they s	should include:		
SEE ATTACHED					
c Any submission deadlines:					
NONE					
d Any restrictions or limitation	is on awards, such as by geographi	cal areas, charitable fields	, kinds of institutions, o	r other factors:	
NONE					

3 Grants and Contributions Paid During the Y Recipient	ear or Approved for Future If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Payment Foundation status of	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
SEE STATEMENT 10				
Total		· · · · · · · · · · · · · · · · · · ·	▶ 3a	878,100.
b Approved for future payment				
NONE		,		
Total	<u> </u>	<u> </u>	▶ 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	7 11110 2111	code	7 tillodit	Tundton modific
a	-	· · · · · · · · · · · · · · · · · · ·	+		
b			-		
<u> </u>			-		
d	1	·	-		
e					
T	-		+		
g Fees and contracts from government agencies			-		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash investments					951.
4 Dividends and interest from securities		-			951. 477,357.
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			<u> </u>		13,265.
8 Gain or (loss) from sales of assets other than inventory					322,534.
9 Net income or (loss) from special events			† <u>-</u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		
a					
b	-				
	-	·			
d			+		
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	814,107.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		- 1	13	814,107.
(See worksheet in line 13 instructions to verify calculations.)					011,101.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes						
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
N/A	N/A					
•						

<u>01111 990-PF (21</u>	009) SNOOK	FOUNDATION	23-7250795	Page :
Part XVII	Information Re	garding Transfers	To and Transactions and Relationships With Noncharitable	
	Exempt Organi		·	

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

	the Co	de (other than section 501(c)	(3) organizations) or in section 52	7, relating to political orga	nızatıons?			
8	Transt	ers from the reporting founda	ition to a noncharitable exempt org	ganization of:				
	(1) C	ash					1a(1)	X
	(2) 0	ther assets					1a(2)	<u> </u>
t		transactions:					1 1	
	(1) S	ales of assets to a noncharitat	ole exempt organization				1b(1)	<u> </u>
	(2) P	urchases of assets from a nor	ncharitable exempt organization				1b(2)	X
	(3) R	ental of facilities, equipment, o	or other assets				1b(3)	<u> </u>
	(4) R	eimbursement arrangements					1b(4)	X X X X X X X
	(5) L	oans or loan guarantees					1b(5)	X_
			mbership or fundraising solicitatio				1b(6)	X_
			ling lists, other assets, or paid em				1c	
C			"Yes," complete the following sche	• •				ts,
			oundation. If the foundation receive	ed less than fair market val	ue in any transac	tion or sharing arrangement,	show in	
			other assets, or services received.					
_	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Descrip	otion of transfers, transactions, and	sharing arra	ngements
Į	/A							
				<u> </u>		<u> </u>		
								
		-						
								
							-	
2 a	ls the	foundation directly or indirect	ly affiliated with, or related to, one	or more tax-exempt organ	nizations describe	d		
			than section 501(c)(3)) or in sect			_	Yes	X No
b		," complete the following sche				•		
		(a) Name of orga		(b) Type of organization		(c) Description of relation	ship	
		N/A						
	-							
٦			ave examined this return, including acco				s true, correc	t,
ļ	and com	plete Declaration of preparer (other	r than taxpayer or fidurally) is based on	all information of which prepare	er has any knowledg	е		
1		Marion: 4	54. 55	11/12/10	Tou	ster Clairne.		
۱:	Sig	nature of officer or trustee	D70 2 1	Date	Title			
	Ť	Preparer's	Α Λ. Α		Date	011001111	rer's identifyi	ng number
۱	Paid Preparer's Use Only	signature	/ /Mark		IOV 1 2 2010	self- employed ►		
'	Paid spare	Firm's name (or yours JOHN	SON SLAUGHTER E	LDER & NORTH				
	Se P	if self-employed), P.O.			LOUIT IM	-		
	ر ته	address, and ZIP code FOLE		9		Phone no. (251	L)943-	-1565
_			<u>-, 111 20220 040</u>					PF (2009)
						'	J. 111 000	(2003)

FORM 99	0-PF G	AIN OR (LOS	S) FROM SALE C	F ASSETS	ST	ATEMENT	1
DESCRIP	(A) TION OF PROPERTY	7		MANNER ACQUIRED	DATE ACQUIRED	DATE SO	OLD
MATRIX		-		PURCHASED	VARIOUS	VARIO	US
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE C S SALE	(E) F DEPRE		(F) N OR LOS	q
	2,233,684.	1,930,7		0.	0.	302,9	
CAPITAL	GAINS DIVIDENDS	FROM PART	ıv			19,5	51.
TOTAL T	O FORM 990-PF, P	ART I, LINE	6A			322,5	34.
FORM 99	0-PF INTEREST O	ON SAVINGS A	ND TEMPORARY (ASH INVEST	MENTS ST.	ATEMENT	2
CITIZEN TRUST C	IS BANK COMPANY OF AMERIC	· A					47. 04.
TOTAL T	O FORM 990-PF, P	PART I, LINE	3, COLUMN A			9	51.
FORM 99	0-PF DI	VIDENDS AND	INTEREST FROM	SECURITIE	S ST.	ATEMENT	3
SOURCE			GROSS AMOUNT	CAPITAL DIVIDE		OLUMN (A AMOUNT)
TRUST C	OMPANY OF AMERIC	L'A	496,908.	19	,551.	477,3	 57.
						-	• • •

FORM 990-PF	OTHER I	NCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME	_	13,265.	13,265.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	13,265.	13,265.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
ACCOUNTANT	53,440.	26,720	•	26,720.
TO FORM 990-PF, PG 1, LN 16B	53,440.	26,720	•	26,720.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT FEES - MATRIX	125,831.	125,831	•	0.
TO FORM 990-PF, PG 1, LN 16C	125,831.	125,831	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
D & O INSURANCE REPAIRS AND MAINTENANE- MISC TELEPHONE UTILITIES OFFICE EXPENSE POSTAGE BANK CHARGES	14,751. 16,700. 2,609. 1,056. 339. 56. 22.	8,350 1,305 528 170 28	• • •	7,375. 8,350. 1,304. 528. 169. 28.

SNOOK FOUNDATION				2:	3-7250795
MUSEUM REPAIRS & MAINTENACE	20,473.		0.	_	20,473.
TO FORM 990-PF, PG 1, LN 23	56,006.	17,	768.		38,238.
FORM 990-PF U.S. AND STA	TE/CITY GOV	ERNMENT	OBLIGATIONS	STAT!	EMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE		MARKET ALUE
TRUST COMPANY OF AMERICA (MATRI	X)	<u> </u>	25,138,68	34. 26	,639,037.
TOTAL U.S. GOVERNMENT OBLIGATIO	NS	•			
TOTAL STATE AND MUNICIPAL GOVER	NMENT OBLIC	ATIONS	25,138,68	34. 26	,639,037.
TOTAL TO FORM 990-PF, PART II,	LINE 10A	•	25,138,68	34. 26	,639,037.
		:			
FORM 990-PF PART VIII - L				STAT	EMENT 9
TRUSTEES A	ND FOUNDAT	ON MANA	GERS		
NAME AND ADDRESS		E AND HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARJORIE SNOOK P.O. BOX 420 SUMMERDALE, AL 36580	TRUSTER		0.	0.	0.
ZONA CROSS P.O. BOX 506 FOLEY, AL 36536	TRUSTER		0.	0.	0.
LESTER SMITH 17683 COUNTY RD 26 FOLEY, AL 36535	TRUSTER		0.	0.	0.
BILLY LAMBERT 15665 DAUGHERTY ROAD FOLEY, AL 36535	TRUSTER		0.	0.	0.
M. MORT SWAIM 235 WEST LAUREL AVENUE	TRUSTER		0.	0.	0.

SNOOK FOUNDATION			23	-7250795
DON LAMBERT 14145 GEORGE YOUNCE ROAD FOLEY, AL 36535	TRUSTEE 5.00	0.	0.	0.
STEVE SLAUGHTER P.O. BOX 489 FOLEY, AL 36535	TRUSTEE 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.
	AND CONTRIBUTIONS DURING THE YEAR		STATE	EMENT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		IPIENT TATUS	AMOUNT
ALABAMA SHERIFF'S YOUTH RANCHES, INC. SUMMERDALE, ALABAMA 21870 COUNTY ROAD 32 SUMMERDALE, AL 36580	NONE CHARITABLE DONATION		C)(3)	
AMERICAN HEART ASSOCIATION GREATER SOUTHEAST AFFILIATE P.O. BOX 212 GULF SHORES, AL 36547	NONE CHARITABLE DONATION	501(C)(3)	57,000.
BALDWIN COUNTY HERITAGE MUSEUM ASSOC., ELBERTA, AL 25521 HIGHWAY 98 EAST ELBERTA, AL 36530	NONE CHARITABLE DONATION	501(C)(3)	10,000.
ECUMENICAL MINISTRIES, INC. 102 W. SPRUCE AVENUE FOLEY, AL 36535	NONE CHARITABLE DONATION	501(C)(3)	50,000.
HABITAT FOR HUMANITY OF BALDWIN COUNTY, INC, FOLEY, AL P.O. BOX 1424 FOLEY, AL 36536	NONE CHARITABLE DONATION	501(C)(3)	50,000.

MARY'S SHELTER, ELBERTA, ALABAMA NONE
P.O. BOX 18 ELBERTA, AL 36530 CHARITABLE DONATION

501(C)(3) 5,000.

SNOOK FOUNDATION			23-7250795
SOUTH BALDWIN COUNTY UNITED WAY, INC. 700 NORTH MCKENZIE ST FOLEY, AL 36535	NONE CHARITABLE DONATION	501(C)(3)	40,000.
SOUTH BALDWIN EDUCATION FOUNDATION, BALDWIN COUNTY, ALABAMA - POST OFFICE BOX 1600 FOLEY, AL 36536	NONE CHARITABLE DONATION	501(C)(3)	300,000.
SOUTH BALDWIN LITERACY COUNCIL P.O. BOX 1973 FOLEY, AL 36535	NONE CHARITABLE DONATION	501(C)(3)	15,000.
BALDWIN COUNTY VIOLENCE SHELTER P.O. BOX 531 ROBERTSDALE, AL 36567	NONE CHARITABLE DONATION	501(C)(3)	45,000.
JOHN MCCLURE SNOOK YOUTH CLUB OF FOLEY 1391 S. CEDAR STREET FOLEY, AL 36535	NONE CHARITABLE DONATION	501(C)(3)	14,000.
GULF COAST CHRISTIAN ACADEMY 18930 COUNTY ROAD 28 FOLEY, AL 36535	NONE CHARITABLE DONATION	501(C)(3)	250,000.
ALABAMA FREE CLINIC 23280 GILBERT DRIVE ROBERTSDALE, AL 36567	NONE CHARITABLE DONATION	501(C)(3)	22,100.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		878,100.

-om 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

If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		. •	X
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
Do not	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fon	n 8868	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I c	only		•	. 🗀
All othe	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extens	sion of time	
	ncome tax returns			
noted I (not au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic itomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cours submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files solve files and click on e-file for Chanties & Nonprofits.	cally if nsolida	(1) you want the acted Form 990-T In	dditional
Туре о	Name of Exempt Organization	Empl	oyer identificatıoı	number
print	CNOOK EOIMDAMION	2	3-7250795	
File by th			3-1230133	
due date filing you	" P.O. BOX 725			
return Se	98			
	SUMMERDALE, AL 36580			
Check	type of return to be filed (file a separate application for each return)			
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 66 Form 990-PF Form 1041-A Form 88	227 069		
	MARJORIE SNOOK books are in the care of ► 12955 HIGHWAY 55, FOLEY, ALABAMA - 365			
Tele	ephone No ► 251-952-5812 FAX No ► le organization does not have an office or place of business in the United States, check this box			· 🗀
Tele	ephone No ▶ 251-952-5812 FAX No ▶ see organization does not have an office or place of business in the United States, check this box sis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	 is is foi		
Tele If th If th box	ephone No 251-952-5812 FAX No ee organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the	 is is foi memb	ers the extension v	
Tele If the lifth box	ephone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box so is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is for member til	ers the extension v	vill cover
Tele If the If the box I	penhone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box some size of a Group Return, enter the organization's four digit Group Exemption Number (GEN)	is is foi memb	The extension v	vill cover
Tele If the lifth box	Pephone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box so is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the state of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united AUGUST 15, 2010 , to file the exempt organization return for the organization named as for the organization's return for X calendar year 2009 or and ending and ending and ending fithis tax year is for less than 12 months, check reason initial return Final return for this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	is is for member til	ers the extension value of the extension	vill cover
Tele if th if th box	Perphone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box so is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the state is for part of the group, check this box ► and attach a list with the names and ElNs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united at a state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization of time united at state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization of time united at state of the organization of time united at state of the organization of time united at the organization of time united at the organization of the organization named at state of the organization of the organization named at the organization of the organization of the organization of the organization of time united at the organization of time un	is is for membratil	The extension version with the extension of the extension. Change in account	vill cover
Tele If the ephone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the first is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitable and the organization's return for the organization named as for the organization's return for ★ X calendar year 2009 or ★ X calendar year 2009 or ★ Initial return	is is for members above.	The extension v	vill cover	
Tele If the lifth box I	Perphone No ► 251-952-5812 The organization does not have an office or place of business in the United States, check this box so is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the state is for part of the group, check this box ► and attach a list with the names and ElNs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united at a state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization of time united at state of the organization's return for the organization named at state of the organization's return for the organization named at state of the organization of time united at state of the organization of time united at state of the organization of time united at the organization of time united at the organization of the organization named at state of the organization of the organization named at the organization of the organization of the organization of the organization of time united at the organization of time un	is is for membratil	The extension version with the extension of the extension. Change in account	vill cover

Form 8868 (Rev. 4-2009)					•	Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension, complete only Part	II and check this bo	nx			<u> </u>
Note. Only complete Part II if you have already been granted				8868		_
• If you are filing for an Automatic 3-Month Extension, com	plete only Part I (on page 1)					
Part II Additional (Not Automatic) 3-Month		ile the original (no c	opies i	needed)		
Type or Name of Exempt Organization		, , ,	Emp	loyer ident	ification nui	nber
print SNOOK FOUNDATION	NOOK FOUNDATION					
Number, street, and room or suite no If a P O bo due date for filing the P.O. BOX 725	·	, , ,	For I	RS use only	/	
return See Instructions City, town or post office, state, and ZIP code For SUMMERDALE, AL 36580	a foreign address, see instruction	ns î	~ } `		<u>``</u> -`	7
	for each return) (sec 401(a) or 408(a) trust) (trust other than above)	Form 1041-A [Form 4720 [== ``	orm 5227 orm 6069	Form	8870
STOP! Do not complete Part II if you were not already gran	nted an automatic 3-month exte	nsion on a previou	sly file	ed Form 88	68.	
MARJORIE SNOO • The books are in the care of ▶ 12955 HIGHWAY Telephone No. ▶ 251-952-5812 • If the organization does not have an office or place of busin • If this is for a Group Return, enter the organization's four doox ▶ If it is for part of the group, check this box ▶ • I request an additional 3-month extension of time until 5 For calendar year 2009, or other tax year beginning 6 If this tax year is for less than 12 months, check reason. 7 State in detail why you need the extension	FAX No FAX NO FAX No FAX NO FA	his box N) If th	is is fo	ers the ext	•	
CERTAIN PERTINENT INFORMATION RETURN IS NOT AVAILABLE AT T		ILE A COMP	LET	E AND	ACCURA	TE
 8a If this application is for Form 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 60 tax payments made. Include any prior year overpayment. 	20, or 6069, enter the tentative ta 69, enter any refundable credits a	and estimated	8a	\$		0.
previously with Form 8868.			8b	\$		0.
c Balance Due. Subtract line 8b from line 8a Include you						^
with FTD coupon or, if required, by using EFTPS (Electro	nature and Verification). See instructions	8c	\$		0.
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the	cluding accompanying schedules and is form.	statements, and to the		0	dge and belief,	
Signature Title	· CIII		Date		1 8868 (Rev. 4	4.0000
· · · · · · · · · · · · · · · · · · ·				rorn	1 8808 (HeV. 4	+-2009)