

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-P**

Department of the Treasury

Return of Private Foundation

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

reated as a Private Foundation

2009

OMB No 1545-0052

				o be able to use a copy of this		rung requirements.	
			dar year 2009, or tax year beginning		, and ending		
	G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	Final return	
			Amended return	Address chan	ige 🔲	Name change	
	Use	the	IRS Name of foundation			A Employer identification	number
		abel.	THE THEORY OF THE TANKS TO THE				
		erwi		ZATION		25-1753903	
		print	Number and street (or P O box number if mail is not	delivered to street address)	Room/suite	B Telephone number	
		type	Daad Induction Authori	BLVD		(814)941-7	<u>777</u>
	See		I City of towii. State, also Zip Code			C If exemption application is p	ending, check here
	mşu	uctio	ALTOONA, PA 16602			D 1. Foreign organizations	s, check here
	H C	heck	type of organization: X Section 501(c)(3)	exempt private foundation		Foreign organizations me check here and attach co	eting the 85% test,
		Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E If private foundation sta	
	l Fa	ır ma	rket value of all assets at end of year J Accoun	ting method: X Cash	Accrual	under section 507(b)(1)	
	(fr	om F	Part II, col. (c), line 16)	Other (specify)		F If the foundation is in a	
	_▶	\$	3,581,562. (Part I, col	umn (d) must be on cash	basis.)	under section 507(b)(1)	
	Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			necessarily equal the amounts in column (a)	expenses per books	` income	income	for charitable purposes (cash basis only)
,		1	Contributions, gifts, grants, etc., received	310,797.	The second secon	W N/A	
		2	Check fithe foundation is not required to attach Sch B		The second of th		
		3	Interest on savings and temporary cash investments	26,085.	26,085.		STATEMENT 1
		4	Dividends and interest from securities	64,617.	64,617.		STATEMENT: 2
20		5a	Gross rents				
€₹		b	Net rental income or (loss)	PARSON DESCRIPTION	AND THE REPORT		alle. Walted all
-	4	6a	Net gain or (loss) from sale of assets not on line 10	-310,224.			
>-	enne	Ь	Gross sales price for all assets on line 6a 1,040,792.	14778 - 1841 A 184	THE POST OF THE PROPERTY OF THE PARTY OF THE		
SCANNED MAY	eve	7	Capital gain net income (from Part IV, line 2)		0.		PARTIES, PROPERTY
$\overline{\circ}$	ď	8	Net short-term capital gain	1945年1月1日			The sale of the sa
Щ		9	Income modifications	A	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2		10a	Gross sates less returns and allowances		FT (SB) Tyrungga (sajiga jija jija kata	**************************************	
₹			Less. Cost of goods sold	Service Editor Control	A parata		
Q		C	Gross profit or (loss)				
₩.		11	Other income				
		12	Total. Add lines 1 through 11	91,275.	90,702.		
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages				
		15	Pension plans, employee benefits				
	ses	16a	Legal fees				
	e	b	Accounting fees STMT 3	4,194.			2,097
	Ä	C	Other professional fees STMT 4	1,455.	1,455.	RECEP	
	Ne.	17	Interest			TLOLI	YEU
	rati	18	Taxes STMT 5	210.	195.	7	S 0.
	and Administrative Expen	19	Depreciation and depletion			18 MAY 10	2010 - C
	Ė	20	Occupancy				0
	Ad		Travel, conferences, and meetings			OGDEN	117
	'n		Printing and publications			- CODEN	UT
	9		Other expenses				
	텵		Total operating and administrative				
	Operating		expenses. Add lines 13 through 23	5,859.	3,747.		2,097
	Ö	25	Contributions, gifts, grants paid	102,747.	1 2		102,747
			Total expenses and disbursements.				2027.27
	-	_0	Add lines 24 and 25	108,606.	3,747.		104,844
		27	Subtract line 26 from line 12:	1007000	3,7,4,0		101/011
				-17,331.			
			Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		86,955.		
			Adjusted net income (if negative, enter -0-)		00,933.	N/A	
•	92350		Aujusted Het Hicolife (in negative, erner -0-)	n Ant Mating, and the instruc	l	11/4	Form QQO-PF (2000)

rm **990-PF** (2009)

Form 990-PF (2009) C/O T

C/O THE DEGOL ORGANIZATION

25-1753903

Page 2

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	l of year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	149,688.	953,345	953,345.
	3	Accounts receivable ▶		-	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	_		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	n,		-
		Less; allowance for doubtful accounts ▶			
ठ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	 :		
ğ	10a	Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 8	957,515.	2,628,217	. 2,628,217.
	c	Investments - corporate bonds	-		
	11	Investments - land, buildings, and equipment basis			12 - 52 - 52 - 12 - 12 - 12 - 12 - 12 -
		Less accumulated depreciation	1-11		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶		- LAN X 1 CEN 30	
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 9)	969,608.	C	0.
		,			
	16	Total assets (to be completed by all filers)	2,076,811.	3,581,562	3,581,562.
	17	Accounts payable and accrued expenses			*****
	18	Grants payable			
ç	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
≔	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.		<u>. </u>
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			The state of the s
ces	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ва	26	Permanently restricted			`-
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ĺ	1	and complete lines 27 through 31.			1
S	27	Capital stock, trust principal, or current funds	0.	().
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.).
As	29	Retained earnings, accumulated income, endowment, or other funds	2,076,811.	3,581,562	
Š	30	Total net assets or fund balances	2,076,811.	3,581,562	2.
	31	Total liabilities and net assets/fund balances	2,076,811.	3,581,562	2.
Б	art	Analysis of Changes in Net Assets or Fund B	alances		
					
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		<u> </u>	1 2,076,811.
2	Ente	amount from Part I, line 27a		. [$\frac{2}{17,331}$.
-		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 7	3 1,522,082.
4	Add	lines 1, 2, and 3		Į.	4 3,581,562.
5	Decr	eases not included in line 2 (itemize)			5 0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		$6 \mid 3,581,562.$
					Form 990-PF (2009)

923511 02-02-10

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income						
(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.) (b) How an P - Puro D - Don					low ac - Purcl - Dona	quired nase ition	(c) Date a (mo., da	cquired ly, yr.)	(d) Date sold (mo., day, yr.)	
1a CHARLES SCHWAB ACCT #0393						P	VARIO	ous	VARIOUS	
b CAPITAL GAINS										
С						·				
d										
_e					L,					
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					un or (loss (f) minus	
a 1,040,080.				<u>1,351,01</u>	6.					<u>-310,936.</u>
<u>b</u> 712.										712.
<u>C</u>										
<u>d</u>										
e			h - 4 d-4	40.01.00						
Complete only for assets showing									ol. (h) gair ot less tha	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			001.	Losses	(from col.	(h))
				Con. (j), ii arry						210 026
<u>a</u>										$\frac{-310,936.}{712.}$
<u>b</u>					\dashv					/12.
C										
<u>d</u>										
<u>e</u>			Danid Lan	7	$\overline{}$					
2 Capital gain net income or (net ca	nital loss	If gain, also enter If (loss), enter -0-			- }	2				-310,224.
	•			•	7			-		
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,			u (6):		٦l					
If (loss), enter -0- in Part I, line 8	Columnit	o).			}	3			N/A	A
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private	foundati	ons subject to the section 4	1940(a) tax or	net investment ir	ncom	e.)				
			, ,			·				
If section 4940(d)(2) applies, leave the	nis part b	lank.								
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any y	ear in the base pe	rıod?					Yes X No
If "Yes," the foundation does not qual	ıfy under	section 4940(e). Do not co	mplete this pa	art.						
1 Enter the appropriate amount in e	each colu	mn for each year; see instru	uctions before	making any entri	es.					
(a) Base period years		(b)			(c)				Distri	(d) bution ratio
Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist		Net value of no					(col. (b) di	vided by col. (c))
2008			0,896.				0,347			.088227
2007			<u>4,026.</u>				<u>6,893</u>			.111567
2006			<u>9,720.</u>				<u>5,716</u>			.471014
2005			<u>8,412.</u>				2,407			.338348
2004		72	<u>9,133.</u>	<u> </u>	2	<u>, 27</u>	4,495	· -	_	.320569
2 Total of line 1, column (d)								2		1.329725
3 Average distribution ratio for the	-	•	on line 2 by 5,	or by the number	of ye	ears				065045
the foundation has been in exister	nce if less	s than 5 years			•			3		.265945
4 Enter the net value of noncharitab	le-use as	sets for 2009 from Part X,	line 5					4		<u>2,326,327.</u>
5 Multiply line 4 by line 3								5		<u>618,675.</u>
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		<u>870.</u>
										444 - 4-
7 Add lines 5 and 6								7		619,545.
8 Enter qualifying distributions from	n Part XII	, line 4						8		104,844.
If line 8 is equal to or greater than			1b, and come	olete that part usin	10 a 1	% tax	rate.			
See the Part VI instructions.										

	THE BRUNO & LENA DEGOL FAMILY FOUNDATION			,		
	990-PF (2009) C/O THE DEGOL ORGANIZATION	<u> 25-</u>	<u> 1753</u>	<u>903</u>		age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	948 -	see ir	ıstru	ction	<u>s) _</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			.,7:	<u> </u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		;			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		:	L,7:	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			L,7:	39 <u>.</u>
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,632.					
	Exempt foreign organizations - tax withheld at source		_ `			
	Tax paid with application for extension of time to file (Form 8868)		, , -	1		
	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7			3,6	32.
	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				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,8	93.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				0.
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		33	Yes	No
	any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or		3.4		
	distributed by the foundation in connection with the activities.			· · · ·	.,	
C	Did the foundation file Form 1120-POL for this year?			10		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					÷.,,
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$			·**	}_={	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				. ,	-
	managers. > \$				· -	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities.			Signal Signal	-2 (6)	- 4° - 1°
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r		$\mathbb{N}_{\mathbb{R}}$		n
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/ A	4b_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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:			,	•	١.
	By language in the governing instrument, or			٠,		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?			6	<u> X</u>	ļ
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.					<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					1
	PA					
þ	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			_8b	Х	ļ
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	endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		_·	10		<u> </u>
			For	m 99 0	-PF	(2009)

923531 02-02-10

Form **990-PF** (2009)

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

THE BRUNO & LENA DEGOL F			05 15500	
Form 990-PF (2009) C/O THE DEGOL ORGANIZATION	ON		<u>25-17539</u>	03 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be H	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			1 1
any voter registration drive?	••		s X No -	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		/A 🔲 Ye	s No	
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 p	• •			· -
a personal benefit contract?	, p	Ye	s 🗶 No 🏗	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			_{бь} х
If "Yes" to 6b, file Form 8870	orsonar bonom contract.		<u> </u>	1 1 1 1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v.	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribute			·	7b
Information About Officers Directors Trust		nagers Highly		
Part VIII Paid Employees, and Contractors	cos, i canadion ind	nagero, mgm	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	and deferred compensation	account, other allowances
	to position	enter -0-7	Compensation	unowanoco
SEE STATEMENT 10		٥.	0.	0.
SEE STATEMENT TO		0.		•
	1			
	<u> </u>			
				
	luded on line 4) 16 name	antar UNIONE 4	<u> </u>	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	employee benefit plans and deferred	account, other
	devoted to position	.,	compensation	allowances
NONE				
			ļ	
		1		
		1		
Total number of other employees paid over \$50,000			>	0

► 0 Form **990-PF** (2009)

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	·	<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	itical information such as the duced, etc.	Expenses
2	-	
3		
4		
Part IX:B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 <u>N/A</u>		_
2		
All other program-related investments. See instructions. 3		
		1
Total. Add lines 1 through 3		0 . Form 990-PF (2009)

Page 8

P	art X Minimum 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:	-	
а	Average monthly fair market value of securities	1a	1.623.943.
Ь	Average of monthly cash balances	1b	1,623,943. 737,810.
C		1c	
d	Total (add lines 1a, b, and c)	1d	2,361,753.
	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	2,361,753.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,426.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,326,327.
6	Minimum investment return Enter 5% of line 5	6	116,316.
P	art XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	116,316.
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	1,739.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	114,577.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	114,577.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	114,577.
Ŗ	art XII Qualifying Distributions (see instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	104,844.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	v	
	Suitability test (prior IRS approval required)	3a	
þ	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	104,844.
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	104,844.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or 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				114,577.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:	,			
		0.	٧.	
3 Excess distributions carryover, if any, to 2009:	;·		:	*
a From 2004 617, 456.		. :		
b From 2005 643,058.	•		, sep.	٠ ٨٠ ٠
c From 2006 559,676.	4 4 F	· · · · · · · · · · · · · · · · · · ·)	- F
d From 2007 144,954.	e s			
e From 2008 79,527.	0 044 671			
f Total of lines 3a through e	2,044,671.	, rym ₂ C ₂ /2	11 Fa. 52.50v	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
4 Qualifying distributions for 2009 from		$\frac{1}{2}$		
Part XII, line 4: ► \$ 104,844. a Applied to 2008, but not more than line 2a	्रक्तीर विद्यारिक		n (mpar na magan).	
b Applied to undistributed income of prior	the state of the s	100 kg 1	2 feet 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The second second second
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	A GMAXY ALE SELEKA			
(Election required - see instructions)	0.	, t		
d Applied to 2009 distributable amount			3	104,844.
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	9,733.		* * * * * * * * * * * * * * * * * * *	9,733.
(If an amount appears in column (d), the same amount must be shown in column (a).)	*	, ,		
6 Enter the net total of each column as indicated below:	in a second			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,034,938.			the training
b Prior years' undistributed income. Subtract	Spirit Name of Spirits		The state of the s	The second secon
line 4b from line 2b		0.	วะ แก้สโรครั้งก็เก็บกับ	
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	girt en de de de la company	0.		
d Subtract line 6c from line 6b. Taxable	ا ما الما الما الما الما الما الما الما			
amount - see instructions	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	0.		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
e Undistributed income for 2008. Subtract line		, ,		k
4a from line 2a. Taxable amount - see instr.			0.	· , · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2009. Subtract	. ,	٠ , , ,	i a in the	
lines 4d and 5 from line 1. This amount must				_
be distributed in 2010 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				,
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	0.			
not applied on line 5 or line 7	607,723.			
9 Excess distributions carryover to 2010.	00171251	<u> </u>		
Subtract lines 7 and 8 from line 6a	1,427,215.			
10 Analysis of line 9:			· · · · · · · · · · · · · · · · · · ·	
a Excess from 2005 643,058.				
b Excess from 2006 559,676.				
c Excess from 2007 144,954.				
d Excess from 2008 79,527.				
e Excess from 2009	·			
			" ' 	Form 990-PF (2009)

b The form in which applications should be submitted and information and materials they should include: REQUEST FOR DONATION AND WHAT ACTIVITIES THE ORGANIZATION DOES c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3229 PLEASANT VALLEY BLVD, ALTOONA, PA 16602

NO

923601 02-02-10

NO

Form **990-PF** (2009)

C/O THE DEGOL ORGANIZATION

Form 990-PF (2009)

25-1753903

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 12 102,747. ► 3a Total b Approved for future payment NONE 0. Tota!

923611 02-02-10

25-1753903 Page 12

Part XVI-A Analysis of Income-Pro	ducing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded b	(e)	
group arrowing arriags arrow managers.	(a)	(b)	(c) Exclu-	(d)	Related or exi
4 December	Business	Amount	sion	Amount	function inco

gross amounts unless otherwise indicated.	On Guita	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
rogram service revenue:	code	-	Code		
·		· · · · · · · · · · · · · · · · · · ·			
	_				
	_		- 		
	_ _	 			
Fees and contracts from government agencies	_ _		 		
lembership dues and assessments	_				
iterest on savings and temporary cash	-		 		
vestments			14	26,085.	
ividends and interest from securities			14	64,617.	
et rental income or (loss) from real estate:	र्भें प्रकृति व	S Ingrade		* , , ,	To, en it
Debt-financed property					<u> </u>
Not debt-financed property					
et rental income or (loss) from personal					
roperty					
ther investment income					
ain or (loss) from sales of assets other					
nan inventory			18	-310,224.	
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue:					
	i I				
ubtotal. Add columns (b), (d), and (e)	وقاء الطاري والله الكور	() . : 3 .	-219,522.	
otal. Add line 12, columns (b), (d), and (e)				13	-219,52
worksheet in line 13 instructions to verify calculation	15.)				
rt XVI-B Relationship of Activiti	es to the Accon	nplishment of	Exempt P	urposes	
e No. Explain below how each activity for which	uncome is reported in o	column (e) of Part XV	I-A contributed	I importantly to the accom	plishment of
the foundation's exempt purposes (other					F

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
-	
- +	

Form **990-PF** (2009)

		Exempt Organ	izations			
1	Did th	e organization directly or indir	rectly engage in any of the followin	g with any other organization	on described in section 501(c) of	Yes No
	the Co	ode (other than section 501(c))(3) organizations) or in section 52	?7, relating to political organ	nzations?	
а	Trans	fers from the reporting founda	ation to a noncharitable exempt org			
	(1) (Cash			1a(1) X	
	(2) (Other assets				1a(2) X
b	Other	transactions:				-
	(1) 5	Sales of assets to a noncharital	ble exempt organization			1b(1) X
	(2) F	Purchases of assets from a nor	ncharitable exempt organization			1b(2) X
	(3) F	Rental of facilities, equipment, (or other assets			1b(3) X
	(4) F	Reimbursement arrangements				1b(4) X
	(5) L	oans or loan guarantees				1b(5) X
	(6) F	Performance of services or me	mbership or fundraising solicitatio	ins		1b(6) X
C	Sharii	ng of facilities, equipment, mai	iling lists, other assets, or paid em	ployees		1c X
d	I If the	answer to any of the above is	"Yes," complete the following sche	dule. Column (b) should ab	ways show the fair market value of the go	ods, other assets,
	or ser	rvices given by the reporting fo	oundation. If the foundation receive	ed less than fair market vali	ie in any transaction or sharing arrangem	ient, show in
	colun	nn (d) the value of the goods,	other assets, or services received.			
a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transaction	s, and sharing arrangements
			N/A			
2a	ls the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organ	izations described	
	ın sec	ction 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?		Yes X No
b	If Ye	s," complete the following sch	edule.			
		(a) Name of org	anization	(b) Type of organization	(c) Description of rela	ationship
		N/A				
T	Under p				nents, and to the best of my knowledge and beli	ef, it is true, correct,
	and con	npiete Decipation of preparer (of ne	ir trianmaxpayer ormicuciary) is based on	all information of which prepare		
		TXXXXXXI (3/5//6	President	
Signature of officer or this tee Date Title						
֓֞֜֞֜֜֞֜֜֞֜֜֜֜֓֓֓֓֜֜֡֜֜֡֓֓֡֓֡֜֜֡֡֡֡֜֜֜֡֓֓֡֓֡֡֜֜֡֡		Preparer's	11/1/1/201	$\Omega \Omega I$		Preparer's identifying number
ğ	-ر عزيد ك	signature 🖊 👫	MI IETUN	LHIT	\$\frac{1}{30}\ldot\U\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
۱"	Paid Preparer's Use Only	Firm's name (or yours PARE	millonimo, dec	-	EIN ►	
-	r is s	if self-employed), 46 P	UBLIC SQUARE, S	UITE 400		
	<u></u>	address, and ZIP code WILK	ES-BARRE, PA 18	701	Phone no. (5	570) 820-010 0
						Form 990-PF (2009)
						•

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

TH C/	IE BRUNO & LENA DEGOL FAMILY FOUNDATION O THE DEGOL ORGANIZATION	25-1753903
Organization type(check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) General Rule X For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the General Rule of t	
contributor Comp Special Rules	lete Parts I and II.	
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri itions of more than \$1,000 for use <i>exclusively</i> for religious, chantable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	- ·
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of contributions of the exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000 ly religious, charitable, etc.,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ingrequirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
LHA For Privacy Act and for Form 990, 990-E	•	(Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE BRUNO & LENA DEGOL FAMILY FOUNDATION

C/O THE DEGOL ORGANIZATION

Employer identification number 25-1753903

_Part I	Contributors	(see instructions
---------	--------------	-------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STAPLES 500 STAPLES DRIVE, PO BOX 9368 FRAMINGHAM, MA 01702	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DEGOL ORGANIZATION, LP 3229 PLEASANT VALLEY BOULEVARD ALTOONA, PA 16602	\$ <u>229,257.</u>	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ST FRANCIS UNIVERSITY P.O. BOX 600 LORETTO, PA 15940	\$ 63,901.	Person X 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 Oncash 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

THE BRUNO & LENA DEGOL FAMILY FOUNDATION

C/O THE DEGOL ORGANIZATION

Employer identification number

25-1753903

art-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	SEE ATTACHED FOOTNOTE FOR DESCRIPTION OF PROPERTY GIVEN		
		\$ 228,860.	04/21/09
(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
		\$	<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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	

				
FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
CHARLES SCHWAB VARIOUS MONEY MARKET AND C.D.	'S			14,941. 11,144.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	OLUMN A		26,085.
FORM 990-PF DIVIDEND	S AND INTE	REST FROM SEC	URITIES	STATEMENT 2
SOURCE	GROS		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHARLES SCHWAB		65,329.	712.	64,617.
TOTAL TO FM 990-PF, PART I, I	N 4	65,329.	712.	64,617.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
PROFESSIONAL FEES	4,194	. 2,097	•	2,097.
TO FORM 990-PF, PG 1, LN 16B	4,194	. 2,097	•	2,097.
FORM 990-PF C	THER PROFE	SSIONAL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT MANAGEMENT FEES	1,455	. 1,455		0.
TO FORM 990-PF, PG 1, LN 16C	1,455	. 1,455	· ·	0.

FORM 990-PF	TAX	ES	S	TATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
OTHER TAX FOREIGN TAXES	15. 195.				0.
TO FORM 990-PF, PG 1, LN 18	210.	195.			0.
SCHEDULE B, PAGE 3,PART II	FOOTN DESCRIPTION			TATEMENT	
FMV OF PROPERTY RECEIVED FRO 1,987 SHARES AT&T 2,200 SHARES BARCLAYS BANK 1,550 SHARES FIFTH THIRD BAN 600 SHARES FORTUNE BRANDS 1,500 SHARES INTERNATIONAL P 180 SHARES MICROSOFT CORP 2,000 SHARES ORACLE CORPORAT 3,600 SHARES WACHOVIA CORPOR	CORP APER CO ION	NIZATION, LP		50,2 29,4 6,0 19,8 13,0 3,3 38,8 67,8	80. 60. 54. 65. 78.
TOTAL				228,8	60

FORM 990-PF OTHER INCREASES IN	NET ASSETS OR FU	ND BALANCES	STATEMENT	7
DESCRIPTION			AMOUNT	
NET UNREALIZED GAINS (LOSS) AND O			315,63	11.
LIFE INSURANCE PROCEEDS RECEIVED VALUE	IN EXCESS OF CAS	H SURRENDER	1,206,4	71.
TOTAL TO FORM 990-PF, PART III, L	INE 3		1,522,0	82.
FORM 990-PF C	ORPORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE' VALUE	r
SEE ATTACHED		2,628,217.	2,628,2	 17.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	2,628,217.	2,628,2	17.
FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE VALUE	T
LIFE INSURANCE CASH VALUE	969,608.	0.		0.
TO FORM 990-PF, PART II, LINE 15	969,608.	0.		0.

	ST OF OFFICERS, DI D FOUNDATION MANAG		STATI	EMENT	10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
LENA DEGOL 5200 N. OCEAN BLVD. UNIT 1006 FORT LAUDERDALE, FL 33308	DIRECTOR 0.00	0.	0.	-	0.
DONALD A. DEGOL, SR 100 SYLVAN WOODS HOLLIDAYSBURG, PA 16648	PRESIDENT 0.00	0.	0.		0.
DAVID A. DEGOL 2249 SCOTCH VALLEY ROAD HOLLIDAYSBURG, PA 16648	VICE-PRESIDENT 0.00	0.	0.		0.
GLORIA DEGOL BURGAN 1628 SYLVAN DRIVE HOLLIDAYSBURG, PA 16648	DIRECTOR 0.00	0.	0.		0.
BRUNO A. DEGOL, JR RD #5 , BOX 253A TYRONE, PA 16686	TREASURER 0.00	0.	0.		0.
DENNIS W. DEGOL 8 BRUSHMEADE DRIVE HOLLIDAYSBURG, PA 16648	SECRETARY 0.00	0.	0.		0.
JOSEPH T. ADAMS 338 DEER RUN ROAD HOLLIDAYSBURG, PA 16648	DIRECTOR 0.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.		0.
	T XV - LINE 1A FOUNDATION MANAGER	RS	STAT	EMENT	11

NAME OF MANAGER

LENA DEGOL
DONALD A. DEGOL, SR
DAVID A. DEGOL
GLORIA DEGOL BURGAN
BRUNO A. DEGOL, JR
DENNIS W. DEGOL

STATEMENT 12

FORM 990-PF

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ST VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650	NONE CHARITABLE	PUBLIC	2,500.
CHILDREN'S MIRACLE NETWORK 1304 7TH STREET ALTOONA, PA 16601		PUBLIC	1,000.
AMERICAN RESCUE WORKERS 502 MULBERRY STREET HOLLIDAYSBURG, PA 16648	NONE CHARITABLE	PUBLIC	1,500.
ANNUAL CATHOLIC APPEAL DIOCESE OF ALTOONA 126 LOGAN BLVD HOLLIDAYSBURG, PA 16648	NONE CHARITABLE	PUBLIC	1,000.
CARMELITE COMMUNITY OF THE WORD 394 BERN ROAD GALLITZIN, PA 16641		PUBLIC	100.
CENTRAL PA HUMANE SOCIETY 1835 E PLEASANT VALLEY BLVD ALTOONA, PA 16602		PUBLIC	100.
CRESSON FOOD PANTRY 713 6TH STREET CRESSON, PA 16630	NONE CHARITABLE	PUBLIC	1,000.
FOREMAN FOUNDATION PO BOX 189 ZELIENOPLE, PA 16063	NONE CHARITABLE	PUBLIC	6,500.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE BRUNO & LENA DEGOL FAMILY F	OUNDATION		25-1753903
FRANCISCAN FRIARS / ST BERNARDINE MONASTERY P.O. BOX 139 HOLLIDAYSBURG, PA 16648	NONE CHARITABLE	PUBLIC	200.
GALLITZIN LIONS CLUB 163 HICKORY DRIVE GALLITZIN, PA 16641	NONE CHARITABLE	PUBLIC	100.
HAITI MISSION C/O HOLY NAME CHURCH 500 N. JULIAN ST. EBENSBURG, PA 15931	NONE CHARITABLE	PUBLIC	5,000.
ITALIAN HERITAGE SOCIETY 338 WINDVALE DRIVE DUNCANSVILLE, PA 16635	NONE CHARITABLE	PUBLIC	100.
MOUNT ALOYSIUS COLLEGE 7373 ADMIRAL PEARY HWY CRESSON, PA 16630	NONE CHARITABLE	PUBLIC	100.
MUSCULAR DYSTROPHY ASSOCIATION 400 PENN CENTER BLVD SUITE 524 PITTSBURGH, PA 15235		PUBLIC	50.
PENNS WOODS COUNCIL BOY SCOUTS OF AMERICA 201 W. HIGH STREET SUITE 1 EBENSBURG, PA 15931	NONE CHARITABLE	PUBLIC	2,500.
ST. VINCENT DEPAUL SOCIETY 2201 UNION AVENUE ALTOONA, PA 16601	NONE CHARITABLE	PUBLIC	500.
SAINT FRANCIS UNIVERSITY P.O. BOX 600 LORETTO, PA 15940	NONE CHARITABLE	PUBLIC	76,682.
ST JOHN'S ADULT CHOIR 311 LOTZ AVENUE ALTOONA, PA 16602	NONE CHARITABLE	PUBLIC	50.

THE BRUNO & LENA DEGOL FAMILY F	OUNDATION		25-1753903
ST JOSEPHS' CHURCH 623 E 3RD STREET BELLWOOD, PA 16617	NONE CHARITABLE	PUBLIC	400.
ST VINCENT DEPAUL SOCIETY FOOD KITCHEN 2201 UNION AVENUE ALTOONA, PA 16601	NONE CHARITABLE	PUBLIC	100.
ST ROSE OF LIMA ATHLETIC ASSOCIATION 5519 WEST 6TH AVENUE ALTOONA, PA 16602	NONE CHARITABLE	PUBLIC	390.
ST. VINCENT DEPAUL SOCIETY FOOD PANTRY 1523 ADAMS AVENUE ALTOONA, PA 16602	NONE CHARITABLE	PUBLIC	1,000.
THE ANGEL TREE 318 CENTRAL AVE CRESSON, PA 16630	NONE CHARITABLE	PUBLIC	500.
THE CATHEDRAL OF BLESSED SACRAMENT ONE CATHEDRAL SQUARE ALTOONA, PA 16601	NONE CHARITABLE	PUBLIC	100.
WOMELSDORF FIRE COMPANY 501 WEST HIGH STREET WOMELSDORF, PA 19567	NONE CHARITABLE	PUBLIC	250.
GALLITZIN BOROUGH MEMOROIAL PARK FUND 411 CONVENT STREET GALLITZIN, PA 16641	NONE CHARITABLE	PUBLIC	1,000.
AMERICAN DIABETES ASSOCIATION 1701 N. BEAUREGARD ST ALEXANDRIA, VA 22311	NONE CHARITABLE	PUBLIC	25.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	_	102,747.

charles SCHWAB

Schwab One® Account of THE BRUNO AND LENA DEGOL FAMILY FOUNDATION

Account Number 8538-0393

Statement Period December 1-31, 2009

Accounting Method Equities: High Cost

Investment Detail - Equities

	Quantity	Market Price	Market Value	, positive V	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
N RES INC VA NEW	500.0000	38.9200	19,460.00	10/30/08	2,336.05	4.49%	875.00 Short Torns
DUKE ENERGY CORP NEW	1 000 0000	17 2400	17 240 00		1 501 07	K K70/	00 000
SYMBOL: DUK	200.0000	15.7088	3.141.77	09/16/09	300.23	106	Short-Term
	200.0000	15.7089	3,141.79	09/16/09	300.21	106	Short-Term
Cost Basis	000.0000	15.7089	9,425.37 15,708.93	09/16/09	900.63	106	Short-Term
FED NATL MTG 5.81%H PFD	2,000.0000	1.5800	3,160.00]	(82,847.00)	0.00%	0.00
PFD SER H SYMBOL: FNM+H	2,000.0000	43.0035	86,007.00 * 01/29/08	01/29/08	(82,847.00)	702	Long-Term
GOLDMAN SACHS 6.20% PFD	2,000.0000	25.2400	50,480.00		5,573.00	6.14%	3,100.00
NON CUM PERPETUAL PFD SUBJ TO XTRO REDEMPTION SYMBOL: GS+B	2,000.0000	22,4535	44,907.001	12/26/07	5,573.00	736	Long-Term
METLIFE INC B 6.50% PFD	2,000.0000	24.0100	48,020.00		3,653.00	6.76%	3,250.00
NON-CUMULATIVE SERIES B PERPETUAL PREFERRED SYMBOL: MET+B	2,000.0000	22.1835	44,367.00 t	12/24/07	3,653.00	738	Long-Term
PITNEY BOWES INC SYMBOL: PBI	500.0000 500.0000	22.7600 24.7569	11,380.00 12,378.45	10/30/09	(998.45) (998.45)	6.32% 62	720.00 Short-Term
POINT BLANK SOLUTIONS SYMBOL: PBSO	3,000.0000	0.4200 3.2936	1,260.00 9,881.00	1,260.00 9,881.00 to 01/19/07	(8,621.00) (8,621.00)	0.00% 1077	0.00 Long-Term
Special profits A. Branch State of the Special Stat		Sistem Social States	150 Jan Januari 1800 Sept. 1818	100	WATER OF STREET		EDEOU.

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement crcm304-03341 375654

Page 4 of 12

SPC

Charles SCHWAB INSTITUTIONAL

THE BRUNO AND LENA DEGOL FAMILY FOUNDATION Schwab One® Account of

Account Number 8538-0393

December 1-31, 2009 Statement Period

Investment Detail - Equities (continued)

Accounting Method

Equities: High Cost

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY will continue to display at a overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Investment Detail - Mutual Funds	-unds			Ac	Accounting Method Mutual Funds: High Cost	
Bond Funds	Quantity	Market Price	Market Value	Average Cost Basis	Cost Basis	Unrealized Gain or (Loss)
BAIRD SHORT TERM BD INST SYMBOL: BSBIX	41,620.7080	9.5700	398,310.18	9.61	400,000.00	(1,689.82)
FPA NEW INCOME CL A SYMBOL: FPNIX	59,140.1280	10.9200	645,810.20	10.99	650,000.00	(4,189.80)
RIDGEWORTH US GOV SEC ULTRA SHORT BD I SYMBOL: SIGVX	12,363.9960	10.0800	124,629.08	10.11	125,000.00	(370.92)
THORNBURG LTD TERM INCM FD CL I SYMBOL: THIIX	12,173.2950	12.8500	156,426.84	12.32	150,000.00	6,426.84
VANGUARD SHORT-TERM FEDERAL FUND ADMIRAL SHR SYMBOL: VSGDX	32,375.1160	10.7300	347,384.99	10.81	350,000.00	(2,615.01)
			是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		S. A. STANTINGON	The second contraction of the second contrac

5,218.02 Gain or (Loss) **Cost Basis** 50,000.00 62,093.35 29.93 Average Cost Basis Value Market 55,218.02 62,431.54 Price 30.0900 21.5900 2,074.8270 Quantity 2,557.5740 BRANDYWINE BLUE FUND **FAIRHOLME FUND** SYMBOL: BLUEX SYMBOL: FAIRX **Equity Funds**

Market

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavaitable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement. CTCH1304-003341 375655

SPC Page 5 of 12

338.19

Unrealized

Charles SCHWAB INSTITUTIONAL

Schwab One® Account of THE BRUNO AND LENA DEGOL **FAMILY FOUNDATION**

Account Number 8538-0393

December 1-31, 2009 Statement Period

8,623.55 1,543.22 6,590.96 8,626.33 Unrealized 7,702.97 Gain or (Loss) (1,505.76)197/431 161 Accounting Method Mutual Funds: High Cost 語接及管。 **Cost Basis** 50,000.00 62,500.00 147,500.00 40,000.00 80,306.66 20,383.54 12.06 15.39 21.88 Average Cost Basis 33.85 22.91 17.32 Value 30 HAJOR 58,623.55 64,043.22 Market 164,090.96 47,702.97 88,932.99 18,877.78 Price 24.3400 15.7700 14.1400 Market 40.3700 25.3700 16.0400 Investment Detail - Mutual Funds (continued) 4,145.9370 6,741.6170 Quantity 4,061.0790 1,181.6440 3,505.4390 1,176.9190 STRATTON SMALL CAP VALUE MATTHEWS ASIAN GROWTH & **THORNBURG INTL VALUE FD** VAN KAMPEN INTL GROWTH Equity Funds (continued) FMI LARGE CAP FUND **OSTERWEIS FUND** SYMBOL: MACSX SYMBOL: FMIHX SYMBOL: OSTFX SYMBOL: STSCX SYMBOL: TGVIX SYMBOL: VIFAX NCOME FUND **NST CLASS** FUND CL A FUND

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavallable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

Page 6 of 12

"刘明的"

医角形 化粉粉

Sold Mothers of the

SEPC

charles SCHWAB NSTITUTIONAL

THE BRUNO AND LENA DEGOL **FAMILY FOUNDATION** Schwab One® Account of

Account Number 8538-0393

Statement Period December 1-31, 2009

Accounting Method
Other Assets: High Cost

Investment Detail - Other Assets

Long-Term Lohg-Term Long-Term Lohg-Term Long-Term Holding Perlod 762 706 672 999 Holding Days 757 **1,333.00** (2,577.85) (2,577.85) **(2,700.00)** (1,393.00) (4,167.00) (4,167.00) (1,307.00) Unrealized Gain or (Loss) 50,007.00 03/05/08 11/30/07 12/05/07 Acquired 02/28/08 01/25/08 **45,840.00** 50,007.00 t **52,426.00** 55,003.85 t 56,632.001 41,227.00 t 97,859,00 Cost Basis 51,340.00 Market Value 95,159.00 **22.9200** 25.0035 25,0035 22.6528 25.0017 25.6700 **Market Price** 23.8300 22.903**8** Cost Per Share 22.1300 Units Purchased 2,200.0000 2,000.0000 2,000.0000 2,000.0000 2,000.0000 2,500.0000 Quantity 2,200.0000 4,300.0000 1,800,0000 SUSQUEHANNA CAP 9.375%57 **BARCLAYS BANK 7.75%ADR F** JP MORGAN CHASE 5.875%33 SUBJ TO XTRO REDEMPTION SUBJ TO XTRO REDEMPTION SPONSORED ADS SER 4 PFD SUBJ TO XTRO REDEMPTION SUBJ TO XTRO REDEMPTION ENHANCED TR DUE 03/15/68 WELLS FARGO XII 7.875%68 CAP SECS DUE 06/15/33 Allega Mill Spile SYMBOL: JPM+K SYMBOL: BCS+C SYMBOL: SUS+A SYMBOL: BWF Other Assets DUE 12/12/57 Cost Basis

Treat Prestation than 2000 (chisto	- 12 (00) Birth	States with the states of the
ગુંહાલાનું મિલ્લાસમાં લેવાના	Holders of Links	ASSET PHYSICAL

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.

CTCH1304-003341 375657

9 2008 Charles Schwab & Co., Inc. All rights reserved. Member SIPC. Schwab Institutional is a division of Charles Schwab & Co., Inc. ("Schwab"). This statement is furnished solely for your account at Schwab. Except as noted in this statement's Terms and Conditions, Investment Advisors whose names appear in this statement are not affiliated with Schwab. Please see Terms and Conditions (2002-2115, 2002-240) STP25265R1-02

SPC

Page 7 of 12