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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.

2009

14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 247. 0. 0.  b Accounting fees STMT 4 1,090. 0. 0.  c Other professional fees 17 Interest 18 Taxes STMT 5 23. 0. 0. 0.  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 100. 0. 0.	For	cale	endar year 2009, or tax yea	ar beginning			, and e	nding					
Use the RS   Name of foundation	G	Chec	ck all that apply	Initial returi	П	<u>Initial</u> return of a	former public o	charity		Final retur	n		
BitUN FAMILY POUNDATION   26-0846266				Amended r	eturn	Address cha	nge		Name change				
Otherwise, BIHUN FANILY FOUNDATION pith pith pith pith pith pith pith pith	ose tile ins								A Employ	er identificatio	n number		
or types   221 RIVERSIDE DRIVE				ILY FO	UNDATIO	ON			26-	0846266	5		
See Specific City or fown, state, and ZIP code   TURON, OH 4 4839		•		O box number	r if mail is not deli	vered to street address)		Room/suite	B Telepho	ne number			
Instruction   Levy of origination   X  Section 501(c)(3) exempt private foundation   Section 497(0)(1) nonexempt of Levy by or origination   X  Section 501(c)(3) exempt private foundation   Section 497(0)(1) nonexempt of Levy by or origination   X  Section 501(c)(3) exempt private foundation   Section 497(0)(1) nonexempt of Levy by origination   X  Section 501(c)(3) exempt private foundation   Section 497(0)(1) nonexempt origination   X  Section 501(c)(3) exempt private foundation   Section 497(0)(1) nonexempt origination   X  Section 501(c)(3) exempt private foundation   Y  Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets at end of year   Accounting the market value of all sasets of year   Accounting the market value of all sasets of year   Accounting the market value of all sasets of year   Accounting the market value of all sasets of year   Accounting the market value of all sasets of year   Accounting the market value   Accounting the sasets of year   Accounting the year   Accounting				SIDE D	RIVE				1-4	19-433-	<u>-3</u> 295		
Flux No.   Check byte of granutation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 5947(a)(1) nonexampt charitable trust   Cher txable private foundation   Section 597(b)(1)(1)(1), check there   Section 597(b)(1)(1)(1)(1), check there   Section 597(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)		-	ione   Gity of town, State, a		_				C If exempt	ion application is ;	pending, check here	, ▶	
Section 447(a)(1) nonexempt charactable trust   Other (axable private foundation   Ear market value of all assests and and syear   J. Control (control (a) must be on ceach basis)   Fit the foundation is in a 60-month termination under section 507(b)(1)(a), check here   ►			HURON, OH					<del> </del>	D 1. Forei	gn organizatıon	s, check here		
Fair market value of all assets at end of year   J Accounting method   Cash   Accrual   If the foundation is in a Gornouth termination   Interest on accounting method   Cash   Accrual   Interest on accounting method   Cash   Cash   Accrual   Interest on accounting method   Cash	H_C	_							2. Foreig	n organizations me here and attach co	eeting the 85% test omputation .	• ▶□	
Fair market value of all assets at end of year   Accounting method   Compared to (c) (c), into 16									E If privat	e foundation sta	itus was termina	ted	
Part   Analysis of Revenue and Expanses   Uniform section 507(b)(18), heck here   Part   Analysis of Revenue and Expanses   Che bible of amounts in columns (b), (c), and (c) may not expanses   Che bible of amounts in columns (b), (c), and (c) may not expanses   Che bible of amounts in columns (b), (c), and (c) may not expanses   Che bible of amounts (b), (c), and (c) may not expanses   Che bible of amounts (b), (c), and (c) may not expanses   Che bible of amounts (b), (c), and (c) may not expanse   Che bible of amounts (c), (d), between the income   Che Adjusted and interest from securities   Che Adjusted and securit				end of year			Accr	ual	under s	ection 507(b)(1	)(A), check here	```▶∐	
Part I   Analysis of Revenue and Expenses (a) Revenue and Expenses (b) (a) revenue and (b) Net investment income (cash bases only require the amounts (b) (c) and (d) may not expenses per books (cosh bases only) (c) N/A (				0.62			hasia V					nation	
The size of amounts in columns (6), co., and (cf. may not expenses per books  1 Contributions, grists, grants, etc., received 2 Cheese but in the standards and stands such such 8 a linewat on awaring and temporary 4 Dividends and interest from securities 5 a Gross sents 6 Net standards in column (6) and stands such such 8 a linewat on awaring and temporary 4 Dividends and interest from securities 5 a Gross sents 6 Net standards income of colors 7 Capture gain nat income of colors 8 Net standards income of colors 9 Income modifications 10 Gross seale sea returns 10 Less Coard opcos sold 10 Clores colors of colors from sold 11 Clores income 12 Tatal Add lines 1 through 11 13 Compassion of officers, income 14 Other employee salanes and wages 15 Less Coard opcos sold 16 Less Coard opcos sold 17 Interest 18 Less Coard opcos sold 19 Depreciation and depletion 19 Tatal Add lines 1 through 11 10 Coross seals and wages 10 Coupancy 17 Interest 18 Less Coard opcos sold 18 Legal process and sold seals and wages 19 Depreciation and depletion 19 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 11 Taxes Contributions and depletion 10 Coupancy 11 Taxes Contributions and depletion 11 Clores of the coupancy 12 Taxes Contributions and depletion 13 Compassional of deficers, income 14 Other employee salanes and wages 15 Less Contributions and depletion 15 Contributions and depletion 16 Coupancy 17 Interest 18 Less Contributions and depletion 18 Legal ress STMT 4 1,090 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	$\overline{}$	_			(Part I, colum		1					<u>▶</u>	
2 Check ▶	<u>га</u>	ert .	(The total of amounts in colu	mns (b), (c), and	d (d) may not	expenses per books	inco		, It	ncome	for charitable	purposes	
Interest on axings and temporary		1			<b></b>	10,107.			N	/A			
## A Dividends and interest from securities  5a Gross rents  Di Net rents income or (loss)  15 Net gain or (loss) from safe of assets not on line 10  25 Net gain or (loss) from safe of assets not on line 10  26 Net gain or (loss) from safe of assets not on line 10  27 Capital gain ent normer (from Part IV, line 2)  38 Net short-term capital gain  39 Income mortifications  100 and allowances  30 Less Cost of goods sold  31 Compensation of officers, ownerton, fivates, etc  11 Other income  12 Total. Add lines 1 through 11  13 Compensation of officers, ownerton, fivates, etc  14 Other employee scalanes and wages  15 Pension plans, employee benefits  16 Legal frees  17 Interest  18 Taxes  18 Taxes  17 Interest  18 Taxes  18 Taxes  17 Interest  18 Taxes  19 Depreciation and depletion  20 Cocupancy  21 Travel, conferences, and meetings  22 Other expenses  23 Other expenses  24 Total aperating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  7, 460.  27 Subtract income 12  28 Excess of revenue over expenses and disbursements  b lit investment income 0 frequence, enter-ob)  18 Application 1 former of the first one of the state of the first of the first one of the fir		2			attach Sch B	<del></del>			<b></b>			·····	
Sa Gross rents   Dot   Net rental income or (local)	İ	3	cash investments	orary	<u> </u>						<u> </u>		
D   Net rental income or (loss)				m securities	•	152.	ļ	152.		_	STATEME	NT 1	
68   Mer guin or Joseph from sale of assets not on line 10					-	······································		<del></del>	ļ	······································			
D   Gross sales pince for all   D   Company		_	· · · <del>-</del>				<del> </del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	***************************************			<del></del>	
Solution	9		Gross sales price for all	assets not on li	ne 10		<del> </del>		-	RECE	INED .	<del>. </del>	
Solution	Ven	_	assets on time on	Port IV ( line 2)	<del></del>  -	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	· · · · · · · · · · · · · · · · · · ·			<del>]</del>	
Society   State   St	8	_	, ,		.	······································		· ·	l o	MAN 1	2010	<del>}</del>	
10a and allowances	1	_	, ,	•	·  -	**********	<del> </del>	1, 4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		I WALL	1 KOIN 1	<u> </u>	
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0		_	Gross sales less returns	• •	·			······			<u></u>	<del>[</del>	
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0	:			,		, <u>                                    </u>	<del></del>	+ + + • • • •		OGD	N, UI	<del></del>	
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0		C	Gross profit or (loss)									***************************************	
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0	-	11	Other income								STATEME	NT 2	
15   Pension plans, employee benefits   16a Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0		12	Total. Add lines 1 through	11			Į.						
15   Pension plans, employee benefits   16a Legal fees   STMT   3   247   0   0   0   0   0   0   0   0   0		13	Compensation of officers, direct	ctors, trustees,	etc	0.		0.				0.	
The Ferision plans, employee denerits  In a Legal fees  STMT 3  Accounting fees  STMT 4  STMT 5  Interest			•	•	-								
b Accounting fees STMT 4 1,090. 0. 0. 0.  c Other professional fees  17 Interest  18 Taxes STMT 5 23. 0. 0.  19 Depreciation and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses STMT 6 100. 0. 0.  24 Total operating and administrative expenses. Add lines 13 through 23 1,460. 0. 0.  25 Contributions, gifts, grants paid 6,000. 0. 6,000.  26 Total expenses and disbursements. Add lines 24 and 25 7,460. 0. 6,000.  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if	ຸທີ				,m ,	247				···			
C Other professional fees  17 Interest  18 Taxes STMT 5  23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S.		-				· · · · · · · · · · · · · · · · · · ·						
17   Interest   18   Taxes   STMT   5   23	xbe			DIL	·- *	1,090.				<del></del>		<u> </u>	
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	e e				·  -	<del></del>		-		<del>-</del> · · · · · · · · · · · · · · · · · · ·			
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ativ		<u>-</u>	STM	10° 5	23.		0.					
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	istr				- · ·		<del></del>				<del></del>	<u>·</u>	
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ē												
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	PA		•	neetings									
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	E 2			_	. ' '								
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ရုံ 2	23	Other expenses	STM	T 6	100.		0.				0.	
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		24	Total operating and admir	nistrative			- <u>-</u>						
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25 . 7, 460 . 0 . 6,000 .  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	e l		expenses. Add lines 13 thi	rough 23 .		1,460.		0.				0.	
Add lines 24 and 25 7, 460 0 6,000 6,000 6,000 C Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 5,903 C Adjusted net income (if negative, enter -0-) N/A	2				<u></u>	6,000.					6,	,000.	
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	2			rsements.	İ						.=		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	4					/,460.		0.			6,	,000.	
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	2					0 550		ĺ					
c Adjusted net income (if negative, enter -0-) . N/A					<del></del>	8,550.		002	************	<del></del>	<del></del>	+	
23501 LIA For Bringey Act and Pangrupy Reduction Act Notice and the instructions					·····			,903.	NT /	, <u>,                                    </u>			
	23501	<u> </u>				Notice see the instruct	ione			<u> </u>	Corm 000 D	E (2000)	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of	End of year		
	arı	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	4,549.	2,311.	2,311.		
	3	Accounts receivable					
		Less allowance for doubtful accounts			0 - 02000 Minoro qui va resso, r		
	4	Pledges receivable		1			
		Less allowance for doubtful accounts					
	5	Grants receivable			<del></del>		
	6	Receivables due from officers, directors, trustees, and other					
	_	disqualified persons					
	7	Other notes and loans receivable		1			
	١.	Less allowance for doubtful accounts ▶					
Assets	١.	Inventories for sale or use					
Ass	9	Prepaid expenses and deferred charges					
-		Investments - U.S. and state government obligations to the structure of the state of the structure of the st	5,374.	17,192.	41,277.		
	1	; = ===	3,374.	1/,192.	41,2//-		
		Investments - corporate bonds  Investments - land, buildings, and equipment basis	· · · · · · · · · · · · · · · · · · ·		·····		
	''		İ	1			
	12	Less accumulated depreciation Investments - mortgage loans	<del></del>				
	13	Investments - other STMT 8	101,390.	100,093.	128,464.		
	l	Land, buildings, and equipment basis	201/0300		120/101.		
	'	Less: accumulated depreciation		1			
	15	Other assets (describe					
	'		·				
	16	Total assets (to be completed by all filers)	111,313.	119,596.	172,052.		
		Accounts payable and accrued expenses					
	1	Grants payable					
S	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
abi	21	Mortgages and other notes payable					
٦	22	Other liabilities (describe )					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
s		and complete lines 24 through 26 and lines 30 and 31.					
S	24	Unrestricted .					
檀	25	Temporarily restricted					
ä		Permanently restricted .					
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here					
님		and complete lines 27 through 31.					
sts		Capital stock, trust principal, or current funds	0.	0.			
SS		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
ا <u>ک</u>		Retained earnings, accumulated income, endowment, or other funds	111,313.	119,596.			
ž	30	Total net assets or fund balances	111,313.	119,596.			
			111 212	110 506			
	31	Total liabilities and net assets/fund balances	111,313.	119,596.			
Pa	irt l	Analysis of Changes in Net Assets or Fund Ba	lances				
		net assets or fund balances at beginning of year - Part II, column (a), line 3					
		agree with end-of-year figure reported on prior year's return)	U		111,313.		
•		agree with end-of-year lighte reported on prior year's return) amount from Part I, line 27a		1 2	8,550.		
		Increases not included in line 2 (itemize)		3	0,330.		
		nes 1, 2, and 3		3 4	119,863.		
		ises not included in line 2 (itemize)   PARTNERSHIP NON	 I DEDUCTIBLE EX		267.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		6	119,596.		
	I	The state of the s	1211		Form <b>990-PF</b> (2009)		

(a) List and desi	(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.)					cquired chase ation		acquired day, yr.)	(d) Date sold (mo., day, yr)
1a	NATE:						·· —		
	ONE			-			·		
<u>c</u> d				-					
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	100	expense of sale					Gain or (loss) is (f) minus (	
<u>a</u>		<del> </del>				·····		· ·	
b C		-		$\overline{}$					
d									
0									
Complete only for assets shown	ng gain in column (h) and owned by	$\overline{}$					(I) Gains (	Col. (h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any				Losses	not less than (from col (i	1)) 
<u>a</u>		<del> </del>						<del></del>	
<u>b</u>									
d									
е						_			
? Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter -0			}	2		·		
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) a column (c)	nd (6).			i				
If (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·			Д	3				
	nder Section 4940(e) for					ent In	come	<u></u>	
section 4940(d)(2) applies, leave th	e foundations subject to the section his part blank.	4940(a) (ax oi	i net investment un	come	,				
	tion 4942 tax on the distributable an		•	od?	•	•		1	Yes X No
Enter the appropriate amount in e	each column for each year; see instr			s					
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis		Net value of nor	(c) Ichari			1	Distribu (col (b) divid	d) tion ratio led by col (c))
2008		4,933.				0,133			.041063
2007 2006		<u> </u>			103	9,369	<u>'• </u>	<del></del>	.000000
2005			-						
2004									_
Total of line 1, column (d)			***				2	-	.041063
	i-year base period - divide the total (	on line 2 by 5	or by the number of	of vea	rs		-		.041003
the foundation has been in existen			or by the number of	n you			3		.020532
Enter the net value of noncharitable	le-use assets for 2009 from Part X,	line 5		-			4		111,878.
Multiply line 4 by line 3							5		2,297.
Enter 1% of net investment income	e (1% of Part I, line 27b)						6		59.
Add lines 5 and 6							7		2,356.
Enter qualifying distributions from	Part XII, line 4						8		6,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1%	tax ra	te			

923521 02-02-10

Form **990-PF** (2009)

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

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion 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		.,
	-	
Total number of others receiving over \$50,000 for professional services .		. • 0
Part IX-A Summary of Direct Charitable Activities		<u>· · · · · · · · · · · · · · · · · · · </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	ical information such as the uced, etc	Expenses
1 N/A		<del></del>
2		
<del></del>		
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 it	nes 1 and 2	Amount
1 N/A		
?		
All other program-related investments. See instructions		
3		
<del></del>		
		<del></del>
Total. Add lines 1 through 3		0.

1 a   1b   1c   1d   1d   1d   1d   1d   1d   1d	111,838. 1,744. 113,582. 0. 113,582. 1,704. 111,878. 5,594. 5,594.
1 c 1 d 0 . 2 3 4 5 6 6 ons and certain 1 5 9 . 1 . 2 c 3	113,582 0 113,582 1,704 111,878 5,594 5,594
1 d 2 3 4 5 6 ons and certain 1 5 9 . 1 . 2c 3	0. 113,582. 1,704. 111,878. 5,594.
0 . 2 3 4 5 6 ons and certain 5 9 . 1 . 2c 3	0. 113,582. 1,704. 111,878. 5,594.
2 3 4 5 6 ons and certain	113,582 1,704 111,878 5,594 5,594
2 3 4 5 6 ons and certain	113,582 1,704 111,878 5,594 5,594
3 4 5 6 ons and certain	113,582 1,704 111,878 5,594 5,594
4 5 6 ons and certain 1 5 9 . 2c 3	1,704 111,878 5,594 5,594
5 6 ons and certain  5 9 .	111,878 5,594 5,594
6 ons and certain  59. 1 2c 3	5,594. 5,594.
ons and certain  59. 1. 2c. 3	5,594. 5,594.
1 1. 2c 3	60.
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Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

1. Distributible amount for 2009 from Part XI, Inter 7 2. Unseathouse froms, Itany, and the sed of 2009 a Enter amount for 2008 only 1 fold for prior years.  3. Excess distributions carryover, if any, to 2009 a From 2004	,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
### Enter amount for 2008 only  ### Total for prior years.    0					5,534.
B Total for prior years.  3 Excess distributions carryover, if any, to 2009 a firon 2004 b Prior 2005   From 2006   From 2007   From 2006   From 2007   From 2006   From 2007   From 2008   From 2009   From 2008   From 2009    2 Undistributed income, if any, as of the end of 2009					
S Excess distributions carryover, if any, to 2009  a From 2004 b From 2005 c From 2006 d From 2007 e From 2008  1 Total of Ness 3 through e O. Applied to 2008, but not more than line 3 Applied to undistributed incerne of pror years (Election required - see instructions) C Trailed as distributions or ut of corpus (Election required - see instructions) C Trailed as distributions out of corpus (Election required - see instructions) O. C Trailed as distributions out of corpus (Election required - see instructions) O. C Trailed as distributions out of corpus (Election required - see instructions) O. C Trailed as distributions out of corpus (Election required - see instructions) O. C Trailed as distributions out of corpus (Election required - see instructions) O. D - C Trailed as distributions out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributions out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O. D - C Trailed as distributed out of corpus (Election required - see instructions) O	a Enter amount for 2008 only		<u> </u>	920.	<del></del>
3 Excess distributions carryover, if any, to 2009 a From 2005 f. From 2006 d. From 2007 e. From 2008 1 Total of lines 3a binusphe 4 Qualifying distributions for 2009 from Part XI, line 4 ▶ \$ 6,000 a Applied to 2005, but not more tima line 2a beginded to indistributed income of prior years (Election required - see instructions) d. Replied to 2009 distributions out of corpus (Shebon required - see instructions) d. Applied to 2009 distributions out of corpus (Shebon required - see instructions) d. Applied to 2009 distributions out of corpus (Shebon required - see instructions) d. Applied to 2009 distributions out of corpus Sexees distributions dryvew expense in the column (a) to the store of the column (a) to the store of the column (b)	<b>b</b> Total for prior years.				
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PFrom 2005   C From 2006   C From 2007   From 2008   C	ı				
From 2006  If Total of lines 3a through e  O .  4 Coult-from distributions for 2009 from Part XII, line 4 ► \$ 6,000 .  a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)  C Treated as distributions out of corpus (Election required - see instructions)  O .  C Treated as distributions out of corpus (Election required - see instructions)  O .  Applied to 2008 subtributions out of corpus (Election required - see instructions)  O .  Applied to 2009 stributibation amount electronic in the seed in the	· · · · · · · · · · · · · · · · · · ·				
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E From 2008					
Total of lines 3a through e   0	• •				
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ 5		n			
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d Applied to 2009 distributable amount e Remaining amount distributed out of corpus  5 coxes distributions carryover applied to 2009 (if an amount appeare in column (e), the same amount must be elsent in column (e).  6 Enter the net total of each column as indicated bellow:  a Corpus And lines 3f. 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b.  Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(e) tax has been previously assessed  4 Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010  A mounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7  9 Excess distributions carryover from 2004 on applied on line 5 or line 7  9 Excess from 2005  Excess from 2007  d Excess from 2006  Excess from 2007  d Excess from 2008  Excess from 2008		0			
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If it an amount appears in Column (d), the same amount must be above in Column (a).  6 Enter the net total of each column as indicated below:  8 Corpus Add lines 31, 4c, and 4e Subtract line 5  b Prior years' undistributed income Subtract line 6  b Prior years' undistributed income Subtract line 20  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  d Subtract line 6c from line 6b. Taxable amount - see instrictions  undistributed income for 2008 Subtract line 4 afrom line 2a Taxable amount - see instrictions  undistributed income for 2008 Subtract line 4 afrom line 2 a Taxable amount - see instrictions  1 Undistributed income for 2009 Subtract lines 4 and 5 from line 1. This amount must be distributed in 2010  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(1)(1) 4942(p)(3)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7  Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2007  d Excess from 2007  d Excess from 2007  d Excess from 2008  Excess from 2009			· ,, ,—•.·· , , , , , , , , , , , , , , , , , ,	·······	0.
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## Excess from 2007 ### Excess from 2008 ### Excess from 2009	<del></del>	1	ļ		
d Excess from 2008 e Excess from 2009		1			
e Excess from 2009					
	e Excess from 2009				

	AMILI FOUN.		\(\(\)\(\)\(\)		346266 Page
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of		•	g		
foundation, and the ruling is effective for			▶ └	1.2.2	
b Check box to indicate whether the found		ting toundation describe		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(4) 0000	
income from Part I or the minimum	(8) 2009	(U) 2006	(6) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					<del> </del>
b 85% of line 2a		<del>                                     </del>			<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed		ļ		ļ	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	<del></del>	<u> </u>			ļ
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon  a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(¡)(3)(B)(!!!)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor	mation (Comple	ete this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during th	e year-see the i	instructions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total con	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed mo	re than \$5,000). (See s	ection 507(d)(2) )			
IONE					
b List any managers of the foundation who other entity) of which the foundation has a	own 10% or more of th 1 10% or greater interes	e stock of a corporation st	(or an equally large portion	on of the ownership of a pa	rtnership or
IONE					
2 Information Regarding Contribution Check here ► X if the foundation only the foundation makes gifts, grants, etc. (see	y makes contributions t	to preselected charitable	organizations and does n	ot accept unsolicited reque	ests for funds If
a The name, address, and telephone numbe	r of the person to whom	n applications should be	addressed		
b The form in which applications should be	submitted and informat	ion and materials they s	hould include.		
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geographica	l areas, charitable fields,	kinds of institutions, or o	ther factors	
23601 02-02-10					orm 990-PF (2009)

Name and address (home or business)  Name and address (home or business)  Name and address (home or business)  Show any relationship to any foundation manager or substantial contributor  a Paid during the year  Show any relationship to any foundation status of recipient  Amount	3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	<u>-</u>		
a Paid duting the year STEIN HOSPICE 1200 SYCAMORE LINE SANDUSKY, OH 44870  NONE  GENERAL  6,00  Total  b Approved for future payment  NONE		show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
b Approved for future payment	a Paid during the year STEIN HOSPICE 1200 SYCAMORE LINE		recipient		6,000
b Approved for future payment					
b Approved for future payment	Total			<b>▶</b> 3a	6.000
Total	Total			<b>▶</b> 2h	0

Part XVI-A	Analysis	of Income-Pr	roducing Activities
			Linguisted busines

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	y section 512, 513, or 514 (8)		
	(a)	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue	Business code	Amount	sion	Amount	function income		
		<del></del>			·· <del>·</del>		
b	-						
		<del></del>					
d	-						
f					<del></del>		
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			14	152.			
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			14	5,751.			
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events							
O Gross profit or (loss) from sales of inventory							
1 Other revenue			1 1				
a							
b							
C	_				. <del>-</del>		
d	_						
e	_						
2 Subtotal. Add columns (b), (d), and (e)		0		5,903.	0.		
3 Total. Add line 12, columns (b), (d), and (e)				. 13	5,903.		
See worksheet in line 13 instructions to verify calculations )							

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).
923621 02-02-10	Form <b>990-PF</b> (2009)

		(VII Information R			nd Relationships With Non	charitable		ge 13
_	D:-	Exempt Organ			- danaghad an anglan (2047) af		V1	Al-
7		-		ollowing with any other organization			Yes	No
		code (other than section 50 rt osfers from the reporting found		tion 527, relating to political organia	zations?		1	
i		Cash	Jation to a nonchantable exem	npt organization or		1 = (1)	i	Х
		Other assets	•			1a(1)		X
ı		er transactions	• •	•		1a(2)		
,		Sales of assets to a noncharite	able exempt organization			1b(1)	- 1	Х
	٠,	Purchases of assets from a no	. •	tion .	· •	16(2)		X
		Rental of facilities, equipment,	• •			1b(3)		X
	٠,	Reimbursement arrangements			, ,	1b(4)		X
		Loans or loan guarantees		·		1b(5)		X
	(6)	Performance of services or mo	embership or fundraising soli	citations		1b(6)		X
(	Sha	ring of facilities, equipment, ma	ailing lists, other assets, or pa	id employees		10		X
	or se	ervices given by the reporting t mn (d) the value of the goods,	foundation. If the foundation r other assets, or services rece	received less than fair market value	ays show the fair market value of the god in any transaction or sharing arrangeme	ent, show in		
(0)	Line no	(b) Amount involved	N/	<del> </del>	(d) Description of transfers, transactions	and sharing arra	angemer	its .
		<del> </del>	147	<u> </u>				
			† · · · · · · · · · · · · · · · · · · ·			<del></del>		
	•			· · · · · · · · · · · · · · · · · · ·			-	
		<u> </u>						
		<u> </u>	<del></del>					
				· · · · · · · · · · · · · · · · · · ·		- <del></del>		
	·		-					
20	lo the	foundation directly or indirect	the affiliated with ar related to	, one or more tax-exempt organiza	l described			
2 a		ction 501(c) of the Code (other	•	• •	tions described	□ vaa	X	N1-
h		s," complete the following sche		1 360(1011 321 -	•	L Yes		INO
	., .,	(a) Name of org		(b) Type of organization	(c) Description of relati	onship		
		N/A			<del></del>			
1				accompanying schedules and statemented on all information of which preparer ha	ts, and to the best of my knowledge and belief,	it is true, correct,	•	
				. / /	7/			
	<b></b> =	Solozan	C Vale	5/11/10	Mexident			
Ē	SI	gnature of officer or trustee		Date	Title			
E C	, ×	Preparer's	The PZ.	Date 2	self-	parer's identifying	g numb	er ///
ַן ה	raid parer se Only	signature // ///	EC MENINT TOUR		employed   employed	11/1-7	<u> </u>	7_
ď	Preparer's Use Only	Firm's name (or yours BARN) If self-employed). 5050		PAS INC.	EIN ► 39-	14004	1/	
	₹⊃	If self-employed), address, and ZIP code SHEF1	WATERFORD DR FIELD VILLAGE		Dhono no 1 A A	0)934-	382	Λ
丄		SIIII )	<u> </u>	, 01110 11000	Phone no (44	<u> ,</u>	200	U

Form **990-PF** (2009)

### Schedule B (Form 990, 990-EZ,

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

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** BIHUN FAMILY FOUNDATION 26-0846266 Organization type (check one): Filers of: Section: \_\_\_ 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990⋅EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

## BIHUN FAMILY FOUNDATION

26-0846266

Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	EDWARD AND GUINEVERE BIHUN  321 RIVERSIDE DRIVE  HURON, OH 44839	\$\$ <u>8,653.</u>	Person 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	
2	EDWARD AND GUINEVERE BIHUN  321 RIVERSIDE DRIVE  HURON, OH 44839	\$\$.	Person 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	
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		, i	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Employer identification number

### BIHUN FAMILY FOUNDATION

26-0846266

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-	1000 SHARES EDISON INTERNATIONAL		
		\$\$.	12/30/09
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1000 SHARS HUNTINGTON BANCSHARES		
2		\$\$.	12/30/09
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) lo. om rt l	·(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		   \$	
a) o. om rt l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			, 990-EZ, or 990-PF) (20

FORM 990-PF DIVIDEN	IDS AND	INTE	REST FROM	SEC	URITIES	STATEMENT ]	
SOURCE GRO		GROSS	C. SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
AMERITADE	_		152.		0.	152	
TOTAL TO FM 990-PF, PART I,	LN 4 =		152.	<del></del>	0.	152.	
FORM 990-PF	07	HER ]	INCOME			STATEMENT 2	
DESCRIPTION			(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ROYALTY INCOME PARTNERSHIP LOSS			4,745. 1,006.		4,745. 1,006.		
TOTAL TO FORM 990-PF, PART I, LINE 11		11 _	5,751.		5,751.		
FORM 990-PF		LEGAL	FEES			STATEMENT 3	
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	-	247.	0.			0.	
TO FM 990-PF, PG 1, LN 16A		247.		0.		0.	
FORM 990-PF	ACC	OUNTING FEES			STATEMENT 4		
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1	,090.		0.		0.	

FORM 990-PF	TAXES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTE NET INCO		
FEDERAL EXCISE TAX 2008	23.		0.			0.
TO FORM 990-PF, PG 1, LN 18	23.		0.			0.
FORM 990-PF	OTHER EXPENSES				STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTEI NET INCOM		
OHIO STATE FILING	100.		0.			0.
TO FORM 990-PF, PG 1, LN 23	100.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			воо	K VALUE	FAIR MARKET VALUE	ľ
BANK OF AMERICA CORP EDISON INTERNATIONAL HUNTINGTON BANCSHARES ANNALY CAPITAL MANAGEMENT				5,374. 8,653. 1,454. 1,711.	3,01 34,78 1,75 1,73	30. 50.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		17,192.		41,277.	
FORM 990-PF	OTHER INVI	ESTMENTS			STATEMENT	8
DESCRIPTION		LUATION ETHOD	воо	K VALUE	FAIR MARKET VALUE	
PERMIAN BASIN RTY TR UNIT CEDAR FAIR, L.P.		COST		90,527. 9,566.	101,080. 27,384.	
		-		<del> </del>		