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Form **390-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

OMB No 1545-0052

For	calen	dar year 2009, or tax year beginning		, and ending		
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	Final return	
		Amended return	Address chang	je	Name change	
lise	the l	RS Name of foundation			A Employer identification	number
	abel	THE DIANA OEHRLI CHAR	ITABLE TRUST			
Oth	erwi	·			<u> 26-1944179</u>	
	print	Number and street (or P O box number if mail is not de	ivered to street address)	Room/suite	B Telephone number	
	r type Spec	36. 200 111111111110 1111			617-482-17	76
	ructio	City or town, state, and zip code	•		C If exemption application is po	
		BOSTON, MA 02110-333		<del></del>	D 1. Foreign organizations	
H_(	_	type of organization: X Section 501(c)(3) ex	• •		Foreign organizations me check here and attach co	mputation
<u>_</u>			Other taxable private founda		E If private foundation stat	
		rket value of all assets at end of year J Accounting	•	Accrual	under section 507(b)(1)	• • •
	ют ғ ∙\$	Part II, col (c), line 16) 0t 11 , 324 , 824 . (Part I, colui	her (specify)	nasis )	F If the foundation is in a 6 under section 507(b)(1)	
_	irt l		" "		Ĭ	(d) Disbursements
1 6		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	11,322,593.		N/A	(saan saan siny)
	2	Check I if the foundation is not required to attach Sch B	11/322/3330	<del></del>	23722	
	3	Interest on savings and temporary cash investments	2,885.	2,885.		STATEMENT 1
	4	Dividends and interest from securities	2,0001			
	5a	Gross rents		. =		
		Net rental income or (loss)			•	
_	60	Net gain or (loss) from sale of assets not on line 10				•
nue	b	Gross sales price for all assets on line 8a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
æ	8	Capital gain net income from Part in the 2 Net short-term capital gain RECEIVED				
	۱ .	The same and the standards of the standard of the standards of the standard of the standards of the standards of the standards of the standard of the standards	DO DO			
	10a	Gross sales less returns 8 OCT 2.5 2010	SC			-
2010	Ь	Less Cost of goods sold	S-			
<b>8</b>	C	Gross profit or (loss)				
9	11	Other income OGDEN, UT				
2 ON	12	Total. Add lines 1 through 11	11,325,478.	2,885.		
Ž	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
Щ,	15	Pension plans, employee benefits				
MANED	16a	Legal fees			ļ	
<b>Ø</b>	b	Accounting fees				
₩,	C	Other professional fees				
Operating and Administrative Expel	17	Interest		<del></del>	+	
tra	18	Taxes				
inis	19	Depreciation and depletion				
튣	20	Occupancy				
φ	21	Travel, conferences, and meetings				
au	22	Printing and publications Other expenses STMT 2	35.	0.		35.
ting	23	•	33.		1	33.
era	24	Total operating and administrative expenses. Add lines 13 through 23	35.	0.		35.
ő	25	Contributions, gifts, grants paid	33.	0.	<u>-</u>	
	25 26	Total expenses and disbursements.	<del>                                     </del>			
	20	Add lines 24 and 25	35.	0.		35.
	27	Subtract line 26 from line 12:				
	i i	Excess of revenue over expenses and disbursements	11,325,443.			
		Net investment income (if negative, enter -0-)		2,885.		
		Adjusted net income (if negative, enter -0-)			N/A	
9235 02-0		LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruct	ions.	. •	Form <b>990-PF</b> (2009)

923511 02-02-10 11,325,453. Form **990-PF** (2009)

5 Decreases not included in line 2 (itemize)

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

	cribe the kind(s) of property sol varehouse; or common stock, 20			υβ.  D	low acquired - Purchase - Donation	(c) Da	ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NC	ONE			<u> </u>				
<u>c</u>				-	-		_	
<u>d</u>				<u> </u>	_	<del> </del>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				) Gain or (loss plus (f) minus	
a								
<u>b</u>								
<u>C</u>	<u> </u>			$\longrightarrow$				
<u>d</u>							<del></del>	
Complete only for assets show	I	ed by the foundation	on 12/31/69	-+		(I) Gains	(Col. (h) gair	ı mınııc
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i) col. (j), if any			còl. (k), b	ut not less that ses (from col.	n -0-) <b>or</b>
a		_						
b								
C								
d	<u> </u>							
<u>e</u>	<u> </u>				<del></del>			
2 Capital gain net income or (net o	capital loss) { If gain, also lf (loss), er	o enter in Part I, line iter -0- in Part I, line	7 7	}	2			
Net short-term capital gain or (lo		(5) and (6):		١,				
If gain, also enter in Part I, line 8				<b> </b>				
If (loss), enter -0- in Part I, line 8  Part V Qualification I	Under Section 4940(e	for Reduced	Tax on Net	l Inv	stment l	ncome	<u> </u>	
For optional use by domestic priva								
Vas the foundation liable for the se "Yes," the foundation does not qui Enter the appropriate amount in	alify under section 4940(e). Do	not complete this pa	ırt.					Yes X No
(a)  Base period years Calendar year (or tax year beginn	(b	)	Net value of no	(c)	ritable-use ass	ets	Distri (col. (b) dr	(d) bution ratio vided by col. (c))
2008	mig iii)	0.				5.	(00 (0) 0.	.00000
2007		0.				5.		.00000
2006								
2005								
2004								
2 Total of line 1, column (d)						2	!	.00000
3 Average distribution ratio for the the foundation has been in exist		total on line 2 by 5,	or by the number	r of yea	ars	_3		.00000
4 Enter the net value of noncharita	able-use assets for 2009 from P	art X, line 5				4		5,630,213
6 Multiply line 4 by line 3						_ 5	<u> </u>	0
S Enter 1% of net investment inco	ome (1% of Part I, line 27b)					6	<u> </u>	29
Add lines 5 and 6						7	,	29
B Enter qualifying distributions fro	om Part XII, line 4					8		35
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, check the box in Part \	/I, line 1b, and comp	olete that part usir	ng a 19	% tax rate.			
023521 02-02-10							1	Form <b>990-PF</b> (200

THE DIANA OEHRLI CHARITABLE TRUST Form 990-PF (2009) 26-1944179 C/O J ROBERT CASEY Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% 29. 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) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 0. 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 29. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 0. 7 Total credits and payments. Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 29. 9 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Part VII-A | Statements Regarding Activities No Yes 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On foundation managers. ► \$ \_ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or 3 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) MA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

X

4a

THE DIANA OEHRLI CHARITABLE TRUST

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Part VIII Paid Employees, and Contractors (continued)	nginy	
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		
<del></del>		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 <u>N/A</u>		
2		
3		
3		
	-	
4		
Part IX-B Summary of Program-Related Investments	<del></del>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2	<del></del>	
<u> </u>		
All other program-related investments. See instructions.		_
3		
Total. Add lines 1 through 3	<u> </u>	0.
		Form <b>990-PF</b> (2009)

P	art X • Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	549.061.
Ь	Average of monthly cash balances	1b	549,061. 5,166,891.
C	Fair market value of all other assets	1c	-,,
d	Total (add lines 1a, b, and c)	1d	5,715,952.
e	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	5,715,952.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	85,739.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,630,213.
6	Minimum investment return. Enter 5% of line 5	6	281,511.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	281,511.
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	29.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	281,482.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	281,482.
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	281,482.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		3.5
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	35. 0.
ь	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	35.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	35.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		20
	Income. Enter 1% of Part I, line 27b	5 6	29. 6.
6	Adjusted qualifying distributions Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	auglifian fo	r the cection

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				281,482.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008	_			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$35.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			-	35.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				281,447.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	. 1			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2010.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				5 000 DE (0000)

C/O J ROBERT CASEY

26-1944179 Page 11

Respect   Res	Part XV, Supplementary Information	•			_
NONE  NONE  Total  Approved for future payment  NONE  NONE		ear or Approved for Future	Payment 	<u> </u>	_
NONE  NONE  Total  Approved for future payment  NONE  NONE		show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Total  NONE  Total  NONE  Total  NONE		or substantial contributor	recipient		
Total ▶ 3a  NONE	a Faid during the year				
Total ▶ 3a  NONE					
Total  b Approved for future payment  NONE  Total	NONE				
Total  b Approved for future payment  NONE  Total					
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NONE  Total	Total			<b>▶</b> 3a	0
Total ▶ 3b	<b>b</b> Approved for future payment				
Total ▶ 3b					
Total ▶ 3b					
Total ▶ 3b	NONE				
		ļ			
		]			
	Total			<b>▶</b> 3b	0

rt XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	
a			+		
b			+		
·	<del> </del>		+		
d	-		+		<u>'</u>
e	+		+		
g Fees and contracts from government agencies	<del>                                     </del>		+		
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash					<del></del> :
investments			14	2,885.	
4 Dividends and interest from securities			1 -		
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					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory	<b>-</b>	. <u> </u>	-		
11 Other revenue:	1				
a					<del></del>
b			1		
<u> </u>			+		
d		<del></del>	+1		·
12 Subtotal. Add columns (b), (d), and (e)		0	_	2,885.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Accor	mplishment of E	xemp	t Purposes	
		·			olishment of
the foundation's exempt purposes (other than					- · · · · · · · · · · · · · · · · · · ·
Line No  Explain below how each activity for which incomplete the foundation's exempt purposes (other than			A contrib	uted importantly to the accomp	plishment of

	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).
Ī	
7	

923621 02-02-10

Form 99	•	IANA OEHRLI CHARITABLE TRUST ROBERT CASEY	r 26-1944	179	Page 13
Part .	Information Re Exempt Organ	egarding Transfers To and Transactions ar iizations	nd Relationships With Nonchar	itable	
1 Dic	the organization directly or indi	rectly engage in any of the following with any other organization	described in section 501(c) of	Y	es No
the	Code (other than section 501(c	)(3) organizations) or in section 527, relating to political organiz	rations?		
<b>a</b> Tra	nsfers from the reporting found	ation to a noncharitable exempt organization of:			
(1)	Cash			1a(1)	_ X
(2)	Other assets			1a(2)	X
<b>b</b> Oth	er transactions:			1	
(1)	Sales of assets to a noncharita	ble exempt organization		16(1)	X
. (2)	Purchases of assets from a no	ncharitable exempt organization		1b(2)	X
(3)	Rental of facilities, equipment,	or other assets		1b(3)	X
(4)	Reimbursement arrangements			15(4)	X
(5)	Loans or loan guarantees			1b(5)	X
(6)	Performance of services or me	embership or fundraising solicitations		1b(6)	X
c Sh	aring of facilities, equipment, ma	uling lists, other assets, or paid employees		1c	X
d If t	ne answer to any of the above is	"Yes," complete the following schedule. Column (b) should always	ays show the fair market value of the goods, o	ther asset	s,
OL:	services given by the reporting f	oundation. If the foundation received less than fair market value	in any transaction or sharing arrangement, sl	now in	
col	<del></del>	other assets, or services received.			
(a) Line n	o (b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arran	gements
		N/A			

(a) Line no	(a) Amount involved	(c) Name of Honorianian	ne exempt organization	(u) Description of transfers, transf	actions, and sharing arrangements
,		N/A			
	-	· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
ĺ					
			<u> </u>		
	<u> </u>	•••			
	• .				
2a Is the f	foundation directly or indirect	ly affiliated with, or related to, on	ie or more tax-exempt organiza	ations described	
ın sect	ion 501(c) of the Code (other	than section 501(c)(3)) or in se	ction 527?		Yes X No
b If "Yes,	,* complete the following sche	edule.			
	(a) Name of org	anization	(b) Type of organization	(c) Description (	of relationship
	N/A				
					•
				nts, and to the best of my knowledge an	d belief, it is true, correct,
and com	plete Declaration of preparer (other	r than taxpayer or fiduciary) is based o	in all information of which preparer h	as any knowledge	
	1) musice	J:	10-10-10	mustes	
Sig	nature of officer or trustee		Date	Title	
Sign Here	Preparer's	0000	Da	te Check if	Preparer's identifying number
	signature / /	are Cullus	0.5	5/17/10 self- employed ▶ [3	
1.5 5 ()	Firm's name (or yours MARG	ARET ATKINS MU	NRO E.A.	EIN ▶_	
L S S	d setf-employed),	BOX 68			<del></del>
"-1		X JUNCTION, VT	05453-0068	Phone no.	802-878-1055

# 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

Employer identification number

	HE DIANA OEHRLI CHARITABLE TRUST	26-1944179
Organization type (check		20-13441/3
		•
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	
	i is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
=	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	I (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg D(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the In (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	
aggregate contri	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, for cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is che purpose. Do not	I (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- use exclusively for religious, charitable, etc., purposes, but these contributions did not ago cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because role, etc., contributions of \$5,000 or more during the year	gregate to more than \$1,000. ely religious, chantable, etc,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule for Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , , , , , , , , , , , , , , , , , , ,
LHA For Privacy Act and for Form 990, 990-		3 (Form 990, 990-EZ, or 990-PF) (2009)

	4	_	
age	1 of	l of Part I	

Name of organization

THE DIANA OFHRLI CHARITABLE TRUST

Employer identification number

<u>C/O J</u>	ROBERT CASEY		5-1944179		
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	FREDERICK HENRY PRINCE TESTAMENTARY TRUST  303 WEST MADISON STREET  CHICAGO, IL 40606	\$\frac{11,322,593.}{-}	Person X Payroll		
(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		
		<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		
		-   \$	Person Payroll Noncash Complete Part II if there		

923452 02-01-10

is a noncash contribution.)

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CAS	H IN	VESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MONEY MARKET INTEREST U S TREASURY INTEREST	-	1,623. 1,262.				
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		=	2,8	85.
FORM 990-PF	OTHER EXPENSES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
MASSACHUSETTS FORM PC FILING FEE	35.		0.		:	35.
TO FORM 990-PF, PG 1, LN 23	35.		0.			35.
FORM 990-PF CORPORATE STOCK					STATEMENT	3
DESCRIPTION			воог	K VALUE	FAIR MARKE	т
ABB LTD ADR APPLIED MATERIALS INC COM CVS CORP COM DEERE & CO COM EMERSON ELEC CO COM HOME DEPOT INTEL CORP COM JOHNSON & JOHNSON LABOROATORY CORP OF AMERICA H MASTERCARD INC. MONSANTO CO NEW COM NOVARTIS AG ADR PERRIGO CO COM SUNPOWER CORP CL A VESTAS WIND SYSTEMS A/S ORD	HOLDINGS			30,737. 40,794. 36,982. 40,740. 38,481. 31,843. 36,355. 38,844. 26,657. 38,206. 30,734. 38,240. 34,215. 26,564. 26,120. 34,177.	30,73 40,4 37,0 39,2 38,3 31,8 36,7 38,6 26,1 38,3 30,6 38,1 34,8 26,0 27,4 34,3	26 415 403 4976 5018.8
WAL-MART STORES INC				34,1//·	34,3	00.

# Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			<u> </u>	
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)			
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corpo	ration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete			
Part I or	nly			ightharpoons	
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar come tax returns	n exten	sion of time		
noted b (not aut you mu:	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	ically if insolida	(1) you want t ited Form 990	he addıtıonal	
Type or		Empl	oyer identific	ation number	
print	THE DIANA OEHRLI CHARITABLE TRUST				
File by the	C/O J ROBERT CASEY	2	26-1944179		
due date fi filing your					
return See instruction	, , , , , , , , , , , , , , , , , , , ,				
Check 1	type of return to be filed (file a separate application for each return)				
	orm 990 Form 990-T (corporation) Form 4	720			
=	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5				
=	orm 990-EZ Form 990-T (trust other than above) Form 6				
=	orm 990-PF Form 1041-A Form 8				
If the	cohone No. ► 617 - 482 - 1776  FAX No ► 617 - 574 - 7584  The organization does not have an office or place of business in the United States, check this box  The organization is four digit Group Exemption Number (GEN)  If the organization is four digit Group Exemption Number (GEN)	ıs ıs for	_	•	
box 🕨	If it is for part of the group, check this box   and attach a list with the names and EINs of all	memb	ers the extens	ion will cover.	
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named a		The extension		
_	for the organization's return for	ibove.	THE EXCENSION		
	X calendar year 2009 or				
	tax year beginning , and ending				
	,,,,				
2 If	this tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	ounting period	
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			0	
_	onrefundable credits. See instructions.	3a	\$	0.	
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	26	\$	_ 0.	
	x payments made. Include any pnor year overpayment allowed as a credit  alance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	3b	Ψ		
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)				
	eposit with FTD coupon of, if required, by using EFTPS (Electronic Federal Tax Payment System)	3c	\$	0.	
			-		
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	EO for paymer	nt instructions.	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form A	368 (Rev. 4-2009)	
	, or a company and the second company and the				